



Client Information

<i>Client Name</i>	New Client
<i>Date of birth (age)</i>	22 November 1980 (40)

Assessment Information

<i>Assessment</i>	Professional Self Doubt Scale (PSD)
<i>Date administered</i>	6 September 2021
<i>Assessor</i>	Mr Michaelss Toogood
<i>Time taken</i>	0 minutes 7 seconds

Results

	Average (0-5)	Trainee Percentile	Experienced Percentile
Professional Self Doubt	2.33	80.6	94

Scoring and Interpretation Information

A total professional self doubt average score between 0 and 5 is presented, indicating the general level of agreement on the Likert scale (0 = never, 5 = very often). This score is calculated by averaging the responses to the nine questions, with high scores indicating more professional self doubt (PSD).

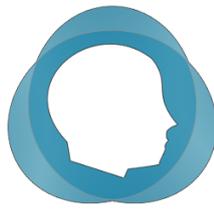
Professional Self Doubt (PSD) is defined as healthy self-criticism and ability to be open, sensitive, reflexive and taking responsibility for relationship struggles in therapy.

As well as the average score, percentiles are presented in comparison to psychotherapy trainees and experienced therapists, providing a useful way to contextualise a respondents scores against typical patterns of responding. A Trainee Percentile of 50 represents average professional self doubt among people enrolled in a masters program. Likewise, an Experienced Percentile compares a respondents score against well established therapists.

Percentile scores below the 10th percentile or above the 90th percentile are of particular note, and indicate that PSD significantly interacts with work satisfaction, performance, self reflective practices and professional identity.

Moderately high levels of professional self doubt (PSD) predict better patient outcomes and may be used as an antidote to inaccurate self-appraisal (Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013; Nissen-Lie et al., 2017). High PSD scores are associated with higher patient alliance evaluations and therapeutic change (Nissen-Lie, et al., 2015)

Among therapists, PSD, especially when coupled with self-compassion, has shown to be positively related to patient progress in treatment (Nissen-Lie et al., 2013); however, in trainees a



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Scoring and Interpretation Information (cont.)

decrease in professional doubt over treatment appears to be related to more positive patient improvement (Odyniec, Probst, Margraf, & Willutzki, 2019).

Particularly low scores in the context of training or supervision may be indicative of defensiveness, nervousness about unfavourable supervisor evaluation or concern that the scale is being used as a measure of professional competence. It is therefore important to interpret results in light of the trust established between assessor and respondent and the context in which it was administered.

The reasons why self-doubt is a constructive and beneficial aspect of a therapists' repertoire in treating clients is still an open question. With reference to this finding, Macdonald and Mellor-Clark (2014) argue that clinicians work more effectively when they are more conscious of challenges and uncertainties of their work and less blinded by their own competence: 'Therapists who are more aware of their natural limitations, and more realistic about the likelihood of poorer client outcomes, are more alert to indications that their clients are "off-track", enabling them more frequently to resolve barriers to therapeutic progress'. Tracey et al. (2014) reason that PSD may 'encompass a critical evaluation of one's work from a disconfirming stance' (p. 225). The constructive consequence of a self-critical stance is also consistent with the thinking of Baltes and Smith (1990) who suggested an attitude of 'uncertainty' as one criterion of wisdom, and with Rønnestad and Skovholt (1991), who suggested 'awareness of the complexity of therapeutic work' (Rønnestad & Skovholt, 2013) as a characteristic of optimal professional development.

Client Responses

		Never	Rarely	Occasional ly	Sometimes	Often	Very Often
1	Lacking in confidence that you might have a beneficial effect on a patient	0	1	2	3	4	5
2	Unsure how best to deal effectively with a patient	0	1	2	3	4	5
3	Distressed by powerlessness to affect a patient's tragic life situation	0	1	2	3	4	5
4	Disturbed that circumstances in your private life will interfere with your work	0	1	2	3	4	5
5	In danger of losing control of the therapeutic situation with a patient	0	1	2	3	4	5
6	Afraid that you are doing more harm than good in treating a client	0	1	2	3	4	5



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Client Responses (cont.)

		Never	Rarely	Occasional ly	Sometimes	Often	Very Often
7	Demoralised by your inability to find ways to help a patient	0	1	2	3	4	5
8	Unable to generate sufficient momentum	0	1	2	3	4	5
9	Unable to comprehend the essence of a patient's problems	0	1	2	3	4	5