Proactive Coping Amongst Mental Health & Helping Professionals: The Need for Advocacy

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Abstract

This dissertation aims to develop a program resource for helping and mental health professionals to foster proactive coping and diminish dysfunctional coping from work stressors. Professionals succumb to chronic stressors and secondary traumatic stress due to their vocation, often disregarding self-care. Should this type of resource be implemented, psychological and social resources would be required. The need for proactive coping is a generally accepted concept, but helping and mental health professionals often lack resources, limiting advocacy and resilience. Self-help resources are frequently perceived as self-indulgence, in addition to the concept that professionals provide care, not the clients receiving care. Moreover, victimization by stigmas and emotional contagion surrounds helping and mental health professions. Addressing these concerns by implementing an accessible and advocate-heavy website may mitigate experienced ramifications by increasing retention, psychological well-being, resilience, and support. Most importantly, it may reduce maladaptive behaviors and standardize professional self-care.

Keywords: Mental health professionals, helping professions, proactive coping, dysfunctional coping, advocacy, social resources, psychological resources, program resource

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Chapter I: Introduction and Literature Review

During and after the COVID-19 pandemic, mental health professionals faced increased psychological demands and various novel work stressors (Nurmagambetova & Assimov, 2020). As the need for intervention increases, mental health professionals often struggle to maintain resilience within their professional and personal lives (Nurmagambetova & Assimov, 2020). Mental health professionals have the role of advocating for the well-being of clients, but it is reasonable to wonder who advocates for them.

Understanding the perspective of mental health professionals elucidates a deeper awareness of how vital resilience is (Horwell, 2019). The "wounded healer" is a term derived from a Jungian concept and is an archetype referring to healing emotional wounds through helping others (Horwell, 2019; Jung 1961). Mental health professionals are often perceived as vulnerable, impaired, or flawed (Casement, 2002; Cozolino, 2004; Horwell, 2019; Wosket, 1999). On the contrary, precedent experiences provide guidance and resilience to aid others (Horwell, 2019).

The wounded healer does not hide their wounds but exposes them through celebration (Horwell, 2019). This celebration creates self-reflection while encouraging humanistic techniques and holistic approaches. Additionally, a strong sense of self, an acceptance of imperfections, and vulnerability embolden moral practices in mental health services (Horwell, 2019). Although precedent experiences may direct and nurture resilience for professionals in mental health, self-care is often lacking (Horwell, 2019).

This program development aimed to provide a proactive coping training guide for helping and mental health professionals. Lamb and Cogan (2016) suggested that mindfulness, acceptance, and commitment training should be used to foster proactive coping skills and

increase resilience for mental health professionals (Lamb & Cogan, 2016). Additionally, this program development aided in answering the following two questions:

Will proactive coping through psychological resources foster resilience for helping and mental health professionals?

Will proactive coping through social resources foster advocacy for helping and mental health professionals?

Proactive coping skills are central for professionals working in mental health fields due to chronic stress exposure. However, training in coping skills is habitually deficient (Lamb & Cogan, 2019). Future investigation is recommended to focus on mental health professionals, coping, and advocacy (Lamb & Cogan, 2016). Mental health professionals may hinge on the development of coping strategy training that is delivered systematically throughout the mental health field. Should this sort of system be developed and implemented, perhaps mental health professionals' overall well-being would increase, and intent to leave rates would decrease (Lamb & Cogan, 2016).

Mental health professionals represent a vulnerable population exposed to high-stress levels (Nurmagambetova & Assimov, 2020). For example, researchers during COVID-19 reviewed psychological mental health professionals and burnout, discovering that 78.9% of participants reported high burnout (Johnson et al., 2020). In addition, 58.1% were suffering from high disengagement (Johnson et al., 2020). Treatment modalities make mental health professionals particularly vulnerable to stress, such as trauma counseling, which provides relief for clients but also exposes the professional to vicarious trauma (Posselt et al., 2019). Professionals who offer counseling to trauma-based populations are adversely affected by secondary trauma in ways that decrease their personal and professional well-being (Posselt et al.,

2019). Despite being able to compartmentalize, mental health professionals respond emotionally to work stressors (Posselt et al., 2019). A sense of helplessness negatively affects coping methods, causing frustration and anger over systematic challenges (Posselt et al., 2019). Overall, high-stress levels, high burnout, high disengagement, and vicarious trauma compound mental health professionals. These elements leave specialists vulnerable, raw, exhausted, and exposed, but they must continue performing for the client's sake.

Chronic stress exposure creates secondary trauma experienced in trauma counseling and decreases executive functions by lessening activity in the Prefrontal Cortex (Hinwood et al., 2012; Holton et al., 2015). Decreased executive functions unveil themselves through reduced working memory, poor impulse control, increased cognitive rigidity, and decreased social intelligence (Hinwood et al., 2012; Holton et al., 2015). When mental health professionals are overwhelmed by work stressors while lacking coping mechanisms, they are likely to experience physical and emotional difficulties that may influence their professional and personal lives (Hinwood et al., 2012; Holton et al., 2015). It is widely accepted that healthy coping mechanisms decrease the influences of chronic stress. However, it is uncertain whether mental health professionals are effectively trained in developing such coping mechanisms (Lamb & Cogan, 2016).

Effectively training mental health professionals' proactive coping methods may reduce the impact of chronic stress by changing how professionals react to chronic stressors (Aspinwall & Taylor, 1997; Padyab et al., 2013). Not only does proactive coping lessen chronic stress's negative influence, but it also prepares mental health professionals for future stressors (Aspinwall & Taylor, 1997). Training and informing proactive coping methods are encouraged through advocacy, fostering social support and resilience (Lamb & Cogan, 2016). However, it is

concerning that practical training on proactive coping for mental health professionals is not readily accessible, openly discussed, and genuinely encouraged. It begs the question of authenticity bolstering the expressions of self-care, and if so, why are more resources like this proposed program available? The effort for this proposed program resource is to answer and deliver the question above. Principally, this proposed program resource guide aims to increase proactive coping through psychological resources that foster resilience and social resources that foster advocacy to reduce dysfunctional coping caused by work stressors for helping and mental health professionals.

Definition of Terms

Helping Professionals include psychologists, counselors, religious ministers, nurses, medical professionals, social workers, therapists, educators, behavioral specialists, and life coaches (Vaculikova, 2016). Additionally, *Mental Health Professionals* are trained by socio and psycho-educational elements, including experience, to effectively mediate behavioral, mental, emotional, and varied distresses (Farlex, 2012). For this program guide, mental health professionals fall under the umbrella term of helping professionals, meaning both terms are used interchangeably or conjoined as this resource development aimed to advocate and foster resilience for these populations holistically. These definitions expand to professionals working in various settings, such as community centers, churches, specialty schools, educational institutes, government agencies, private practices, hospitals, and facilities that may be neglected or unnoticed in traditional mental health professional studies.

Lazarus (1966) defines *Coping* as an operation that is affective, psychological, neurological, cognitive, and physiological within a complex environment. However, coping is not an activity that is primarily sought. Therefore, it cannot be an action of resolution as stressors

force a response (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Principally, coping occurs when an individual must reduce, tolerate, or control demands brought on by stressors, and these efforts are constant in change and accrual of cognitive and behavioral attempts (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Coping for this resource guide and dissertation includes Lazarus's (1966) definition, where social support as a social resource and resilience as a psychological resource is required. Social and psychological resources must be used for true coping to occur, subsequently initiating proactive coping.

Proactive coping requires the detection of negative stressors that will be acted on healthily while preparing for the future (Aspinwall & Taylor, 1997). Proactive coping, defined by Aspinwall & Taylor (1997), requires a five-step model. For this resource development and dissertation, proactive coping improves overall well-being and quality of life by accomplishing professional and personal goals while using social and psychological resources that prepare for future stressors in addition to the model (Aspinwall & Taylor, 1997; Greenglass, 2022; Lazarus, 1966). Moreover, proactive coping is goal-objective instead of risk-objective, increasing motivations for positive perceptions during challenging professional experiences while building and using said resources that bolster resilience and advocacy.

Advocacy is the act of imploring a cause (Lee, 1998). Helping and mental health professionals advocate for the well-being of their clients, but it is understandable to question who advocates for them. Moreover, advocating for clients and advocating for mental health professionals tend to be incompatible in objectives (Myers et al., 2002). Advocacy is often associated with credentialing bodies solely focused on accreditation (Myers et al., 2002). However, advocacy is social support from specialists in helping and mental health professions. Social support is a central component of proactive coping and provides intraprofessional and

interprofessional elements (Aspinwall & Taylor, 1997; Lazarus, 1966; Myers et al., 2002). These elements are implemented through social resources based upon helping professions to foster advocacy and resilience while eliminating micromanagement.

Eustress is a positive psychological response to a stressor that increases overall well-being (Selye, 1983). Moreover, eustress encourages positive outcomes, work performance, dispositions, and overall coping methods (Nangia, 2015). Essentially, thriving is a central component of eustress within professional environments, emboldening healthy work environments, mental health, physiological health, and psychological happiness (Um-e-Rubbab et al., 2021). Eustress is connoted to proactive coping, as it is an identifying aspect and outcome.

Emotional intelligence includes observing one's emotions and feelings, the emotions and feelings of other individuals, and distinguishing them accurately from given knowledge (Mayer & Salovey, 1997). Additionally, emotional intelligence includes comprehension, generation, and regulation (Mayer et al., 2004). Five core aspects are broken into two principles. The first principle covers personal elements, such as self-awareness, self-regulation, and self-motivation. The second principle is social elements, covering social awareness and social skills (Goleman, 1995; Goleman 2006; Serrat, 2017). The regulation element is honed for this dissertation and resource development, as helping and mental health professionals are naturally empathetic. Self-regulating emotions will be the action of emotional intelligence in the workplace and the ability to correct realization and express feelings proactively. However, emotional intelligence should be distinct from compartmentalization. Emotional intelligence is used if compartmentalization is needed, but it will not be supplemental.

Mindfulness requires an individual to remain present at the moment, paying attention purposely and dismissing all judgments (Kabat-Zinn, 1982; Kabat-Zinn, 2003). For this

dissertation and resource development, mindfulness is part of proactive coping and uses meditation methods. Incorporating elements of a heightened level of self-awareness connects the mind, body, and soul when using proactive coping to reestablish a baseline from stressors (Mistry, 2020). Moreover, mindfulness can be utilized and implemented within its given environment (Mistry, 2020). For example, self-awareness of one's feelings and behavior within vocational environments helps mental health professionals to develop emotional awareness and elucidate different perspectives. Increasing self-awareness and varying perspectives increases emotional intelligence (Mayer & Salovey, 1997). Essentially, mindfulness may expand and embolden the possibility of a symbiotic relationship with emotional intelligence, synthesizing the two.

Self-compassion includes self-kindness, humanity, compassion, and mindfulness (Neff, 2003). It is central not to connote self-kindness to self-criticism, self-judgment, or self-assessment. Unfortunately, elements of self-compassion, such as self-kindness, can be related to some of these negative attitudes (Crego et al., 2022). Helping and mental health professionals must view self-compassion as proactive coping through goodwill intentions for the self. Self-compassion is a protective barrier from STS, compassion fatigue, and burnout and is central to work-life balance while reducing emotional exhaustion (Crego et al., 2022). Viewing self-compassion as a professional tool for helping and mental health professionals may eliminate feelings of shame or guilt if these occur during self-care motives.

Psycho-education is structured, didactic, and systematic, conveying information for psychological purposes (Bäuml, 2006a). Moreover, it integrates emotional elements, instructing individuals on coping methods (Srivastava & Panday, 2016). Applying psycho-education can be therapeutic and educational, reducing stressors through self-help options that increase

competencies while increasing mental health (Van Daele et al., 2011). Psycho-education is utilized for self-help options for helping and mental health professionals, raising awareness about proactive coping methods through social and psychological resources.

Cognitive behavioral therapy (CBT) mitigates stress-related disorders and provides stress management to clinical populations such as helping and mental health professionals (Nakao et al., 2021). Moreover, CBT encourages proactive coping when encountering stress through learning theory principles (Nakao et al., 2021). Cognitive behavioral therapy includes self-help worksheets for helping and mental health professionals, promoting self-preservation to increase resilience and foster proactive coping. The use of CBT worksheets is viewed as a psychological resource to increase resilience and encourage healthy coping outcomes based on TTSC (Lazarus, 1966).

Dysfunctional coping occurs from depression and anxiety increasing, stemming from chronic stress, and if prolonged, dysfunctional coping may turn into PTSD (Stroheimer et al., 2018). Consuming high levels of alcohol, avoidance, and recreational drugs are maladaptive behaviors connoted to dysfunctional coping (Stroheimer et al., 2018). However, dysfunctional coping is not always drug-related and includes unhealthy diet habits, overworking, and over-eating (Young et al., 2018). Essentially, anything that is not productive or seen as less useful is dysfunctional coping (Carver et al., 1989). Dysfunctional coping is an umbrella term for anything that is not proactive or productive. For example, this may include, but is not limited to, behavioral disengagement, mental disengagement, venting emotions, denial, rumination, self-harm, work deviance, burnout, staff burnout, compassion fatigue, and more.

Maslach defines *Burnout* as a psychological state that causes exhaustion, cynicism, and inefficacy due to chronic vocational stressors (Maslach & Leiter, 2008). Because burnout often

affects helping and mental health professions, its traditional multifaceted definition will remain true to its origin. Burnout affects personal and vocational aspects, causing overextension without the ability to self-replenish (Maslach & Leiter, 2008). Burnout is connoted to dysfunctional coping behaviors. It was a central piece in designing proactive coping methods, social resources, and psychological resources for helping and mental health professionals in the hopes that these aspects mitigate its influence.

Staff burnout produces undesirable results for organizations, staff, and clients, where elements of depersonalization occur, low-levels of personal accomplishment, and emotional exhaustion (Morse et al., 2012). Depersonalization ensues from a decrease in self-efficacy, where staff members or professionals will increase cynicism and negative outlooks toward clients, work, institutions, and consumers (Morse et al., 2012). Additionally, these interactions limit personal accomplishment, where emotional exhaustion develops into depletion and fatigue *(*Folostina & Tudorache; Morse et al., 2012). Staff burnout is dysfunctional coping for professionals in helping and mental health vocations.

Secondary Traumatic Stress (STS), defined by Figley (1983), explains the phenomenon of stress from working with clients or individuals experiencing trauma, creating indirect trauma onto the helping or mental health professional (Greinacher et al., 2019). This definition remained true to its origin due to the nature of this dissertation and resource development, as the objective is to advocate and foster resilience for helping and mental health professionals. Helping and mental health professionals are susceptible populations, often experiencing indirect trauma due to the nature of their vocation, especially in trauma and crisis counseling. Moreover, traumatic responses develop, creating sensory impressions that impact helping and mental health professionals (Greinacher et al., 2019).

Work Deviance is maladaptive behavior where professionals display poor performance, disrespect, disrupt co-workers, and intentionally abuse organizational resources (Hendy et al., 2018). The cause of work deviance stems from low professional control, high demands, and low support (Hendy et al., 2018). Over time, work deviance affects psychosocial elements where professionals experience poor self-esteem, health concerns, anger issues, and PTSS. Moreover, work deviance seeps into home life, causing work-home conflict and low levels of employment satisfaction (Hendy et al., 2018). Helping and mental health professionals experiencing work stressors may exhibit dysfunctional behaviors that mirror work deviance, which is why Hendy's (2018) definition was used in conjunction with dysfunctional coping. Moreover, low support is a central aspect of work deviance, furthering the notion that advocacy is necessary for proactive coping among helping and mental health professionals.

Compassion fatigue occurs from elongated periods of chronic stress accumulating, often experienced by mental health professionals (Rentzou, 2012). Helping and mental health professionals must exude high levels of empathy while exposing themselves to emotional intensity and high levels of work-related stress (Rentzou, 2012). It is widely accepted that these professions often lack self-care strategies, causing compassion fatigue. Compassion fatigue is a reduction of an individual's ability to tolerate the suffering of others (Figley, 2002). Compassion fatigue's definition remained true to Figley's (2002) definition and is dysfunctional in nature.

Distress is undesirable, disrupting vocational performances and well-being (Selye, 1983). Moreover, distress influences dispositions towards professional environments, encouraging workplace negativity (Nangia, 2015). Because workplace negativity and distress connote workplace deviance, it is often assumed that the existence of distress means dysfunctional coping will occur (Hendy et al., 2018). However, it is not to be presumed that distress will lead to

maladaptive behavior. However, if distress is not responded to adequately with proactive coping alongside social and psychological resources, it may evolve into dysfunctional coping. The objective of distress for this resource development is to be identified and addressed so proactive coping can occur.

A ramification is an unwelcomed outcome, consequence, action, or complex event (Oxford University Press, 2023). Because "ramifications" are generally maladaptive and expand, the term connoted and leaned toward dysfunctional behaviors. This resource development used the term "ramification" as a stressor that may negatively influence psychological, physiological, professional, or personal aspects of helping and mental health professionals. For example, a work stressor may transcend personal elements, encouraging dysfunctional coping at home.

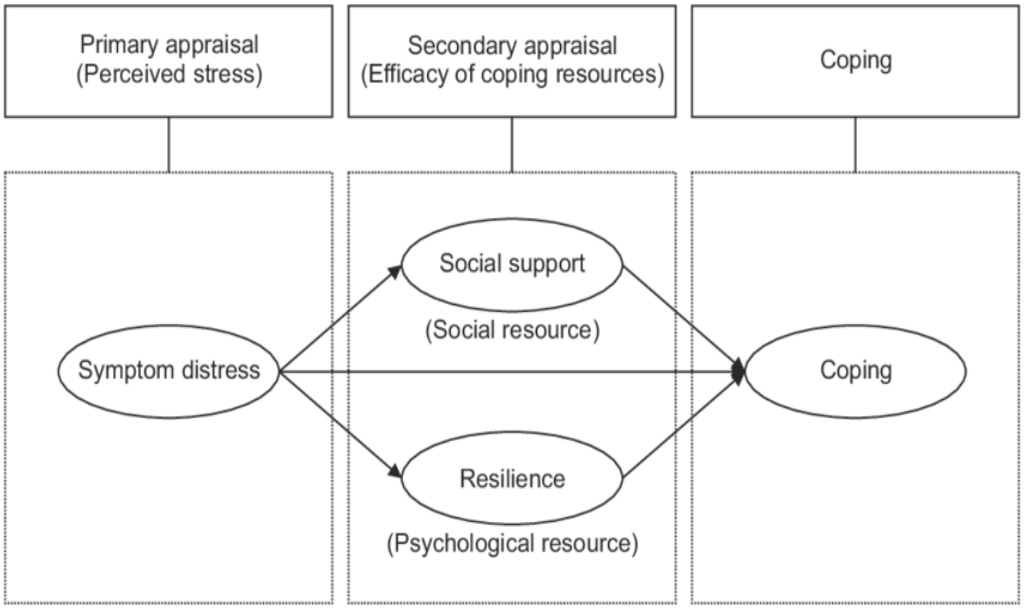
Review of the Literature

Theoretical Frameworks in Coping

Coping is the result of an operation among an individual's cognitive, affective, neurological, psychological, physiological, and complex environment (Lazarus, 1966). Moreover, coping that is reactive through maladaptive behaviors is dysfunctional, whereas coping that is reactive through positive behaviors is proactive (Aspinwall & Taylor, 1997; Baqutayan, 2015). The action of coping is not primarily sought, and no application of resolution occurs as stressors enforce a response (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Coping through a general lens is a cognitive attempt to decrease, endure, or master the demands brought on by stressors. These efforts are a buildup of behavioral and cognitive attempts that evolve and are continuously changing (Folkman & Lazarus, 1980; Lazarus & Fokman, 1984).

Figure 1

Transactional theory of stress and coping (TTSC)

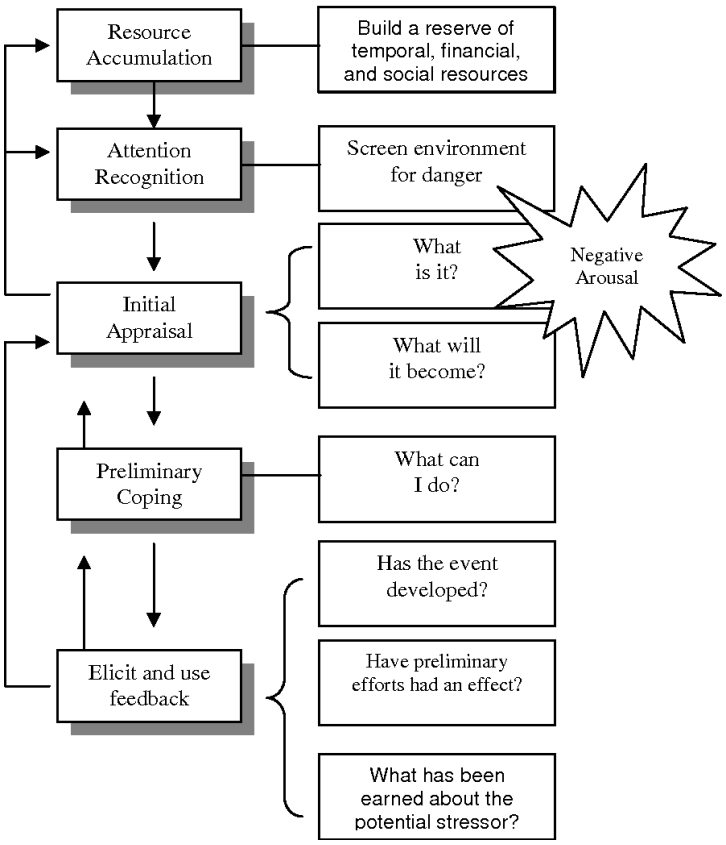


N*ote.* Lazarus, 1966

Transactional theory of stress and coping (TTSC) goes through a primary appraisal where the stressor is first experienced, then enters the secondary appraisal, requiring an efficacy of coping resources (Lazarus, 1966). Coping resources include social support and resilience. Social support is a social resource, and resilience is a psychological resource. Once these resources have been utilized, the final stage can be initiated, which is the action of coping (Lazarus, 1966).

Figure 2

Proactive Coping



N*ote.* Aspinwall & Taylor, 1997

For proactive coping to occur, negative stressors must be detected and acted upon in a healthy manner for future prevention (Aspinwall & Taylor, 1997). Proactive coping can be accomplished through five steps. First, proactive coping must go through resource accumulation. Second, the stressor must be recognized. Third, which conjoins with TTSC, includes the initial appraisal. Fourth, includes preliminary coping attempts, and fifth includes eliciting and using feedback or criticism concerning initial efforts (Aspin & Taylor, 1997). Overall, proactive coping is an adaptive, healthy response to prevent future stressors (Aspinwall & Taylor, 1997).

Conversely, dysfunctional coping is a maladaptive reaction due to episodic and chronic stress (Carver et al., 1989).

Figure 3

Coping Orientation to Problems Experienced (COPE) Inventory

Developed to assess	Scale	Typified by
Problem-focused	Active-coping	Taking steps to eliminate the problem
	Planning	Thinking about dealing with the problem
	Suppression of Competing Activities	Focusing only on the problem
	Restraint-coping	Waiting for the right moment to act
	Instrumental Social Support	Seeking advice from others
Emotion-focused	Positive reinterpretation	Reframing the stressor in positive terms
	Acceptance	Learning to accept the problem
	Denial	Refusing to believe the problem is real
	Turning to Religion	Using faith for support
	Emotional social support	Seeking sympathy from others
"Less useful"	Focus on & venting emotions	Wanting to express feelings
	Behavioral disengagement	Giving up trying to deal with the problem
	Mental disengagement	Distracting self from thinking about the problem
Recently developed	Substance use	Using alcohol or drugs to reduce distress
	Humor	Making light of the problem

Note. Carver et al., 1989

Problem-focused coping and emotion-focused coping can be proactive (Folkman & Lazarus, 1984). However, the Coping Orientation to Problems Experienced (COPE) inventory expands on various emotion-focused coping and problem-focused coping behaviors, where some are viewed as maladaptive (Carever et al., 1989). Problem-focused coping includes active-coping, planning, suppression of competing activities, restraint-coping, and instrumenting social support. Emotion-focused coping includes positive reinterpretation, acceptance, denial, turning to religion, and emotional social support (Carver et al., 1989; Folkman & Lazarus, 1984). Behavioral disengagement or focus on and venting emotions are "less useful" and "recently developed" behaviors and also include substance use and humor (Carver et al. 1989).

Defining Mental Health Professionals and Secondary Traumatic Stress

Mental health professionals expand and vary, often taking on hybrid roles simultaneously (Leah, 2019). Moreover, mental health professionals are helping professionals (Vaculikova, 2016). *Helping professionals* are counselors, psychologists, life coaches, religious ministers, social workers, nurses, and medical professionals, including socio and psycho-education elements within formal and non-formal environments (Vaculikova, 2016). Essentially, *mental health professionals* are trained by education and experience to provide intervention and counseling (Farlex, 2012). These aspects remedy mental, emotional, behavioral, and other associated distresses that interfere with psychological well-being and development (Farlex, 2012).

Mental health professionals are often exposed to trauma, encountering violent situations directly or secondary (Padyab et al., 2013). For example, mental health professionals working with exceptional populations may come across violent situations where students endanger others or themselves (Gerberich et al., 2014). Exposure to high-stress levels creates burnout and an inadaptability to cope (Macmbinji & Anika, 2018; Nurmagambetova & Asimov, 2020). Burnout and secondary trauma among professionals working with trauma survivors indirectly expose distressing content (Cieslak et al., 2014). For example, trauma counseling may create secondary trauma for the professional (Posselt et al., 2019).

Secondary Traumatic Stress originates from secondary traumatization, defined by Figley (1983) as stress from helping other individuals who are suffering or traumatized (Greinacher et al., 2019). Individuals interacting with trauma survivors may establish traumatic responses without directly experiencing a traumatic incident. Traumatic responses may continue if the individual is in recurrent or extreme confrontation, causing immediate sensory impressions

(Greinacher et al., 2019). Eventually, the works of Figley (1995), Stamm (1995), and other researchers during the 1990s expanded on secondary trauma, developing secondary traumatic stress (STS). Compassion fatigue and compassion stress elucidate a better understanding of how STS emerges in helping professions (Figley, 1995). Additionally, STS expands on self-care challenges for researchers, clinicians, and educators, as well as the need for preventative measures while working in trauma-based populations (Stamm, 1995).

Mental Health Profession Traits

Various competencies embody mental health professionals (Fulton, 2016). One widely accepted trait is empathy (Rogers, 1957). Empathy builds a bridge between clients and helping professionals, working for an alliance through trust (Fulton, 2016). However, for empathy to exist on the professional's end, it must derive from a lived experience (Fulton, 2016). The term "wounded healer," stemming from Jungian concept, is often an epiphany for many working in helping professions (Gonzales & Melton, 2017). Mental health professionals do not hide from their wounds but celebrate them (Gonzales & Melton, 2017; Horwell, 2019). By celebrating wounds, its oppressive power dissipates, creating resilience (Horwell, 2019). Essentially, precedent tragedies grow resilience, and mental health professionals meet clients where they are, without judgment, using their resilience as a beacon of light (Horwell, 2019). This beacon of light elucidates hopes and restores power for clients through advocacy. For this guidance to be genuine, helping and mental health professionals must be rooted in the tenets of their own lived experience.

Although micro-skills training, such as reflective listening, may embolden empathy abilities, the art of empathy is phenomena-based (Fulton, 2016). Additionally, affect tolerance and tolerance of ambiguity are central empathetic aptitudes that deliver adequate mental health

services (Fulton, 2016). Tolerance of ambiguity is essential for therapeutic transformation, as mental health professionals must tolerate multifaceted situations without forcing a premature solution onto clients (Bien, 2004; Levitt & Jacques, 2005). A period of apathy emerges while sharing the client's despair, and the element of ambiguity emerges. *Ambiguity* is being open to more than one fixated interpretation, allowing various probabilities (Fulton, 2016). Ambiguous situations are novel, conflicting, insoluble, and complex, creating stress, delay, suppression, avoidance, or denial (McClain, 2009). Clients are multifaceted, presenting their emotions as contradictory, which creates challenges for new mental health professionals (Borders & Brown, 2005). However, ambiguity is inherent in mental health services and should be embraced (Fulton, 2016). Empathy, unconditional positive regard, and authenticity bolstered by professionals embracing ambiguity explore the potential for multiple outcomes. These strengthened features allow helping and mental health professionals to remove preconceived biases that may impede effective counseling efforts.

Experiential avoidance requires mental health professionals to remain in connection with emotions, thoughts, and sensations even if viewed as unproductive (Bond et al., 2011). Experimental avoidance is central to empathy as mental health professionals encounter painful emotions from clients (Fulton, 2016). Being present in the moment of painful experiences requires empathy without personal distress, avoidance, or over-identification (Bien, 2004; Rogers, 1957). Exploring trauma with clients entails navigating feelings, thoughts, and sensations while modeling proper relationships to these experiences (Bien, 2004; Fulton, 2016). Modeling proper relationships illustrates examples by fostering a proactive and positive relationship for clients, encouraging them to replicate these healthy examples in all aspects of their lives.

Chronic Work Stressors Creating Work Deviance and Dysfunctional Coping

Coping theory threat appraisal suggests that professionals who respond and react to environmental stressors acquire negative or dysfunctional coping methods (Hendy et al., 2018). Theoretical frameworks from Folkman & Lazarus (1980) and Lazarus & Folkman (1984) confirm that frustration over time worsens latent negative implications. Eventually, latent negative implications turn into *work deviance*, where individuals display intentional poor work performance, disrespect, disruption of co-workers, and abuse of organizational resources (Hendy et al., 2018). Furthermore, high demands at work, low professional control, and low support exacerbate these conditions (Hendy et al., 2018).

Ultimately, adverse psychosocial effects emerge, creating poor self-esteem, anger, health concerns, post-traumatic stress symptoms (PTSS), poor occupational satisfaction, and work and home conflict (Hendy et al., 2018). Workplace deviance is a significant indicator of minimal support and various adverse psychosocial effects. Moreover, workplace deviance is associated with ongoing poor psychosocial elements (Hendy et al., 2018). A stress reduction program implementing proactive coping may improve support, encouraging adaptive coping for future negative stressors (Aspinwall & Taylor, 1997; Lamb & Cogan, 2016). Additionally, programs, including social resources such as social support, yoga, and physical activity, mitigate workplace deviance (Hendy et al., 2018). Professional satisfaction and professional stress are relational dimensions that create defensive coping methods (Hendy et al., 2018). These defensive coping methods require the implementation of advocacy through social and psychological resources but are limited in accessibility.

Chronic Work Stressors and Dysfunctional Coping

Dysfunctional coping emerges from chronic stress, increasing depression and anxiety, and over time, these symptoms create post-traumatic stress disorder (PTSD) (Stroheimer et al., 2018). Behaviors such as high alcohol consumption, turning to recreational drugs, and avoidance are common responses to chronic stress (Strohmeier et al., 2018). Researchers interviewed 277 South Sudanese humanitarian professionals across 45 helping professional organizations. They found that 24% of participants had PTSD, 38% had anxiety, 24% had emotional exhaustion, 39% had depression, and 35% had high levels of alcohol consumption. The overarching element found was vocational chronic stress exposure (Strohmeier et al., 2018). Dysfunctional coping includes alcohol usage, over-eating, unhealthy diet habits, and overworking (Carver et al., 1989; Young et al., 2018). Professionals experiencing dysfunctional coping behaviors have the opportunity to seek support, but work commitment, opposition to work, and occupational temperaments cause a reevaluation of needs and demands, deferring help (Maas & Spinath, 2012).

Eustress versus Distress

Psychobiological models showcase chronic stress connecting to positive and negative effects within the stress response system (Wadsworth, 2015). The stress response system responds to dangerous environmental elements and is a health-based perspective for survival (Wadsworth, 2015). However, response coping causes maladjustment and is often the driving force behind chronic stress (Wadsworth, 2015). Conversely, positive effects, such as support, are connected to adaptive forms of coping that form a functional perspective (Wadsworth, 2015). Positive responses to stress encourage a functional adaption of coping, forming response-coping, and influencing overall physiological and psychological well-being (Wadsworth, 2015).

Understanding eustress and distress elucidates how responses can either be positive or negative depending upon the type of stress experienced (Um-e-Rubbab et al., 2021). For example, eustress is a psychological response to a stressor that encourages a positive outcome and well-being (Selye, 1983). Eustress improves work performance, implementing positive, upbeat impressions and developing proactive coping (Nangia, 2015). Thriving connotes eustress within work environments as it supports overall well-being and limits medical concerns, inspiring vitality, zeal, and learning (Um-e-Rubbab et al., 2021). Positive emotions lead to overall well-being, increasing positive vocational attitudes as thriving within a psychological nature (Cho et al., 2013). Thriving propels professionals, emboldening eustress to emerge. However, just as there is positive stress, there is negative stress (Um-e-Rubbab et al., 2021).

Distress is detrimental to vocational performance and overall well-being (Selye, 1983). Physical and psychological health is negatively influenced and invokes workplace negativity (Nangia, 2015). Workplace negativity develops into workplace deviance as frustration over time exacerbates underlying negative implications (Hendy et al., 2018). Underlying negative implications evolve into work deviance, poor work performance among professionals, and the development of dysfunctional coping behaviors such as disrespect, disruption, and abuse of vocational resources (Hendy et al., 2018). High demands, low professional control, and a lack of support perpetuate workplace deviance rooted in distress (Hendy et al., 2018). The higher the stress level, the more likely dysfunctional behaviors emerge (Carver et al., 1989).

For example, acute stress, episodic stress, and chronic stress occur from outside stressors. Acute stress emerges from daily demands and may create emotional distress, including physical concerns (Carver et al., 1989). Episodic stress includes behaviors such as self-harm, delusion, unrealistic demands, and layered stress that creates extended periods of depression, anxiety, and

emotional distress. Constant worrying emerges from episodic stress, developing into perpetual physical distress (Carver et al., 1989). However, outcomes may occur during acute stress. Chronic stress is long-term and connects to negative work environments, academic settings, poverty, chronic illness, low-income households, self-harm, violence, and suicide (Baqutayan, 2015; Carver et al., 1989). Individuals respond to stress differently, greatly depending upon the environment and whether the reaction will emerge as distress or eustress (Quinones et al., 2017). Stress is interpreted through subjective means and can be perceived as either a threat or motivation (Reyes-Rodriguz et al., 2013). Because reactions to stress differ, personality may contribute to how individuals respond and cope (Vollrath & Torgersen, 2000).

Personality & Coping

Personality either combines or distinguishes people, depending on biological and social aspects. Individuals are self-actualizing, self-protective, and pedagogical creatures, and these facets define the essence of that specific person (Carver & Connor-Smith, 2010). The five-factor model is the framework for differentiating various personalities. These personalities are extraversion, agreeableness, neuroticism, conscientiousness, and openness to experience (Digman, 1990; Goldberg, 1981; McCrae & Costa, 2003). Personality types provide a broad understanding of what people are like. However, each trait is multifaceted as coping, stress, and personality elucidate a deeper understanding of what an individual will do within their given environment (Carver & Connor-Smith, 2010). Personality is a core influence in coping and can influence the environment or precedent events that occur before exposure to stressors (Carver & Connor-Smith, 2010). For example, neuroticism is predisposed to interpersonal stress, appraising events as threatening without the ability to cope effectively (Bolger & Zuckerman, 1995; Grant & Langan-Fox, 2007; Penley & Tomaka, 2002).

Conscientiousness is able to predict low exposure to stress as the individual is planning and predicting stressors, avoiding impulsive behaviors that may influence overall well-being (Lee-Baggley et al., 2005; Vollrath, 2001). Agreeableness is connected to lower levels of interpersonal conflict, reducing social stress levels (Asendorpf, 1998). Extraversion, openness, and conscientiousness are connected to perceiving occasions as tests rather than threats, creating positive appraisals during coping processes (Penley & Tomaka, 2002; Vollrath, 2011). Conversely, high neuroticism conjoined with low conscientiousness forecasts high-stress exposure with threat appraisals, whereas low neuroticism enjoined with high extraversion or consciousness predicts lower stress exposures and threat appraisals (Grant & Langan-Fox, 2006; Vollrath & Torgersen, 2000).

Essentially, temperament influences coping appraisals, assessing how sensitive an individual is to rewards, assertiveness, energy, and sociability (Carver & Connor-Smith, 2010). Coping efforts are connoted to expected outcomes, elucidating personality differences. Extraversion is sensitive to rewards, positive emotions, assertiveness, high energy, and sociability (McCrae & John, 1992; Rothbart & Hwang, 2005). Neuroticism embodies an avoidance temperament, reflecting fear, distress, sadness, and physiological arousal, creating barriers to cognitive restructuring (McCrae & John, 1992; Rothbart & Hwang, 2005). Conscientiousness includes persistence, organization, achievement, self-discipline, and deliberation, predicting successful cognitive restructuring and the ability to disengage from negative thought processes (McCrae & John, 1992). Agreeableness includes the ability to trust and have a high concern for other individuals, creating strong social support (McCrae & John, 1992). Openness invokes the ability to be curious, creative, flexible, imaginative, and adjust to inner feelings, encouraging coping methods that require various perspectives, problem-solving,

and cognitive restructuring (McCrae & John, 1992). However, openness is prone to disengagement and unrealistic demands (John & Srivastava, 1999; McCrae & John, 1992).

Principally, personality influences burnout dimensions, contributing to dysfunctional coping behaviors (Zaninotto, 2018). The relationship between the stigmas of burnout, the fear of being assaulted and avoidance factors, low personal accomplishment levels that connote avoidant attitudes, and openness forms inverse correlations with distant social elements all attributed to personality and the likelihood of burnout (Zaninotto, 2018). Researchers used a sample of 215 mental health professionals from six communal mental health services using an Attribution Questionnaire-27, the Ten Items Personality Inventory, and the Maslach Burnout Inventory (Zaninotto et al., 2018). Potential associations within stigma, personality traits, and burnout dimensions were detected. Additionally, the perception of workplace safety significantly affected attitudes (Zaninotto et al., 2018).

Concerns about being assaulted and low levels of personal accomplishment created avoidant attitudes. However, methods for managing workplace violence create a higher level of personal accomplishment among professionals (Zaninotto et al., 2018). Attitudes and perceptions influence how stress is received by a professional, and societal norms regarding how a professional should respond to work stressors connote self-regulation and emotional control (Beer et al., 2021). Furthermore, coping based on societal norms influences behavioral outcomes, targeting specific environmental work stressors that trigger poor coping skills (Beer et al., 2021).

Emotional intelligence is the ability to observe self-emotions and feelings and the emotions and feelings of other individuals (Mayer & Salovey, 1997). Furthermore, emotional intelligence is the ability to distinguish emotions through given knowledge and instructed thoughts and behaviors (Mayer & Salovey, 1997). Mayer et al. (2004) expanded the definition of

emotional intelligence to assess the ability of corrected realization, which creates expressive feelings and the ability to comprehend, regulate, and generate emotions to facilitate cognition and develop emotional mentality (Mayer & Salovey, 1997; Mayer et al., 2004).

Genetic Disposition

Biological aspects play a central role in personality, providing an understanding of fundamental properties in self-regulation and behavior (Carver & Connor-Smith, 2010). In human behavior, these properties are derived from the most basic physiological needs, such as the tendency to approach a wanted object, such as food, or the ability to avoid danger or predators, and the ability to regulate and avoid harmful or non-advantageous tendencies (Carver & Connor-Smith, 2010). Humans are goal-oriented, and these goals are determined by whether motives have the potential for successful outcomes (Carver & Connor-Smith, 2010). Personality plays a crucial role in goal-oriented behavior and how an individual copes (Carver & Connor-Smith, 2010). For example, some people may relinquish goals when needed, creating a sense of melancholy and hopelessness (Klinger, 1975; Nesse, 2000). On the other hand, some individuals may not give up on a goal entirely but scale back, realizing that the goal itself is not operative (Carver & Connor-Smith, 2010). Additionally, the option of substituting a restricted goal may occur, creating accommodation for what is more reasonable (Carver & Connor-Smith, 2010).

Humans respond to threat, loss, and harm in various ways, and these responses are coping (Carver & Connor-Smith, 2010). However, coping is not an action that is initially sought, creating automatic and involuntary reactions (Carver et al., 1989). Correlations exist between personality and coping due to professional demands (Zaninotto et al., 2018). Additionally, environmental and genetic aspects influence coping styles in regard to professional demands, and these demands shape personality (Carver & Connor-Smith, 2010; Zaninotto et al., 2018).

Fundamentally, personality is a central element in how an individual responds to stressors (Maas & Spinath, 2012). However, further research on interventions for work engagement, opposition to stress, and occupational approaches towards life without integrating personality is needed (Maas & Spinath, 2012). Personal satisfaction, societal norms, genetic influences, and burnout are vital components when understanding coping and how personality and emotional intelligence play a role (Maas & Spinath, 2012). In congruence with this program resource guide, it begged whether emotional intelligence expands through psychological resources, such as psychoeducation and introspection, honing helping and mental health professionals' capabilities to increase resilience and foster proactive coping.

Burnout in Mental Health Professions

Christina Maslach defines *burnout* as a psychological condition caused by exhaustion, inefficacy, and cynicism due to chronic job stressors (Maslach & Leiter, 2008). Burnout is a psychological syndrome that is multifaceted, chronic, or intricate, embedded in multifarious social relationships, individualistic conceptions of self and others, and subjectively experienced stresses (Maslach & Leiter, 2008). Three components of burnout include exhaustion, cynicism, and inefficacy. Exhaustion derives from overextension without the ability to replenish (Maslach & Leiter, 2008). Cynicism incorporates work defiance, hostility, and feeling detached from vocational objectives (Maslach & Leiter, 2008). Cynicism develops from emotional exhaustion and self-preservation over time, eventually evolving into an emotional barricade (Maslach & Leiter, 2008). Inefficacy is a weakening in competency and productivity within vocational bounds. Individuals experience inadequacy in their abilities, which may create self-deprecatory perspectives of failure (Maslach & Leiter, 2008). Essentially, the core of burnout is relationships and individualistic phenomena (Maslach & Leiter, 2008).

Staff burnout creates a prevalence of undesirable results for consumers, organizations, and staff (Morse et al., 2012). Additionally, elements such as depersonalization, a reduction of personal accomplishment, and emotional exhaustion occur (Morse et al., 2012). Depersonalization emerges from a lack of self-efficacy, inducing cynicism, and having negative dispositions towards clients, consumers, or work. Moreover, these interactions reduce personal accomplishment, and emotional exhaustion creates depletion and fatigue (Folostina & Tudorache; Morse et al., 2012). Fundamentally, high emotional exhaustion and low personal accomplishment are associated with elevated stages of depersonalization (Roland, 2000; Webster & Hackett, 1999). However, a high level of support from professionals and co-workers reduces emotional exhaustion and depersonalization (Jenkins & Elliot, 2004).

Burnout is a concern among varying professionals. However, it is of significant interest to those working in medical and mental health fields, as helping professionals are in consistent contact with trauma and human suffering (Ortiz-Fune et al., 2020). Additionally, the consequences of burnout for helping professionals, such as mental health workers, include increased emotional exhaustion, decreased personal accomplishment, and depersonalization (Leiter & Harvie, 1996). Because these factors influence professional performance, individuals working in these vocational fields often leave their profession within five years, especially practicing psychotherapists (Leiter & Harvie, 1996; Raquepaw & Miller, 1989).

Dysfunctional Coping

Coping is not always simple and can be negative or dysfunctional, preventing effective behaviors (Carver et al., 1989). The coping process is a vital mediator of stress in individualistic environments, creating long-term and immediate outcomes (Carver et al., 1989). Dysfunctional coping is considered “less useful” and non-productive, brought on by episodic stress and chronic,

producing maladaptive actions, such as drug usage, alcohol usage, mental disengagement, behavioral disengagement, humor, focus and venting emotions, self-harm, and denial (Carver et al., 1989). Coping uses behavioral and cognitive attempts to decrease, accept, or master the demands. These demands are specific and either intrinsic or external, demanding or strenuous (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Coping mechanisms emerge from the conscious mind, imposing effective or ineffective choices (Carver et al., 1989).

Moreover, higher levels of stress encourage dysfunctional behaviors (Carver et al., 1989). Acute stress, episodic stress, and chronic stress ensue from external stressors. Acute stress is commonly experienced by daily demands and creates emotional and physical distress (Carver et al., 1989). Episodic stress includes self-infliction, unrealistic demands, and built stress that causes elongated periods of anxiety, depression, and emotional distress. Incessant worrying is a component of episodic stress that causes consistent physical challenges but can occur during acute stress. Chronic stress is long-term, connected to low-income households, negative work and school environments, poverty, suicide, chronic illness, violence, and self-harm (Baqutayan, 2015; Carver et al., 1989). Nevertheless, dysfunctional coping can be mediated through increased resilience and social support, using proactive coping as a guide to limit maladaptive behaviors while encouraging an adaptive approach.

Proactive Coping Fostering Resilience

Proactive coping protects one's health from future stressors (Aspinwall & Taylor, 1997). Understanding the actual cause of stress to predict and self-identify coping methodologies reduces negative reactions (Holton et al., 2015). Professionals spend most of their time at work, and these environments influence and shape their mental well-being, reactions, responses, perceptions, and motives. Higher levels of stress create poor life satisfaction levels, but

maintaining and practicing proactive coping methods mitigates dysfunctional behaviors (Matika & Muromo, 2021). However, accessing advocacy to maintain mental wellness is not always accessible for professionals (Matika & Muromo, 2021).

Stress response systems enable internal and future growth development, reframing coping as a functional adaptation (Wadsworth, 2015). Coping-based theories and interventions suggest that a conceptual shift in the stress response system must occur to create adaptive coping (Aspinwall & Taylor, 1997; Wadsworth, 2015). Actions are consequences of coping resources, increasing the need for resources. These resources, whether social or psychological, foster adaptive coping and are core for successful stress management (Holton et al., 2015).

In the past, a reactive approach toward a stressor was seen as coping. However, accurate or proactive coping is what prevents future stressors (Aspinwall & Taylor, 1997). Proactive coping is different from traditional coping methods. It is a multifunctional and multidimensional facet, enforcing a progressive and adaptive outlook (Greenglass, 2002). It improves well-being and quality of life through achieving personal or professional goals (Greenglass, 2002). Future-based coping attempts require efforts to build up resources needed to facilitate challenging experiences (Greenglass, 2002). Furthermore, proactive coping is goal-oriented instead of risk-oriented, in addition to being a motivator for positive perceptions during challenging experiences (Aspinwall & Taylor, 1997; Greenglass, 2002).

For example, helping professional vocations such as psychotherapy, psychological counseling, social work, social education, life coaching, religious ministry, nursing, and medicine are often exposed to chronic stressors (Vaculikova, 2016). Common attributes among these professions include socio-educational elements within non-formal and formal environments. Understandably, working in helping professions requires proactive coping and

maintaining effective outcomes vocationally and personally (Vaculikova, 2016). Upholding positive belief systems and a strong sense of self-worth sustains healthy habits over an extended period of time (Vaculikova, 2016).

When positive emotions blanket maladjustment, the range of coping methods widens, creating opportunity and reassurance (Gloria & Steinhardt, 2016; Wadsworth, 2015). Positive emotions enhance resilience (Gloria & Steinhardt, 2016). Furthermore, chronic stress exposure can be redirected through positive emotion-focused coping and problem-focused coping, alleviating dysfunctional coping behaviors (Strohmeier et al., 2018). Proactive coping increases resilience, is adaptive, and plans for future stressors (Aspinwall & Taylor, 1997). Additionally, strong self-efficacy maintains an optimistic belief system within abilities, creating effective coping behaviors and overall well-being (Karakus et al., 2021).

Stress is greatly concomitant with how an individual copes, demonstrating how chronic stress, stress from anxiety, and depression are interconnected (Gloria & Steinhardt, 2016). When an individual encounters high levels of stress, their ability to maintain resilience lowers anxiety and depression (Gloria & Steinhardt, 2016; Strohmeier et al., 2018). Resilience moderates the influence of stress, anxiety, and depression and safeguards ill-being and absenteeism, aspects that enforce early retirements in helping professions (Vaculikova, 2016). Additionally, social resources such as support are required for proactive coping methods, encouraging a sense of self and self-promotion.

Self-Promotion and Seeking Social Support

Self-promotion of well-being is fostered through advocacy supporting proactive coping (Greenglass & Fiksenbaum, 2009; Vaculikova, 2016). Professionals using proactive coping increase the perception of their lives going well and create positive relationships. Seeking social

support influences interpersonal skills and enhances professional outcomes. However, proactive coping is usually an element that is affiliated with mitigating negative behaviors, such as depression (Vaculikova, 2016). Unfortunately, proactive coping cannot be consistently implemented prior to an event (Greenglass, 2002).

Students in helping professions that use the highest level of emotional and influential support seeking, such as social support as a resource, share concerns and receive advice (Vaculikova, 2016). Conversely, students working in helping professions who displayed dysfunctional behaviors, such as avoidance coping, were found to have higher levels of depression (Vaculikova, 2016). Fundamentally, effective coping methods are proactive attempts, but most require advocacy, such as social connections influencing lifestyle behaviors (Young et al., 2018).

Coping methods must focus on the problem through a positive approach, for example, problem-solving skills, seeking social support, and positive re-evaluation (Aspinwall & Taylor, 1997). However, emotion-based coping, such as prayer, daydreaming, avoidance or escape, denial, or resignation, connotes anxiety and depression (Carver et al., 1989; Tsaras et al., 2018). Proactive coping fostering resilience requires solidarity, mutual commitment, cohesion, and a sense of belonging on a collective level (Bleich, 2017). Basically, advocacy is the driving force behind interpersonal factors, coping, and resilience. Coping and resilience through subjective means are central to interpersonal resources and may not be feasible for everyone (Bleich, 2017). If interpersonal factors play a role, it begs the question of why advocacy isn't implemented often in helping professions, providing a sense of belonging.

Boundary Setting

Because professional satisfaction influences coping styles, one option to foster proactive responses is reestablishing and preserving boundaries. Maintaining boundaries sustains proactive coping (Morgillo, 2015). For example, working with domestic violence victims over time may render professionals with burnout and secondary trauma (Figley, 1983). Elements in working with traumatic populations often include forgetting to set boundaries with clients and case overloads, further inducing chronic stress (Dekel et al., 2016). Moreover, chronic stress transfers onto clients, causing projection and eventually PTSS for both the professional and the client (Dekel et al., 2016; Morgillo, 2015). This transfusion bounces back and forth from the client to the professional, restarting secondary trauma and encouraging dysfunctional behaviors (Dekel et al., 2016; Morgillo, 2015).

Eventually, ineffective communication and burnout force professionals to withdraw and leave their vocation, causing early retirements or poor retention (Brittle, 2020). Professionals become detached and obsessed with obtaining perfection, further reducing the ability to connect concisely, causing exhaustion, irritability, and malingering (Morgillo, 2015). Features that reduce emotional exhaustion among professionals include socio-demographic characteristics, training, professional backgrounds, pedagogical practices, academic contexts, and perceived support (Langher et al., 2017). Perceived support is deeply connected to depersonalization. Depersonalization is ignited from various principles, including a lack of boundaries, but one controversial element is micro-management (Langher et al., 2017). Micro-management creates control over a professional's training and background, exacerbating work stressors and reducing overall trust (Langher et al., 2017).

Advocacy and Proactive Coping Methods

Advocacy, defined by Lee (1998), is the action and process of pleading a cause for a proposal, and within the scope of advocacy for helping professions, such as counseling, there is limited professional support (Lee, 1998; Myers et al., 2002). Counselors advocate for their clients, pleading and intervening in the encompassing world, but advocacy for helping professions and advocacy for clients are found to be incompatible actions (Myers et al., 2002). Helping professionals need advocacy as credentialing and governing bodies are more concerned with accreditation (Myers et al., 2002). A systematic change is essential for the future of helping professions, proposing a national plan honing professional identity, encouraging an affirmative public image, instituting efficient and effective intraprofessional and interprofessional cooperation, and attaining involvement of each counselor in advocacy (Myers et al., 2002). Mental health counseling dates back to the 1700s when advocacy for individuals struggling with mental health illnesses emerged. As the need for these professions grew, governing bodies such as the American Counseling Association (ACA) developed (Myers et al., 2002). Although institutions such as the ACA provide advocacy for counselors and help professionals alike, the focus on advocating for the professional on an individualistic level is limited and needs improvement (Myers et al., 2002).

Additionally, professional identity remains a challenge, as professionals working in helping professions are diverse, with varying requirements and credentials (Myers et al., 2002). The difficulty in defining helping professions is rooted in the broad-based philosophical backgrounds (Sherrard & Fong, 1991). Moreover, professional overlapping occurs, especially in psychological disciplines (Myers et al., 2002). Another concern is the environment where helping professions occur. For example, a professional working in communal settings, such as

schools, creates limited professional identities (Myers et al., 2002). A definitive understanding of professional identity makes effective advocacy easier (Myers et al., 2002).

Competencies focusing on advocacy disposition, family support, empowerment, social advocacy attitudes, and ethical outlooks assert holistic social resources (Trusty & Brown, 2005). Empowering support systems emboldens empathy, providing external support for helping and mental health professions (Trusty & Brown, 2005). Furthermore, an ethical disposition provides compliance continuity for all parties involved. However, helping professionals, such as counselors, must recognize dispositions as advocacy and utilize these social resources when maintaining a personal level of ethical caring (Trusty & Brown, 2005).

Mindfulness

According to Jon Kabat-Zinn, founder of the Mindfulness-Based Stress Reduction (MBSR) program, *mindfulness* is the ability to purposely pay attention while being present in the moment, without judgment (Kabat-Zinn, 1982; Kabat-Zinn, 2003). Mindfulness cultivates a superior self-awareness, building deep connections between the mind, body, and emotion (Mistry, 2020). Through interweaving these processes, the present moment encompassing an individual heightens aspects within their given environment (Mistry, 2020). Essentially, a heightened state of attention that is similar to hyper-focusing (Mistry, 2020). For professionals working in healthcare and helping professions, mindfulness improves boundaries in the workplace and resolves conflict while instilling compassion (Mistry, 2020).

Mindfulness is self-care and self-compassion. Although it can be viewed as self-indulgence, it is not (Mistry, 2020). It is a crucial tool that prevents compassion fatigue, burnout, and emotionally exhausting environments (Mistry, 2020). Using mindfulness not only increases self-compassion but also encourages compassion for clients and patients. Curiosity and non-

judgmental attitudes toward various experiences emerge when using mindfulness, reducing stress and increasing the effectiveness of care (Mistry, 2020). Moreover, lower levels of dysfunctional coping are connected to mindfulness, compassion satisfaction, and positive experiences in work environments, which are associated with lower levels of burnout and compassion fatigue (Thompson et al., 2014). Moreover, mindfulness requires equanimity, where being non-reactive, regardless of the experience, is needed. Equanimity is a balanced and objective mental state that does not express delight or depression. Nevertheless, equanimity does not equate to dissociation. Dissociation is a reaction. Essentially, embracing equanimity encourages balance, cultivating mindfulness and the present moment.

Self-Compassion

Self-compassion, defined by Neff (2003), incorporates compassion, mindfulness, humanity, and self-kindness (Neff, 2003). However, self-kindness connotes attitudes of benevolence instead of self-criticism, self-assessment, and self-judgment (Crego et al., 2022). Self-compassion incorporates phenomenological aspects, connecting positive outcomes for mental health professionals experiencing compassion fatigue (Crego et al., 2022). Although it is known that self-compassion relates to positive outcomes, it is often neglected by mental health professionals, often presenting itself as an activity that is preached but not practiced (Crego et al., 2022). Self-compassion protects the professional from psycho-social risks encountered in mental health positions, shielding the professional from STS, burnout, and compassion fatigue (Crego et al., 2022). Moreover, self-compassion is a defense against depressive episodes, balancing mental health professionals with their personal lives and mitigating work-life balance while reducing emotional exhaustion (Crego et al., 2022).

Researchers using qualitative methods discovered the benefits of self-compassion, finding it manages occupational stress and challenges within vocational circumstances, commonly consistent with intervention (Crego et al., 2022; Patsiopoulos & Buchanan, 2011). Perceived stress is decreased, and burnout symptoms in mental health professionals alike are reduced when self-compassion is used (Crego et al., 2022). Additionally, self-compassion connotes psychological benefits, positive well-being, increased mindfulness skills, increased self-efficacy, and reduced anxiety (Crego et al., 2022). Experiential avoidance, tolerance of uncertainty, and acceptance are found when self-compassion is practiced through methods such as the Mindful Self-Compassion (MSC) program (Crego et al., 2022; Neff & Pommier, 2013; Yela et al., 2020). However, MSC has yet to be used on a sample of mental health professionals (Crego et al., 2022; Yela et al., 2020). Essentially, mental health professionals trained in mindfulness and self-compassion have a better quality of life relating to personal and professional aspects.

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy (CBT) eliminates avoidance, cognitive distortions, and safety-seeking behaviors often related to stress-related disorders (Nakao et al., 2021). The use of CBT is provided to general populations, but it is also clinical for stress management (Nakao et al., 2021). Cognitive behavioral therapy promotes balanced thought processes and the ability to proactively cope with stress, originating from learning theory principles, such as classical and operant conditioning (Nakao et al., 2021). Behavioral therapy was initiated in the 1950s when Albert Ellis developed rational emotive therapy to aid clients with cognitive distortions and irrational thoughts (Nakao et al., 2021).

Subsequently, Aaron Beck evolved these processes into cognitive therapy based on Ellis's model (Beck, 1991; Nakao et al., 2021). By the 1960s, these two methods were synthesized, developing CBT approaches similar to what is known today (Nakao et al., 2021). Cognitive behavioral therapy provided in self-help settings for mental health and medical professionals is the future for CBT applications, especially concerning work stressors (Nakao et al., 2021). However, more research is required to review its application among clinical populations and its ability to reduce stress (Nakao et al., 2021).

Dialectical Behavioral Therapy (DBT)

Dialectical Behavioral Therapy (DBT) uses CBT methods, where negative thought processes are identified and reviewed to change negative thoughts (Camel et al., 2013). Negative identified thoughts are replaced with positive thought processes, invoking proactive behavioral changes and treating various self-destructive behaviors (Camel et al., 2013). Teaching DBT and CBT practices to mental health professionals may be perceived as advocacy, reducing dysfunctional coping (Kebbi, 2018). For example, researchers reviewed nine clinicians over 13 months during DBT training, and the results indicated a reduction in clinical burnout (Camel et al., 2013). Nevertheless, limited research exists on how CBT and DBT can reduce work stressors and burnout for mental health professionals.

Psycho-educational Resources

Psycho-education is defined as a systematic, didactic, and structured method of conveying information on specific illnesses, including their treatment (Bäuml, 2006a). Its application integrates emotional aspects to enable coping methods for individuals suffering from a particular diagnosis, including family members (Srivastava & Panday, 2016). Health sector education methods can be traced back to the 18th century when pedagogical approaches

provided therapeutic services for psychologically compromised individuals (Srivastava & Panday, 2016). Today, individuals suffering from various diagnoses benefit from psycho-educational methods, including general populations encountering stress (Van Daele et al., 2011).

Psycho-education's application is for stress reduction by increasing competencies for stress management by preserving mental health (Van Daele et al., 2011). Transferring and acquiring knowledge through individual or group sessions provide self-help options (Van Daele et al., 2011). Group psycho-educational resources include classes, companies, primary healthcare units, communal organizations, or associations (Van Daele et al., 2011). Fundamentally, psycho-educational resources are an independent intervention within a CBT approach (Bäuml, 2006a; Van Daele et al., 2011). However, there is limited research on how psycho-educational resources can reduce stress for mental health professionals to develop gaps in intervention procedures best for reducing stress and perceived stress.

Online Training

As the pandemic progressed, mental health professionals found addressing the needs of psychological well-being worldwide through integrating technological aspects such as teletherapy (Thirthalli et al., 2020). Technology enhances self-care and information community care, reaching many through platforms like Facebook, YouTube, websites, mobile, and social media (Thirthalli et al., 2020). However, extensive psychological demands continue to grow, begging whether online training can reduce work stressors and increase proactive coping for mental health professionals (Thirthalli et al., 2020). Mental health professionals often have in-person training to maintain traditional aspects when treating conditions. However, direct training for mental health professionals needs to evolve like its counterpart, servicing clients and preparing materials at a national level (Thirthalli et al., 2020). Telemedicine, information

technology, mental healthcare, health education, and community medicine must collaborate on training across all platforms (Thirthalli et al., 2020).

Experts in telemedicine information technology through communal means are required, and challenges exist as public health initiatives must coordinate among government and private sectors (Thirthalli et al., 2020). Moreover, political administration needs to comply (Thirthalli et al., 2020). Mental health professionals are overwhelmed with professional demands, and should online training develop at a government level, specific methods should support professional stresses (Thirthalli et al., 2020). For example, mindfulness and acceptance-based training for self-care that reduces stress in mental health professionals must be accessible and studied extensively (Rudaz et al., 2017). However, limited research exists on which components of mindfulness are central to improving self-care among mental health professionals (Rudaz et al., 2017).

Barriers Preventing Advocacy & Self-Care for Mental Health Professionals

Challenges accrue for mental health professionals as self-compassion is directly connoted to the professional working with the client but not for the professional (Barton, 2020; Crego et al., 2022). Mental health professionals use their training, education, skills, and experience to aid clients but are reluctant to provide the same compassion and understanding towards themselves (Wefel, 2006). Moreover, psychological barriers among mental health professionals practicing proactive coping, such as self-compassion, are viewed as selfish (Barton, 2020; Crego et al., 2022). Time constraints also present challenges when implementing mindfulness and acceptance-based self-care training (Rudaz et al., 2017). Professionals are busy and may not believe these methods are useful (Rudaz et al., 2017). For example, they are not clients seeking therapy but professionals providing care (Rudaz et al., 2017). Teachings around self-care and

seeking social support are limited, but learning margins exist, where applying skills becomes stretched, hindering the ability to implement boundaries and resilience (Barton, 2020).

Prioritizing self-care and relational care is central to mental health professionals, especially when strengthening family connections, as professional topics are not required outside of work demands (Barton, 2022). These priorities must be more consistent with the desire to discuss advocacy and social support professionally, as barriers exist between professional and personal aspects. Mental health professionals' feelings, attitudes, and beliefs seep into personal and professional realms (Barton, 2020). Although self-care is vital among mental health professional populations, professional advocacy is limited. Moreover, research gaps exist regarding how mental health professionals can provide self-care, such as self-compassion interventions, for stress management (Crego et al., 2022). It is assumed that autonomy and advocacy impede burnout, encourage work satisfaction, and are particularly important for mental health care (Verhaeghe & Bracke, 2012). However, the stigma surrounding mental health professionals occurs, as experiences are often associated with burnout and low job satisfaction (Verhaeghe & Bracke, 2012).

Stigma Surrounding Mental Health Professionals

Mental health professionals become victims of stigma, stigmatized, and viewed as offenders due to their occupational role (Schulze, 2007). This notion becomes especially true in how clients treat professionals (Schulze, 2007). Moreover, victimization by associative stigma experiences transcends from other professionals' experiences with clients (Verhaeghe & Bracke, 2012). Stigmatized experiences of mental health professionals are rooted in emotional contagion that may occur during emotional efforts (Pugh, 2001; Verhaeghe & Bracke, 2012). Mental health professionals are expected to compartmentalize their disposition toward clients, thus causing

attitudes to impact direct work with clients (Barger & Grandey, 2006; Pugh, 2001; Verhaeghe & Bracke, 2012). For example, researchers from a precedent quantitative study found that mental health providers acknowledged having negative responses and reactions to their occupations, using dysfunctional coping, like humor (Carver et al., 1989; Verhaeghe & Bracke, 2012). Associated stigmas among participants were also connected to depersonalization and emotional exhaustion, which are negatively associated with occupational satisfaction. Conversely, it did not influence personal accomplishment (Verhaeghe & Bracke, 2012).

Occupational autonomy was found to contribute to fewer experiences of failure of personal accomplishment and connected to fewer experiences of failure of personal accomplishment (Verhaeghe & Bracke, 2012). Additionally, occupational satisfaction is moderately ascribed to more extensive feelings of personal accomplishment. However, supportive relationships, such as advocacy among colleagues, appeared to have the most centralized influence (Verhaeghe & Bracke, 2012). Supportive relationships among colleagues are essential for occupational satisfaction in all dimensions of burnout, except for depersonalization (Verhaeghe & Bracke, 2012). Essentially, social support, limited associated stigmas, and positive mental health status are linked with lower burnout and higher levels of occupational satisfaction (Verhaeghe & Bracke, 2012).

Review of Psychological & Social Program Resources for Mental Health Professionals

Researchers from one precedent study conducted a mass literature review of quantitative studies with a sample of mental health professionals who used mindfulness and acceptance-based training to increase proactive coping, self-compassion, stress reduction, and self-care (Rudaz et al., 2017). Sample searches included clinicians, therapists, counselors, psychologists, psychiatrists, students, and various helping professionals (Rudaz et al., 2017). Mindfulness and

acceptance-based training included self-compassion, MBSR, acceptance and commitment therapy (ACT), Mindfulness-Based Cognitive Therapy (MCBT), and interpersonal mindfulness training (Rudaz et al., 2017). Outcomes connoted self-compassion, mindfulness, psychological flexibility, burnout, stress, and psychological well-being (Rudaz et al., 2017).

The comprehensive literature overview included Raab et al. (2015), where an assessment of an 8-week MBSR program included two-and-a-half hour sessions comprising of practicing silence for mental health professionals, specifically females, at one center (Raab et al., 2015). The sample included 22 participants and found that self-judgment, isolation, over-identification, and negative self-compassion decreased (Raab et al., 2015). Common humanity increased, but no significant effect was discovered for general burnout using Maslach's Burnout Inventory (MBI). The MBI assesses burnout syndrome through emotional exhaustion, depersonalization, and limited personal accomplishment (Raab et al., 2015). Various studies have reviewed MBSR programs, but challenges exist when engaging practitioners or trainees in time-concentrated self-care programs (Raab et al., 2015). It could be posited that MBSR, through a shorter mindful therapy training program, could lower levels of stress (Raab et al., 2015).

Aggs and Bambling (2010) reviewed an 8-week mindfulness training program with only an hour-and-a-half long training sessions. Once again, this sample included helping professionals, such as social workers, psychologists, clinical nurses, counselors, psychiatrists, and occupational therapists (Aggs & Bambling, 2010). Participants reported lower tension and stress levels after the training, including a higher capacity to implement mindfulness states of consciousness. However, the outcome did not find an intention to integrate these practices concerning professional coping purposes (Aggs & Bambling, 2010). Two more studies were reviewed during this mass assessment, and in sum, all studies found increases in mindfulness

after training, but MBCT has limited empirical footing with mental health professionals, and the conclusions from open trials are mixed (Rudaz et al., 2017). However, a review of self-compassion programs with comparable standards to MSC found an increased application of self-compassion among similar participant samples, in addition to acceptance and commitment therapy (Rudaz et al., 2017).

Also, most ACT and MBSR studies exhibited improvements in mindfulness and reduced stress, where self-compassion, psychological flexibility, and mindfulness changed, but the outcomes did not, such as burnout, stress, or psychological well-being (Rudaz et al., 2017). Social support and advocacy are limited in research, but interpersonal mindfulness training was assessed by researchers in one precedent study (Cohen & Miller, 2009). Interpersonal mindfulness training was reviewed during weekly hour-and-a-half sessions among counseling and clinical graduate students with a total sample size of 21 participants (Cohen & Miller, 2009). Interpersonal mindfulness training was demonstrated after the MBSR program, but it focused more on relational awareness through intrapersonal and interpersonal aspects (Cohen & Miller, 2009). A mindfulness mirror exercise included partners taking turns leading and following the actions of other participants. Participants showcased lower levels of perceived stress and increased mindful attention and awareness (MAA), including increased satisfaction with life and psychological well-being (Cohen & Miller, 2009).

Additionally, social connectedness and emotional intelligence increased, and emotional intelligence reduced anxiety (Cohen & Miller, 2009). However, there is no indication that participants maintained or used social resources after the 6-week interpersonal mindfulness training program. Fundamentally, the assessment of all gathered precedent studies elucidates a limited understanding of what components of mindfulness are essential to outline additional

training programs for mental health professionals (Rudaz et al., 2017). Moreover, there are limited studies, limited replications, and methodology limitations regarding mental health professionals, causing a lack of program resources and advocacy (Rudaz et al., 2017).

Rationale for the Program Development

Helping and mental health professionals willingly expose themselves to high-stress levels to advocate for and support the well-being of their clients (Nurmagambetova & Assimov, 2020; Posselt et al., 2019). Although these professions provide intrinsic and extrinsic rewards, specific modalities, such as trauma counseling, create adverse outcomes, such as STS, affecting personal and professional aspects (Posselt et al., 2019). Moreover, burnout is a central concern among helping professionals, specifically mental health workers (Leiter & Haervie, 1996). These aspects increase emotional exhaustion, depersonalization, and lower personal accomplishment (Leiter & Harvie, 1996). Additionally, these professionals often leave their vocation within five years due to high-stress levels, burnout, and compassion fatigue (Leiter & Harvie, 1996; Raquepaw & Miller, 1989).

Dysfunctional coping emerges from episodic and chronic stress, tempting maladaptive behaviors to permeate (Carver et al., 1989). Mental health professionals and helping professionals require coping mechanisms to manage stress exposure (Lamb & Cogan, 2016). It is widely accepted that proactive coping and social support safeguard dysfunctional behaviors (Aspinwall & Taylor, 1997; Lazarus, 1966). Nevertheless, it is unknown what coping mechanisms are utilized (Lamb & Cogan, 2016). Training resources that encourage proactive coping must implement social and psychological elements to foster resilience (Lamb & Cogan, 2016; Lazarus, 1966).

Resources for helping and mental health professionals are deficient due to inconsistencies found in methodologies, limited study replications, and heterogeneous conclusions from open trials (Rudaz et al., 2017). Additionally, there is no indication that social or psychological resources are self-utilized outside of studies (Rudaz et al., 2017). Cohen and Miller (2009) assessed interpersonal and psychological aspects to increase emotional intelligence and mindfulness and reduce anxiety among mental health professionals (Cohen & Miller, 2009). However, no indication exists that participants used resources outside of the 6-week training course. Moreover, there is a limited understanding of central mindfulness aspects that promote proactive coping (Rudaz et al., 2017).

Mindfulness is self-care, promoting and fostering self-compassion, but helping and mental health professionals may view this as self-indulgence and selfishness (Barton, 2020; Crego et al., 2022; Mistry, 2020). On the contrary, it is known that mindfulness increases self-compassion, encouraging and increasing compassion for their clients and themselves (Mistry, 2020). Moreover, a decrease in dysfunctional coping is connoted to mindfulness and proactive coping, promoting healthier working environments (Aspinwall & Taylor, 1997; Thompson et al., 2014). For example, CBT in self-help settings mitigates work stressors, but more research is needed to review its application among helping and mental health professionals (Nakao et al., 2021). Additionally, MSC, MCBT, MBSR, and ACT applications increase self-compassion and mindfulness while reducing stress (Rudaz et al., 2017). However, more is needed to know about these modalities used in conjunction with advocacy. Advocacy is central to coping and necessary for proactive behaviors (Aspinwall & Taylor, 1997; Lazarus, 1966). A sense of belonging, mutual commitment, and cohesion emboldens proactive coping and resilience, but interpersonal resources may not be realistic for professionals (Bleich, 2017).

Essentially, helping and mental health professionals use their education, talents, training, and experience to support and aid clients but are reluctant to utilize the same skillset for themselves (Wefel, 2006). Time constraints pose challenges when implementing mindfulness, self-care, and acceptance-based training (Rudaz et al., 2017). Moreover, helping and mental health professionals view themselves as professionals providing care, not clients seeking help (Rudaz et al., 2017). Stigma influences self-care, as mental health vocations are victimized by emotional contagion developing from emotional labor (Pugh, 2001; Shulze, 2007; Verhaeghe & Bracke, 2012). Moreover, enforcement of compartmentalizing dispositions towards clients and work stressors negatively effects attitudes and direct clientele work (Barger & Grandey, 2006; Pugh, 2001; Verhaeghe & Brack, 2012). A systematic change is needed for the future of helping and mental health professionals, encouraging effective intraprofessional and interpersonal collaboration, but most associations hone more on accreditation (Myers et al., 2002). Helping and mental health professionals advocate and foster proactive coping for their clients, but it is conceivable to wonder who advocates for them.

Chapter I Summary

Chapter I provides in-depth explanations of definitions, theoretical frameworks, and literature pertinent to this proposed resource development guide. Expanding on specific definitions and terminologies used throughout this proposed dissertation is essential for providing a holistic understanding of helping mental health professionals. Furthermore, it elucidates the need for social and psychological resources that provide advocacy and increase resilience due to work stressors. These aspects are intended to reduce dysfunctional coping and encourage proactive coping. Chapter II expands on resources by detailing outlines of methods and procedures, including the development of the resource, target audience, primary objective,

step-by-step guide, implementation, and two tables outlining social resources and psychological resources aligned with their objective and theoretical framework.

Chapter II: Methods and Procedure

Helping and mental health professionals succumb to work stressors, where compassion fatigue, burnout, staff burnout, distress, work deviance, early retirement, dysfunctional coping, and STS are the driving forces behind this program resource. Moreover, this dissertation aimed to foster proactive coping and the need for advocacy. Chapter two addresses the implemented methodology in designing an advocacy-heavy functional website using psychological and social resources. Working as a helping and mental health professional and operating alongside these populations elucidate the need to mitigate maladaptive behaviors through adaptive coping resources and support. It is central that this proposed resourceful guide does not belittle or subject helping and mental health professionals to stigma or victimization, as various barriers exist for these vulnerable populations. Social resources will be accessible and peer-motivated, removing micro-management elements and encouraging cohesion. Additionally, psychological resources are designed with self-care professional aspects for helping and mental health professionals.

Development of the Resource

Target Audience

Helping professionals is the umbrella term for the population, and the target audience for this dissertation and resource development is mental health professionals. The objective behind mentioning helping professionals as the umbrella population is to include any mental health specialists who may work in non-traditional settings, fostering an inclusive and holistic environment. Helping professionals include psychologists, counselors, religious ministers, nurses, medical professionals, social workers, therapists, educators, behavioral specialists, and

life coaches (Vaculikova, 2016). Essentially, any mental health professionals working in formal or non-formal settings attached to any of the following vocations listed above will be applicable.

Mental health professionals were chosen as the target audience for this resource development as the author is a state-credentialed counselor specializing in specialty schools serving exceptional children and adolescents. Precedent research mentioned throughout the dissertation supports the need for a resource development to foster proactive coping and advocacy among mental health professionals as they are a vulnerable population exposed to work stressors, compassion fatigue, burnout, staff burnout, distress, work deviance, dysfunctional coping, early retirement, and STS. Proactive coping and advocacy were required for the target population and entailed social and psychological resources. However, previously mentioned studies present gaps, limitations, and recommendations for effective programs and resource developments.

Primary Objective

The objective of this resource development guide was to provide advocacy and proactive coping for helping and mental health professionals holistically. Moreover, it is to reframe self-care as a necessity while shutting down stigmatization and micromanaging that may occur during social resources. Helping and mental health professionals encounter high levels of work stressors where stigmatization, guilt for seeking self-care, and a lack of resources occur. These elements prevent the balance of professional and personal aspects. This dissertation and resource guide is a website that provides both social and psychological resources that are easily accessible, honing professional principles tailored explicitly for helping and mental health professionals.

Social resources provide advocacy and social support, and psychological resources foster resilience for proactive coping (Aspinwall & Taylor, 1997; Lazarus, 1966). Advocacy is needed

in helping professions, but governing bodies often are more focused on accreditation than supporting professional needs, creating gaps and systematic challenges (Myers et al., 2022). Moreover, it is generally accepted from precedent studies that professionals in helping and mental health vocations using emotional and social support utilize proactive coping methods more effectively (Vaculikova, 2016). However, accessing social and psychological resources is not always feasible (Matika & Muromo, 2021). Additionally, helping and mental health professionals often view self-care methods, such as mindfulness, as selfish or not needed, as they are the professional, not the client seeking help (Barton, 2020; Crego et al., 2022; Mistry, 2020). Nevertheless, the core of this dissertation was to dismantle harmful notions that prevent proactive coping while providing social and psychological resources. Furthermore, future investigation is recommended for mental health professionals for proactive coping and resilience through training modalities (Lamb & Cogan, 2016).

Step-by-Step Development of Resources

The first step used a name that would appeal to helping and mental health professionals, elucidating that these resources are tailored explicitly for professionals, not clients seeking help. Because this was a crucial element in the planning and development stage, using a term that also respected the privacy of these professionals was taken into account. The first part is an acronym, "P.R.," and stands for psychological, physiological, personal, and professional ramifications. The second portion is the term "Advocacy." Using the term advocacy was central as it honed on the social resource aspect required for proactive coping. Overall, the phrase "PR- Advocacy" was developed to attract professionals, with the second meaning connoting the commonly understood meaning that "P.R." stands for "public relations." Essentially, the actual name of the resource development is Psychological, Physiological, Personal, and Professional Ramifications

Advocacy. However, “PR- Advocacy” is used, and the whole name is explained on the homepage. The domain name for the website remains true to the title of the resource development, including the copyright with all rights reserved through a webpage domain and hosting company.

The second part ensured resource development was easily accessible and remained free and inclusive while serving helping and mental health professionals holistically. Accessibility is the central focus as social and psychological resources are easily attainable to use during work hours and presented in a manner that eliminates stigma or shame that may limit helping and mental health professionals. Users will have free access to the website without needing to verify identification. Moreover, it is central that the webpage plays various forms of media, is mobile friendly, provides downloadable worksheets, displays psycho-education, and provides psychological checklists. Knowing that multiple forms of media were needed solidified the need to use a webpage versus a mobile application or social media networking page. Using a website domain and web hosting company was necessary to ensure copyright protection, and it was obtained through GoDaddy Inc. in 2023. All social resources are researched advocacy groups with their corresponding links supporting psychologists, counselors, religious ministers, nurses, medical professionals, social workers, therapists, educators, behavioral specialists, and life coaches.

The third part ensured that the language used was directly related to helping and mental health professionals, providing a personalized and professional feel. Psychological resources, such as proactive coping psycho-education, grounding materials, CBT worksheets, deep breathing exercises, coping based on personality, compassion fatigue self-checklist, six ways to practice self-compassion in the office, how to increase your E.Q., and boundary setting in the

workplace, are to target symptomologies that are often experienced by helping and mental health professionals. Moreover, social resources are organized by each helping profession, providing links to social support groups, bolstering peer advocacy, and eliminating micromanagement. This program guide and dissertation used specific terminology that helping and mental health professionals are familiar with, providing a polished and professional feel that is inclusive, holistic, and welcoming. Additionally, most resources can be completed within 15 minutes to uphold respect for professionals who balance busy schedules. However, some psychological resources, such as the self-CBT worksheet, compassion fatigue self-checklist, and developing a unique coping plan based on personality may take up to an hour, depending upon the professional, allocated time, and self-motivation. All social resources can be used throughout the day, either during business hours or personal time.

Implementation of the Program

This development resource fosters proactive coping and advocacy for helping and mental health professionals. Helping and mental health professionals are a vulnerable population that often views seeking self-help or support as a luxury or that they are the professionals providing care, not the client (Mistry, 2020). Moreover, this population is exposed to compassion fatigue, burnout, staff burnout, distress, work deviance, early retirement, dysfunctional coping, and STS. Helping and mental health professionals require advocacy to bolster social support resources, not micromanagement or hierarchical approaches for proactive coping. Essentially, this dissertation filled in the gaps of what associations attempt without the fixation on credentialing systems. The resource development, PR- Advocacy, is to be a professional tool that can be utilized by anyone in helping and mental health professions, allowing professionals from various mental healthcare fields to nurture social support and access psychological resources. Moreover, mindfulness,

acceptance, and commitment training encourage proactive coping skills and increase resilience, but training in coping skills needs to be improved (Lamb & Cogan, 2019). Resources need to be robust due to inconsistencies in limited study replications, heterogeneous conclusions from open trials, and methodologies that do not indicate that social or psychological resources are self-utilized outside of research studies (Rudaz et al., 2017).

Because of these presented gaps and recommendations, PR- Advocacy empowers helping and mental health professionals and normalizes self-care and support. Psychological resources, including social resources, are offered in a manner that can be accessed when desired. The PR-Advocacy website can be accessed with various features and media addressing specific needs from a professional perspective. An outline of psychological, physiological, personal, and professional ramifications is provided on the homepage, directing users to psychological or social resources respectfully and compassionately. Additionally, each psychological and social resource addresses the needs of professionals with the sole intention of increasing resilience and formatting a self-chosen community based on the professionals' preferences. Helping and mental health professionals often support and advocate for their clients, but it is reasonable to wonder who advocates for them. This dissertation and resource development provided an answer to the aforementioned question.

Table 1

Social Resources Detailed

Social Resources Detailed		
Social Support	**Objective**	**Theoretical Framework**
Psychologists' Social Support Groups	Social resources for clinical psychologists, research psychologists, psychology professors, industrial	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus,

	organization psychologists, sports psychologists, counseling psychologists, neuropsychologists, school psychologists, and any other credentialed or licensed psychologist.	1966; Lazarus & Folkman, 1984)
Counselors & Therapists Social Support Groups	Social resources pertaining to holistic counselors, school counselors, trauma and crisis counselors, psychotherapists, addiction counselors, and any other credentialed or licensed counselor.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Ministers or Religious Affiliations Social Support Groups	Social resources pertaining to ministers, clergy, priests, military chaplains, chaplains, and varying religious professionals.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Nurses Social Support Groups	Social resources for registered nurses, nurse practitioners, psychiatric nurses, physician assistants, trauma nurses, and any other licensed or credentialed nurse.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Medical Providers Social Support Groups	Social resources pertaining to psychiatrists and varying doctoral-level medical professionals.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Social Workers Social Support Groups	Social resources pertaining to social workers, school social workers, clinical social workers, and any other licensed or credentialed social worker.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Educators Social Support Groups	Social resources for higher-education educators, special-education educators, general education educators, paraprofessionals, and any other licensed or credentialed educational specialist.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)

Behavioral Specialists Support Groups	Social resources for behavioral technicians, behavior analysts, behavioral coaches, and any other licensed or credentialed behavioral specialist.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Life Coaches Support Groups	Social resources for life coaches.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Link to a National Crisis Line	For those needing immediate support that goes beyond the scope of what is provided through the program resource guide website.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)

Table 2

Psychological Resources Detailed

Psychological Resources Detailed		
Resilience Methods	**Objective**	**Theoretical Framework**
Proactive Coping Psycho-education	Providing psycho-education to inform helping and mental health professionals of proactive coping and its ability to increase resilience and plan for future work stressors.	(Aspinwall & Taylor, 1997; Carver et al., 1989; Folkman & Lazarus, 1980; Lazarus, 1966; Lazarus & Folkman, 1984)
Deep Breathing and Sensory Videos	A relaxation method that integrates sensory videos with sound, soft music, and the 4, 4, 6 breathing method to return to a baseline when feeling overwhelmed from work stressors.	(Kabat-Zinn, 1982; Kabat-Zinn, 2003)
Six ways to Practice Grounding in the Office	Six simple methods to practice mindfulness through grounding techniques in a work environment, using resources available when time	(Kabat-Zinn, 1982; Kabat-Zinn, 2003

	is limited for helping and mental health professionals.	
Guided Meditation with Script and Audio: "Cascading Waters and Canyons: A Professional Release Guided Meditation"	A guided meditation that is designed specifically for mental health and working professionals, allowing them to release specific stressors that are work related.	(Kabat-Zinn, 1982; Kabat-Zinn, 2003)
Self-CBT Worksheet: "Protecting Your Peace"	A CBT worksheet that is designed specifically for helping and mental health professionals, organizing distressing thoughts and implementing boundary setting skills to separate work and personal life.	(Beck, 1991; Figley, 1983; Figley, 1995; Maslach & Leiter, 2008; Stamm, 1996)
Compassion-Fatigue Self-Checklist	A self-checklist that is developed for helping and mental health professionals to see their probability of experiencing compassion fatigue.	(Figley, 1983; Figley, 1995; Neff, 2003; Stamm, 1996)
Six Ways to Practice Self-Compassion in the Workplace	Six simple ways to practice self-compassion when experiencing compassion-fatigue in the workplace when time is limited, using available resources.	(Neff, 2003)
How to Increase your Emotional Intelligence	Increasing emotional intelligence to foster resilience, encouraging proactive coping skills and mindfulness during distressing professional engagements.	(Mayer & Salovey, 1997; Mayer et al., 2004)
Boundary Setting in the Workplace	Providing holistic and professional methods for helping and mental health professionals when needing to re-establish boundaries among clients, patients, and/or colleagues.	(Figley, 1983; Figley, 1995; Maslach & Leiter, 2008; Stamm, 1996)
Develop a Coping Plan based on Personality	Elucidating the different responses to work stressors based on personality types and how to utilize specific	(Carver & Connor-Smith, 2010; Digman, 1990; Goldberg, 1981; McCrae &

	proactive coping skills that are most suitable based on the Big Five personality test.	John, 1992; McCrae & Costa, 2003)

Chapter II Summary

Chapter II expands on methods and procedures, development of resources, target audience, primary objective, step-by-step guide on the development of resources, implementation, and social and psychological tables illuminating resources and their objectives, connecting them to their theoretical frameworks. Chapter III illustrates the program resource guide by detailing each element required. This chapter will include the implementation, advocacy website, homepage, navigation, and content page, defining helping and mental health professionals, defining ramifications, and presenting each social and psychological resource.

Chapter III: Results

Chapter III provides an overview of the steps taken while developing the PR-Advocacy website. The literature review emboldens the empirical resources and peer-reviewed research used. Additionally, working as a counselor and helping professional influenced this program resource guide, as lived experiences assisted in the review of informed decisions and considerations. Lastly, the wireframe of the program resource guide and its content is detailed and expounded upon.

Brief Outline of Resource Development

Development of the program resource guide was initiated through a scrupulous literature review. Synthesized peer-reviewed research and empirical findings connote helping and mental health professionals, work stressors, theoretical frameworks in coping, social resources, psychological resources, and existing programs for helping and mental health professionals that promote resilience and advocacy. Additionally, this researcher's subjective experiences as a helping and mental health professional propelled the drive for the program resource guide. Professional understanding illuminated presented gaps and the need for proactive coping and advocacy among helping and mental health populations, encouraging envisioned objectives, social resources, psychological resources, delivery method, and learned assessments.

Literature Review

The literature review included peer-reviewed research and empirical resources on the general population of helping professionals and the target population of mental health professionals. Moreover, each section strengthens the need for proactive coping and advocacy. Social resources are used to bolster social support, and psychological resources are used to bolster resilience. These areas of research include an examination of presented gaps found in the

literature for helping and mental health professionals. Two research questions emerged that motivated the purpose of the resource development guide. Additionally, the following definitions of terms, theoretical frameworks, and keywords aided in guiding the research: *mental health professional traits, chronic work stressors creating work deviance and dysfunctional coping, eustress versus distress, personality and coping, genetic dispositions, burnout, dysfunctional coping, proactive coping fostering resilience, self-promotion and seeking social support, boundary setting in the workplace, advocacy and proactive coping methods, mindfulness, self-compassion, CBT used in proactive coping, DBT used in proactive coping, psycho-educational resources, online training, barriers for mental health professionals, stigmas surrounding mental health professionals, and a review of current psychological and social program resources for mental health professionals*. Synthesizing research in each area elucidated the need for a program resource guide for the populations in question to foster proactive coping and advocacy in order to reduce dysfunctional coping from work stressors.

Individual Experience

Being a helping and mental health professional specializing in exceptional children and adolescents illuminated the need for proactive coping and advocacy among the target population. Additionally, the phenomenology bolstered informed decisions behind the type of content, delivery method, and accessibility. A website that is unrestricted through a computer and mobile device, providing social resources for advocacy and psychological resources for resilience, was the platform decided based on professional needs. Work stressors induce dysfunctional coping, and resources were designed to be accessed with professional demands and time limitations in mind. Working and interacting with various mental health professionals highlighted delivery considerations. These considerations include reducing stigma, normalizing self-care,

standardizing self-care, and bolstering professional support from professionals in the field to mitigate maladaptive outcomes such as burnout, compassion fatigue, and secondary traumatic stress.

Data examined in the literature review supported the notion that proactive coping and advocacy are needed among helping and mental health professionals. However, few resources existed outside of studies. Moreover, working in the profession echoed and confirmed research gaps. Existing psychological resources were only provided during data examination and not designed explicitly for professionals working in helping and mental health professions. Furthermore, psychological resources were tailored for clients, not the professional providing care, which reinforced the need for professional advocacy. Additionally, accessibility was limited as there are few systems put in place for helping and mental health professionals seeking social resources for advocacy and psychological resources for resilience-building skills.

Overview and Description of Resource

The PR- Advocacy website is designed for helping and mental health professionals, providing social resources for social support and psychological resources for resilience. The homepage illuminates the purpose of the program resource, detailing the ramifications that impact helping and mental health professionals. Social resources are based on each helping profession to promote advocacy, and psychological resources are designed to reduce dysfunctional behaviors due to work stressors by instilling resilience. All resources were created to foster proactive coping. Including the homepage, there are 23 content pages. Social resources are researched advocacies with a total of nine content pages, each with five or more links to researched support groups pertaining to that specific profession. Psychological resources include original material supported by empirical and peer-reviewed research with nine content pages.

Social resources have one navigation page, and psychological resources have one navigation page. Each navigation page provides links to corresponding resources. All psychological resources include references to indicate that all content is bolstered by research. A link to a national crisis line is provided on the homepage, social resource advocacies pages, and on one psychological resource page regarding compassion fatigue.

Implementation

The program resource is explicitly designed for professionals to provide advocacy and increase resilience, presented in an accessible, unrestricted, and concise manner. The website is available on mobile devices and computers at www.pr-advocacy.com to normalize and standardize self-care for helping and mental health professionals, proficiently conveying material through supported empirical evidence and peer-reviewed research. The delivery method is formatted with time constraints in mind due to professional demands, and each resource is implemented to foster proactive coping and advocacy to reduce dysfunctional coping behaviors due to work stressors.

The purpose of conveying the program guide as a professional resource is to eliminate the shame and stigma attached to professionals seeking self-help. Moreover, the program resource will expand upon professional needs and demands, adapting and evolving past the dissertation stage. The resource will initiate promotion through social media groups directed towards supporting counselors and psychologists working in various helping fields. It will be posted upon completing the dissertation defense (see Appendix A).

Additionally, the resource will be utilized for a future qualitative study, where a convenience sample of helping and mental health professionals will be interviewed and fill out open-ended questionnaires discussing their experience of using the social and psychological

resources provided on www.pr-advocacy.com. This research will be conducted separately from this dissertation study, which focuses solely on the resource development. The sample will not include more than 30 helping and mental health professionals. Descriptive statistics will be the method used to reveal if a resource, like PR- Advocacy, can foster proactive coping and advocacy to reduce dysfunctional coping behaviors from work stressors.

Advocacy Website

There are 23 content pages, including the advocacy homepage (see Appendix C for screenshots and content of the homepage, Appendix D for screenshots of social resources content pages, and Appendix E for screenshots of psychological resources content pages.) When initiating the designing process, a logo was created to expound psychological and social resources for proactive coping. Hence, a heart and brain were merged to form the logo next to the title, “PR- Advocacy.” Additionally, the logo emboldens the importance of compassion and empathy through a psychological scope. Colors throughout the logo are reflected in the program resource guide, intertwining purples, greys, whites, blacks, and blues to create a calming effect for users.

The website was personally created and self-designed using the WordPress feature on GoDaddy. The process ensured the website was user-friendly, easily navigated, clean, and concise, with calmative and supportive effects illuminating its cathartic purpose. Color schemes used were the researcher's preference to maintain cohesiveness, once again intertwining purples, greys, whites, blacks, and blues. However, some psychological resource pages have PDFs and infographics where pinks represent compassion fatigue. This decision was made based on the general understanding of color theory. The design of the homepage is broken into four components. The first component is a welcome and introductory, the second component explains

who the program resource guide is for, clarifying the definition of helping and mental health professionals, and the third component elucidates the meaning behind “PR” by breaking down work stressors and their ramifications on psychological elements, physiological elements, professional elements, and personal elements. The fourth component is a contact form with a link to a national crisis line.

Homepage and Navigation Content

The program resource homepage includes navigation on the top right, listed as "resources," and takes the user to social or psychological resources. Moreover, a link at the top of the resource navigation will take users to "About PR- Advocacy Project," which will provide an abstract and link to the dissertation on ProQuest and ResearchGate. This content page will include the researcher's profile to give more insight and will not be completed until after the dissertation is published. Additionally, a "home" link will take the user back to the landing page, regardless of navigation. Each resource page has its own navigation page that directs the user to the desired content.

The homepage has the logo on the top right, and as the user scrolls down, they are provided with a "learn more" link that will give them an introduction and detailed description of the program resource's purpose. This introduction can also be accessed by scrolling down. As the user further explores the homepage, a definition of helping and mental health professionals is provided, clarifying that PR- Advocacy is an inclusive and holistic environment, welcoming professionals from varied helping fields specializing in mental health. Below is a section on ramifications that describes the negative impacts that work stressors may cause. After the ramification section, another navigation set will direct users to social or psychological resources. On the bottom of the program resource homepage is a contact form encouraging users to discuss

their experience, show support, input ways to improve, or collaborate. An emergency services section is provided directly after the contact form, linking users to a national suicide and crisis hotline. Additionally, a disclaimer below the copyright states that "All psychological resources are for self-use and are not intended to replace therapy or provide medical or clinical advice."

Helping and Mental Health Professionals Section

The helping and mental health professionals section is defined on the homepage, written in black and white (see Appendix C for content), clarifying who PR- Advocacy serves. A free stock photo symbolizing unity and inclusiveness is provided to the left of the definition, and the purpose is to welcome additional specialists working in traditional and non-traditional settings where professionals are often neglected in support. The term *helping and mental health professionals* stems from synthesizing two descriptions. The first description is helping professionals, defined as counselors, psychologists, life coaches, religious ministers, social workers, nurses, and medical professionals, including socio and psycho-education elements within formal and non-formal environments (Vaculikova, 2016). Mental health professionals are defined by their training, education, and experience in providing intervention and counseling (Farlex, 2012). Efforts from these professions include elements that remedy mental, social, emotional, behavioral, and other associated distresses that interfere with psychological well-being and development (Farlex, 2012). By opening the population to helping and mental health professionals, PR- Advocacy can provide a holistic environment that is all-encompassing to professionals working in varied vocations.

Ramifications Section

The ramification section is on the homepage (see Appendix C for content), written in white with a dark grey background. It defines a ramification, how it impacts helping and mental

health professionals, and where these aspects occur. A free stock photo is provided on the left to depict human distress. The name of the program resource is derived from the ramification section, developing the acronym "PR" for psychological, physiological, professional, and personal ramifications. Hence, the phrase "This is causing PR" was created to expand on work stressors negatively influencing varied facets. The term *ramifications* are defined as an unwelcome outcome or action that is complex (Oxford University Press, 2023). For this dissertation, a *ramification* affects professionals psychologically, physiologically, professionally, or personally, eventually enabling poor coping skills.

Psychological ramifications impact mental health, mood, self-efficacy, and self-esteem, creating dysfunctional behaviors such as avoidance, behavioral disengagement, mental disengagement, venting emotions, emotional exhaustion, decreased personal accomplishment, denial, rumination, compassion fatigue, burnout, distress, poor coping, and STS. Physiological ramifications impact biological and physical aspects that may create acute or chronic distress, such as fatigue, over-eating, poor diet, substance abuse, and overworking. Professional ramifications impact vocational spaces, causing work deviance, early retirement, staff burnout, reduced professional self-efficacy, negative professional dispositions, stigmatization, and work satisfaction. Personal ramifications impact home life, deriving from work stressors that reduce motivation and the ability to foster self-care, affecting personal relationships, social connectedness, emotional intelligence, personality, self-regulation, support systems, and overall proactive coping. All definitions above were created from synthesizing empirical and peer-reviewed research, including theoretical frameworks mentioned and clearly defined throughout the literature review.

Social Resources Content

Nine social resource content pages (see Appendix C for content) are listed on the navigation page, each with related advocacy groups and training programs connected to that specific helping profession. Social resources are designed and researched to foster social support and advocacy. Nine helping professions are listed: psychologists, counselors and therapists, religious ministers or religious affiliations, nurses, doctoral-level medical providers, social workers, educators, behavioral specialists, and life coaches. All advocacies are examined groups and training programs developed and facilitated by professionals or organizations in that profession. Below researched advocacy groups is a link to a national crisis lifeline to ensure that professionals reach out to appropriate services if this is an emergency.

Social Resources Content Pages

The social resource pages (see Appendix C for content) include nine pages for psychologists, counselors, religious ministers, nurses, medical professionals, social workers, therapists, educators, behavioral specialists, and life coaches. In addition to each helping profession, a link to a national crisis lifeline is provided for professionals seeking emergency help on the social resources navigation page. The first social resource page is for psychologists and includes six links to advocacy and training groups. The second social resource page is for counselors and therapists (see Appendix C for content) and includes nine links to advocacy and training groups. The third social resource page is for ministers and religious affiliations (see Appendix C for content) and includes six links to advocacy and training groups. The fourth social resource page is for nurses (see Appendix C for content) and includes nine links to advocacy and training groups. The fifth social resource page is for medical professionals (see Appendix C for content) and includes six links to advocacy and training groups. The sixth social

resource page is for social workers (see Appendix C for content) and includes six links to advocacy and training groups. The seventh social resource page is for educators (see Appendix C for content) and includes six links to advocacy and training groups. The eighth social resource page is for behavioral specialists (see Appendix C for content) and includes six links to advocacy and training groups. The final and ninth social support resource page is for life coaches (see Appendix C for content) and includes six links to advocacy and training groups. At the bottom of each social resource content page is an invitation to be featured, where users can contact PR-Advocacy requesting to add or feature a specific social resource.

Psychological Resource Content

There are a total of nine psychological resource pages (See Appendix E for content) that include proactive coping psycho-education, deep breathing and sensory videos, a professional self-CBT worksheet, grounding in the office, a professional release guided meditation, compassion fatigue self-checklist and six ways to practice self-compassion in the office, how to increase your E.Q., boundary setting in the workplace, and develop a unique coping plan based on your personality. These resources encourage proactive coping through increasing resilience and each resource can be accessed from the psychological resource navigation page. Psychological resource content pages contain corresponding references, except for the deep breathing and sensory videos page and professional release guided meditation. A link to a national crisis line is provided on the compassion fatigue self-checklist, as this content page may trigger an emotional response from professionals experiencing severe burnout, STS, or compassion fatigue. The color scheme flows with the homepage, maintaining a user-friendly, clear, concise display that intends to produce cathartic properties.

Psychological Resource Content Pages

Psychological resources are used to foster proactive coping through resilience-building skills, and the first psychological resource page (see Appendix E for content) includes proactive coping psycho-education content, where a detailed definition is provided with references, including an infographic. The infographic is a user-friendly method of detailing steps towards proactive coping that synthesizes Aspinwall & Taylor's (1997) definition of proactive coping with Lazarus's (1966) coping theory and Carver et al. (1989) COPE inventory. All corresponding references are at the bottom of the proactive coping psycho-education page.

The second psychological resource content page is deep breathing and sensory videos. This content page includes four videos that are labeled by aesthetic. The first video is titled "Calm & Serene," a 36-second video with a deep breathing guide of the moon reflecting over the ocean in Okinawa, Japan. The second video is a 30-second sensory video with a deep breathing guide titled "Warm & Comforting" and showcases an onsen overlooking Lake Akan in Hokkaido, Japan. The third video is a 37-second sensory video with a deep breathing guide titled "Classical & Opulent" and depicts swaying lanterns at the 2023 Ryukuan Lantern Festival. The fourth and final video is a 30-second sensory video with a deep breathing guide titled "Refreshing & Cool," displaying Kafu Banta, a ridge on the coast of Okinawa, Japan. These sensory and deep breathing videos are short to accommodate working conditions for professionals. All videos were personally filmed, edited, and developed by this researcher.

The third psychological resource content page is a professional self-CBT worksheet (see Appendix E for content). This content page is titled "Protecting Your Peace," the following question is underneath the title: "How important is your peace?" The Protect Your Peace: A CBT Worksheet for Helping and Mental Health Professionals" is displayed as a visual PDF that can

be downloaded and printed. The development of the CBT worksheet was created by synthesizing Fulton (2016), Liu et al. (2013), Mirbahaeddin & Chreim (2023), Mitchell (2002), Rogers (1957), Showers (1992), Showers (2000), and Zeigler-Hill & Showers (2007). All corresponding references are provided on the fourth page of the CBT worksheet PDF.

The fourth psychological resource content page (see Appendix E for content) is grounded in the office. A self-taken photo of a Buddha statue in Kyoto, Japan, showcases it. The image includes the quote, "Do not dwell in the past, do not dream of the future, concentrate the mind on the present moment," by Buddha. Below the image is an expansion on mindfulness. After the expansion, there is an infographic with six ways to practice grounding in the office. All corresponding references used to develop the content page and infographic are at the bottom and include Barton (2019), Cayoun et al. (2019), Craig (2002), Crego et al. (2022), Menon & Uddin (2010), and Rudaz et al. (2017).

The fifth psychological content page (see Appendix E for content) is a professional release guided meditation titled "Cascading Waters and Canyons." The guided meditation was recorded and uploaded to SoundCloud, where users can play the audio directly underneath the title. Below the audio recording is the transcript of the guided meditation, and all material was developed and created personally. There are no corresponding references provided on professional release guided meditation.

The sixth psychological content page is a compassion fatigue self-checklist (see Appendix E for content) with an infographic on six ways to practice self-compassion at work. The resource page starts with a brief definition of STS and compassion fatigue and how it impacts professionals in the workplace. Below is a PDF self-checklist for helping and mental health professionals who use a percentage of probability to check for compassion fatigue. A

disclaimer is at the bottom of the PDF: “This is not an official psychometric test, clinically designed official test, or peer-reviewed test to calculate compassion fatigue. If you feel you are experiencing high levels of compassion fatigue and need assistance immediately, please contact the crisis line, licensed psychologist, or medical professional.” Below the PDF self-checklist is an infographic that provides all corresponding references and a link to a national crisis lifeline.

The seventh psychological content page (see Appendix E for content) is a guide to increasing your E.Q. It includes a definition of emotional intelligence and its five core aspects. Core aspects are broken into personal and social elements, detailed below. At the bottom is a brief paragraph on how to increase E.Q. in professional settings with an infographic elucidating six ways to increase E.Q. All corresponding references are provided at the bottom of the psychological content page, and images used are to depict E.Q. and how it influences helping and mental health professionals.

The eighth psychological content page (see Appendix E for content) is a guide on boundary setting in the workplace. A brief explanation of what boundary setting is in professional spaces and its importance is provided, connoting an infographic below that outlines a plan on how to practice boundary setting within professional settings. Corresponding images are provided to depict boundary setting for helping and mental health professionals. All affiliated references that bolster material are also provided at the bottom of the psychological content page.

The ninth and final psychological content page (see Appendix E for content) is to develop a unique coping plan based on your personality, which details the Big Five personality types and how each personality copes with distressing challenges. A link to an official Big Five personality test is provided, allowing users to navigate to this test when desired. Below the link is a set of

PDF CBT worksheets detailing each personality type, depicting images and a brief description of how to cope with stressors based on that specific personality proactively. An example worksheet is completed to help guide users, and all corresponding images are to reflect the Big Five personality types, stressors, and coping behaviors. A disclaimer and related references to support provided information are also listed at the bottom of the psychological content page.

Chapter III Summary

Chapter III elucidates in detail the program resource results, where a brief outline of the resource development is provided, alongside literature review influence, the phenomenology of working as a counselor and helping professional, overview and description of the resource, implementation, expansion on the advocacy website, homepage, and navigation content, helping and mental health professionals section, ramifications section, social resources content and social resources content pages, and psychological resources content and psychological resource content pages. Chapter IV will conclude this dissertation by discussing ethical considerations, limitations, and future research plans. Moreover, the scope of Christian integration will be provided, and how hermeneutics played a role in developing this program resource guide.

Chapter IV: Discussion

This dissertation aimed to develop a program resource guide supported by theoretical frameworks, peer-reviewed investigation, and empirical research to foster advocacy and proactive coping for helping and mental health professionals. The development included an extensive literature review focusing on theoretical frameworks in coping, aspects defining mental health and helping professionals, factors that affect vocational satisfaction, factors that influence coping styles, beneficial modalities, barriers that helping and mental health professionals encounter, and a review of current psychological and social program resources for mental health professionals. Utilizing subjective lived experiences as helping and mental health professionals and synthesizing this phenomenology with the literature review bolstered social and psychological resources for the program resource. Ensuring the program resource was inclusive, holistic, clear, and concise while delivering cathartic qualities was central to normalizing self-care and reducing stigmatization in the hopes of standardizing advocacy for helping and mental health professionals.

Ethical Considerations

Maintaining ethicality with this program resource guide was reinforced through an extensive literature review, honing on theoretical frameworks, peer-reviewed investigation, empirical research, and the researcher's lived experiences of being a helping and mental health professional. These elements directed ethical considerations, removing the requirement and action of data collection to provide validity or reliability for assessment. Because a data collection procedure from a target population and sample did not occur, approval from the Institutional Review Board (IRB) was not mandatory. However, the developed dissertation and program resource guide is a fundamental framework with tenets for future qualitative

explorations. Nevertheless, ethical concerns exist as descriptive statistical research is deficient, eliminating the ability for this program guide to be an evidence-based resource for helping and mental health populations. A caveat for program resource guide users includes understanding conceivable implications, as there is a lack of data showing if this program resource guide effectively fosters proactive coping and advocacy to reduce dysfunctional coping from work stressors.

Resource Limitations

Various factors influenced limitations, causing the scope of this program resource to be significantly reduced. Because no qualitative or quantitative research was conducted on how the program resource would foster proactive coping and advocacy, the development process extensively relied on the literature review. The literature synthesized peer-reviewed research, theoretical frameworks, and empirical tenets to bolster adequate social and psychological resources needed for helping mental health populations. Moreover, there are limitations due to the non-existence of fieldwork by consulting helping and mental health professionals. The program resource guide was created through the phenomenological aspect of this researcher being a helping and mental health professional. Nevertheless, because no field work or consultation occurred, no validated or explored evidence exists on whether this program resource guide is efficacious in reducing work stressors and dysfunctional coping.

Future Directives & Research Plans

The program resource guide is an accessible outline that can be used by researchers wanting to explore proactive coping and advocacy for helping and mental health professionals, expanding and honing effective and practical social and psychological resources. This researcher intends to utilize this program resource guide for future qualitative research to discover if social

resources provide advocacy and if psychological resources increase resilience for a target population of helping and mental health professionals. A convenience sample of no more than 30 professionals would elucidate how to reduce dysfunctional coping from work stressors. Additionally, this researcher intends to utilize this program resource guide for a future outside qualitative study to discover if created psychological resources decrease compassion fatigue, burnout, staff burnout, distress, work deviance, early retirement, and STS and how to foster advocacy through social resources. Questions that would aid the facilitation of a qualitative study would include:

1. Which psychological resources increased resilience for helping and mental health professionals?
2. What modifications are needed for the psychological resources to increase resilience for helping and mental health professionals?
3. What additional psychological resources are needed to increase resilience?
4. Do the provided social resources foster advocacy for helping and mental health professionals?
5. What additional social resources would foster advocacy for helping and mental health professionals?
6. How should additional social resources be presented for helping and mental health professionals?
7. Does the program resource increase proactive coping for helping and mental health professionals?
8. Does the program resource decrease dysfunctional coping for helping and mental health professionals?

9. How accessible is the program resource website?

10. What adjustments are needed to increase user-friendliness on the program resource website?

11. How many helping and mental health professionals utilize the program resource guide website?

12. How frequently do helping and mental health professionals visit the program resource website?

13. Do helping and mental health professionals utilize the program resource website during work hours?

14. Do helping and mental health professionals utilize the program resources at home?

Additional questions would illuminate how to target and promote the program resource for helping and mental health professionals and whether specialists in the field are willing to share and post the program resource guide through professional avenues. Prior to conducting and collecting the primary qualitative study, fieldwork is required. One helping and mental health professional will answer an open-ended survey, personal reflection statement, and interview after utilizing the created program resource guide website. Although triangulation is not compulsory for a future qualitative study, using three data collection points will ensure a holistic understanding of how social and psychological resources can foster proactive coping and advocacy for a sample of helping and mental health professionals.

Because there is a need for additional research that expands on program resources outside of studies, the already developed program provides an opening for a convenience sample of users. Long-term goals require patent licensing for program properties, especially psychological resources. However, whether this is necessary as a copyright exists on the website is still being

determined. Additionally, ensuring that a reasonable number of participants is taken from each helping profession is required, necessitating networking on this researcher's behalf with supportive funding from an institution. Existing limitations from the literature review vary, but the central one that impacts future directives is that psychological resources used during precedent studies to explore proactive coping among helping and mental health professionals were directly facilitated by a researcher or program. Helping professionals were not incorporated in the sample size, limiting the sample to mental health vocations in traditional settings. Moreover, this program resource guide has self-directed psychological resources and is an inclusive wireframe for helping and mental health professionals.

Furthermore, advocacy was minimally observed in precedent studies and not reviewed as peer support through professional scopes to reduce micro-management and stigmatization. Future developments may include direct proactive coping training seminars conducted by an expert, a buddy system where professionals can connect with similar helping and mental health specialists, a live chat, a database to create profiles and ensure credentials are accurate, and a discussion board that would bolster social and psychological resources to safeguard robustness during qualitative data collection. However, it is still being determined if the target population would desire these elements. Future research is needed to confer all the notions above.

Christian Integration

Integrating religious aspects included fostering a holistic environment that welcomed helping professionals working in mental health spaces. Helping and mental health professionals within the target population incorporate specialists working as clergy, pastors, ministers, and cleric leaders. Additionally, focusing on the paradigm required developing social and psychological resources where religiously affiliated professionals felt included, embracing

inclusivity and supporting the notion that some specialists seeking proactive coping and advocacy may go unnoticed when working in traditional or non-traditional mental health settings. Fundamentally, being culturally sensitive and aware of professionals working in mental health spaces that have theological tenets or religious affiliations was the core aspect of Christian integration within the development of the program resource guide and website.

Chapter IV Summary

Chapter IV discusses resources that bolstered that program resource guide, supporting helping and mental health professionals while incorporating this researcher's lived experiences. Additionally, ethical considerations were expanded to reveal limitations, such as the need for a future qualitative study to explore better and understand the efficacy of the developed social and psychological resources. These resource limitations exist due to the non-existence of fieldwork, data collection points, and analysis. However, an extensive literature review bootstrapped limitations, as precedent data, peer-reviewed research, theoretical frameworks, and empirical principles directed the program resource guide development. Future directives and research plans intend for this researcher to conduct a qualitative study using a convenience sample of no more than 30 helping and mental health professionals, including additional questions that can be utilized during data collection. Moreover, a Christian integration approach was briefly elucidated, discussing how specialists with theological backgrounds were included in the target population to embrace inclusivity and holistic scopes for professionals working in traditional and non-traditional settings.

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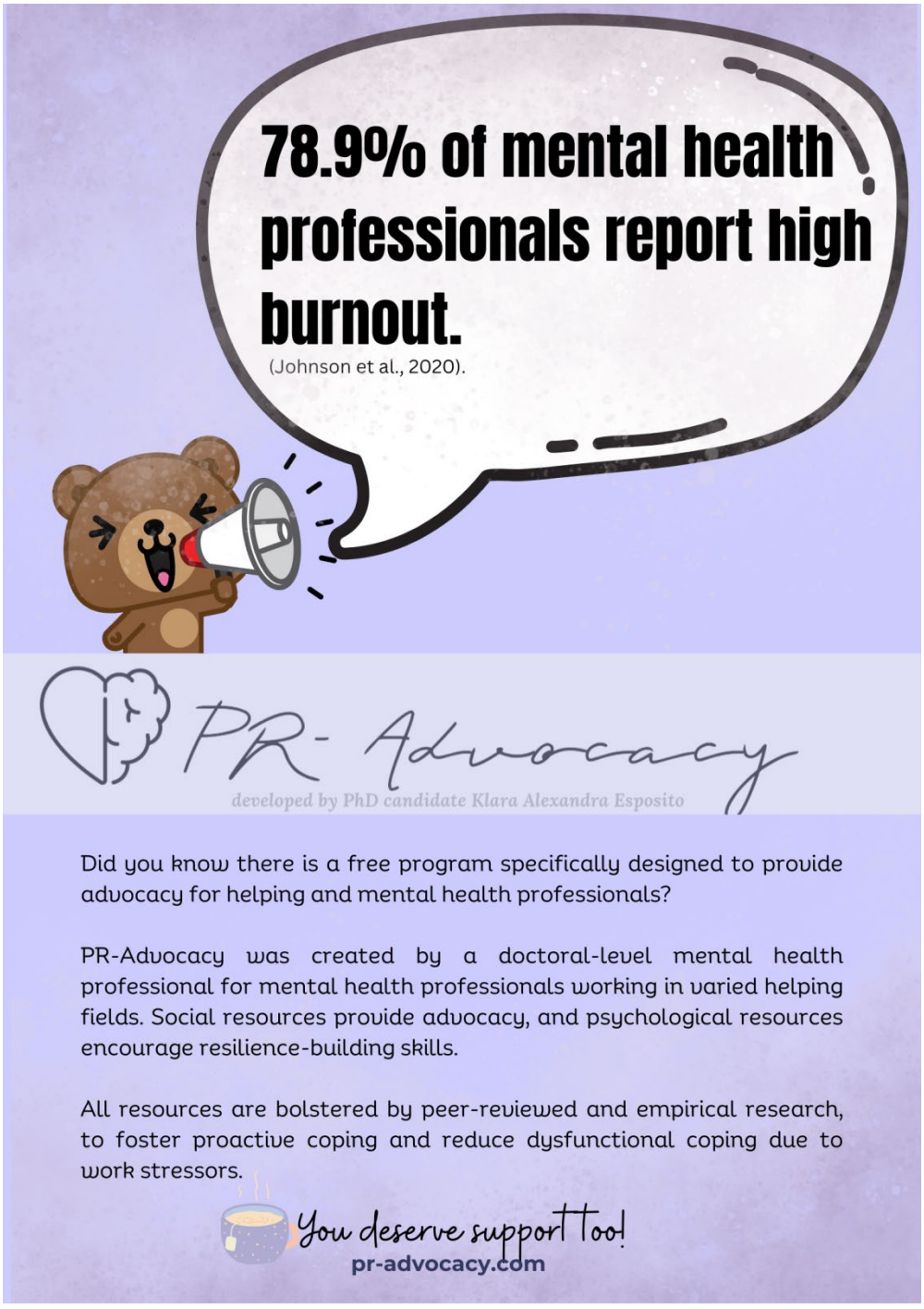
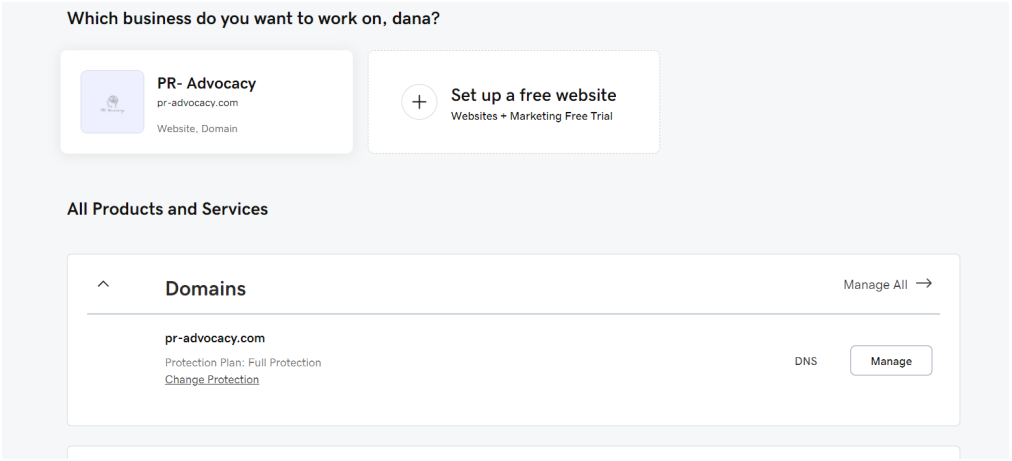
Appendix A: PR- Advocacy Promotion Poster



Appendix B: Domain Name Registration



Appendix C: Homepage Content for PR- Advocacy

Professional Advocacy for Mental Health Professionals

Discover social and psychological resources for helping professionals

How are you feeling today?

Welcome.

Introduction:

I've gently placed a warm cup of tea on the table for you. Sit down and relax.

PR- Advocacy is designed to empower helping and mental health professionals and normalize self-care through empirical research, support, and positive coping resources. Psychological resources are designed for proactive coping and resilience building, while social resources are presented as peer advocacy and support. Resources provided are constructed respectfully and compassionately to prevent or reduce work stressors.

Work stressors over time may cause compassion fatigue, burnout, staff burnout, distress, work deviance, early retirements, dysfunctional coping, and secondary traumatic stress. P.R. advocacy addresses the needs of professionals to increase resilience and format a self-chosen community to bolster support.

Helping and mental health professionals often support and advocate for their clients, but it is reasonable to wonder who advocates for them.

Mental Health & Helping Professionals:

PR- Advocacy is an inclusive and holistic environment.

It is generally known that mental health professionals spend most of their time caring for others and fostering a nurturing environment for clients. Welcoming additional helping professionals in mental health settings is central to embracing traditional and non-traditional specialists, incorporating individuals who may work in various settings often neglected in support.

Helping and mental health professionals include psychologists, counselors, ministers, nurses, medical professionals, social workers, therapists, educators, behavioral specialists, and life coaches. Any mental health professionals in formal or non-formal settings attached to the following vocations listed above apply to the psychological and social resources provided.

Ramifications: What are they?

"This is causing PR!"

Ramifications are unwelcomed outcomes or actions that can be complex, causing negative behaviors and dysfunctional coping. Essentially, ramifications are stressors that may influence an individual psychologically, physiologically, professionally, or personally. These aspects impact overall well-being and are often experienced by helping and mental health professionals. For example, work stressors intercept home life, causing poor coping skills.

Psychological ramifications can influence our mental health, mood, self-efficacy, and self-esteem, causing avoidance, behavioral disengagement, mental disengagement, venting emotions, emotional exhaustion, a decrease in personal accomplishment, denial, rumination, compassion fatigue, burnout, distress, poor coping, and secondary traumatic stress.

Physiological ramifications may cause acute or chronic pain, fatigue, over-eating, poor dietary behaviors, high levels of alcohol intake, use of recreational drugs, overworking to the point of exhaustion, and various elements that influence physical well-being.

Professional ramifications influence vocational spaces, creating work deviance, early retirement, staff burnout, reduced professional self-efficacy, negative dispositions towards clients, peers, and colleagues, stigmatization, and various elements that affect overall work satisfaction and sense of community.

Personal ramifications occur in home life, crossing over from professional aspects that disarm motivation for self-care. Here, a culmination of poor coping skills is compounded by various elements, impacting our social connectedness, emotional intelligence, personality, relationships with loved ones and friends, self-regulation, support systems, and coping proactively.

Contact

We have an open door policy here...

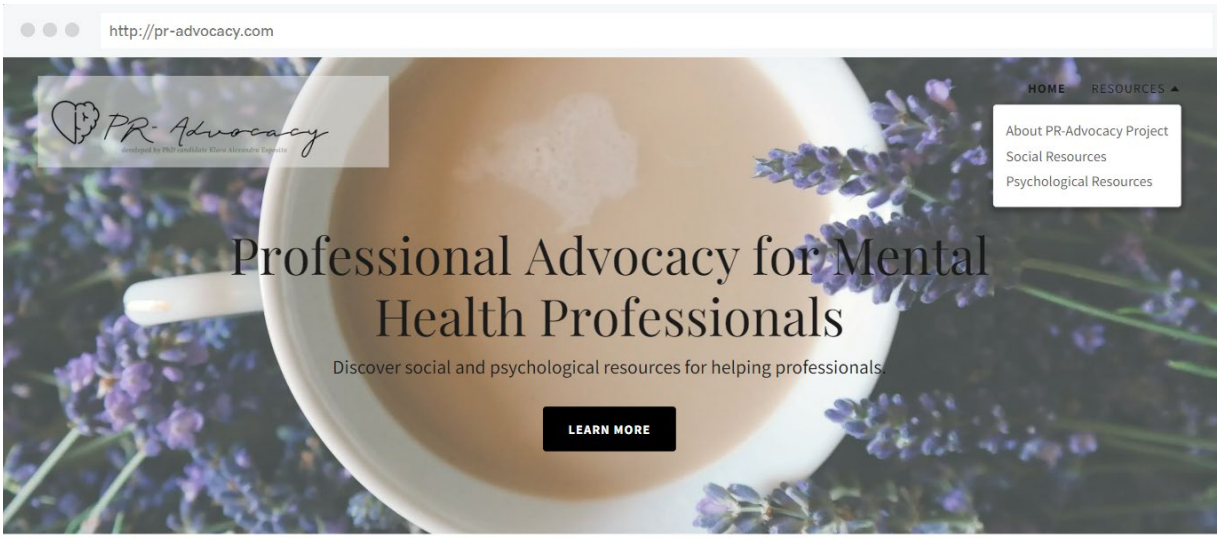
PR- Advocacy is designed to support you. Please feel free to reach out for collaboration, ways to improve, questions, or to show your support.

Emergency Services

If this is an emergency, please call 911. For suicide and crisis, please call or text 988 or chat 988lifeline.org.

The 988 Suicide & Crisis Lifeline is a national network consisting of local crisis centers that provides free and confidential emotional support to individuals in suicidal crisis or emotional distress. Services are 24 hours a day, 7 days a week.

Link: https://988lifeline.org/


http://pr-advocacy.com
PR- Advocacy
HOME
RESOURCES
About PR-Advocacy Project
Social Resources
Psychological Resources
Professional Advocacy for Mental Health Professionals
Discover social and psychological resources for helping professionals.
LEARN MORE

http://pr-advocacy.com

How are you feeling today?

Welcome.

I've gently placed a warm cup of tea on the table for you.

Sit down and relax.

PR-Advocacy empowers helping and mental health professionals and normalizes self-care through empirical research, support, and proactive coping resources. Social resources are presented as advocacy and support, while psychological resources are designed for resilience building. Resources provided are constructed respectfully and compassionately to prevent or reduce work stressors.

Work stressors over time may cause compassion fatigue, burnout, staff burnout, distress, work deviance, early retirements, dysfunctional coping, and secondary traumatic stress. PR- Advocacy addresses the needs

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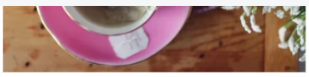
Work stressors over time may cause compassion fatigue, burnout, staff burnout, distress, work deviance, early retirements, dysfunctional coping, and secondary traumatic stress. PR- Advocacy addresses the needs of professionals to increase resilience and format a self-chosen community to bolster support.



Helping and mental health professionals often support and advocate for their clients, but it is reasonable to wonder who advocates for them.

Helping & Mental Health Professionals

PR- Advocacy is an inclusive and holistic environment.

It is generally known that mental health professionals spend most of their time caring for others and fostering a nurturing environment for clients. Welcoming additional helping professionals in mental health settings is central to embracing traditional and non-traditional specialists, incorporating individuals who may work in various settings often neglected in support.

Helping and mental health professionals include psychologists, counselors, ministers, nurses, medical professionals, social workers, therapists, educators, specialists, and life coaches. Any mental health professionals in formal or non-formal settings attached to the following vocations listed above apply to the psychological and social resources provided.

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Ramifications: What are they?

This is causing PR!

Ramifications are unwelcomed outcomes or actions that can be complex, causing negative behaviors and dysfunctional coping. Essentially, ramifications are stressors that may influence an individual psychologically, physiologically, professionally, or personally. These aspects impact overall well-being and are often experienced by helping and mental health professionals. For example, work stressors intercept home life, causing poor coping skills.

Psychological Ramifications

Psychological ramifications can influence our mental health, mood, self-efficacy, and behavioral self-esteem, avoidance, disengagement, mental disengagement, venting emotions,

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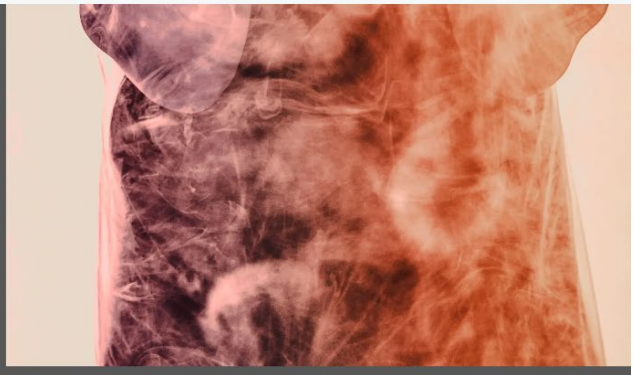
Psychological Ramifications

Psychological ramifications can influence our mental health, mood, self-efficacy, and self-esteem, causing avoidance, behavioral disengagement, mental disengagement, venting emotions, emotional exhaustion, a decrease in personal accomplishment, denial, rumination, compassion fatigue, burnout, distress, poor coping, and secondary traumatic stress.



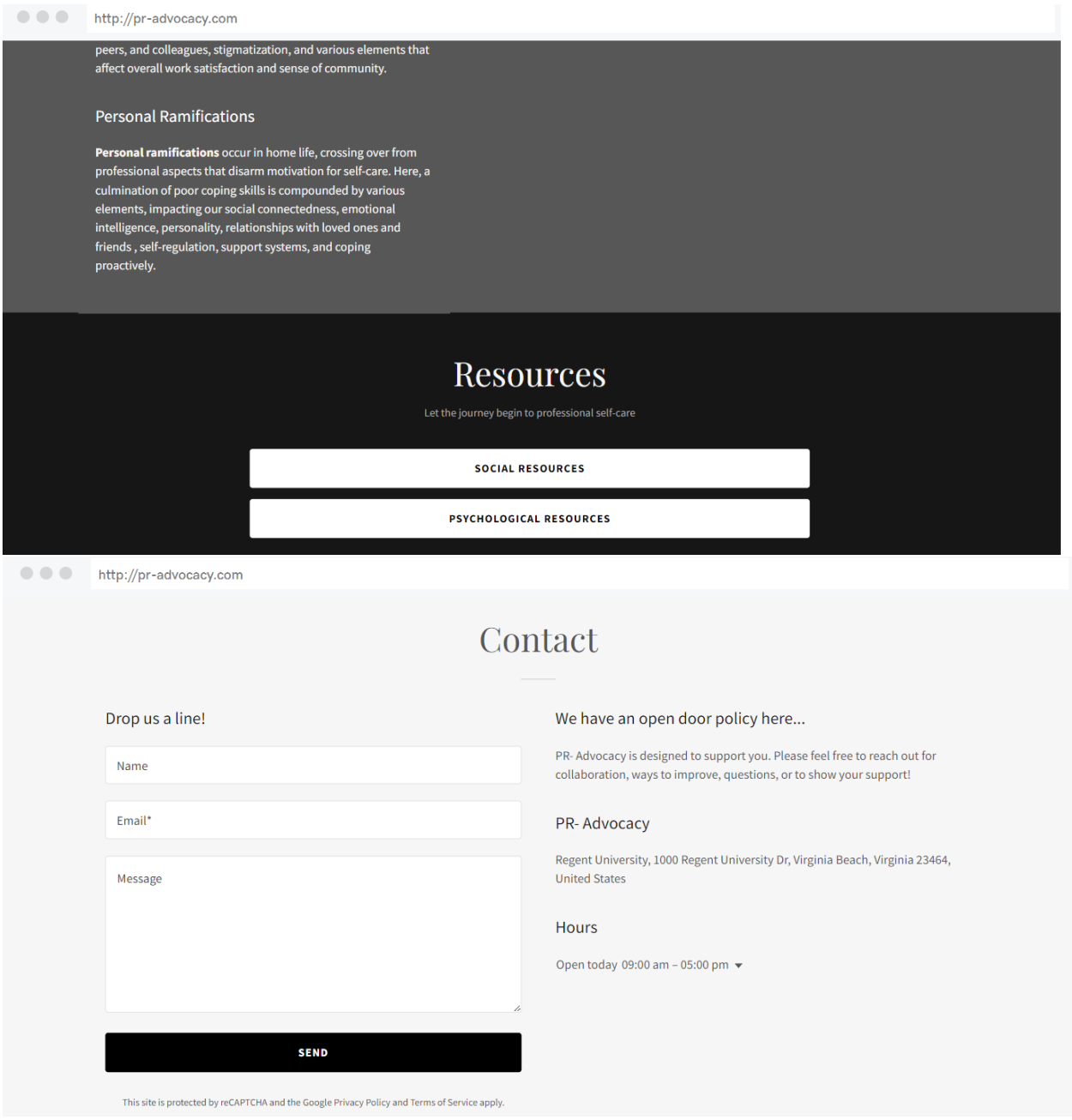
Physiological Ramifications

Physiological ramifications may cause acute or chronic pain, fatigue, over-eating, poor dietary behaviors, high levels of alcohol intake, use of recreational drugs, overworking to the point of exhaustion, and various elements that influence physical well-being.

Professional Ramifications

Professional ramifications influence vocational spaces, creating work deviance, early retirement, staff burnout, reduced professional self-efficacy, negative dispositions towards clients, peers, and colleagues, stigmatization, and various elements that affect overall work satisfaction and sense of community.

Personal Ramifications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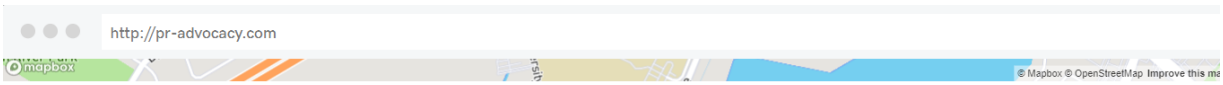
peers, and colleagues, stigmatization, and various elements that affect overall work satisfaction and sense of community.
Personal Ramifications
Personal ramifications occur in home life, crossing over from professional aspects that disarm motivation for self-care. Here, a culmination of poor coping skills is compounded by various elements, impacting our social connectedness, emotional intelligence, personality, relationships with loved ones and friends , self-regulation, support systems, and coping proactively.
Resources
Let the journey begin to professional self-care
SOCIAL RESOURCES
PSYCHOLOGICAL RESOURCES
http://pr-advocacy.com
Contact
Drop us a line!
Name
Email*
Message
SEND
This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.
We have an open door policy here...
PR- Advocacy is designed to support you. Please feel free to reach out for collaboration, ways to improve, questions, or to show your support!
PR- Advocacy
Regent University, 1000 Regent University Dr, Virginia Beach, Virginia 23464, United States
Hours
Open today 09:00 am – 05:00 pm



Emergency Services

Suicide hotline

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988 SUICIDE & CRISIS LIFELINE

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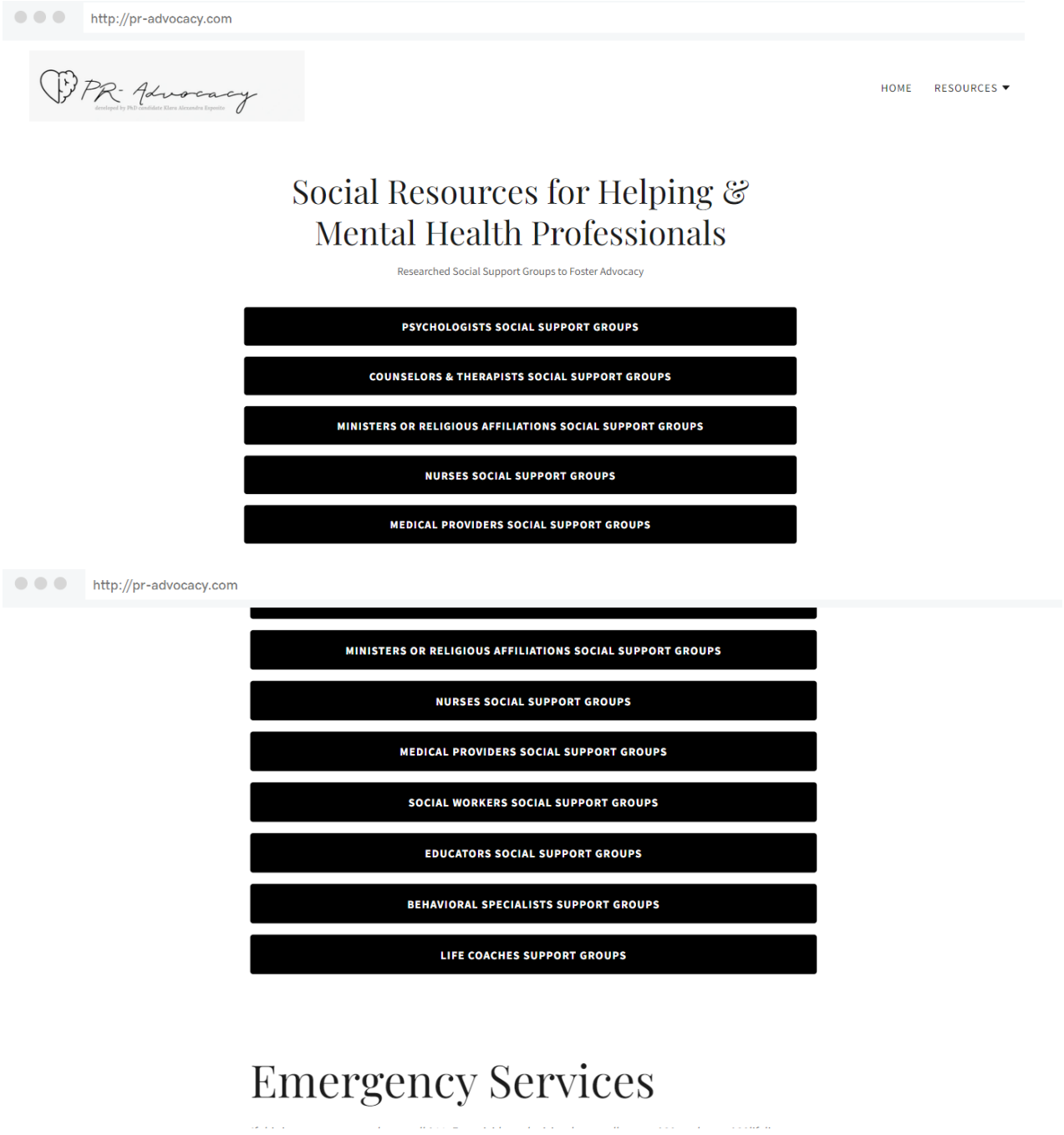
Appendix D: Social Resources



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LIFE COACHES SUPPORT GROUPS

Emergency Services

If this is an emergency, please call 911. For suicide and crisis, please call or text 988 or chat at 988lifeline.org.

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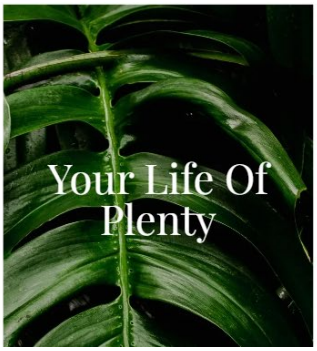
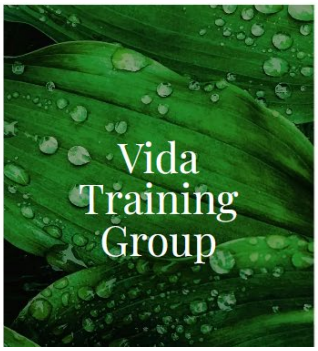
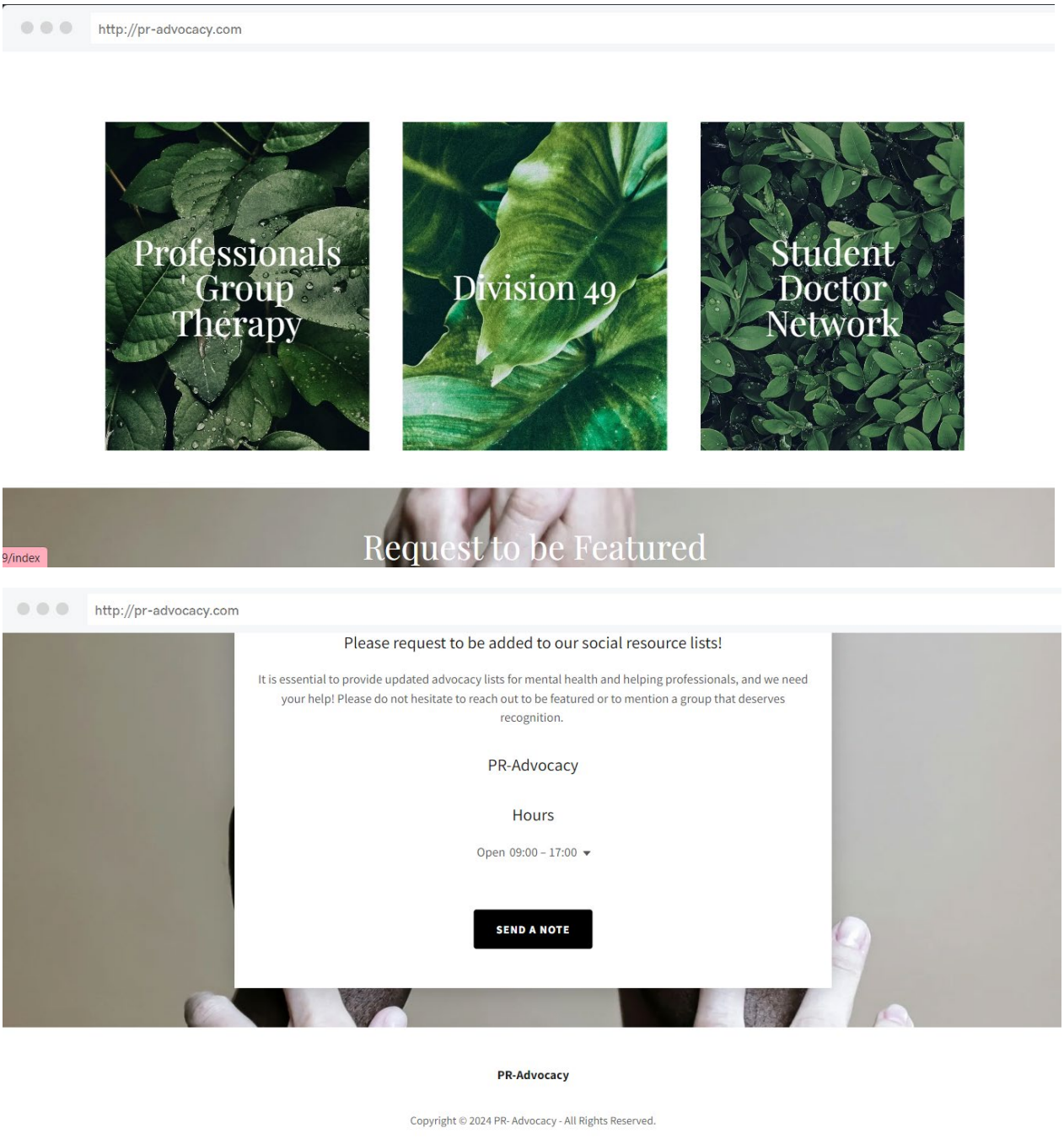
HOME RESOURCES

Social Resources for Psychologists






http://pr-advocacy.com
Professionals ' Group Therapy
Division 49
Student Doctor Network
Request to be Featured
9/index
http://pr-advocacy.com
Please request to be added to our social resource lists!
It is essential to provide updated advocacy lists for mental health and helping professionals, and we need your help! Please do not hesitate to reach out to be featured or to mention a group that deserves recognition.
PR-Advocacy
Hours
Open 09:00 – 17:00
SEND A NOTE
PR-Advocacy
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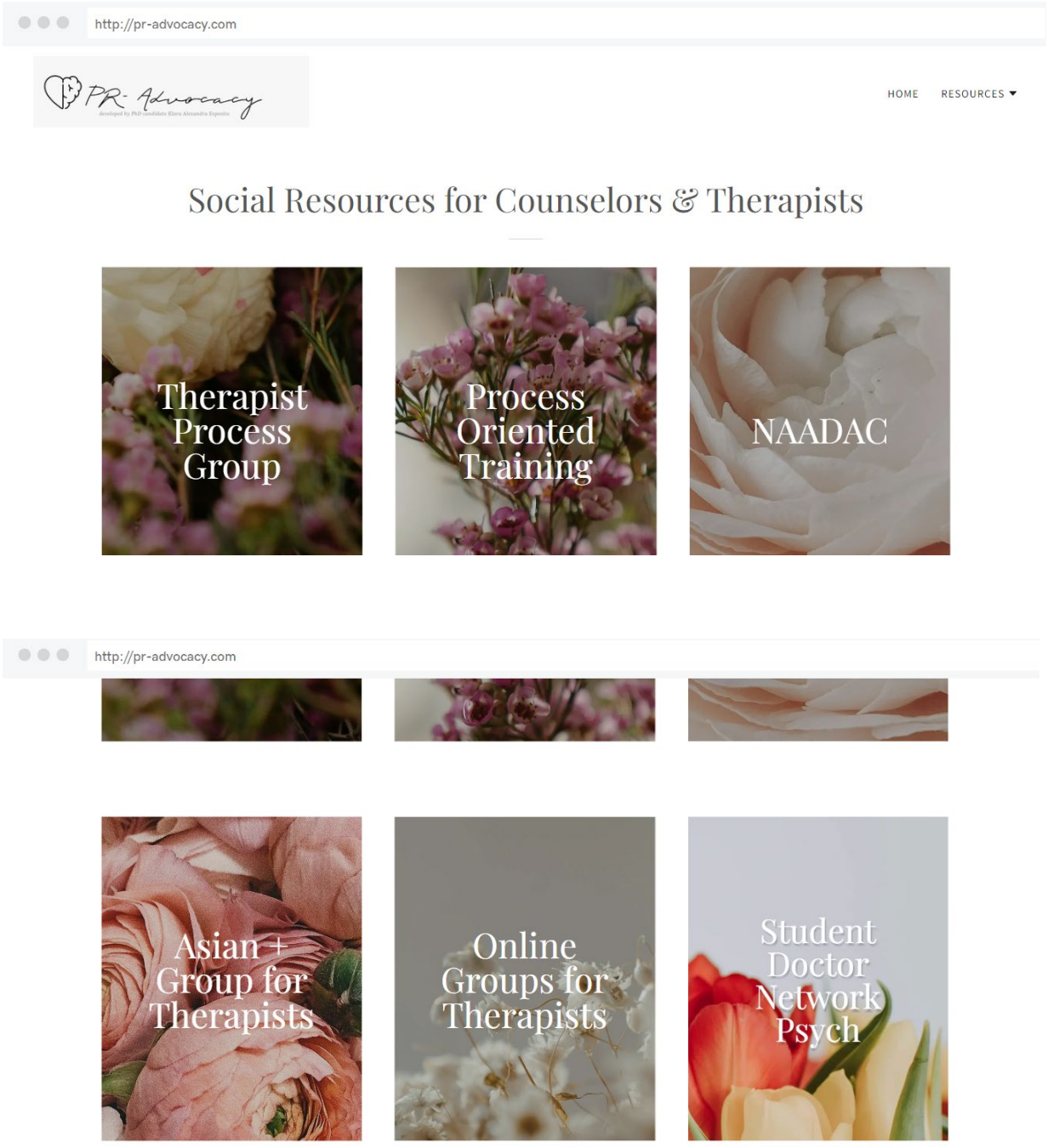
http://pr-advocacy.com
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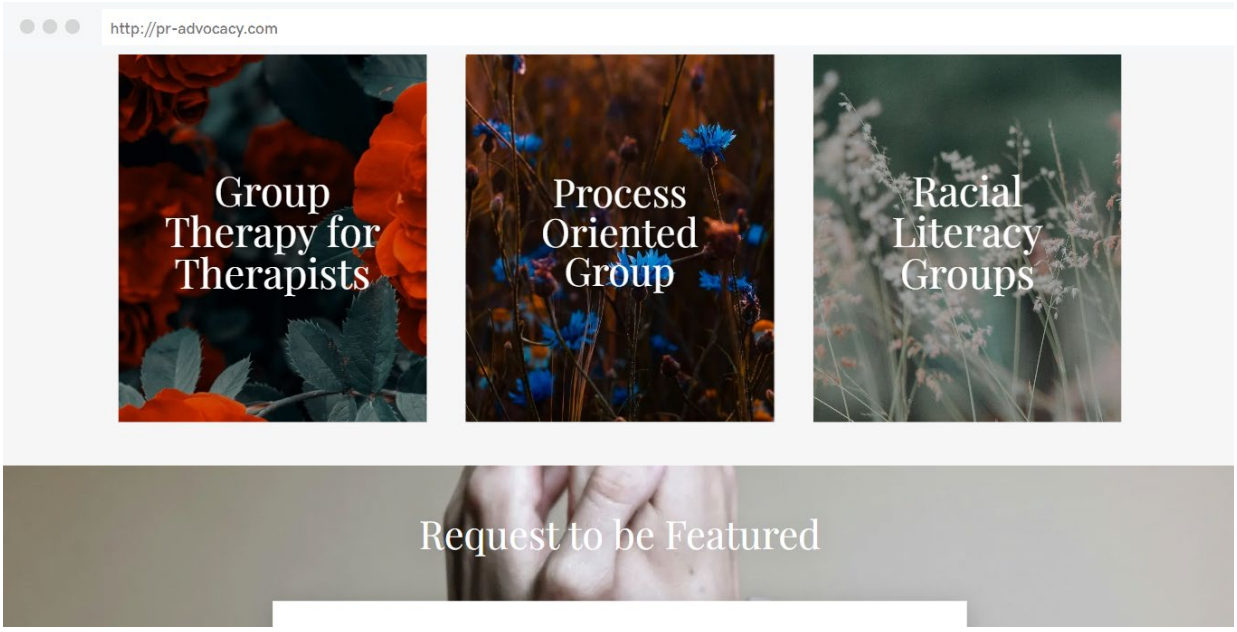
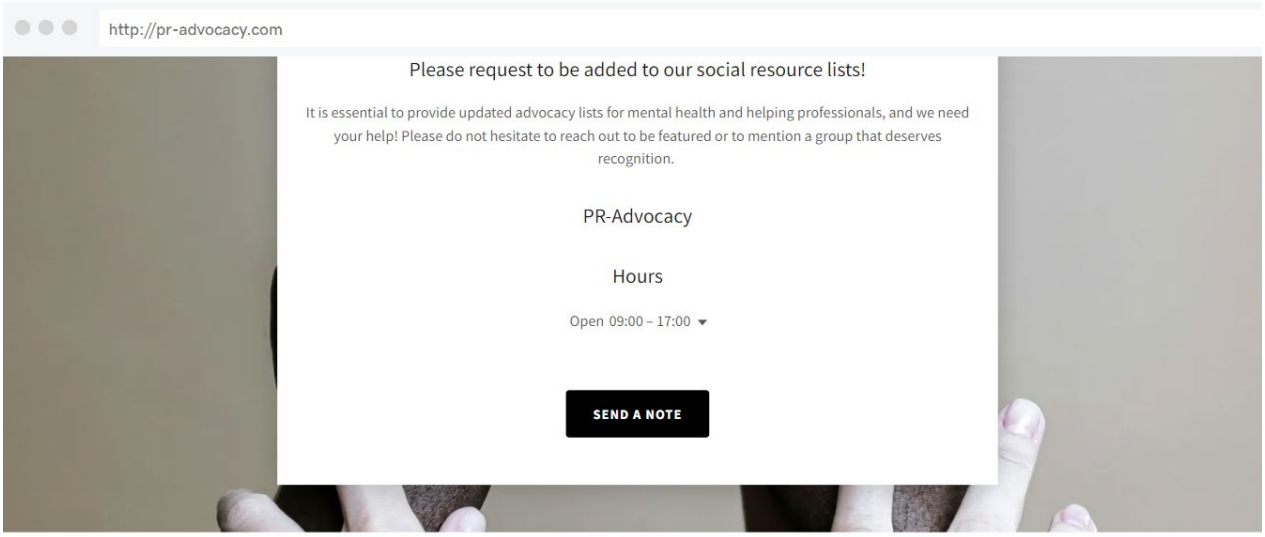
HOME
RESOURCES
Social Resources for Counselors & Therapists
Therapist Process Group
Process Oriented Training
NAADAC
http://pr-advocacy.com
Asian + Group for Therapists
Online Groups for Therapists
Student Doctor Network Psych





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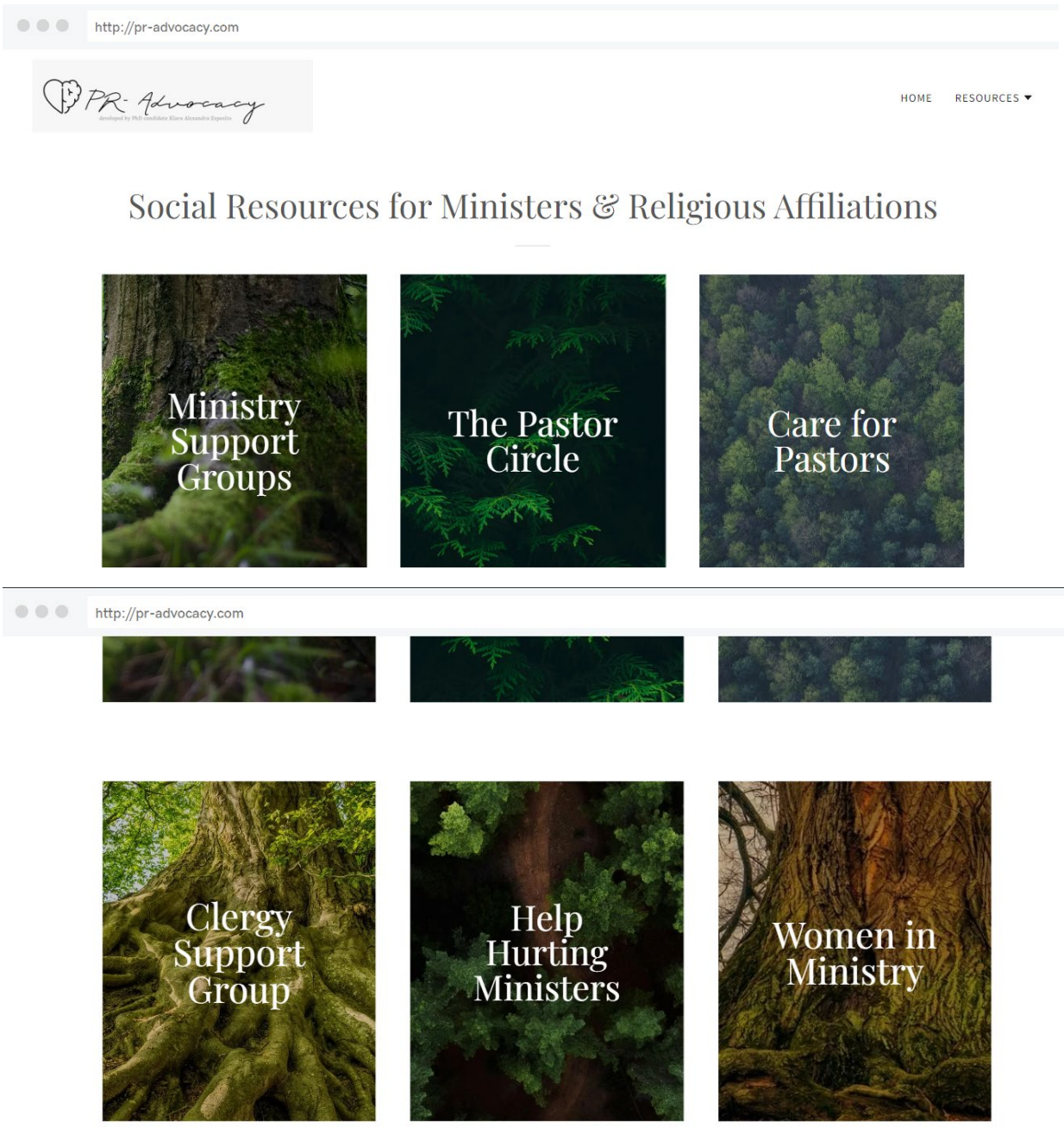
http://pr-advocacy.com
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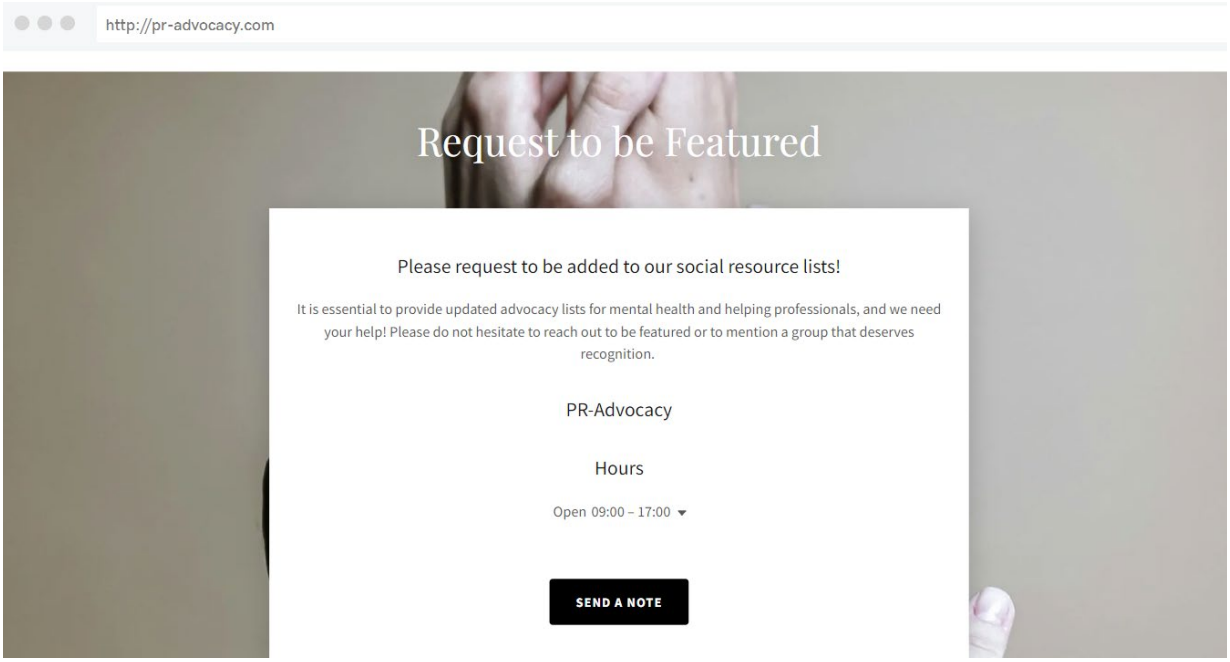
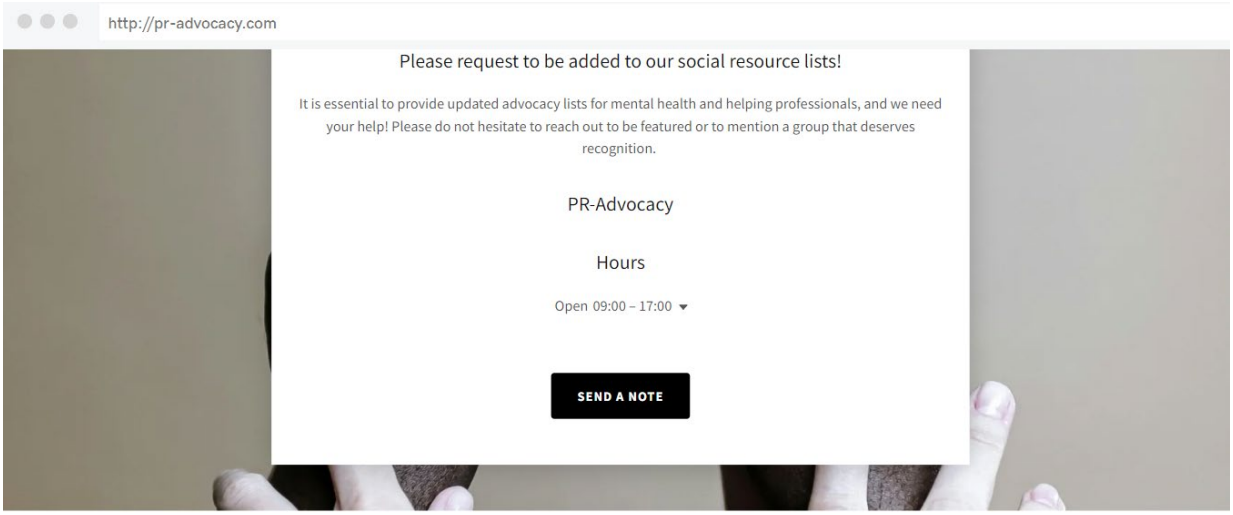
HOME
RESOURCES
Social Resources for Ministers & Religious Affiliations
Ministry Support Groups
The Pastor Circle
Care for Pastors
http://pr-advocacy.com
Clergy Support Group
Help Hurting Ministers
Women in Ministry





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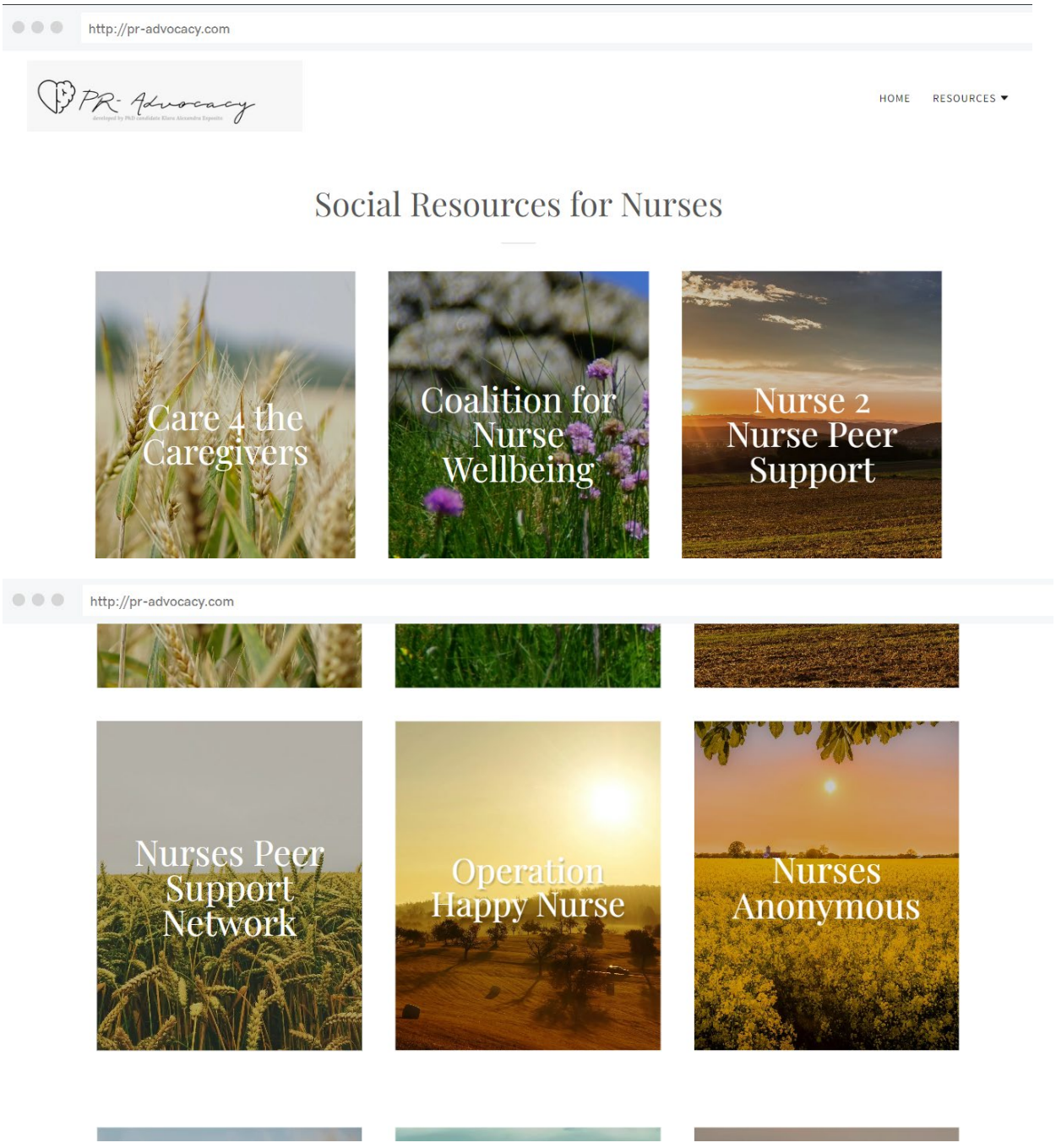
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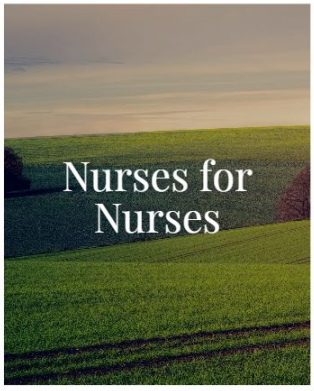
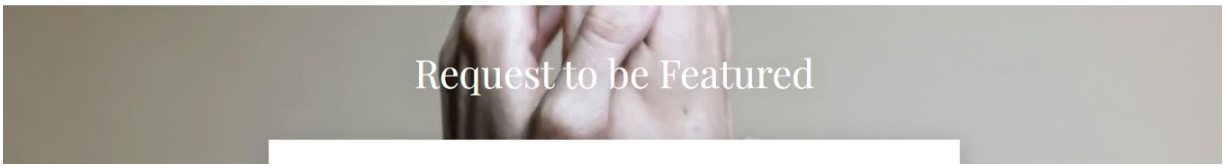
HOME
RESOURCES
Social Resources for Nurses
Care 4 the Caregivers
Coalition for Nurse Wellbeing
Nurse 2 Nurse Peer Support
http://pr-advocacy.com
Nurses Peer Support Network
Operation Happy Nurse
Nurses Anonymous

http://pr-advocacy.com





http://pr-advocacy.com

Please request to be added to our social resource lists!

It is essential to provide updated advocacy lists for mental health and helping professionals, and we need your help! Please do not hesitate to reach out to be featured or to mention a group that deserves recognition.

PR-Advocacy

Hours

Open 09:00 – 17:00

SEND A NOTE

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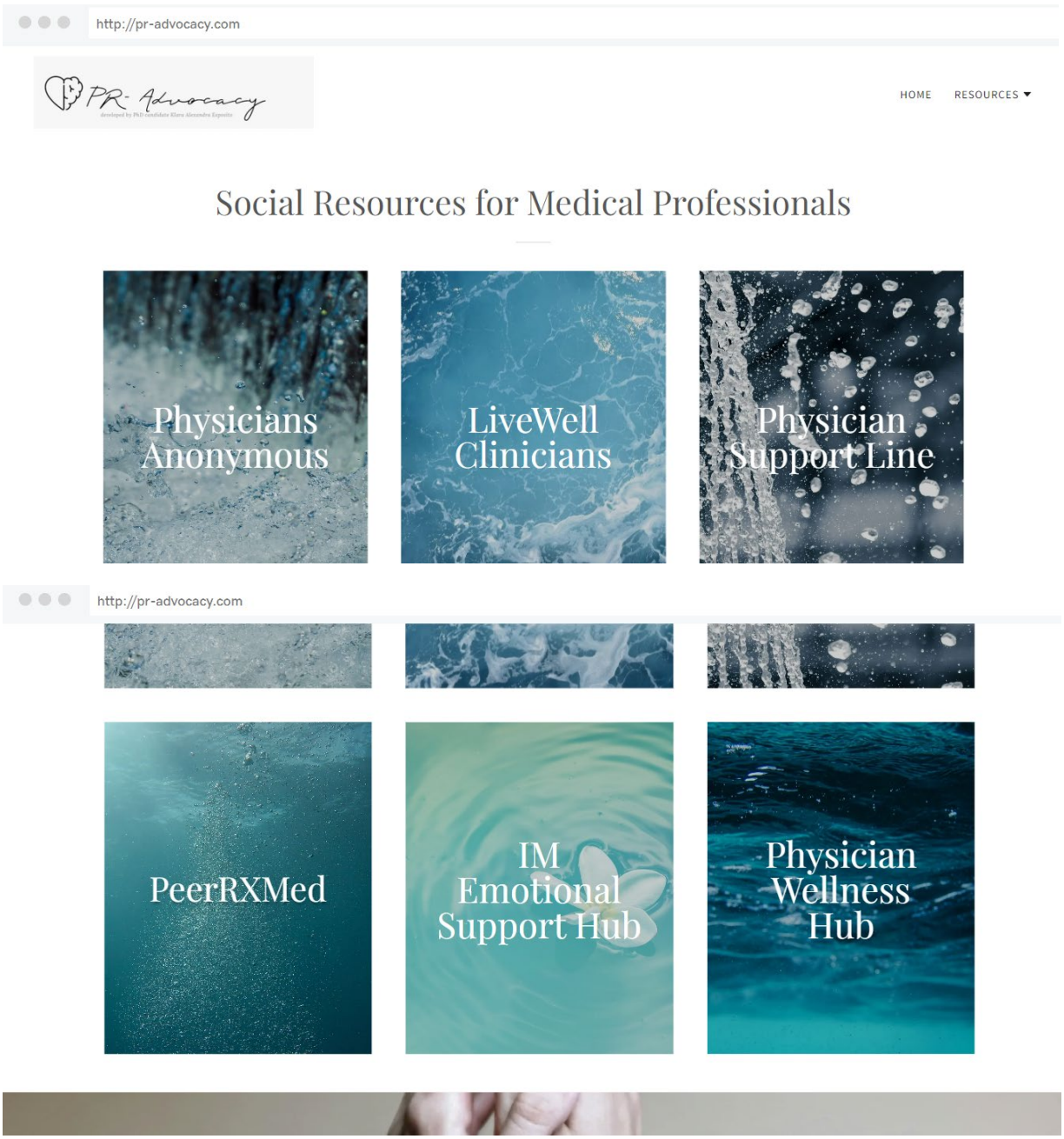
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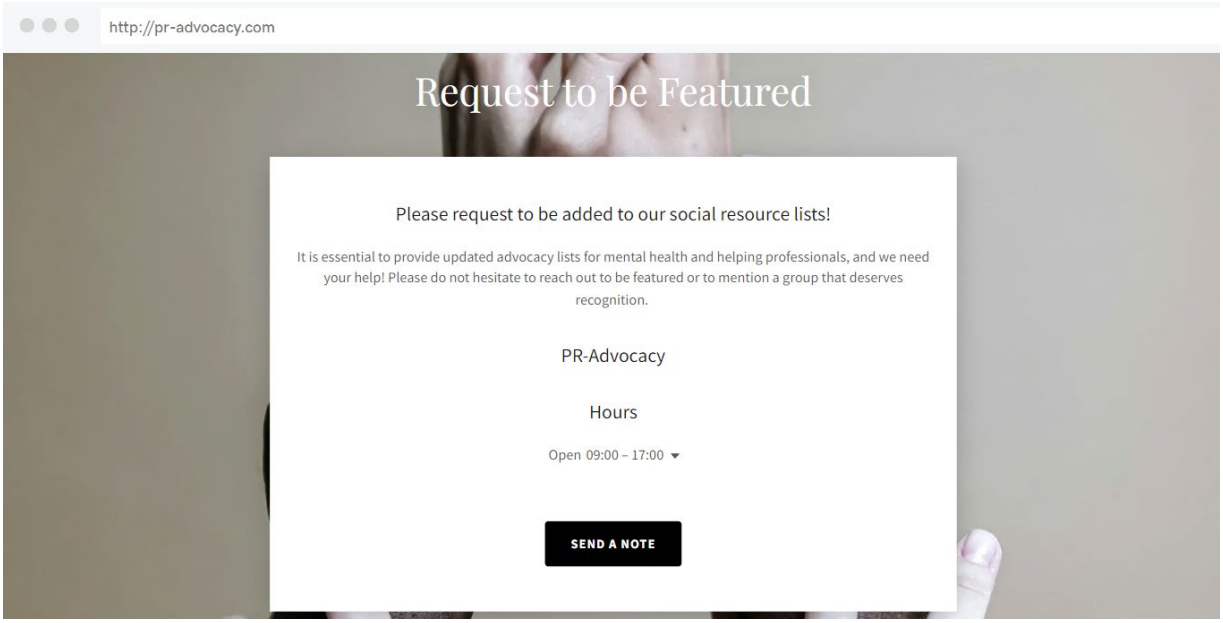
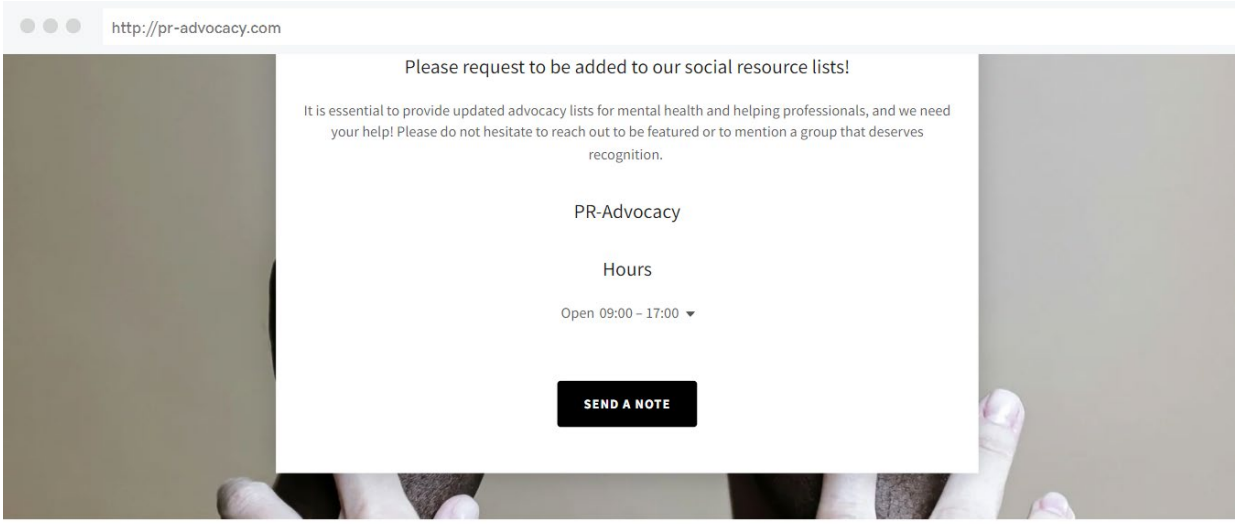
HOME
RESOURCES
Social Resources for Medical Professionals
Physicians Anonymous
LiveWell Clinicians
Physician Support Line
http://pr-advocacy.com
PeerRXMed
IM Emotional Support Hub
Physician Wellness Hub





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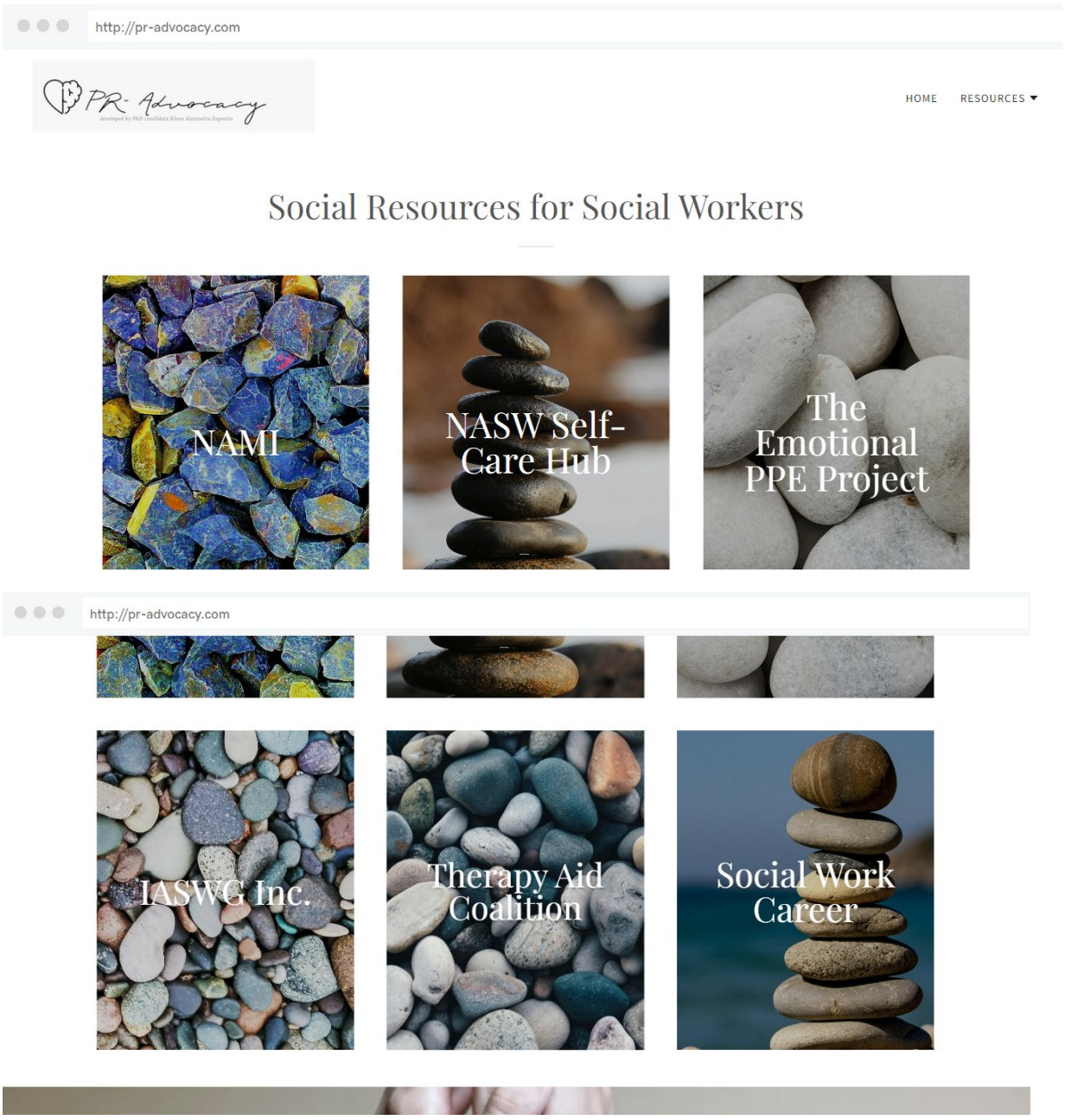
http://pr-advocacy.com
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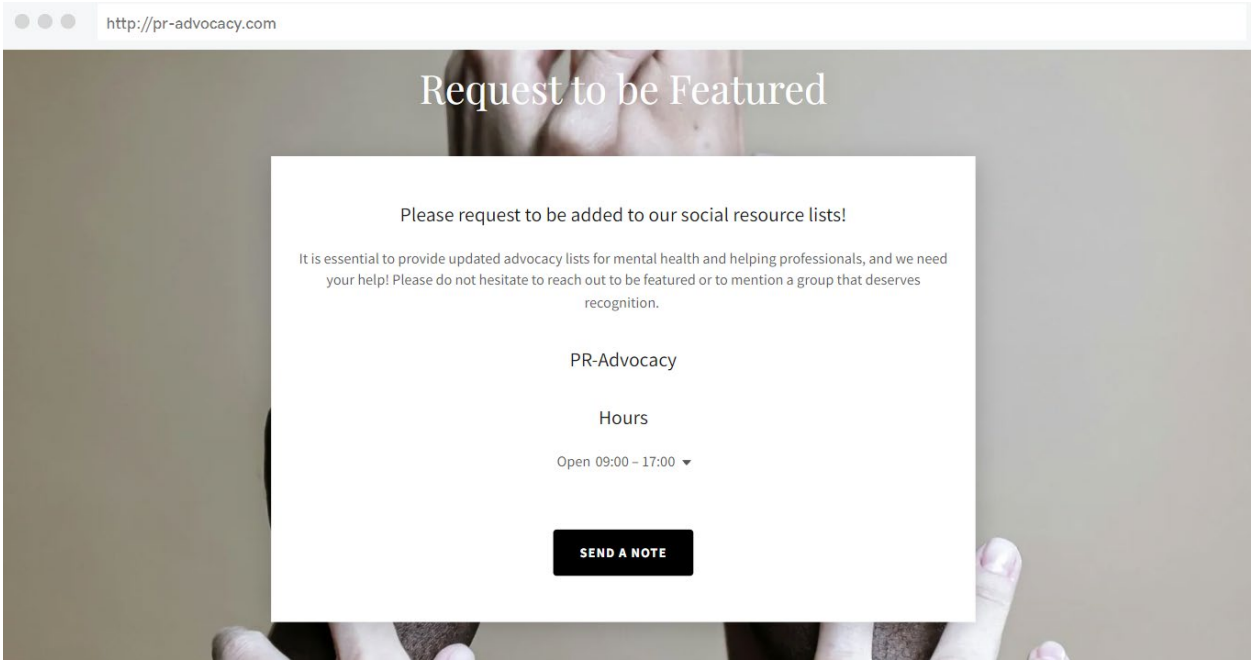
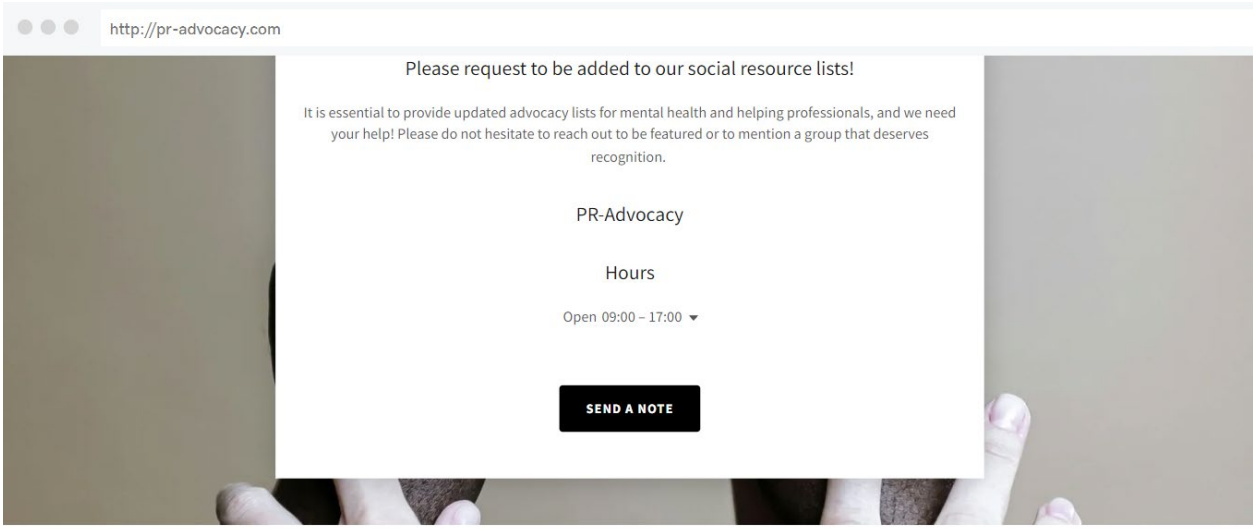
HOME
RESOURCES
Social Resources for Social Workers
NAMI
NASW Self-Care Hub
The Emotional PPE Project
http://pr-advocacy.com
IASWG Inc.
Therapy Aid Coalition
Social Work Career





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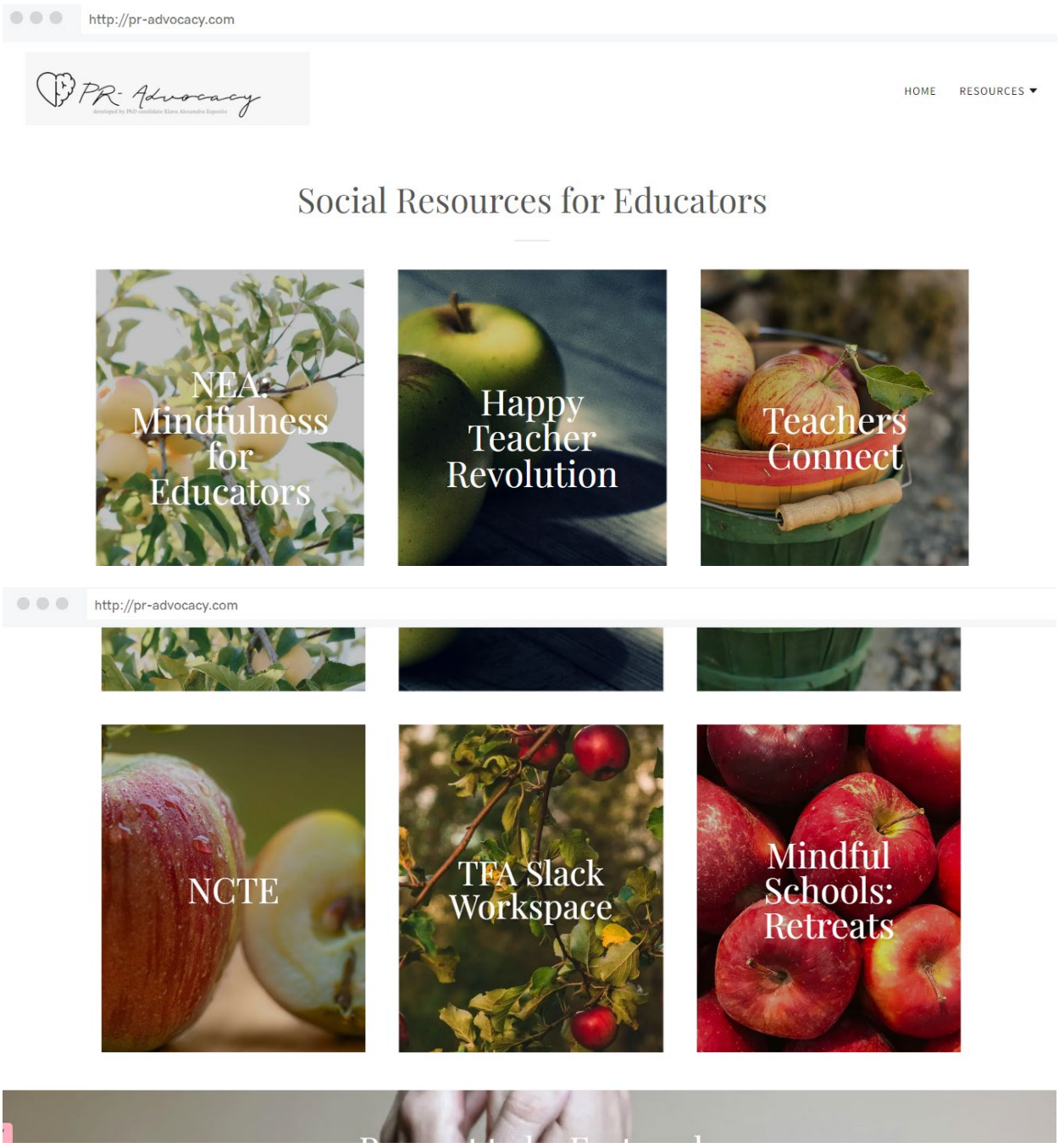
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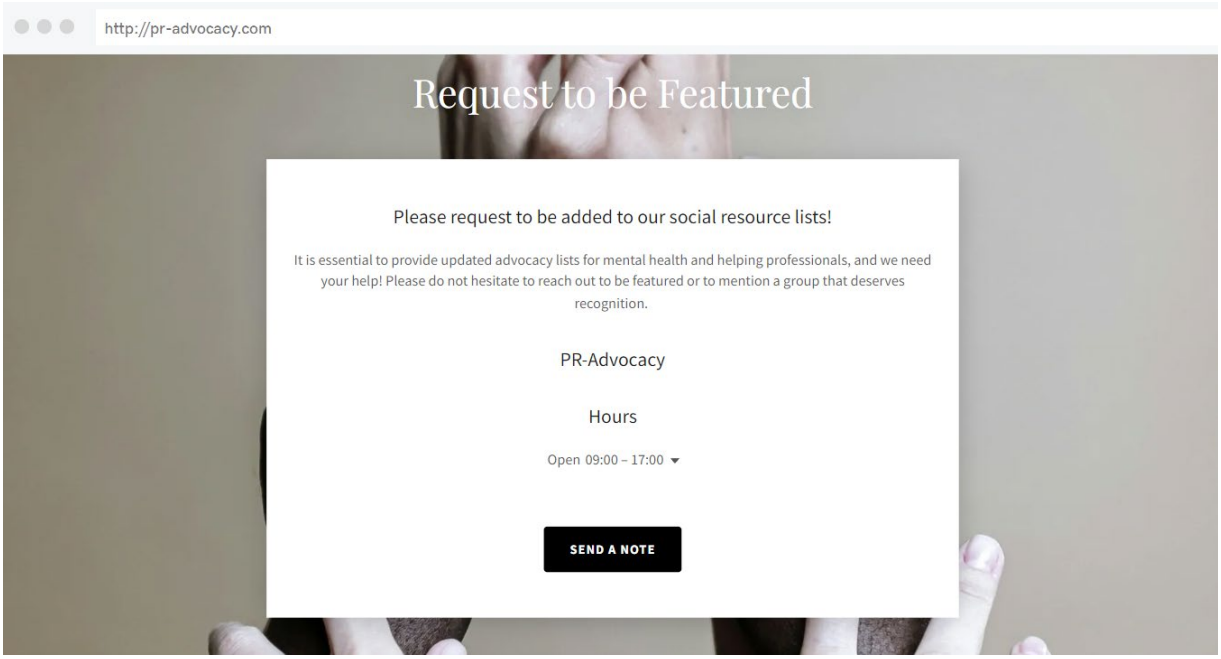
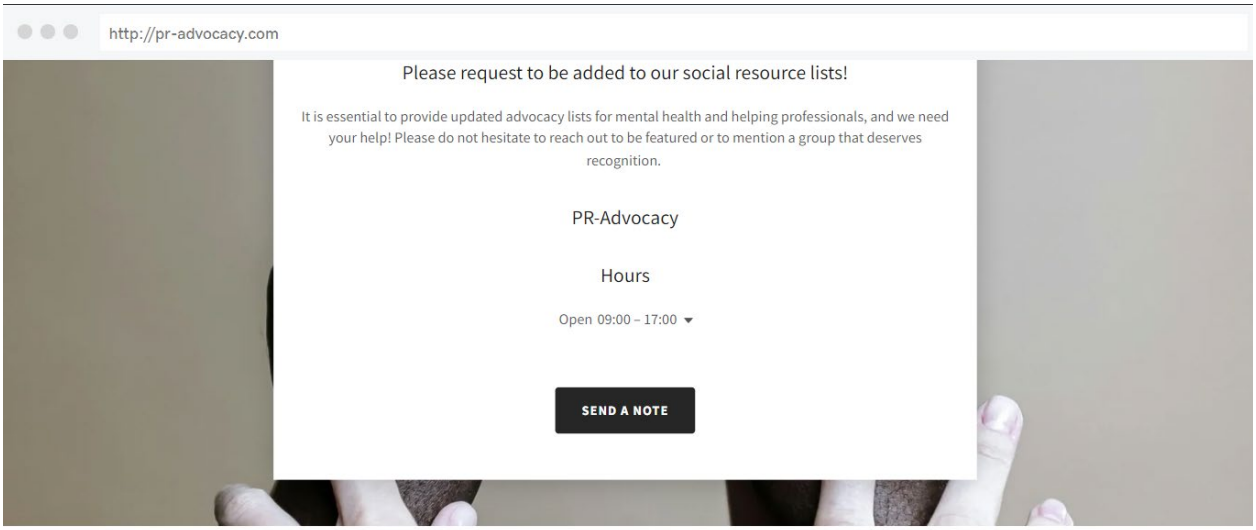
HOME
RESOURCES
Social Resources for Educators
NEA: Mindfulness for Educators
Happy Teacher Revolution
Teachers Connect
http://pr-advocacy.com
NCTE
TFA Slack Workspace
Mindful Schools: Retreats





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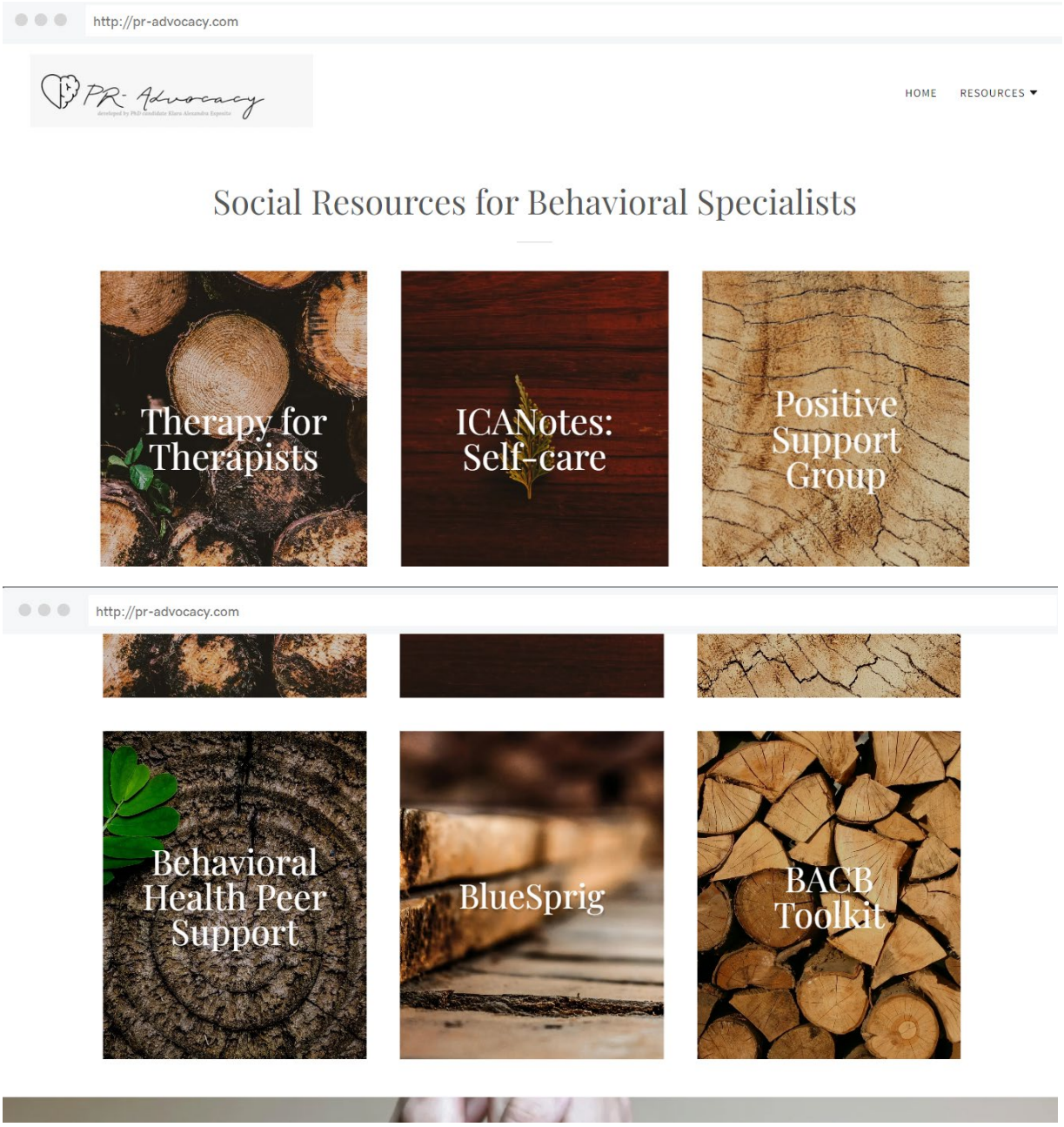
http://pr-advocacy.com
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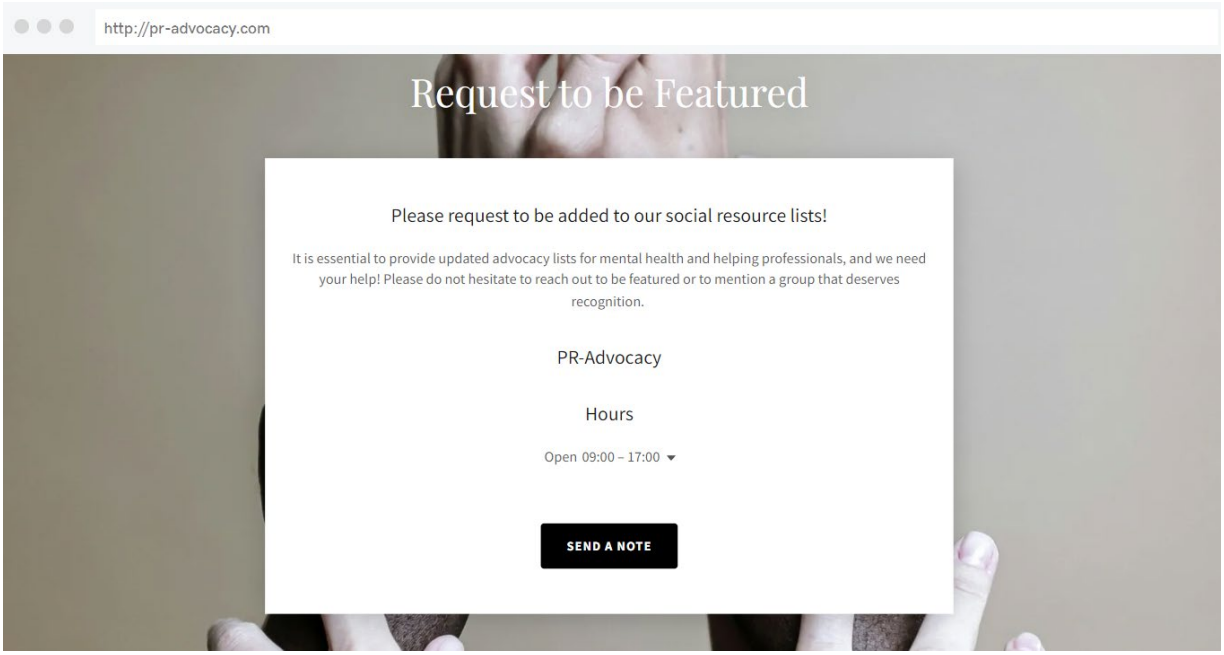
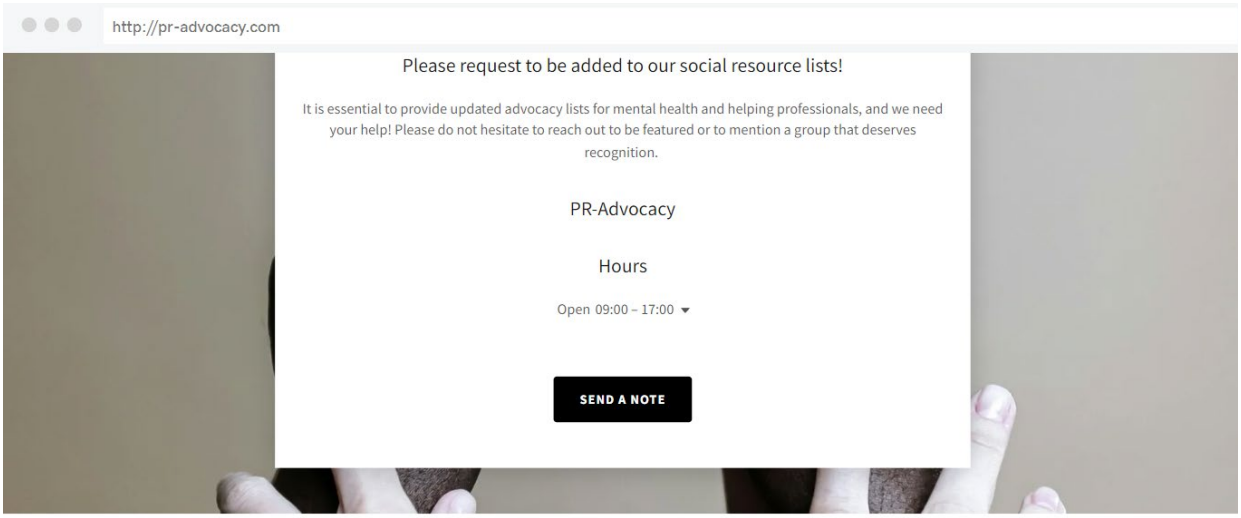
HOME
RESOURCES
Social Resources for Behavioral Specialists
Therapy for Therapists
ICANotes: Self-care
Positive Support Group
http://pr-advocacy.com
Behavioral Health Peer Support
BlueSprig
BACB Toolkit





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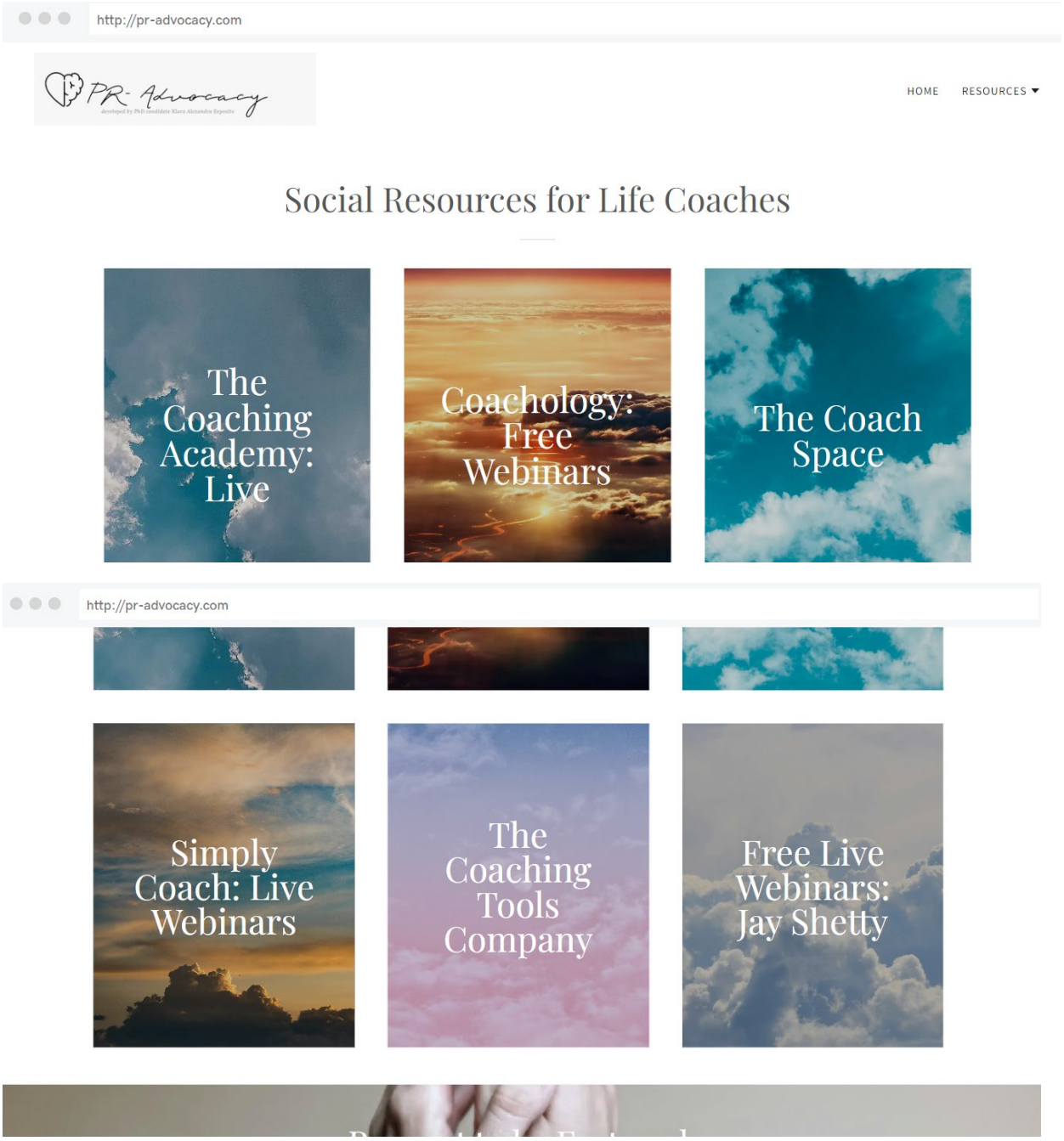
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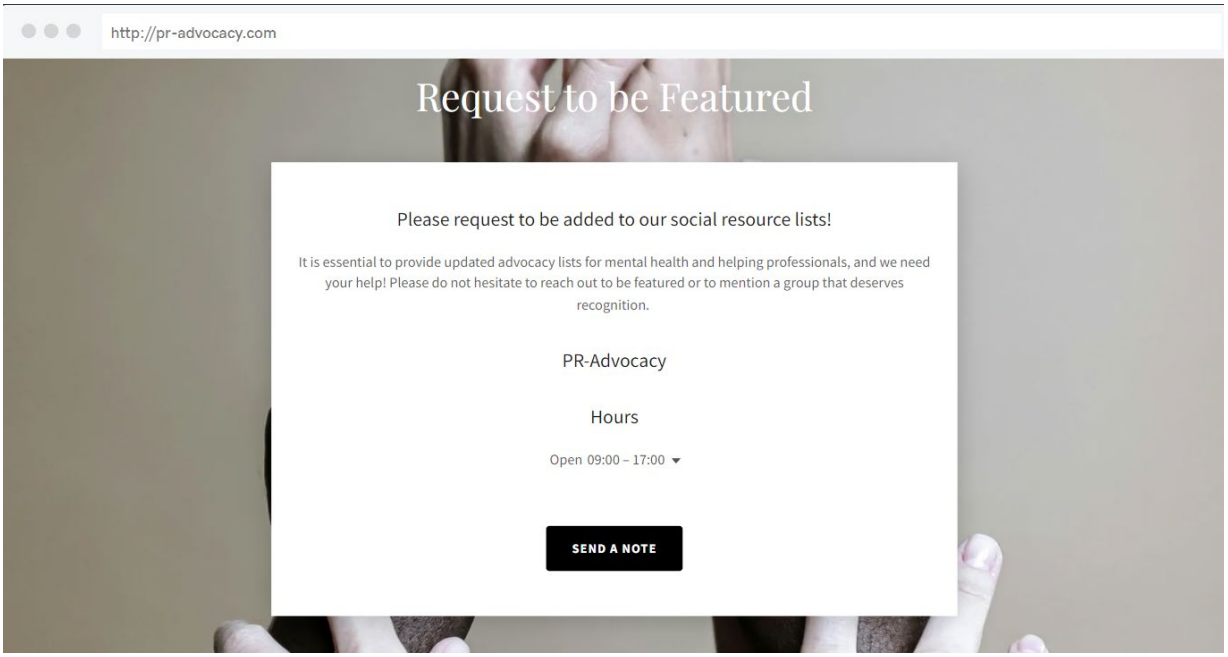
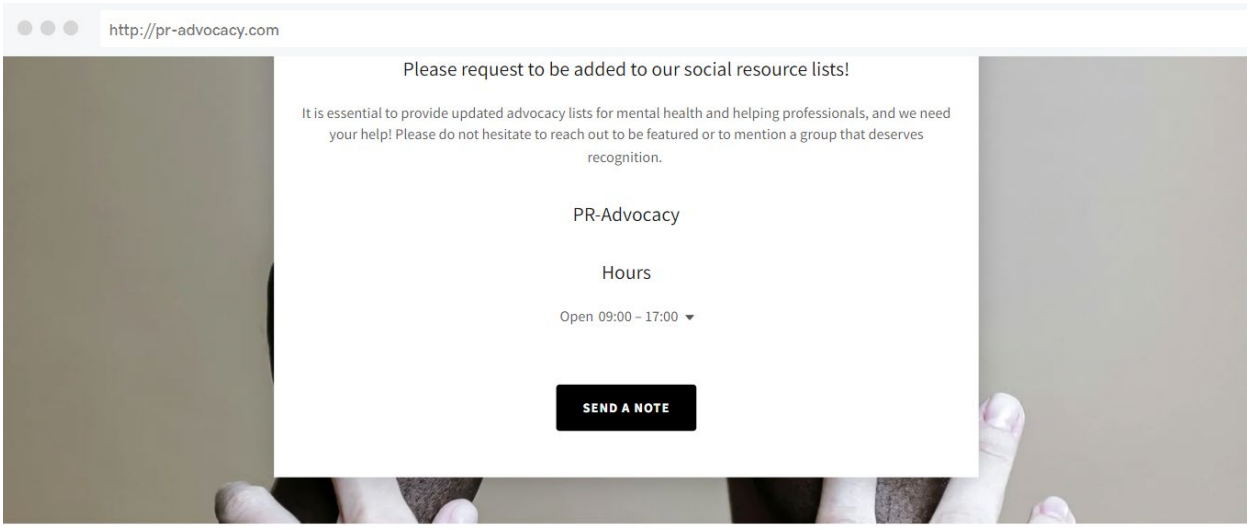
RESOURCES
Social Resources for Life Coaches
The Coaching Academy: Live
Coachology: Free Webinars
The Coach Space
http://pr-advocacy.com
Simply Coach: Live Webinars
The Coaching Tools Company
Free Live Webinars: Jay Shetty





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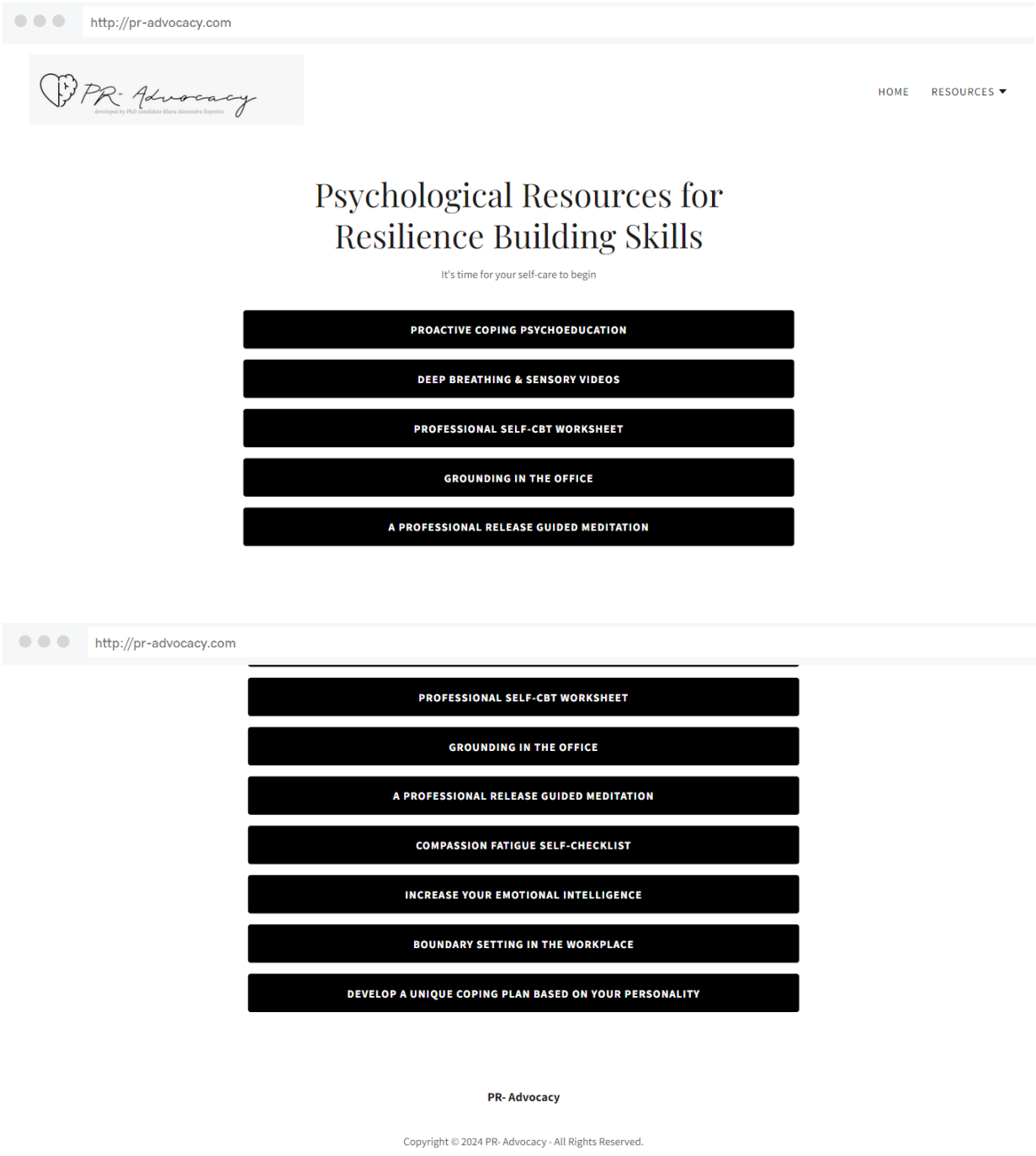
Appendix E: Psychological Resources



What is Proactive Coping?

Proactive coping emerges once social and psychological resources are acquired. Social resources incorporate support such as advocacy and psychological resources to bolster resilience. Once resources are obtained, stressors can be recognized and considered. By acknowledging and assessing stressors, individuals can apply preliminary proactive coping attempts. Once these attempts occur, eliciting feedback on using resources and initial efforts towards proactive coping solidify adaptive coping behaviors to prevent future stressors.

References

Aspinwall, L. G., & Taylor, S. E. (1997). A stitch in time: self-regulation and proactive coping. Psychological bulletin, 121(3), 417–436. doi:10.1037/0033-2909.121.3.417

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56(2), 267–283. doi: 10.1037/0022-3514.56.2.267

Lazarus, R. S. (1966). Psychological stress and the coping process. New York, NY, US: McGraw-Hill.

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HOME RESOURCES

Proactive Coping Psychoeducation

What is Proactive Coping?

Proactive coping emerges once social and psychological resources are acquired. Social resources incorporate support such as advocacy and psychological resources reinforced resilience. Once resources are obtained, stressors can be recognized and considered. By appreciating and assessing stressors, individuals can apply preliminary proactive coping attempts. Once these attempts occur, eliciting feedback on using resources and initial efforts towards proactive coping solidify adaptive coping behaviors to prevent future stressors.

References

- Aspinwall, LG, & Taylor, SE (1997). A stitch in time: self-regulation and proactive coping. Psychological bulletin, 121(3), 417–436. doi:10.1037/0033-2909.121.3.417
- Carver, CS, Scheier, MF, & Weintraub, JK (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56(2), 267–283. doi: 10.1037/0022-3514.56.2.267

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267–283. doi: 10.1037/0022-3514.56.2.267
- Lazarus, RS (1966). Psychological stress and the coping process. New York, NY, US: McGraw-Hill.

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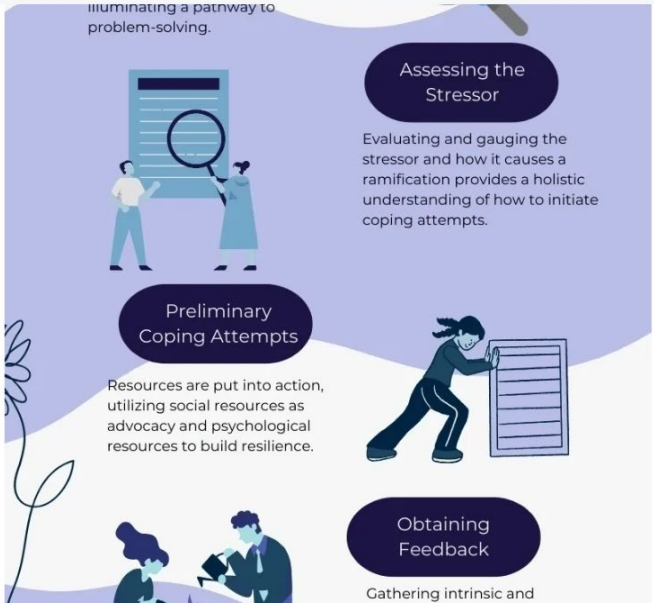

PR-Advocacy

Proactive Coping
What is it?

Social Resources

Obtaining social resources include support and instituting effective intraprofessional and interprofessional collaboration, where sharing concerns and insight occurs. Social support influences interpersonal skills and enhances professional outcomes.

Psychological Resources

Obtaining and using psychological resources enhances resilience through mindfulness, self-compassion, CBT materials, psychoeducation, and online training.

Detecting the Stressor

Detecting the root of a stressor requires introspection, self-reflection, and perspective, illuminating a pathway to problem-solving.

Assessing the Stressor

Evaluating and gauging the stressor and how it causes a ramification provides a holistic understanding of how to initiate coping attempts.

Preliminary Coping Attempts

Resources are put into action, utilizing social resources as advocacy and psychological resources to build resilience.

Obtaining Feedback

Gathering intrinsic and social feedback through compassion and empathy is central to preventing future stressors. Here, social resources are a main aspect.

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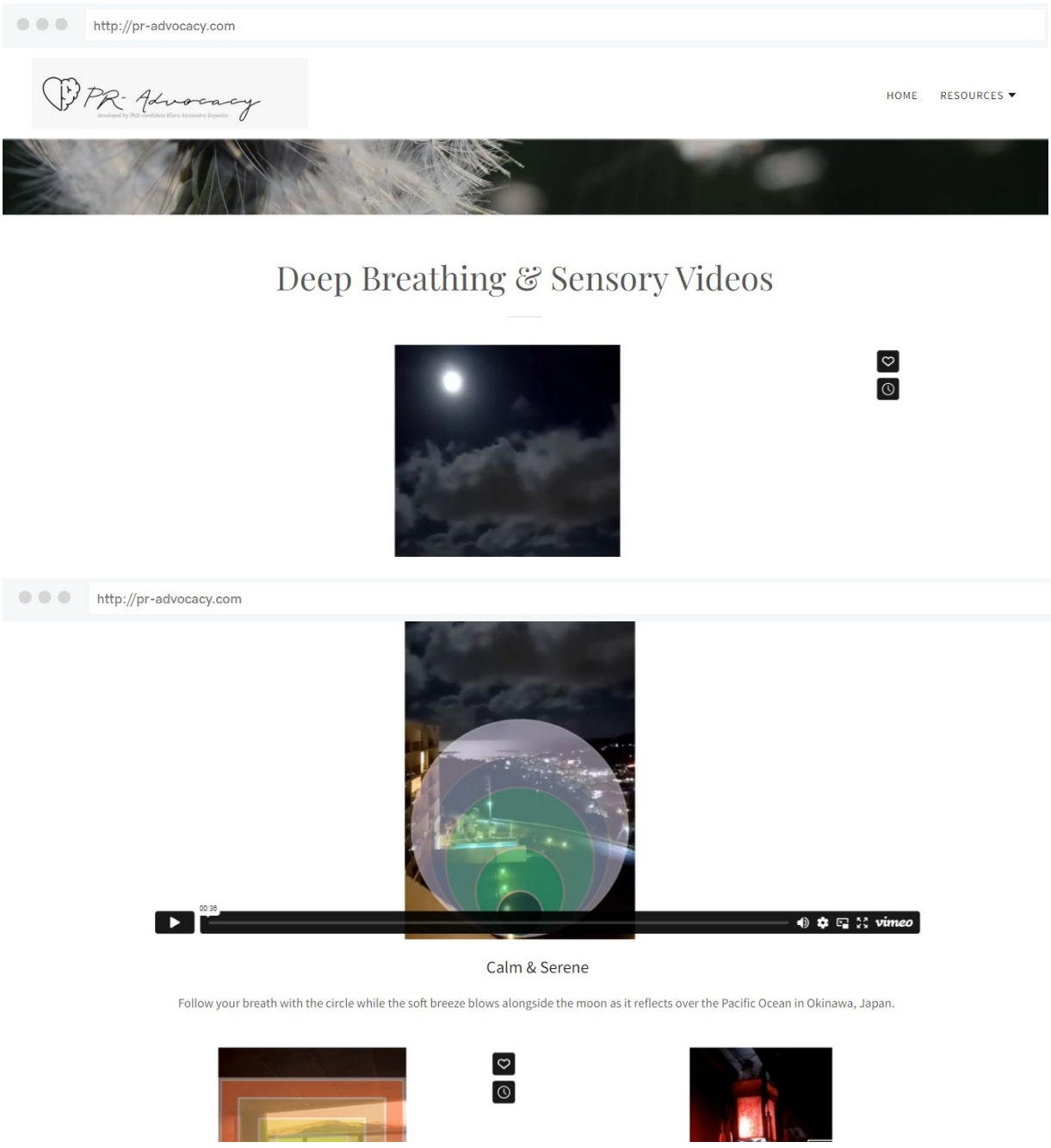
Deep Breathing & Sensory Videos



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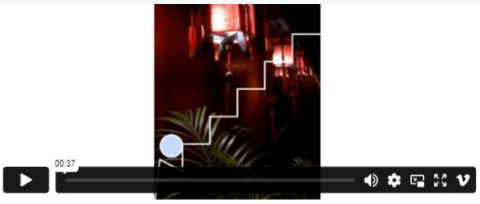
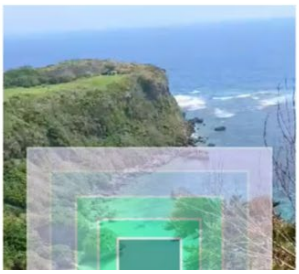
Warm & Comforting

Follow your breath to the square and listen to the onsen run warm spring water while overlooking Lake Akan in Hokkaido, Japan.



Classical & Opulent

Follow your four breath steps up, hold, and release while embracing the Ryukyuan Lantern Festival and crickets, dancing to traditional music.



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Refreshing & Cool

Pause and follow your breath to the square while listening to the waves crash onto the cove of Kafu Banta, a ridge known as "Happy Cliff" in Okinawa, Japan.

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Protect your Peace: A CBT Worksheet for Helping and Mental Health Professionals

Blurring work and home life is often experienced by helping and mental health professionals, and this is becoming especially true with the increase of telemedicine and teletherapy. Additionally, working from home or remotely creates challenges when balancing work and life, intersecting professional and personal boundaries. This crossover challenges our boundaries, encouraging compassion fatigue, burnout, exhaustion, detachment, and inefficacy.

Work stressors confusing personal principles influence our decision-making, self-care, and productivity. When we can implement firm professional and personal boundaries, ramifications of this crossover are mitigated, aiding in self-preservation, mental health, and overall well-being.

However, professionals may find this challenging, as "turning off" empathy is not feasible. Nevertheless, separating professional and professional roles is essential as it lowers internal conflict and increases balance.

Compartmentalization used efficiently, correctly, and healthily reduces negative concepts of self, others, personal, or professionalism. Moreover, compartmentalization fosters positive self-aspect perceptions, increasing self-esteem and dispositions. Moreover, we can diminish negative self-aspects, viewing them as non-essential and rarely activated.

So, let us talk about peace. How important is your peace? Inner peace is believed to be a central part of life and is widely considered the most crucial and ultimate objective.

Write down all the negative professional influences that disrupt your peace on the lines below. These influences include emotions, actions, feelings, dispositions, or statements.

Now, draw a circle around your peace. As you draw your circle around your peace, say, "I am protecting my peace with this boundary. I understand I can return to these aspects later if needed, but my peace, self-preservation, and well-being are important.

As you do this, I want you to imagine a bright light enveloping you, protecting and wrapping itself around your body as a shield. The next time you leave work, sign off, finish for the day, or start your weekend, close your eyes and imagine this bright light boundary protecting your peace.

Drawing a circle around your peace implies you are protecting and endorsing your self-preservation. You are not dismissing these aspects as unimportant. Instead, they are non-essential at this moment. You can return to these aspects if needed at a later time. However, when we implement a balance between work and home life, we must ensure our peace is protected.

Disclaimer: these worksheets are for self-use and are not intended to replace therapy or provide medical or clinical advice.

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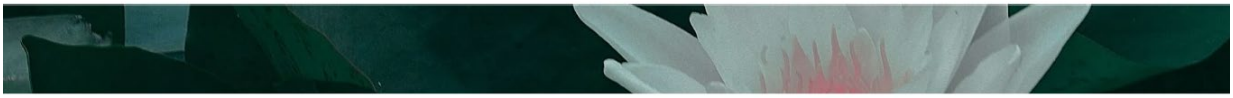
HOME RESOURCES



Protecting Your Peace

How important is your peace?

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Helping and Mental Health Professionals

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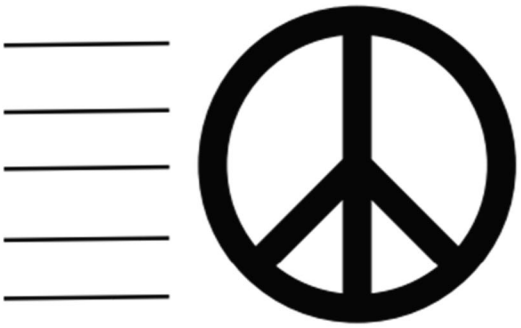

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Grounding in the Office

Mindfulness

Helping and mental health professionals often feel that self-care, such as mindfulness, is self-indulgent, and since they provide care, they do not require the same help. Additionally, busy schedules and time constraints reduce the ability to practice self-care. However, utilizing and viewing environmental resources, such as workspaces, as an innovative self-care option can open the doorway to relief.

Mindfulness requires paying attention to the present without attempting to change anything. The term “mindfulness” directly translates to “awareness” in Indian Pali, where becoming cognizant and remembering what is occurring in the present moment is core.

Noticing details, such as seeing, hearing, touching, smelling, sensing, and tasting calmly and non-judgmentally, changes the need to respond or react emotionally. Essentially, mindfulness must have “equanimity,” where being non-reactive and serene, regardless of the experience, is needed.

Equanimity is a balanced and objective mental state that does not express elation or depression. Enabling a detached attitude is needed. However, equanimity does not equate to dissociation. Dissociation in itself is a reaction.

When practicing self-care methods such as mindfulness, we initiate the procedure with sensory perception. A stimuli response triggers perception, where we experience the stimuli through seeing, hearing, touching, smelling, and tasting. These senses originate from outside environmental factors, whereas bodily sensations, images, sounds, thoughts, or noises from memory originate from internal experiences.

Evaluation is the next step, where the stimulus is perceived to make sense or process the information gained.

Once evaluation emerges, co-emergent interoception occurs. Here, interoception permits feeling bodily sensations, where the central role of processing emotions is recognized.

Here, a reaction occurs, whether it is automatic or conscious, an appraisal of the stimulus produces a bodily experience, enticing a response.

Training and practicing equanimity reduces the function of interoceptive intensity. For example, a stronger physical sensation will activate a stronger reaction.

However, when we embrace equanimity, we can embrace balance and the present moment.

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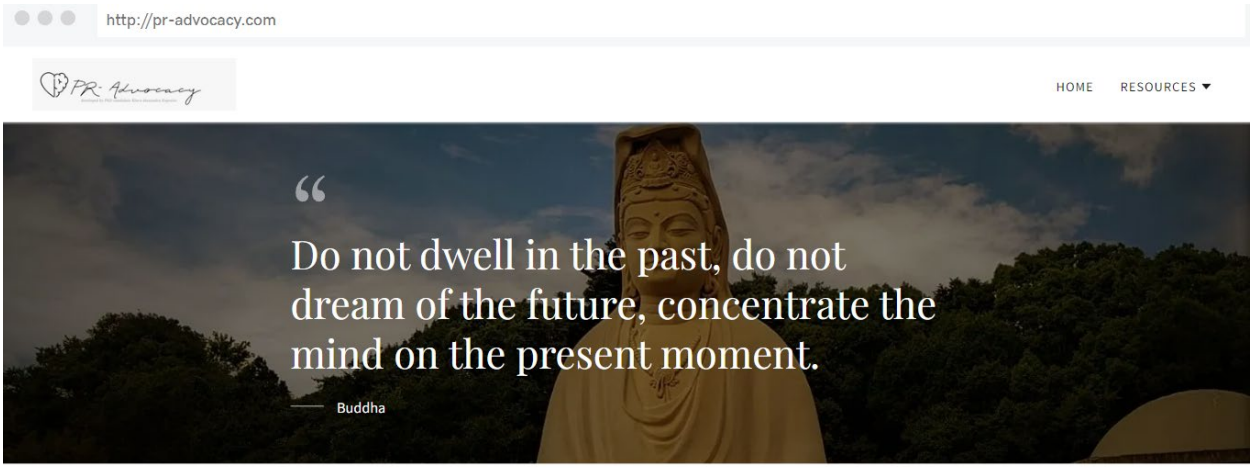

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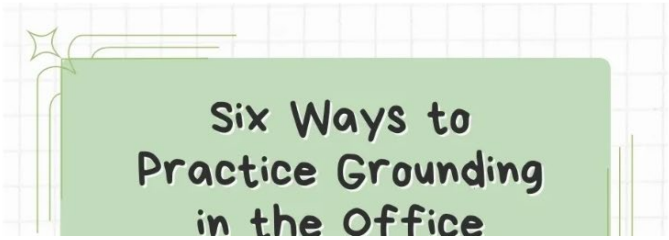

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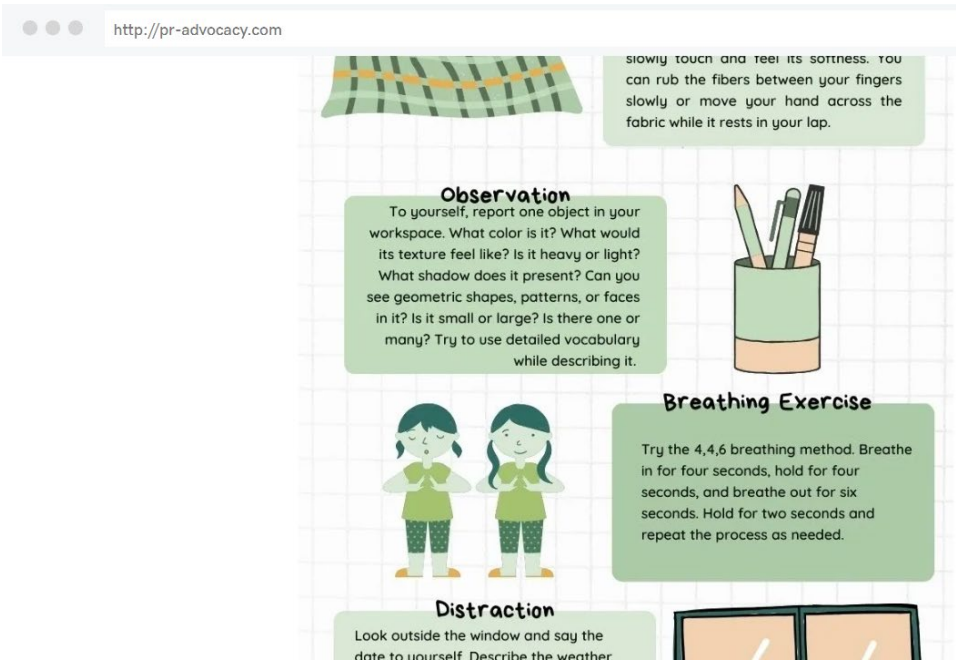

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Six Ways to Practice Grounding in the Office

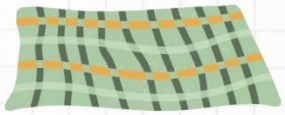
Reduce Work Stressors * Compassion Fatigue * Burnout * Secondary Traumatic Stress

Body

Sit in a chair and point your toes as hard as you can toward the floor for three seconds. Make sure you are clenching your calves while pointing your toes. Release and point your toes upwards for three seconds. Repeat this process as many times as needed.

Five Senses

Make yourself a warm cup of tea and hold the cup in your hand. Pause. Feel the warmth of the cup as you slowly sip it. In between sips, breathe in through your nose to smell the aroma of your favorite tea.



Self-Soothing

Bring a soft jacket or blanket and leave it on your office chair. When needed, slowly touch and feel its softness. You can rub the fibers between your fingers slowly or move your hand across the fabric while it rests in your lap.

Observation

To yourself, report one object in your workspace. What color is it? What would its texture feel like? Is it heavy or light? What shadow does it present? Can you see geometric shapes, patterns, or faces in it? Is it small or large? Is there one or many? Try to use detailed vocabulary while describing it.

Breathing Exercise

Try the 4,4,6 breathing method. Breathe in for four seconds, hold for four seconds, and breathe out for six seconds. Hold for two seconds and repeat the process as needed.

Distraction

Look outside the window and say the date to yourself. Describe the weather, temperature, terrain, flora and fauna. If you cannot be near a window, look around the room and pick out every blue object. Attempt to describe the shade of blue that each object is.

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Cascading Waters and Canyons: A Professional Release Guided Meditation

Position yourself in a comfortable spot. Here, you may soften your gaze or close your eyes. Please choose whichever you feel at ease with. Here, please take a moment to focus on your breath, allowing it to slow and deepen naturally.

Let's try a short breathing exercise together.

Breathe in and breathe out. Breathe in for four seconds, hold for four seconds, and release for six seconds. Let's try that one more time. Breathe in for four seconds, hold for four seconds, and release for six seconds.

As you breathe deeply, imagine yourself standing in a lush meadow, surrounded by cheerful desert flowers slowly swaying with the breeze on a warm and dry spring day. Feel the soft grass peer between your toes and the sun envelop your neck and shoulders.

Pause for a moment to immerse in this natural tranquility.

In this distance, you notice a crystal-clear stream sparkling in the sunlight. Walking towards it, you can hear the soothing sounds of water dancing and trickling over and in between smooth stones. You slowly move into the stream, observing its clarity and pristine appearance, feeling the cool water encompassing your ankles and allowing each smooth stone to massage the soles of your feet.

Take a moment to feel the relief of the water, becoming warmer and comforting. As the water touches your skin, release all vocational tensions that you may have into the stream, allowing it to carry away your concerns and stress, washing them afar.

At this moment, all is serene. All is at peace.

The sound of cascading water fills the air, and you decide to walk downstream, allowing each smooth stone to massage deeply into your feet with each step taken.

The sound develops, and here you notice a small waterfall. As you stand in the stream, you can feel the mist from falling water gently touching your face, arms, and legs.

You start approaching the water, standing underneath and allowing it to knead into your shoulders, embracing the pressure as it gently relaxes your body. You feel refreshed and renewed here as the water's energy wipes away any lasting worries.

You step from under the waterfall, feeling revitalized and empowered.
As you stand firmly in the luxurious grass surrounding the waterfall, you step forward, noticing a grand valley.

You look forward. Viewing detailed foliage peering in the distance, hugging between peaks as the cool canyon air slowly dries your face.

As you stand firmly, feeling fortified, you embrace the command of the canyon and imagine all remaining stresses being thrown into its rocky arms, releasing every burden amidst the crevices of the beyond. As you imagine this release, you feel lighter and free.

When you are ready, please bring your awareness back to the present moment. Carry this sense of tranquility, freedom, and inner peace as you continue your day, and know you can return to this place whenever you need sovereignty.

Let us finish with one last breathing exercise.

Breathe in for four seconds, hold for four seconds, and release for four seconds.
Let's try that one more time. Breathe in for four seconds, hold for four seconds, and release for six seconds.

Start wiggling your toes, gradually moving your body upwards to your fingertips, stretching and wiggling them. Gradually open your eyes and welcome back.

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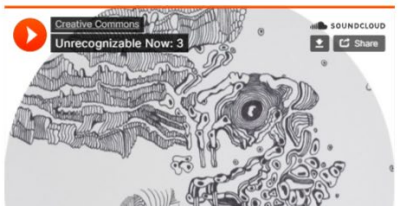
HOME RESOURCES

Cascading Waters and Canyons

A Professional Release Guided Meditation



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Compassion Fatigue Self-Checklist for Helping and Mental Health Professionals

Compassion fatigue is often experienced by helping and mental health professionals, and the expression can be used interchangeably with the phrase "secondary traumatic stress" (STS). Feeling compassion fatigue is related to direct or indirect duty-related experiences that involve traumatic events. Helping and mental health professionals use empathy as a central tool, and by utilizing this tool for clients or cases that are trauma-related, professionals expose themselves to the manifestation of compassion fatigue.

Below is a compassion fatigue self-checklist consisting of 50 questions. Check off each statement that applies to you. If you are unsure, leave the box empty.

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developed by PhD candidate Klara Alexandra Esposito

HOME RESOURCES

Compassion Fatigue Self-Checklist

Designed for Helping & Mental Health Professionals

Compassion fatigue is often experienced by helping and mental health professionals, and the expression can be used interchangeably with the phrase "secondary traumatic stress" (STS). Feeling compassion fatigue is related to direct or indirect duty-related experiences that involve traumatic events. Mental health and helping professionals use empathy as a central tool, and through utilizing this tool for clients or cases that are trauma-related, professionals expose themselves to the manifestation of compassion fatigue.

Below is a compassion fatigue self-checklist consisting of 50 questions. Check off each statement that applies to you. If you are unsure, leave the box empty.

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Compassion Fatigue Self-Checklist

FOR HELPING & MENTAL HEALTH PROFESSIONALS

Check off each statement that applies to you. If you are unsure, leave it blank.

1. I try to forget distressing moments at work that are frightening.
2. I avoid certain situations at work because of previous experiences.
3. I cannot remember certain work events that were frightening.
4. I feel a disconnect from my colleagues, friends, or family.
5. I cannot fall asleep or stay asleep easily after a work day.
6. I become irritated or angry easily from vocational events.
7. When working with a trauma case, I feel anger or
8. want to commit malice against the abuser.
9. When working with a trauma case, I feel deep sadness.
10. I have flashbacks or sudden memories about clients or individuals that I work with.
11. I have experienced traumatizing experiences at work that affect my private life.
12. I have worked with traumatizing experienced at work that involve children.
13. I often feel that I need to endure or work through traumatizing experiences at work.
14. I am afraid of some of my clients or cases.
15. Some of the actions that my clients or cases have done frighten me.
26. I feel hopelessness or a sense of discouragement by some of my clients or cases.
27. I feel hopelessness or a sense of discouragement by being a mental health or helping professional.
28. I have been put into dangerous situations at work regarding clients or cases.
29. I have been put into violent situations at work regarding clients or cases.
30. I have been verbally threatened by a client or case.
31. I have been physically threatened by a client or case.
32. I work directly with clients or cases where there have been suicide threats.
33. I work directly with clients or cases where there have been suicide attempts.
34. I work with clients or cases where they have been formally diagnosed with depression.
35. I work with clients or cases concerning grief.
36. I work with clients or cases concerning death.
37. I work with clients or cases concerning bereavement or mourning.
38. I work with clients or cases concerning child illness or medical fragility.
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11	I have experienced traumatizing experiences at work that affect my private life.	36	I work with clients or cases concerning grief.
12	I have worked with traumatizing experienced at work that involve children.	37	I work with clients or cases concerning death.
13	I often feel that I need to endure or work through traumatizing experiences at work.	38	I work with clients or cases concerning bereavement or mourning.
14	I am afraid of some of my clients or cases.	39	I work with clients or cases concerning child illness or medical fragility.
15	Some of the actions that my clients or cases have done frighten me.	40	I work with clients or cases concerning the death of a child.
16	I have felt frightened by some of things said by clients or cases.	41	My clients or caseload requires excessive demands that go beyond the scope of my profession.
17	I experience dreams at night that are concerning about work.	42	My clients or caseload requires excessive hours past normal working hours.
18	I experience dreams at night that are concerning about a client or case.	43	I have viewed files or information regarding accident scenes.
19	I will get intrusive thoughts about a difficult case of client.	44	I have viewed files or information regarding graphic evidence.
20	I have experienced sudden and compulsory feelings of fear while working with a case or client.	45	I have viewed files or information regarding reports of trauma.
21	I am currently working with more than one client or case.	46	I feel overwhelmed by the thought of my profession outside of work.
22	I do not sleep well at night due to thought of trauma associated with clients or cases.	47	I spend most of my time talking about or ruminating about my work when off the clock.
23	I feel that my clients or cases' trauma bounces onto me.	48	I feel that being a mental health or helping professional has disrupted my peace.
24	I feel that my clients or cases' trauma affects my overall wellbeing.	49	I become overly pessimistic or cynical about my profession, clients, or cases.
25	I feel cornered or trapped by being a mental health or helping professional.	50	I feel nervous when thinking about my work as a mental health or helping professional.

Calculate your response by dividing the number of checked-off statements by 50. The percentage is the probability of occurrence of compassion fatigue experienced.

0 - 10%= Compassion fatigue is rarely experienced
11 - 40%= Compassion fatigue unlikely experienced
41 - 60%= Compassion fatigue may be experienced half of the time
61 - 90%= Compassion fatigue is often experienced
91 - 100%= Compassion fatigued is very often experienced

Disclaimer: This is not an official psychometric test, clinically designed official test, or peer-reviewed test to calculate compassion fatigue. If you feel you are experiencing high levels of compassion fatigue and need assistance immediately, please get in touch with the crisis line, licensed psychologist, or medical professional.

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Practicing Self-Compassion at Work

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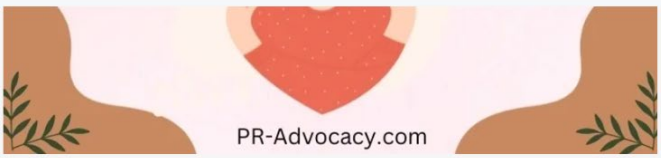

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Emergency Services

If this is an emergency, please call 911. For suicide and crisis, please call or text 988 or chat 988lifeline.org.

The 988 Suicide & Crisis Lifeline is a national network consisting of local crisis centers that provides free and confidential emotional support to individuals in suicidal crisis or emotional distres

SUICIDE & CRISIS LIFELINE

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Six Ways to Practice Self-Compassion at Work
Sip on your favorite drink throughout the day.
Praise yourself for showing up and being present.
Speaking kindly about yourself and your profession.
you can do anything
Stay objective and remove judgment from colleagues and work-related situations.
Take a walk outside or stretch your legs and move your body.
BE GENTLE WITH YOURSELF
Mistakes teach us more than perfection. Have kind thoughts about yourself during these situations.
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Increase your EQ in the Workplace

What is Emotional Intelligence?

Emotional Intelligence is the ability to observe one's own emotions and feelings, as well as the emotions and feelings of others. Moreover, it requires an individual to differentiate emotions from given knowledge that may be conveyed through thoughts and behaviors. The definition also incorporates the aptitude to assess corrected realization, meaning an individual can comprehend expressive feelings, regulate, and generate these feelings, facilitating cognitive function while developing an emotional mindset.

Emotional Intelligence has five core aspects that are broken into two principles.
The first principle covers **personal elements**, such as self-awareness, self-regulation, and self-motivation. The second principle is **social elements**, covering social awareness and social skills.

Personal Elements

Self-awareness is emotional awareness, self-assessment, and self-confidence. These components require individuals to understand their feelings and why they are feeling this way, navigate performance, awareness of values and objectives, have insightful learning experiences, awareness of strengths and weaknesses, openness to feedback and perspectives, self-development, learning, and the ability to showcase humor and perception about themselves. Additionally, self-confidence incorporates self-assurance, voicing standpoints that may be ostracized but what is right, and being decisive about sound conclusions, reservations, and pressures.

Self-regulation is self-control, trustworthiness, conscientiousness, adaptability, innovativeness, and competence. Self-control means managing impulsivity during distressing and emotional moments while staying composed, focused, and brooding. Moreover, being ethical, competent, trusting, and reliable while being genuine, admitting mistakes when needed, and confronting unethical occasions are a part of self-regulation.

Self-motivation is optimism, initiative, achievement drive, and commitment. These elements integrate setting challenging goals, learning how to increase and improve performance, being result-oriented, being willing to make personal or group sacrifices to achieve the bigger goal, innovativeness when it comes to navigating rules, enterprising efforts, being prepared for opportunities, persistent in goal pursuing regardless of obstacles, and functioning from a place of faith for success rather than a fear of failure. Additionally, self-motivation views challenges as more manageable tests than personal weaknesses.

Social Elements

Social awareness is empathy, the development of others, service orientation, political awareness, and leveraging diversity. These competencies include attentiveness during emotional signals, listening well to other perspectives, understanding others while displaying compassion, and supporting individuals based on their needs and feelings. Moreover, understanding needs

while contentedly offering assistance, satisfaction, and loyalty, acting as a trusted advisor, and understanding various perspectives are core.

Perspectives are a central element in acknowledging people's accomplishments, development, and strengths, providing helpful feedback, identifying needs during feedback, mentoring, coaching, and facilitating skills growth are part of external developments. Political awareness involves correctly reading significant command relationships, identifying central social networks, understanding forces that outline the views, perspectives, and actions of others, and reading situations accurately during organizational and outside realities. Furthermore, leveraging diversity requires respect and the ability to relate to various backgrounds, understand diverse worldviews, and be thoughtful about these differences while viewing diversity as an opportunity to succeed and challenge xenophobic bias.

Social skills are robust, requiring influence, communication, leadership, catalyst change, conflict management, building bonds, collaborating cooperatively, and team aptitudes. Influence and communication incorporate persuasion skills, honing presentation skills based on the audience, integrating indirect influence to build support, coordinating dramatic occasions to sway and conclude points, registering emotional cues while attuning messages, dealing with challenging issues directly, listening and seeking communal understanding while welcoming shared information, and fostering open communication while being receptive to good information, insufficient information, and criticism.

Leadership and catalyst change involve articulating and eliciting enthusiasm for mutual visions and missions while stepping forward into a leadership position if needed. Moreover, managing the performance of others, holding others accountable when needed, leading by example and action, recognizing the need for change and overcoming barriers, challenging the status quo to acknowledge the need for change, and being a defender of change while recruiting others in the objective, and modeling this expected change for other individuals are central.

Conflict management involves competencies that handle difficult situations and people through diplomacy and tact while being aware of potential conflict and disagreement while bringing them into the limelight. This includes de-escalating conflict while encouraging discussion and debate and facilitating positive solutions. Building bonds requires cultivating information networks while seeking mutually beneficial relations, building rapport, keeping people up-to-date, and creating and maintaining colleague friendships. Lastly, collaborating, cooperation, and team capabilities involve balancing attentive focus between relationships, joining forces, sharing information, resources, and plans, identifying nurturing opportunities for growth and collaboration, modeling these qualities in group and team settings, displaying helpfulness, respect, mutual aid, while involving and conjuring enthusiastic involvement, building and developing team identity, invoking team pride, commitment, and protecting members within a team while safeguarding reputations and sharing recognition.

How do we Increase our EQ in Professional Settings?

Emotional intelligence in professional settings involves interpersonal skills, communication, and conflict management. Moreover, self-regulation is central to controlling impulsive responses and maintaining objectivity. Empathy tends to be a missing factor in professional interaction, as helping and mental health professionals manage to reserve their empathy reservoir for clients. However, empathy is needed when working among colleagues as it increases team-building skills. Additionally, understanding underlying emotions that may connote behavior and recognizing self-emotions through reflection and introspection is central. Utilizing and enhancing emotional intelligence effectively in professional settings provides productive and progressive pathways to accomplishment.

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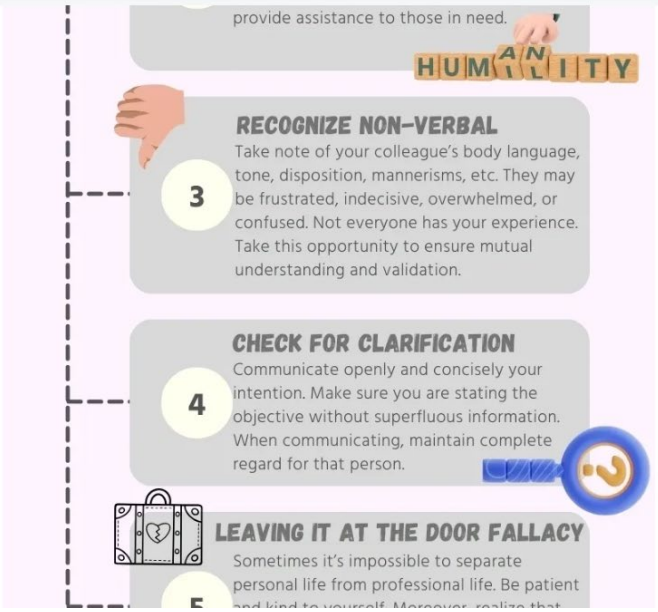

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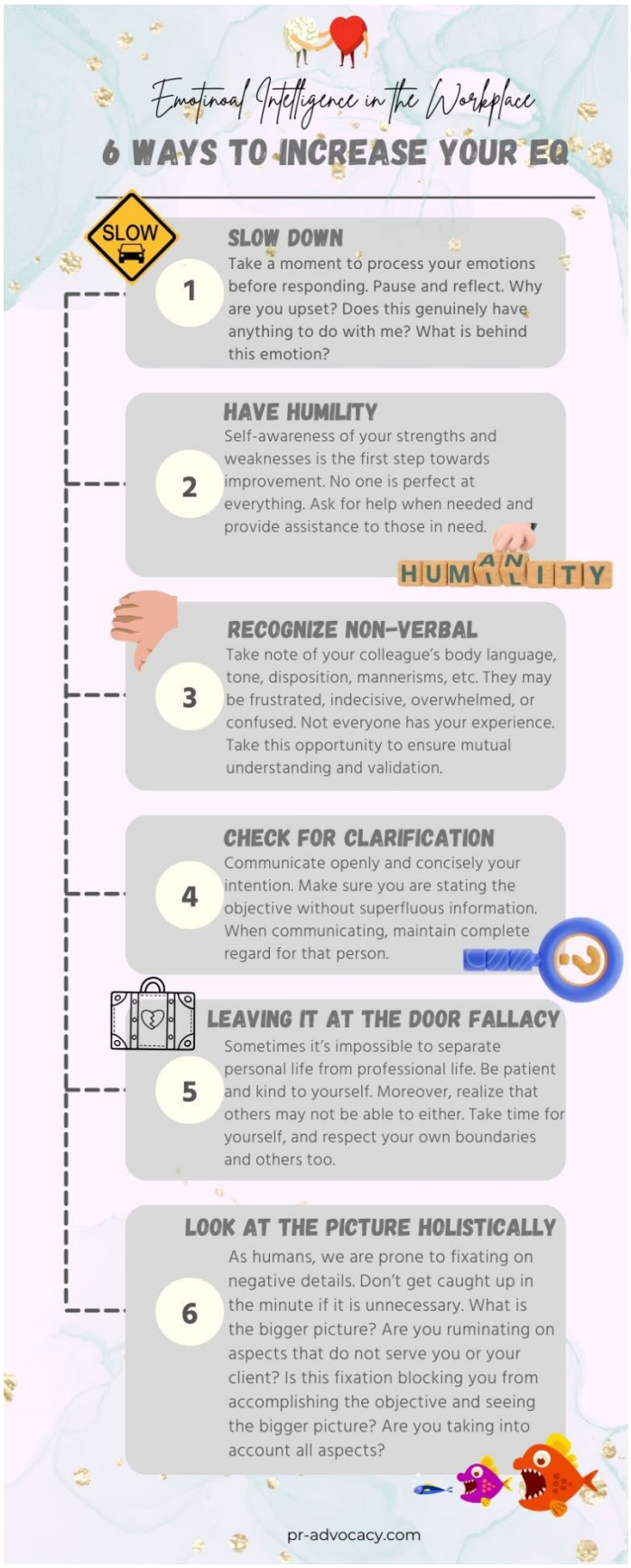
Emotional Intelligence in the Workplace
6 WAYS TO INCREASE YOUR EQ
SLOW
1
SLOW DOWN
Take a moment to process your emotions before responding. Pause and reflect. Why are you upset? Does this genuinely have anything to do with me? What is behind this emotion?
2
HAVE HUMILITY
Self-awareness of your strengths and weaknesses is the first step towards improvement. No one is perfect at everything. Ask for help when needed and provide assistance to those in need.
HUMANITY
3
RECOGNIZE NON-VERBAL
Take note of your colleague's body language, tone, disposition, mannerisms, etc. They may be frustrated, indecisive, overwhelmed, or confused. Not everyone has your experience. Take this opportunity to ensure mutual understanding and validation.
4
CHECK FOR CLARIFICATION
Communicate openly and concisely your intention. Make sure you are stating the objective without superfluous information. When communicating, maintain complete regard for that person.
5
LEAVING IT AT THE DOOR FALLACY
Sometimes it's impossible to separate personal life from professional life. Be patient and kind to yourself. Moreover, realize that others may not be able to either. Take time for yourself, and respect your own boundaries and others too.
6
LOOK AT THE PICTURE HOLISTICALLY
As humans, we are prone to fixating on negative details. Don't get caught up in the minute if it is unnecessary. What is the bigger picture? Are you ruminating on aspects that do not serve you or your client? Is this fixation blocking you from accomplishing the objective and seeing the bigger picture? Are you taking into account all aspects?
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Boundary Setting in the Workplace

A general understanding of ***boundary setting*** is drawing a line in which a personal function, limit, or edge is set. When we can set a boundary, we encourage, with veracity, a level of understanding that respects our spiritual, relational, and emotional parameters. Boundary setting honors what you, as a professional, feel is secure and acceptable. Boundaries define your autonomy, individualism, and personality, distinguishing you from others.

Bolstering boundaries creates a better objective of what we try to accomplish, reinforcing relationships with others and ourselves. Boundaries exist in every area of life, whether personally or professionally. However, it is possible to disregard boundaries in the workplace when it comes to self-care.

Boundary perspective states that humans paradigm boundaries psychologically and behaviorally when attempting to consolidate personal and professional realms. For example, this may include using distinct email accounts, turning cell phones off after a specific time, or attending to personal matters during breaks.

However, sometimes, it is not feasible to enact preferred boundary settings in the workplace due to time constraints and professional demands. Essentially, preferred professional boundaries may go dismissed, unnoticed, unmanageable, or forgotten. Nevertheless, work-life balance is central for overall well-being, profoundly affecting work satisfaction, and professional boundaries must be established in all aspects of life as these elements are relational to work.

So, how do we establish boundary setting in the workplace that can carry over to all facets of life?

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HOME RESOURCES

Boundary Setting in the Workplace

Honor Your Professional Boundaries

A general understanding of ***boundary setting*** is drawing a line in which a personal function, limit, or edge is set. When we can set a boundary, we encourage, with veracity, a level of understanding that respects our spiritual, relational, and emotional parameters. Boundary setting honors what you, as a professional, feel is secure and acceptable. Boundaries define your autonomy, individualism, and personality, distinguishing you from others.

Bolstering boundaries creates a better objective of what we try to accomplish, reinforcing relationships with others and ourselves. Boundaries exist in every area of life, whether personally or professionally. However, it is possible to disregard boundaries in the workplace when it comes to self-care.

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it is possible to disregard boundaries in the workplace when it comes to self-care.

Boundary perspective states that humans paradigm boundaries psychologically and behaviorally when attempting to consolidate personal and professional realms. For example, this may include using distinct email accounts, turning cell phones off after a specific time, or attending to personal matters during breaks.

However, sometimes, it is not feasible to enact preferred boundary settings in the workplace due to time constraints and professional demands. Essentially, preferred professional boundaries may go dismissed, unnoticed, unmanageable, or forgotten. Nevertheless, work-life balance is central for overall well-being, profoundly affecting work satisfaction, and professional boundaries must be established in all aspects of life as these elements are relational to work.

So, how do we establish boundary setting in the workplace that can carry over to all facets of life?

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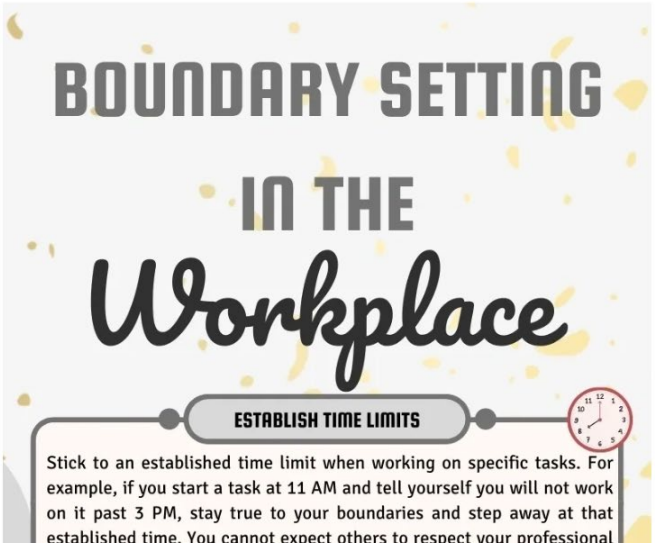

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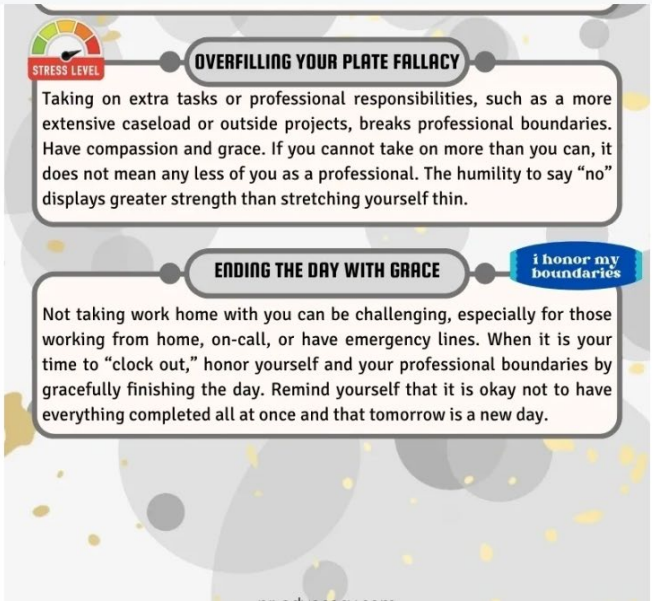

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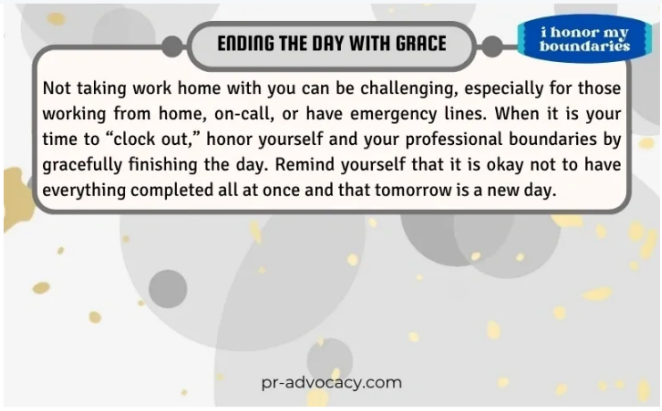

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BOUNDARY SETTING IN THE *Workplace*

ESTABLISH TIME LIMITS

Stick to an established time limit when working on specific tasks. For example, if you start a task at 11 AM and tell yourself you will not work on it past 3 PM, stay true to your boundaries and step away at that established time. You cannot expect others to respect your professional boundaries if you don't respect your own.

SET ASIDE A DAY OF REST

It can be challenging to switch from on to off. Plan one day of the week where you dedicate this time to self-care, stepping away from professional responsibilities. For example, if Saturdays are your day of rest, state this clearly and concisely, and keep this promise to yourself by not engaging in work on that day.

DON'T POUR FROM AN EMPTY CUP

Listen to your mind and body. Plan small vacations or trips as often as possible. This not only allows you to refill your cup, but it provides an event outside of work to look forward to. Vacations do not need to elaborate; they can be as simple as staying home and enjoying local scenery or visiting a nearby landmark.

OVERFILLING YOUR PLATE FALLACY

Taking on extra tasks or professional responsibilities, such as a more extensive caseload or outside projects, breaks professional boundaries. Have compassion and grace. If you cannot take on more than you can, it does not mean any less of you as a professional. The humility to say "no" displays greater strength than stretching yourself thin.

ENDING THE DAY WITH GRACE

Not taking work home with you can be challenging, especially for those working from home, on-call, or have emergency lines. When it is your time to "clock out," honor yourself and your professional boundaries by gracefully finishing the day. Remind yourself that it is okay not to have everything completed all at once and that tomorrow is a new day.

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Develop a Unique Coping Plan Based on Personality

Personality provides a general understanding of what people are like and what they will do in their environment. Each trait is complex and multifaceted, developing the building blocks of what makes a person unique. Moreover, personality traits can provide insight into how people respond and cope with distressing circumstances. Personality is a central component in coping behaviors, influencing precedent events before an experienced stressor, whether personally or professionally.

The Big Five outlines the core personality types as neuroticism, extraversion, conscientiousness, agreeableness, and openness to experience.

This free self-report inventory lets you take the Big Five personality test. (openpsychometrics.org/tests/IPIP-BFFM/)

Understanding your personality traits elucidates a deeper awareness of coping with distressing situations.

For example, if your personality is prone to **neuroticism**, this means you are predisposed to experiencing interpersonal stress and viewing challenging situations as threatening. Avoidance dispositions, fear, withdrawal, and creating barriers are common coping behaviors for those leaning towards **neuroticism**.

Moreover, **neuroticism** with low levels of **conscientiousness** tends to project high-stress exposure with threat appraisals. However, if you are low neuroticism with high levels of **extraversion** or **conscientiousness**, you project lower stress exposure with threat appraisals.

Extraversion, **conscientiousness**, and **openness** are personality traits that view occasions as tests rather than threats, taking on the challenge as a positive appraisal during coping behaviors.

Extraverts respond highly to reward or objective-based situations, often projecting positive emotions with high energy that can be viewed as assertive and social.

Conscientiousness is a personality trait often connected to low exposure to stress, as being a planner is a core characteristic trait. Predicting future stressors, utilizing proactive coping attempts, and avoiding impulsivity can influence overall well-being. Being prone to **conscientiousness** is often interconnected with organization, persistence, self-discipline, deliberation, and achievement, and it is easy to disengage from negative thought processes such as rumination.

Agreeableness is a personality trait connected to lower interpersonal conflict levels that can reduce social stress levels, have high levels of concern for other individuals, and have the ability to trust. This personality trait is excellent for bolstering social support.

Openness personality traits include curiosity and looking for the next journey where creativity and imagination can flourish. Being flexible and adjusting to inner feelings while encouraging various perspectives and problem-solving skills is central. However, openness is prone to having unrealistic demands, disillusionment, and disengaging when disappointed.

Overall, dispositions impact individuals' coping and are core in assessing sensitivity towards rewards, vigor, sociability, and assertiveness. Coping is intertwined with expected outcomes, often elucidating personality differences. These differences influence burnout dimensions that contribute to dysfunctional versus proactive coping behaviors, and being aware of these differences can help promote adaptive-based responses.

Disclaimer: these worksheets are for self-use and are not intended to replace therapy or provide medical or clinical advice.

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Coping Plans Based on the Big Five Personality Traits

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Coping Plans Based on the Big Five Personality Traits

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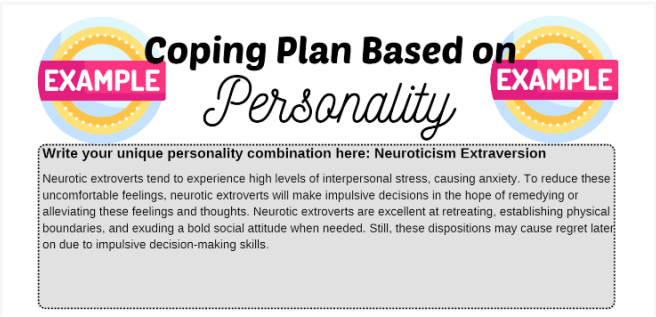

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alleviating these feelings and thoughts. Neurotic extroverts are excellent at retreating, establishing physical boundaries, and exuding a bold social attitude when needed. Still, these dispositions may cause regret later on due to impulsive decision-making skills.

Work Stressor Situations

I rush and jump to conclusions too quickly about what my colleagues think about me or how well I am performing, causing me to isolate myself and limit social interaction at work or nervously overtalk to cover my insecurities. I end up regretting what I say later, causing interpersonal stress. I have a natural tendency to be too open with my personal life, which then causes me to retreat and put up barriers.

My Feelings & Dispositions

I feel isolated and disconnected from my colleagues. I think that no one understands me or that I am constantly being judged or criticized, even though no one says anything directly to me. I feel paranoid and nervous about what my colleagues think of me and my performance as a professional. Sometimes, I feel like people tolerate me and don't like me.

Coping Skills for Neuroticism Extraversion

I need to slow down and practice mindfulness exercises. Moreover, expressing my insecurity clearly, calmly, and concisely is central to maintaining professional relationships among my colleagues. Some coping skills that I should engage in when having these feelings include:

- 4,4,6 breathing exercises
- Practicing assertive communication skills
- Using grounding techniques when experiencing intense feelings of panic and worry
- Progressive muscle relaxation
- Understanding my anxiety better and accepting myself for being a social person
- Respecting my boundaries and others, especially my own, by not oversharing to compensate
- Mindfulness

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- Progressive muscle relaxation
- Understanding my anxiety better and accepting myself for being a social person
- Respecting my boundaries and others, especially my own, by not oversharing to compensate
- Mindfulness
- Meditation

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Coping Plan Based on *Personality*

Neuroticism

If your personality type includes neuroticism, you are excellent at withdrawing and establishing physical boundaries when needed. However, you may be too good at withdrawing, often retreating before conflict resolution can occur, causing interpersonal distress. Neuroticism is prone to viewing distressing situations as threatening, responding in fear and avoidance while having a fixed mindset. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to neuroticism personality traits should focus on clear and concise communication, advocating for their needs assertively but calmly, and adapting flexibility to open new opportunities.

Work Stressor Situations

My Feelings & Dispositions

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Coping Skills for Neuroticism

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Coping Plan Based on *Personality*

Extraversion

If your personality includes extraversion, you are excellent at viewing challenging situations as tests rather than threats. You are highly goal-driven, exuding positive energy while maintaining a bold and social attitude. However, you may also be prone to extreme levels of burnout, struggling to find the time for self-care and possibly viewing it as unnecessary. Moreover, your assertive go-getter attitude may come off too forceful at times. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to extraversion personality traits should focus on setting aside time for self-care, establishing boundaries so self-care can occur, and focusing on the present moment to self-regulate emotionally charged energy.

Work Stressor Situations	My Feelings & Dispositions

Coping Skills for Extraversion

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Coping Plan Based on *Personality*

Conscientiousness

If your personality includes conscientiousness, then you are a planner at heart. You are great at organizing events, have a self-disciplined attitude, and avoid impulsive decisions. Additionally, you are excellent at disengaging from non-productive thought processes. However, you may be prone to over-planning and neglecting the beauty found in the present. Being conscientious is connected to overall well-being, but there is a fine line between structured and stressed. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to conscientious personality traits should focus on living in the present moment and practicing mindfulness without an agenda. As the quote goes, "If you are depressed, you are living in the past. If you are anxious, you are living in the future. If you are at peace, you are living in the present."— Lao Tzu

Work Stressor Situations	My Feelings & Dispositions

Coping Skills for Conscientiousness

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Coping Plan Based on *Personality*

Agreeableness

If your personality includes agreeableness, you are fantastic at making social connections and maintaining lower levels of interpersonal stress. You are naturally empathetic and have a significant concern for other individuals. However, you may be prone to trusting individuals too soon or agreeing to situations or occurrences that you don't necessarily consent to. Being agreeable is an excellent personality trait connected to bolstering social support, but being too accommodating can cause you to negate your own needs. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to agreeable personality traits should focus on self-advocacy and establishing boundaries for self-care when needed. Above everyone else, you are first and cannot take care of others unless you take care of yourself first.

Work Stressor Situations	My Feelings & Dispositions

Coping Skills for Agreeableness

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Coping Plan Based on *Personality*

Openness

If your personality includes openness, you are curious and adventurous, seeking opportunities to express yourself creatively. Additionally, you have a flexible attitude, allowing yourself to adapt to situations when needed and encourage problem-solving skills through varied perspectives. Being open to new experiences is a wonderful trait that refutes fixed mindsets. However, openness is prone to having unrealistic demands that may cause disappointment, causing disengagement, and disillusionment. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to openness should practice grounding themselves through organized thought and establishing objectives through a SMART goal system. Being a dreamer is beautiful, but as the expression goes, "Expectation is the root of all heartache."

Work Stressor Situations	My Feelings & Dispositions

Coping Skills for Openness

Coping Plan Based on Personality

Write your unique personality combination here [ ]

It is generally known that personalities are multifaceted and complex. You can use the previous worksheets to understand your unique personality better and synthesize the two to develop a coping plan.

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for [ ]

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Coping Plan Based on *Personality*

Write your unique personality combination here: Neuroticism Extraversion

Neurotic extroverts tend to experience high levels of interpersonal stress, causing anxiety. To reduce these uncomfortable feelings, neurotic extroverts will make impulsive decisions in the hope of remedying or alleviating these feelings and thoughts. Neurotic extroverts are excellent at retreating, establishing physical boundaries, and exuding a bold social attitude when needed. Still, these dispositions may cause regret later on due to impulsive decision-making skills.

Work Stressor Situations

I rush and jump to conclusions too quickly about what my colleagues think about me or how well I am performing, causing me to isolate myself and limit social interaction at work or nervously overtalk to cover my insecurities. I end up regretting what I say later, causing interpersonal stress. I have a natural tendency to be too open with my personal life, which then causes me to retreat and put up barriers.

My Feelings & Dispositions

I feel isolated and disconnected from my colleagues. I think that no one understands me or that I am constantly being judged or criticized, even though no one says anything directly to me. I feel paranoid and nervous about what my colleagues think of me and my performance as a professional. Sometimes, I feel like people tolerate me and don't like me.

Coping Skills for Neuroticism Extraversion

I need to slow down and practice mindfulness exercises. Moreover, expressing my insecurity clearly, calmly, and concisely is central to maintaining professional relationships among my colleagues. Some coping skills that I should engage in when having these feelings include:

- 4,4,6 breathing exercises
- Practicing assertive communication skills
- Using grounding techniques when experiencing intense feelings of panic and worry
- Progressive muscle relaxation
- Understanding my anxiety better and accepting myself for being a social person
- Respecting my boundaries and others, especially my own, by not oversharing to compensate
- Mindfulness
- Meditation

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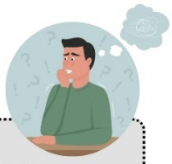
Coping Plan Based on *Personality*



Neuroticism

If your personality type includes neuroticism, you are excellent at withdrawing and establishing physical boundaries when needed. However, you may be too good at withdrawing, often retreating before conflict resolution can occur, causing interpersonal distress. Neuroticism is prone to viewing distressing situations as threatening, responding in fear and avoidance while having a fixed mindset. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to neuroticism personality traits should focus on clear and concise communication, advocating for their needs assertively but calmly, and adapting flexibility to open new opportunities.

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for Neuroticism

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Coping Plan Based on *Personality*

Extraversion

If your personality includes extraversion, you are excellent at viewing challenging situations as tests rather than threats. You are highly goal-driven, exuding positive energy while maintaining a bold and social attitude. However, you may also be prone to extreme levels of burnout, struggling to find the time for self-care and possibly viewing it as unnecessary. Moreover, your assertive go-getter attitude may come off too forceful at times. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to extraversion personality traits should focus on setting aside time for self-care, establishing boundaries so self-care can occur, and focusing on the present moment to self-regulate emotionally charged energy.

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for Extraversion

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Coping Plan Based on *Personality*

Conscientiousness

If your personality includes conscientiousness, then you are a planner at heart. You are great at organizing events, have a self-disciplined attitude, and avoid impulsive decisions. Additionally, you are excellent at disengaging from non-productive thought processes. However, you may be prone to over-planning and neglecting the beauty found in the present. Being conscientious is connected to overall well-being, but there is a fine line between structured and stressed. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to conscientious personality traits should focus on living in the present moment and practicing mindfulness without an agenda. As the quote goes, “If you are depressed, you are living in the past. If you are anxious, you are living in the future. If you are at peace, you are living in the present.”— Lao Tzu

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for Conscientiousness

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Coping Plan Based on *Personality*

Agreeableness

If your personality includes agreeableness, you are fantastic at making social connections and maintaining lower levels of interpersonal stress. You are naturally empathetic and have a significant concern for other individuals. However, you may be prone to trusting individuals too soon or agreeing to situations or occurrences that you don't necessarily consent to. Being agreeable is an excellent personality trait connected to bolstering social support, but being too accommodating can cause you to negate your own needs. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to agreeable personality traits should focus on self-advocacy and establishing boundaries for self-care when needed. Above everyone else, you are first and cannot take care of others unless you take care of yourself first.

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for Agreeableness

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Coping Plan Based on *Personality*

Openness

If your personality includes openness, you are curious and adventurous, seeking opportunities to express yourself creatively. Additionally, you have a flexible attitude, allowing yourself to adapt to situations when needed and encourage problem-solving skills through varied perspectives. Being open to new experiences is a wonderful trait that refutes fixed mindsets. However, openness is prone to having unrealistic demands that may cause disappointment, causing disengagement, and disillusionment. Being self-aware of these tendencies provides introspection on coping with work stressors. Individuals prone to openness should practice grounding themselves through organized thought and establishing objectives through a SMART goal system. Being a dreamer is beautiful, but as the expression goes, “Expectation is the root of all heartache.”

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for Openness

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Coping Plan Based on *Personality*

Write your unique personality combination here [_____]

It is generally known that personalities are multifaceted and complex. You can use the previous worksheets to understand your unique personality better and synthesize the two to develop a coping plan.

Work Stressor Situations

My Feelings & Dispositions

Coping Skills for [_____]

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