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Dispositional Resilience Predicted the Perceived Stress Experienced by Psychotherapists During the COVID-19 Outbreak

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The coronavirus disease (COVID-19) pandemic elicited huge stress responses in most world populations, and at this time psychotherapy is an important protective service against this stress. However, a somewhat neglected question is: How stressful was the COVID-19 outbreak for psychotherapists themselves? The main aim of the present study was to investigate whether dispositional resilience predicted the perceived stress reported by psychotherapists during the COVID-19 outbreak. A total of 338 psychotherapists organized within the national psychotherapy associations of three European countries (Czech Republic, Germany, and Slovakia) were included in this online study (mean age 46.7, 77.8% female, 22.2% male). The participants were administered the Perceived Stress Scale (PSS-10) and the Connor-Davidson Resilience Scale (CD-RISC). For the data analysis, nonparametric ANOVA and two-level (mixed-effect) linear regression models were used. Dispositional resilience significantly predicted the perceived stress reported by psychotherapists during the COVID-19 outbreak. Higher dispositional resilience significantly reduced the level of perceived stress among psychotherapists (adjusted $\beta = -0.47$, $p < .001$). Those with moderate resilience (between mean ± *SD* values) had a lower perceived stress score than those with low resilience (<mean − *SD* value) by an average of 3.5. Psychotherapists in the high resilience group (>mean + *SD* value) had a lower perceived stress score than the low resilience group by an average of 6.5. The results of this study imply that the involvement of psychotherapists in resilience supportive training may reduce their vulnerability to stress.

Impact Statement

Dispositional resilience predicted the perceived stress reported by psychotherapists during the outbreak of COVID-19. This finding has an important value for the national psychotherapy associations, hospitals and other institutions that can work toward the improvement of resilience in mental health providers. These institutions may foster the well-being of mental health providers through various means, for example, more physical activity and relaxation at work, mindfulness-based resilience training programs, or practicing autogenic training may be recommended.

Keywords: COVID-19, resilience, stress, psychotherapy associations

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National psychotherapy associations play a very important role in advancing the profession of psychotherapy and increasing the professional practice of their members. They help in organizing psychological services, maintaining standards of practice, coordinating professionals, and influencing public policy. These associations unite psychotherapists who represent a foundation for psychological and psychotherapeutic interventions that are based on a shared ethical code and established training and education standards. Importantly, the delivery of effective psychological services becomes even more necessary in situations of global crises, such as the COVID-19 pandemic.

In 2020, the COVID-19 pandemic elicited stress, uncertainty, fear, and anxiety in most world populations (Salari et al., 2020). Under this kind of unprecedented crisis, effective psychotherapeutic and psychological interventions have great potential to protect people from the development of negative mental health outcomes. Especially several months after the initial exposure to stressors related to the COVID-19 pandemic, suitable psychological interventions can potentially mitigate stress or even prevent the later development of posttraumatic stress disorder. Under the situation of the global COVID-19 pandemic, the role of psychotherapy and counseling psychology is of extraordinary importance; however, it cannot be expected that psychotherapists are immune to the influence of COVID-19-related

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stress (see e.g., Aafjes-van Doorn et al., 2020; Humer et al., 2020). One must seriously ask what levels of stress psychotherapists experienced during the COVID-19 pandemic.

Before proceeding to recent research on the stress experienced by psychotherapists and psychologists during the COVID-19 pandemic, a theoretical framework of personal resilience is first outlined. The well-being of psychotherapists and counseling psychologists is considered to be an important precondition for the effective delivery of therapies and the effectiveness of mental health services (Summers et al., 2020). Past research has revealed that personal resilience is closely related to well-being and effective coping with stress (see below). Therefore, resilience could protect psychotherapists and psychologists from the impact of COVID-19-related stressors.

Resilience is generally defined as the ability to adapt to stress and adversity (American Psychological Association, 2016), and it enables individuals to maintain equilibrium and find meaning that helps them survive difficult life events (Wagnild, 2009). Resilience is also closely related to the protection of the organism against stressors, to recovery processes, and to improvements in the quality of life (Davydov et al., 2010; Echezarraga et al., 2018). Effective coping, mastery of positive adaptation, personal control, psychological adjustment, and personal growth have been found to be adaptive outcomes of resilience (Garcia-Dia et al., 2013). In contrast, maladaptive coping with stress, which is related to low resilience, has been found to be a significant predictor of emotional exhaustion over and above job demands among professional psychologists (Simpson et al., 2019).

Recently, resilience has been found to be a mediator between COVID-19-related stressful experiences and Acute Stress Disorder (ASD) among students in China (Ye et al., 2020). Higher resilience was also associated with lower COVID-19-related worries and with reduced rates of anxiety in the general population (Barzilay et al., 2020). In contrast, lower resilience predicted COVID-19 burnout and moderated the relationship between COVID-19 burnout and COVID-19 stress in adults (Yıldırım & Solmaz, 2020). Sandifer and Walker (2018) generally recommend improving resilience to alleviate stress and the long-term impacts of disasters on health in human populations. To sum up: resilience seems to be one of the key personal dispositions for maintaining well-being in times of unprecedented crises like the COVID-19 pandemic (see also Lupe et al., 2020; Mosheva et al., 2020; Saadattalab & Jafari, 2020).

It is not surprising that psychotherapists have also experienced COVID-19-related stress. Recent empirical findings show that psychotherapists experienced fear of COVID-19 infection during face-to-face contact with their clients (Humer et al., 2020), but interestingly, according to another study (Probst et al., 2020), even those psychotherapists who did not conduct face-to-face psychotherapy reported higher fear of infection than those who did conduct face-to-face psychotherapy during the COVID-19 outbreak. Slovak psychiatrists and psychologists linked their COVID-19-related stress to the exposure to statistical data, prognoses, and other publicly presented information related to the COVID-19 pandemic (Izakova et al., 2020). Some psychotherapists also reported practicing various forms of exercise to alleviate the tension and stress arising from limited social contact and from remote work with their clients (McBeath et al., 2020). Besides their own fears and uncertainties, psychotherapists were also exposed to traumatic material from their clients during the COVID-19 outbreak and faced vicarious traumatization (Aafjes-van Doorn et al., 2020). Psychotherapists who experienced higher levels of vicarious traumatization reported feeling distressed, tired, less competent, less confident, and having a weaker therapeutic alliance during the COVID-19 pandemic than before. The multifaceted traumatization of psychotherapists during the COVID-19 pandemic causes the role of personal resilience in mitigating the stress during the COVID-19 outbreak to be further investigated. However, to our knowledge, no research has yet been conducted exploring how personal resilience influences the perceived stress in psychotherapists during the COVID-19 crisis.

Purpose of the Present Study

The main aim of the present study was to explore the levels of perceived stress experienced by psychotherapists organized within national psychotherapy associations of three European countries—the Czech Republic (CZ), Germany (DE), and the Slovak Republic (SK)—during the several weeks following the COVID-19 outbreak. In addition, the impact of dispositional resilience on the levels of perceived stress experienced by the psychotherapists was explored. Given the findings presented above, the theoretical rationale of the present study considered resilience to be a protective factor against maladaptive reactions to stress. In other words, individuals showing high dispositional resilience were assumed to be less vulnerable to stress and also to experience lower levels of psychological stress when exposed to a traumatic global situation. Therefore, for the purpose of the present study, it was hypothesized:

> *Hypothesis 1:* More resilient psychotherapists report lower levels of perceived stress.

Method

Study Design, Participants, and Procedure

An online survey designed in Research Electronic Data Capture (REDCap; Harris et al., 2019) was conducted via email recruitment of participants. The licensed psychotherapists from CZ, DE, and SK were contacted via the register for licensed psychotherapists administered by the national psychotherapy associations in each country. All the participants participated voluntarily; they were not paid and no other incentives were provided for their participation in the study.

In CZ, the psychotherapists were contacted through the email list of the Czech Association for Psychotherapy, a Czech national organization associating Czech licensed psychotherapists. In DE, the participants were contacted through publicly available directories administered by different regional and national psychotherapeutic associations. These associations, like the Deutscher Dachverband für Psychotherapie and three different regional association located in the federal states of Mecklenburg-Vorpommern, Hessen, and Niedersachsen, publish in their directories the contact information of all licensed psychotherapists who gave their consent to such publication. In SK, invitation emails with information about an online survey were sent to licensed psychotherapists through the email lists of the Slovak Psychotherapeutic Society.

Psychotherapists received an invitation email, which included information on the study aims, data handling, detailed contact information, and a link to the online survey. Psychotherapists who

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were interested in participating filled out an online questionnaire. In total, 338 fully completed online questionnaires were collected with an overall mean age of 46.7 (±10.5) years, 77.8% females, and 22.2% males (see Table 1 for further information about the samples). The data was then automatically sent to a central data set.

In CZ, the survey was conducted about 7 weeks after lockdown measures were initiated and about 2 weeks after restrictions began being lifted. For DE, this was about 8 weeks after lockdown measures were initiated and about 2 weeks after restrictions began being lifted. For SK, this occurred 7 weeks after lockdown measures were initiated and about 3 weeks after restrictions began being lifted.

The study followed the principles outlined in the Declaration of Helsinki. Data processing in this study was conducted in accordance with EU rules on the protection of personal data (Regulation 2016/679 of the European Parliament and of the Council of the EU of 27 April 2016). Prior to their participation, all participants were informed about the main topics of the study, expected duration and procedures, confidentiality and data protection rules, the contact for questions about the research and research participants' rights, as well as the right to decline to participate and to withdraw from the research once participation began. All participants agreed with the electronic informed consent, including the data protection declaration, before their participation in the study. The study was approved by the Ethics Committee of the Olomouc University Social Health Institute, Palacky University Olomouc.

Instruments

Perceived Stress

The Perceived Stress Scale (PSS-10; Cohen et al., 1983) is the most widely used psychological instrument for measuring the perception of stress. Items were designed to detect how unpredictable, uncontrollable, and overloaded respondents find their lives. The questions in this scale ask about feelings and thoughts during the last month, such as "How often have you been upset because of something that happened unexpectedly," or "How often have you felt nervous and stressed." The scale consists of 10 items measured on a 5-point scale (0 = *never*, to 4 = *very often*). Items 4, 5, 7, and 8 have reverse coding. The total score of the PSS-10 is obtained by summing up the items, so that higher scores indicate a higher stress level, with a score of 40 depicting the highest perceived stress level. In our sample, Cronbach's α was 0.84.

The validated German Version of the PSS-10 (Klein et al., 2016) was used in DE. The Czech and Slovak language adaptations of the PSS-10 were obtained following the back-translation procedure. For each language adaptation, the items of the original questionnaire were translated from English into Czech (respectively, Slovak) by two independent translators and the two versions were then compared. Most of the items were identical and the meaning was fine-tuned in the few cases when the meaning slightly differed between the translators. The integrated version was then translated back into English by an independent bilingual Czech-English speaker. The discrepancies between the back-translation and the Czech Version were then discussed, and final corrections were made.

Dispositional Resilience

The CD-RISC, developed by Connor and Davidson (2003), was used to assess the psychological resilience of the participants. The 10-item CD-RISC was extracted from the original 25-item CD-RISC (Campbell-Sills & Stein, 2007). Each item is rated on a 5-point scale from 0 ("*not true at all*") to 4 ("*true nearly all the time*"). Total scores were obtained by summing all the responses; they ranged from 0 to 40, with higher scores reflecting greater resilience. In our sample, Cronbach's α was 0.83. The German version of the CD-RISC (Sarubin et al., 2015) was used in DE. The Czech and Slovak language adaptations of the CD-RISC were obtained by the back-translation procedure described above.

Background and Professional Characteristics

Therapists were also asked to complete a background questionnaire, which asked them to report on sociodemographic information,

Table 1
Descriptive Characteristics of the Sample of Psychotherapists From Three European Countries

Therapists' characteristics	Total $N = 338$	Czech Republic $N = 112$	Germany $N = 130$	Slovak Republic $N = 96$	Comparison of countries[a]
Age (mean, *SD*)	46.7 (10.5)	44.4 (9.6)	51.5 (10.6)	42.9 (9.6)	$p < .001$
Gender (*N*, %)					
Male	75 (22.2)	30 (26.8)	29 (22.3)	16 (16.7)	$p = .22$
Female	263 (77.8)	82 (73.2)	101 (77.7)	80 (83.3)	
Psychotherapeutic specialization (*N*, %)					
Psychodynamic	129 (38.2)	43 (38.4)	39 (30.0)	47 (49.0)	$p < .001$
Humanistic	72 (21.3)	35 (31.3)	0 (0.0)	37 (38.5)	
Systemic	18 (5.3)	15 (13.4)	2 (1.5)	1 (1.0)	
Behavioral	81 (24.0)	5 (4.5)	74 (56.9)	2 (2.1)	
Not specified	38 (11.2)	14 (12.5)	15 (11.5)	9 (9.4)	
PSS-10 Score (mean, *SD*)	14.2 (6.2)	13.2 (5.5)	15.7 (7.0)	13.2 (5.5)	$p = .013$
CD-RISC Score (mean, *SD*)	28.6 (4.8)	28.2 (5.0)	28.4 (4.7)	29.2 (4.6)	$p = .35$
Correlation between PSS-10 and CD-RISC[b]	-0.37^{***}	-0.27^{**}	-0.43^{***}	-0.42^{***}	

Note. *SD* = standard deviation; PSS-10 = Perceived Stress Scale; CD-RISC = Connor-Davidson Resilience Scale.
[a] Statistical significance of the overall comparison of all countries, differences assessed with the Kruskal–Wallis test (age, PSS-10 score, CD-RISC score) and the Pearson Chi square test (gender, psychotherapeutic specialization). [b] Spearman (nonparametric) correlation coefficient.
$^{**} p < .01$. $^{***} p < .001$.

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including gender (female, male, other), and about professional training information, including psychotherapeutic specialization and when the psychotherapeutic education was completed. Psychotherapists in DE were 13.6 years (±7.4) beyond completion of their formal psychotherapeutic education, while in CZ this was 8.8 years (±8.4) and in SK was 8.5 years (±8.4) (see Table 1 for sociodemographic characteristics of the samples).

Statistical Analysis

All the statistical analyses were performed using the R software, Version 3.6.3 (R Foundation for Statistical Computing, Vienna, Austria), and the IBM SPSS Statistics, Version 21.0 (IBM Corp., Armonk, NY). For descriptive characteristics of the data, frequencies, percentages, means, and standard deviations (*SD*) were used. The normality of the data was assessed visually via histograms and tested with the Shapiro–Wilk test. Normality was rejected in all the scale variables (age, PSS-10 score, CD-RISC score); thus, techniques without the normality assumption were used for comparison of the countries (Table 1). To compare the scale variables between countries, the nonparametric ANOVA (Kruskall–Wallis test) with a Bonferroni correction for multiple group testing was used. The effect size was measured using the Cohen's *d* coefficient. The comparison of categorical variables was done with the Pearson Chi square test. Correlation between the PSS-10 score and the CD-RISC score was assessed with Spearman (nonparametric) correlation coefficients. To evaluate the effect of resilience on the level of perceived stress, multilevel (mixed-effect) linear regression models were performed accounting for the hierarchical structure of the data (psychotherapists nested within countries). The R package "lme4" was employed, with parameter estimation via the Restricted Maximum Likelihood (REML). Age, gender, and psychotherapeutic specialization were used as control variables in the regression models. The significance level was set to $p < .05$ for all statistical significance tests.

Results

Descriptive Characteristics

The total sample in this study consisted of 338 psychotherapists from three European countries (CZ, DE, SK). Table 1 presents the descriptive characteristics of the total sample as well as the characteristics in each of the three countries. The proportion of females was 77.8% ($N = 263$) and the proportion of males was 22.2% ($N = 75$). No participant identified their gender as being in the "other" category. No significant difference was found in the gender distribution among the participants from different countries. The participating therapists ranged in age from 26 to 74 years, with a mean age of 46.7 (±10.5) years. In Germany, the participating therapists were significantly older than their colleagues from the Czech Republic and Slovakia ($p < .001$ in multiple group comparison with the Bonferroni correction, Cohen's $d = 0.72$). The therapists from different countries differed significantly in their psychotherapeutic specialization ($\chi^2(6) = 167.8$, $p < .001$): The majority of the German therapists reported their psychotherapeutic specialization to be cognitive-behavioral (56.9%), while the most common psychotherapeutic specialization among the Czech and the Slovak participants was psychodynamic (38.4% and 49.0%, respectively).

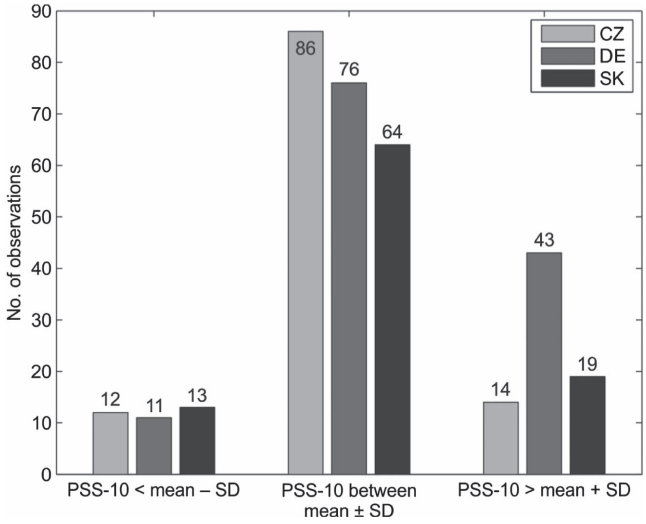
The participants reported a mean score of 14.2 (±6.2) on the PSS-10 scale and 28.6 (±4.8) on the CD-RISC scale. In the overall comparison of the countries, there is a significant difference in the level of stress experienced by the psychotherapists ($p = .013$, Cohen's $d = 0.29$). In the multiple group comparison, the German therapists perceived a significantly higher level of stress than their Czech and Slovak colleagues ($p = .032$, respectively, $p = .045$). As the PSS-10 is not a diagnostic tool, there are no standard cut-off scores. According to a normative representative German study (Klein et al., 2016), the PSS-10 characteristic values of employed individuals are mean = 12.32, $SD = 6.30$. These values (mean ± *SD*) were used as cut-offs to observe the distribution of the level of stress of psychotherapists from the three countries studied (see Figure 1). One-third (33.1%) of the German psychotherapists have their stress level above the mean + *SD* value, while only 12.5% of the Czech and 19.8% of the Slovak psychotherapists reached this stress level during the COVID-19 outbreak. No significant difference was found in the comparison of the therapists' resilience in the countries ($p = .35$). The PSS-10 score was negatively correlated with the CD-RISC score in all the three countries; however, in the Czech Republic the correlation was weak, see Table 1.

Resilience Affects the Level of Stress Perceived by the Therapists

The effect of resilience on the level of stress perceived by the psychotherapists during the COVID-19 outbreak was assessed. To account for the variability on the individual and country levels, two-level hierarchical linear regression models were used. Table 2 presents the results of the regression models, both crude and adjusted for age, gender, and therapist specialization. Higher

Figure 1

Histogram of the Categorized PSS-10 Score of the Psychotherapists From the Czech Republic (CZ), Germany (DE), and the Slovak Republic (SK)



Note. PSS-10 = Perceived Stress Scale. The categories are created according to the mean ± *SD* values of the representative German sample of employed individuals (Klein et al., 2016).

Table 2

The Effect of Resilience on the Level of Stress Perceived by Psychotherapists During the COVID-19 Outbreak: Results From Two-Level Linear and Regression Models With Mixed Effects

Effect	Fixed effects				Random effects country
	Estimate β	*SE*	95% CI	*p* value	
CD-RISC score → PSS-10 score					
Unadjusted	−0.49	0.065	(−0.61, −0.36)	<.001	1.65 (1.29)[c]
Adjusted[a]	−0.47	0.067	(−0.60, −0.34)	<.001	1.23 (1.11)[c]
CD-RISC categorized[b] → PSS-10 score, unadjusted					
CD-RISC moderate vs. low	−3.32	0.92	(−5.13, −1.52)	<.001	1.55 (1.25)[c]
CD-RISC high vs. low	−6.63	1.14	(−8.86, −4.40)	<.001	
CD-RISC categorized[b] → PSS-10 score, adjusted[a]					
CD-RISC moderate vs. low	−3.48	0.96	(−5.37, −1.60)	<.001	1.00 (1.00)[b]
CD-RISC high vs. low	−6.49	1.19	(−8.83, −4.16)	<.001	

Note. CI = confidence interval; PSS-10 = Perceived Stress Scale; CD-RISC = Connor-Davidson Resilience Scale.
[a] Adjusted for gender, age, and psychotherapeutic specialization. [b] The CD-RISC score categorized according to the mean ± *SD* values of the total sample. [c] Variance (standard deviation).

dispositional resilience significantly reduced the level of perceived stress experienced by the psychotherapists (adjusted β = −0.47, $p < .001$). The effect of adjusting variables was nonsignificant except for gender: The men's PSS-10 score was lower than the women's score by an average of 2.2 (β = −2.24, *SE* = 0.79, $p = .005$). In other words, men self-reported a lower level of stress during the outbreak of the COVID-19 pandemic in CZ, DE, and SK, given the values of all other predictors are fixed.

Even though the CD-RISC measures resilience on a continuous scale, with higher scores reflecting greater resilience, the effect of a categorized CD-RISC score was explored as well. Since the resilience score did not differ significantly between the countries (see Table 1), the CD-RISC score was categorized according to the mean ± *SD* values of the total sample: The low resilience group comprised of therapists with a CD-RISC score ≤23.8 (*N* = 49, 14.5%), the moderate resilience group had a CD-RISC score of 23.9−33.4 (*N* = 231, 68.3%), and the high resilience group had CD-RISC >33.4 (*N* = 58, 17.2%). Psychotherapists with moderate resilience had a lower perceived stress score than those with low resilience by an average of 3.5 (adjusted β = −3.48, $p < .001$). The psychotherapists in the high resilience group had a lower perceived stress score than the low resilience group by an average of 6.5 (adjusted β = −6.49, $p < .001$). See Table 2.

Discussion

The present study brings new insights into how personal resilience influences perceived stress in psychotherapists during the COVID-19 pandemic in three European countries. The results show that dispositional resilience significantly predicted the perceived stress reported by psychotherapists, specifically, that higher resilience was associated with lower vulnerability toward the stress during the initial outbreak of the COVID-19 pandemic. This finding has important value for the national psychotherapy associations that can act toward improving resilience in the psychotherapists that they associate (for more insights, see the subsection below).

Furthermore, the results show that despite the psychotherapeutic training that each of the psychotherapists underwent during their professional education, psychotherapists are not immune to COVID-19-related stress. Almost one-quarter of psychotherapists reported stress levels above the mean + *SD* value, which may potentially indicate high stress during the outbreak of the COVID-19 pandemic. However, this estimate may be biased, because the normative representative study (Klein et al., 2016) from which the cut-offs were taken was conducted before the pandemic outbreak in 2020. The levels of stress in the general population are likely to be different during the global crisis of the COVID-19 pandemic than during a period without exposure to such a strong global stressor.

In the overall comparison of the countries examined, a significant difference in the level of perceived stress was found. German psychotherapists perceived a significantly higher level of stress than their Czech and Slovak counterparts. Several possible factors could have influenced the observed results. The number of patients infected by the COVID-19 was higher in DE than in CZ and SK at the time of data collection. Moreover, the number of patients treated in personal contact was higher in DE than in CZ and SK (Humer et al., 2020). It is also possible that the expression of distress can be influenced by cultural values and norms. For example, German culture represents a culture that is relatively high on the Hofstede's cultural dimension of indulgence versus restraint in comparison to CZ and SK (Hofstede Insights, 2021). Higher indulgence denotes a society that allows relatively free gratification of basic and natural human drives related to enjoying life and having fun. In times of the COVID-19 outbreak, the opportunities to enjoy life and have fun were very limited. These limitations could be more stressful for German psychotherapists than for Czech and Slovak psychotherapists.

While men self-reported lower levels of stress than women during the outbreak of COVID-19, the levels of perceived stress during the pandemic outbreak were found to be independent of age and the specialization of psychotherapeutic training across countries. It is important to say that the proportions of the psychotherapeutic specialization were not balanced in our sample. Regarding the gender differences found in the present study, the levels of self-reported stress may be influenced by the style of gender socialization in CZ, DE, and SK. All the countries included in the present study are those that are relatively high in Hofstede's cultural dimension of masculinity (Hofstede Insights, 2021). In masculine cultures, men are expected to be ego oriented and the value of heroism is highly preferred during men's socialization. Therefore, boys can pay more

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attention to the effectiveness of coping with stress during their socialization in masculine cultures, because the visible expressions of stress behavior may threaten the masculine value of heroism. We can speculate whether gender-specific socialization of men and women may lead to gender differences in ways of dispositional coping with stress. However, the meta-analysis of Tamres et al. (2002) revealed several interesting gender differences in dispositional coping strategies. Women were found to tend to use coping strategies that involve verbal expressions to others to seek emotional support, ruminate about problems, and use positive self-talk more than men. As face to face personal contact with peers was limited during the COVID-19 pandemic, the opportunities to cope with stress via verbal expressions to others were modified to online communication that may not be an adequate substitute for real-life, face to face interaction. The limited opportunities of coping with stress in face to face contact could also be one of the factors influencing higher self-reported levels of stress in women compared to men during the outbreak of COVID-19 in CZ, DE, and SK (see also Kučera et al., 2021).

Interestingly, the age of psychotherapists did not influence their perceived stress during the outbreak of the COVID-19 pandemic. This result is in contrast to the research on vicarious traumatization of psychotherapists during the COVID-19 pandemic. In this research, younger age and less clinical experience of psychotherapists were related to a stronger experience of vicarious trauma (Aafjes-van Doorn et al., 2020). One possible explanation for this contrast is that older and more professionally skilled psychotherapists could be more resilient to the effects of vicarious stressors and similarly resilient to the effects of primary stressors, such as isolation or media messages about the COVID-19 situation. In other words, younger age may predict a stronger experience of vicarious stress, but it may not predict the total stress experienced during the outbreak of the COVID-19 pandemic. However, one may question if measuring solely the experience of stress as a consequence of vicarious traumatization and separating the influence of other stressors is really possible. Indeed, during the COVID-19 pandemic, more kinds of stressors, such as media messages about the COVID-19 situation, isolation, or communication with relatives and friends affected by COVID-19, may act together and influence the overall well-being of psychotherapists. More research is needed in this field.

Implications for Practice and Recommendations for National Psychotherapy Associations

As mentioned at the beginning of this paper, the well-being of psychotherapists is an important precondition for the effective delivery of therapies and the effectiveness of mental health services (Summers et al., 2020). Our study showed that the majority of psychotherapists reported relatively low or medium stress during the outbreak of COVID-19, yet almost one-quarter of them reported levels of stress above the mean + *SD* value. National psychotherapy associations should support the well-being of those psychotherapists who reported higher levels of stress during the COVID-19 pandemic and possibly other crisis situations that may arise in the future. However, a challenge for national psychotherapy associations is to develop the means of contacting this vulnerable group of psychotherapists. The associations can take advantage of their organized communication networks and the possibility of getting into close contact with their fellow members. One of the assisting activities could be offering online consulting. However, it is necessary to mention that the stress experienced during the outbreak of COVID-19 may not stem solely from COVID-19-related stressors, and the psychotherapists may also experience stress for other reasons not related to COVID-19.

National psychotherapy associations may foster the well-being of psychotherapists through various means: for example, physical activity, mindfulness-based resilience training, or practicing autogenic training may be recommended. Mindfulness-based resilience training has been found to have a positive impact on psychological well-being in mental health professionals (de Zoysa et al., 2014), to reduce stress in physicians (Schroeder et al., 2016), and to reduce stress reactivity in clinical psychology students (Schanche et al., 2020). The available meta-analyses also suggest that mindfulness-based training reduces stress levels and anxiety and increases psychological resilience (Cavanagh et al., 2014; Khoury et al., 2013, 2015). The development of online forms of mindfulness-based resilience training may be one of the key forms of support for fellow psychotherapists and could be helpful especially in the time of the COVID-19 pandemic, when personal contact is limited.

The use of resilience interventions based on practicing autogenic training represents another supportive resource. Members of hospital emergency department teams reported a better quality of life, less stress perception, and decreased vulnerability to burn-out after participation in an autogenic training stress management program (Caponnetto et al., 2019). These kinds of interventions have also been found to be effective when delivered online. Online mind–body skills training improved resilience and vulnerability to stress in physicians, nurses, dietitians, social workers, clinical trainees, and health researchers (Kemper & Khirallah, 2015).

Importantly, the COVID-19 situation also involves novel barriers to physical activity. As physical activity has been shown to positively influence well-being and improve mental as well as physical health (Diamond & Waite, 2020), it is necessary to recommend increased physical activity despite the limited opportunities of the COVID-19 situation.

Broader Implications for Practice and Recommendations for the Public Sector

The results of the present study indicated that some psychotherapists are highly vulnerable to stress in the time of the COVID-19 pandemic. Hospitals and other institutions employing mental health providers can build a better support against this stress in several ways. Given the findings presented in the present study, there is a need of ongoing monitoring the degree of perceived stress in psychotherapists and other mental health care providers. These measures may become a stable part of crisis management at medical facilities employing mental health care providers. In times of epidemics such as the COVID-19 pandemic, medical facilities may provide stress and burn-out prevention programs for mental health care providers to avoid the excessive experience of stress, burn-out, and also the development of secondary traumatic stress. Medical facilities should also increase the number of supervisions and peer supervisions for mental health care providers during times of higher exposure to global stressors. Supervisions may be conducted face to face or also online, in a shared online space. Generally, there is a need to provide the stable tools (e.g., online

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tools) for communication between the management of medical facilities and mental health care providers in institutions where these tools are not yet well-established. Besides providing supervisions and peer supervisions, medical facilities should also provide support on a daily basis, for example, to settle calm resting rooms where the staff can take a rest, recover from the stress at work, and practice meditation, autogenic training, yoga or other relaxation activities. Also providing special training and education in distant treatment possibilities may be helpful, because many psychotherapists face the stress related to use of online forms of psychotherapy during the COVID-19 pandemic.

Some of the above-mentioned recommendations may also be applicable in countries other than CZ, DE, and SK. The ongoing monitoring of the degree of perceived stress in mental health care providers may provide insights into the actual well-being and coping with stress among mental health providers. Based on such ongoing monitoring, particular countries may impose appropriate measures. Furthermore, providing special training and education in distant treatment possibilities can be recommended in general, because this change in psychotherapy may be difficult to cope with for many psychotherapists worldwide.

Limitations

The present study has several limitations that warrant consideration. Psychotherapists from only three European countries participated in the study, so generalizability to the general population of therapists in the psychological service context is limited. The online design of the questionnaire may preselect some personality types, for example, personalities that like to participate in online surveys. Furthermore, the levels of stress were gathered on a self-report basis and no physiological measure was used. The levels of perceived stress were measured by a general stress scale, not by a measure specially adapted to COVID-19-related stress. Furthermore, only a limited number of factors were controlled in the present study. Additional variables, such as the number of years of practicing psychotherapy, actually experiencing life events unrelated to the COVID-19 pandemic, or preexisting mental disorders, should be considered as possible factors or mediators of the link between personal resilience and perceived stress in future research. The normative mean and *SD* values of PSS-10 used in this study for all the three countries originated from a representative German study of the general population (Klein et al., 2016), because no representative studies of the PSS-10 scale in the general population of the CZ and SK are currently available.

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