



## RESEARCH ARTICLE

# Psychological Counsellors' Mental Well-Being and Resilience Levels Predicting their Trauma Intervention Skills

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## ABSTRACT

The purpose of this study is to examine the relationship between psychological counselors' mental well-being and resilience levels and their trauma intervention skills. The study group consisted of 191 psychological counselors, 135 females and 56 males, who agreed to participate in the study. Data were collected through the Psychological Counsellors' Trauma Intervention Skills Scale, the Warwick-Edinburgh Mental Well-Being Scale, the Brief Resilience Scale, and the Personal Information Form prepared by the researchers. Data analysis was performed using the independent sample t-test, one-way analysis of variance (ANOVA), Pearson correlation analysis, and multiple linear regression analysis. Analysis results indicated a significant relationship between psychological counselors' trauma intervention skills levels and their mental well-being and resilience levels. In addition, psychological counselors' mental well-being and resilience levels were found to explain 34% of the total variance of trauma intervention skills levels.

Studies on mental health have generally been within the scope of issues on psychopathology starting from the zero point of psychology (Sarı and Yıldırım, 2017). However, in addition to containing psychopathological elements, human nature also includes the individual's well-being, strengths, and healthy ways of coping (Seligman, 1999). With this view gaining momentum, the positive psychology movement has become stronger. Positive psychology aims to investigate individuals' development of positive emotions and positive personal characteristics, understand which situations they see their lives as worth living, which aspects help them to overcome difficulties, and which sources of motivation they have in creating a meaningful life (Seligman, 2002). In this regard, the main purpose of the positive psychology discipline is to make sense of well-being by maximizing the individual's functionality (Sheldon et al. 2000). "Well-being", one of the basic concepts of positive psychology, has attracted the attention of researchers because it has a great impact on the quality of life (Demirtaş and Baytemir, 2019). The concept of "mental well-being" is defined by the World Health Organisation (2014) as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community. In addition to referring to a mentally healthy individual, the concept of mental well-being has a

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multidimensional nature that includes concepts such as positive emotions, satisfaction, and psychological effectiveness (Duman, Köroğlu, Göksu and Talay, 2020). Another explanation of mental well-being includes the individual's being mentally healthy, having a high psychological and social quality of life, and having functional well-being (Rose et al., 2017). Individuals with a high level of mental well-being are expected to be able to evaluate themselves and the environment healthily, effectively cope with the difficulties of life, establish healthy social relationships, discover the meaning of life, and have a desire for self-actualization (Ryan and Deci, 2001). These individuals are also reported to show an effective determination to achieve the goals they set for themselves, positively affect people around them, have high self-competence levels, and define a meaningful purpose and a sense of meaning in their lives (Trenoweth, 2017). Based on all these, high mental well-being increases individuals' quality of life and significantly contributes to both their physical health and social relationships (Bedir, 2023).

"Positive mental health" is reported to be the main source for the well-being and permanent functionality of individuals and societies (WHO, 2004). In addition to being a structure applied by individuals to make sense of the world and make healthy decisions, the concept of positive mental health is one of the main sources that increase well-being by containing both cognitive and affective characteristics of individuals (Kottke et al. 2016). The academic literature uses the concepts of positive mental health and mental well-being interchangeably (Tennant et al. 2007). Although there is no consensus on the clear definitions of the two concepts, there is a consensus that the concept of mental well-being includes both hedonic (subjective well-being) and eudaimonic (psychological well-being) dimensions (Maheswaran et al., 2012). Hedonic well-being is defined as the high level of life satisfaction obtained as a result of experiencing pleasurable emotions and moods more, and negative emotions and moods less (Diener, 1984). The definition of psychological well-being by Ryff (1989) gains meaning within the eudaimonic framework. The concept of well-being is defined with the concept of "eudaimonia", which is formed by the combination of the words "eu" (good) and "daimon" and meets the meanings of happiness, prosperity and development, and focuses on individuals' efforts to be fully functional and to realize their unique abilities (Demirtaş and Baytemir, 2019). Mental well-being includes both of these perspectives: firstly, the subjective experience of happiness and life satisfaction, and secondly, positive psychological functioning, positive relationships with others, and self-actualization (Stewart-Brown and Janmohamed, 2008).

Resilience is another concept that has become prominent in positive psychology in recent years (Seligman, 2002). The phenomenon of resilience has been put forward with the increase in questioning about psychopathology and resilience (Masten, 2001). The origin of the concept of resilience is based on the Latin word "Resiliens" (Masten and Gewirtz, 2006). Used especially in the fields of mathematics, physics, and engineering, this concept can be described as the return of an object that had been bent or cracked due to a certain effect to its former balance (Greene 2002). The use of the concept for mental health and human development dates back to the 1960s (Topçu and Demircioğlu, 2020). There are different views about the Turkish equivalent of the concept of resilience. Various equivalents such as "the power of self-recovery", "psychological resilience", "resilience", and "psychological strength" have been put forward (Işık, 2016). Resilience, one of the important concepts of positive psychology, has been defined differently numerous researchers. Masten et al. (1990) define the concept of resilience as the process that provides positive outcomes by getting rid of traumatic effects, achieving positive results in high-risk situations, and maintaining social competence. According to Block and Kremen (1990), it is the adaptation of individuals to negative life events and the ability to cope with them. According to Jacelon (1997), resilience is the individual's ability to overcome and adapt to these situations despite extremely difficult and negative conditions. Ramirez (2007) defined it as the ability to increase well-being in a short time as a result of various traumatic life events, recover oneself, adapt successfully to these traumatic events, and then return to the previous state. In addition to these definitions, Brooks and Goldstein (2003) argue that the concept of resilience should be defined as the individual's ability to cope with stressful events regardless of having experienced difficulties in life. While the concept of resilience was used to indicate an individual's innate personality trait in early studies, recent studies define it as a feature that can be developed and acquired (Luthar et al., 2000). The common points of all these definitions show that the concept of resilience indicates a dynamic process. This structure, which can change over time, is defined as the ability to exhibit positive adaptation. Considering all these, risk factors have a key role in the emergence of resilience. Resilience is not expected to emerge without experiencing traumatic life events (Tatarer, 2020). In short, resilience can be addressed if an individual shows healthy adaptation and achieves success in different areas of his/her life despite being in the risk group or being exposed to challenging

life events (Luthar and Cicchetti, 2000). The concept of resilience involves three basic elements. While the first element is a significant level of negativity (risk factor), the second one is protective factors, and the third one is the positive results occurring despite all negative situations. The concept of resilience is considered as a situation emerging with the mutual interaction of all these three processes (Rutter, 1990). Risk can be defined as measurable conditions that may have negative consequences in the future (Masten and Reed, 2002). It is also defined as factors that may cause the onset of a problematic situation or contribute to the maintenance of the problem that has already occurred (Kirby and Fraser, 1997). Studies on this issue indicate some of the risk factors as low socioeconomic level/poverty, the child's exposure to strict parental attitudes, the mother's education level, parents' psychopathology, child neglect and abuse, and divorce (Hoşoğlu et al., 2018). Protective factors are described as situations that serve as a buffer against the negative effects of risks (Durlak, 1998). To be characterized as a protective factor, a situation should be related to risks (Rutter, 1990). Protective factors are determined as situations that cause differences between individuals who continue their development and adapt positively despite being exposed to the same risk and individuals who cannot fulfill their developmental tasks and cannot adapt positively (Masten and Powell, 2003). Individuals with a high level of resilience benefit from several "internal" and "external" resources to cope with negative experiences effectively. While effective problem-solving skills, self-esteem, self-confidence, self-efficacy, internal locus of control, and positive and optimistic view of the future can be listed as internal protective factors, familial and environmental characteristics can be characterized as external protective factors (Arslan, 2015). Soylu (2017) reported that social support and self-esteem of divorced women have a direct effect on resilience. Hence, internal and external protective factors have a significant effect on the risks faced by the individual (Kararmak, 2006). In addition to all these, the positive emotions felt by the individual contribute significantly to both his/her subjective development and psychological well-being. Positive emotions increase the diversity of the individual's thoughts and behaviors and become an important source for the adaptation to different and new situations. By having a positive effect on the ability to recover faster against stressful life events, the high number of positive emotions felt by the individual increases his/her motivation (Kararmak et al., 2011). Like in resilience, protective factors also show a dynamic structure. While the same protective factor may be useful for one individual in one situation, it may not be as useful for another individual. The function of protective factors is also reported to potentially change depending on time. Protective factors that contribute to positive outcomes in one situation may not provide positive outcomes for the same individual in another situation (Johnson and Wiechelt, 2004). Studies on resilience report that a positive or functionally contributing outcome should be indicated together with risk factors and protective factors (Masten, 2001). An analysis of the related literature shows that the factors considered positive outcomes are viewed in two groups. While the first one is the absence of psychopathology, the second one is positive outcomes such as academic success and social competence (Akar, 2018). Rather than which protective factors individuals have, another important point is to determine to what extent these protective factors decrease and prevent risks (Gizgir and Aydın, 2006). Throughout humanity, the destructive power of nature and people's wild side have caused human beings to face many traumatic situations (Taytaş and Tanhan, 2022). Rather than just viewing it as a situational phenomenon, trauma should be considered a socio-psychological process that develops over time (Akcan, 2018). Historical developments of trauma showed that the psychological effects of these traumatic life events were initially ignored, which was caused by the belief that traumatic experiences resulting from external circumstances could be tolerated by the individual. This notion suggests that the psychological problem emerging after the trauma indicates the individual's predisposition or mental problem (Kaya, 2019). The concept of trauma is defined by researchers differently and refers to the effect of shocking, hurtful, and injurious experiences that affect the individual physically, psychologically, and socially (Lotfi and Başçılar, 2017). Tedeschi and Calhoun (2004) define trauma as events that occur unexpectedly and threaten the individual's physical integrity and life. DSM-V defines trauma as witnessing a death, injury, or threat to oneself. Post-traumatic stress disorder emerging as a result of these events is the emergence of the reactions of the individual in the form of intense fear, terror, and helplessness (Köroğlu, 2013). These traumatic events may cause the individual to activate guilty and helpless self-images and use negative coping methods that match these self-images. In this regard, there is a need to reveal the relationship between traumatic stress and ego

functions during the trauma therapy process. In addition, it is highly important for clients to give importance to themselves and receive cognitive interventions to make them feel valuable (Taytaş and Tanhan, 2022). The therapy process, which helps clients to change distorted beliefs occurring due to trauma in a useful way, express their feelings openly and cope with stress effectively, and paves the way for clients to live without being stuck in trauma (Zara, 2004). In this regard, due to the client stories they listen to, psychological counselors helping traumatized clients may experience trauma indirectly. Like their clients, psychological counselors' trust in life and people may be shaken, and they may feel anger and helplessness (Güveli, 2003) because trauma can affect not only the person who is exposed to it but also the individual who helps the traumatized client. The related literature refers to this effect as compassion fatigue and secondary traumatic stress. Therefore, awareness-raising studies are recommended to be increased today to effectively cope with the stress and fatigue experienced by psychological counselors working with individuals experiencing trauma (Taytaş and Tanhan, 2022). Besides their most basic counseling skills, psychological counselors who specialize in trauma should have in-depth knowledge and practice skills on trauma (Bengisoy and Özdemir, 2019). Accordingly, psychological counselors should have a thorough knowledge of therapy, have high levels of knowledge and skills about counseling for traumatized individuals, feel competent enough to help these individuals, and fully trust their skills in the counseling process (Taytaş and Tanhan, 2022). Based on all these, the purpose of this study is to examine the relationship between psychological counselors' trauma intervention skills and their mental well-being and resilience levels. It was aimed to examine whether the mental well-being and psychological resilience levels of psychological counsellors who provide effective contact with individuals with traumatic experiences are effective at the point of trauma intervention. With the results to be obtained from this research, it is aimed to make effective practices in line with the needs of psychological counsellors. Mental well-being and psychological resilience are close concepts in literature. The main difference between them is that psychological resilience is the process of getting rid of the effects of negative life events and obtaining positive outcomes. Mental well-being, on the other hand, means that the person is mentally healthy, has a high psychological and social quality of life and his/her well-being is functional. An analysis of the literature indicated no studies on psychological counselors' trauma intervention skills, mental well-being, and resilience. For this reason, this study is believed to contribute to the literature.

## Method

### Research Design

This study utilized a correlational model, which is one of the quantitative research methods. Correlational research is conducted to determine the relationships between two or more variables (Büyüköztürk, 2015). The reason for choosing the relational screening model in this study is to reveal the relationship between psychological counsellors' trauma intervention skills and their mental well-being and psychological resilience levels.

### Study Group

The study group consisted of 191 psychological counselors, 135 females and 56 males, who agreed to participate in the study. Participation was on a voluntary basis. Table 1 demonstrates the gender distribution of the study group. Table 1 shows that while 135 (70.7%) participants were females, 56 (29.3%) participants were males. The participants' ages ranged between 18 and 54, and their average age was 32.30.

**Table 1.** Gender Distribution of the Study Group

|               |        | <b>n</b> | <b>%</b> |
|---------------|--------|----------|----------|
| <b>Gender</b> | Female | 135      | 70.7     |
|               | Male   | 56       | 29.3     |
|               | Sum    | 191      | 100.0    |
| <b>Age</b>    | 18-25  | 40       | 20.9     |
|               | 26-34  | 85       | 44.6     |
|               | 35-44  | 46       | 24.1     |
|               | 45-54  | 20       | 10.4     |
|               | Sum    | 191      | 100.0    |

### Data Collection Tools

Data were collected through the "Personal Information Form" prepared by the researchers, the "Psychological Counsellors' Trauma Intervention Skills Scale", the "Warwick-Edinburgh Mental Well-Being Scale", and the "Brief Resilience Scale". The necessary permissions for using the scales were obtained from the relevant researchers.

**Personal Information Form:** The Personal Information Form was prepared by the researchers and collected data about the participants' demographic characteristics such as gender, age, and perceived income level. The form also included closed-ended questions about the evaluation of the adequacy of undergraduate education concerning trauma intervention and the presence of previous experience in trauma intervention.

**Psychological Counsellors' Trauma Intervention Skills Scale:** The scale, developed by Taytaş and Tanhan (2022) and named as the Scale of Psychological Counselors' Ability to Intervene in Trauma, aims to measure psychological counselors' trauma intervention skills. The 10-item scale is responded on a 5-point Likert scale and includes two sub-scales as cognitive and emotional. Each of the sub-scales is measured with five items. Psychological counselors' perception of intervention skills in the scale items consisted of the options listed as "relevant to me", "generally relevant to me", "sometimes relevant to me", "rarely relevant to me", and "not relevant to me at all". Cronbach's alpha reliability coefficient of the scale was calculated as .87. An analysis of the alpha reliability coefficients obtained from the sub-factors of the scale showed that the alpha values were .78 for the cognitive dimension and .83 for the emotional dimension. The internal consistency coefficient of the scale was calculated as .87 (Taytaş and Tanhan, 2022).

**The Warwick-Edinburgh Mental Well-Being Scale:** The scale was developed by Tennant et al. (2007) to measure the concept of mental well-being as a whole. The scale was adapted to Turkish culture by Demirtaş and Baytermir (2019) in a study conducted on 394 university students. The 14-item self-report scale is responded on a 5-point Likert scale to measure mental well-being. Responses include "none of the time", "rarely", "some of the time", "often", and "all of the time". All the items in the scale are positively worded. Cronbach's alpha internal consistency reliability coefficient was found to be 0.92.

**The Brief Resilience Scale:** The scale was developed by Smith et al. (2007) to measure individuals' resilience. The scale was adapted into Turkish by Doğan (2015) with the participation of 295 university students. The Brief Resilience Scale is a 6-item, self-report measurement tool responded on a 5-point Likert scale. The items are responded as "Strongly disagree", "Disagree", "Neutral", "Agree", and "Strongly agree". Items 2, 4, and 6 are coded reversely. The internal consistency method was used to analyze the reliability of the scale. Hence, the internal consistency coefficient was found to be .83.

### Data Collection and Analysis

Data were collected from psychological counselors who agreed to participate in the study in the virtual environment. Data were obtained from a total of 191 participants between the 20th of March 2023 and the 20th of May 2023, and data analysis was performed using the SPSS 26 package program. Firstly, the normality assumptions of the data obtained were checked. While examining normality assumptions, skewness and kurtosis values were examined. Since the results ranged from -1.5 to +1.5, it was observed that the data of the study exhibited a normal distribution (Tabachnick et al., 2007). The results are shown in Table 4 below. Additionally, it was examined whether the data showed a homogeneous distribution. It was observed that the Levene test significance value was  $p > 0.05$ . It was determined that the data showed a homogeneous distribution (Field, 2005). In this context, parametric tests were used for analysis. For this reason, independent sample t-test, one-way variance (ANOVA) analysis, Pearson correlation analysis and multiple linear regression analysis were used for analysis.

### Findings

This section presents the findings and interpretations obtained as a result of statistical analyses.

**Table 2.** T-test Results of the Trauma Intervention Skills Scale according to the Gender Variable

|   | Gender | n   | $\bar{X}$ | ss  | t    | p    |
|---|--------|-----|-----------|-----|------|------|
| <b>Trauma Intervention Skills Scale</b> | Female | 135 | 4.13      | .55 | 1.94 | .054 |
|   | Male   | 56  | 3.94      | .74 |      |      |

(t=.080; p&gt;.01)

An analysis of Table 2 indicates no significant differences between the group scores as a result of the t-test conducted to determine whether the psychological counselors' trauma intervention skill levels differed significantly according to gender. As seen in Table 2, while female psychological counselors' trauma intervention skills mean score was 4,13 (sd=,55), male participants' mean score was 3,94 (sd=,74). Since the mean scores were close to each other, no significant differences were detected.

**Table 3.** T-test Result of Trauma Intervention Skills Scale according to the evaluation of undergraduate education

|   | Undergraduate | n   | $\bar{X}$ | ss  | t    | p   |
|---|---------------|-----|-----------|-----|------|-----|
| <b>Trauma Intervention Skills Scale</b> | adequate      | 38  | 4.09      | .69 | .080 | .94 |
|   | inadequate    | 153 | 4.08      | .61 |      |     |

(t= .080; p&gt;.01)

An analysis of Table 3 indicates no significant differences between the group mean scores as a result of the t-test conducted to determine whether the psychological counselors' trauma intervention skill levels differed significantly according to the evaluation of the adequacy of the undergraduate education on trauma intervention. Since the mean scores were close to each other between those who find undergraduate education adequate (4,09) and those who find it inadequate (4,08), no significant differences were found.

**Table 4.** Pearson Moments Multiplication Correlation Analysis Results between Psychological Counsellors' Trauma Intervention Skills, Mental well-being, and Resilience Levels

|                                     | 1      | 2      | 3 | Mean  | SD   | Skewness | Kurtosis |
|-------------------------------------|--------|--------|---|-------|------|----------|----------|
| <b>1-Trauma Intervention Skills</b> | -      |        |   | 4.080 | .623 | -.552    | -.157    |
| <b>2- Mental well-being</b>         | .547** | -      |   | 3.893 | .576 | -.343    | .672     |
| <b>3-Resilience</b>                 | .492** | .587** | - | 3.529 | .667 | .059     | -.139    |

\*\*p&lt;.01

An analysis of Table 4 indicates a positive, moderate, and significant relationship between psychological counselors' trauma intervention skill levels and their mental well-being ( $r=.547$ ,  $p<.05$ ). In addition, a positive, moderate and significant relationship was found between psychological counselors' trauma intervention skills and resilience levels ( $r=.492$ ,  $p<.05$ ).

**Table 5.** Regression Analysis Results of Psychological Counsellors' Mental Well-Being and Resilience Levels Predicting Trauma Intervention Skill Levels

|                          | <b>B</b> | <b>SE</b> | <b><math>\beta</math></b> | <b>t</b> | <b>p</b> |
|--------------------------|----------|-----------|---------------------------|----------|----------|
| <b>Constant</b>          | 1.56     | .259      |                           | 6.03     | .000     |
| <b>Mental well-being</b> | .43      | .079      | .394                      | 5.40     | .000     |
| <b>Resilience</b>        | .24      | .068      | .261                      | 3.58     | .000     |

(F=49.28 ; p= .000; R= .57 ; R2= .34)

An analysis of Table 5 shows that the model constructed in line with the results of multiple regression analysis for trauma intervention skills was significant (F=49.28; p= .000; R= .57; R2= .34). The psychological counselors' mental well-being and resilience levels were found to significantly predict trauma intervention skills levels. Psychological counselors' mental well-being and resilience levels were found to explain approximately 34% of the total variance of trauma intervention skills.

### Discussion and Conclusion

This study aimed to find out whether psychological counselors' mental well-being and resilience levels predicted their trauma intervention skills. The study also aimed to determine whether psychological counselors' trauma intervention skills differed significantly by gender and their views about the adequacy of undergraduate education. The main hypothesis of the study is that if psychological counselors' mental well-being and resilience levels are high, their trauma intervention skills are also high.

Recently, the concept of resilience has a highly important and current place for professional groups providing psychological services to individuals. When it is considered in terms of PCG (Psychological Counseling and Guidance) services carried out in schools, preventive guidance and psychological counseling services gain great importance when the developmental problems of childhood and adolescence period are taken into consideration (Karairmak, 2006). Preventive programs for students at-risk are recommended to give importance to helping these students develop skills to cope with difficulties and adapt, gain resistance against traumatic life events, learn skills to find social support, and develop skills to improve interpersonal relationships (Gizgir, 2007). Psychological counselors, who are responsible for the psychological services provided in schools, are the mental health workers who establish the closest contact with individuals in the risk group. In this regard, the resilience and mental well-being levels of psychological counselors facing traumatic experiences gain importance. Özgönül and Ümmet (2020) found a significant positive relationship between psychological resilience and counselling self-efficacy in their study on mental health workers. Yüksel Şahin and Emre (2021) found that psychological counsellors with high professional satisfaction had high levels of mental well-being in their study. They also concluded that psychological counsellors with high levels of occupational burnout had low levels of mental well-being. Based on these findings, it is expected that the level of psychological resilience and mental well-being will be positively affected by the increase in the level of counselling self-efficacy and professional satisfaction of psychological counsellors who are in effective contact at the point of trauma intervention. According to Tatarer (2020), having experienced traumatic life events is necessary for the emergence of resilience. In this regard, it is clear that psychological counselors are exposed to traumatic events that they experienced in their own subjective lives as well as the ones conveyed by the client. Psychological counselors' ability to intervene in trauma also gains importance in the therapy process, which provides positive outcomes by getting rid of traumatic effects.

The findings of this study revealed a positive, moderate, and significant relationship between psychological counselors' trauma intervention skills levels and their mental well-being and resilience levels. This result indicates that psychological counselors' ability to intervene in trauma increases with the increase in their mental well-being and resilience levels. It is very important for psychological counselors, who are one of the important stakeholders of the mental health field, to establish the first contact with individuals experiencing trauma. The high level of mental well-being and resilience of the counselors establishing this contact enables them to



intervene more effectively in the face of trauma. A psychological counselor with high levels of mental well-being and resilience is believed to be able to intervene in a way to be affected by the client's trauma less. Hence, psychological counselors' mental health is considered to have an important impact on trauma intervention.

Another finding of the study is that the trauma intervention skills levels of psychological counsellors do not differ significantly according to gender or views about the adequacy the undergraduate education on trauma intervention. No differences were detected between male and female psychological counselors in terms of their trauma intervention, which is considered to result from the close mean scores in the analyses. Taytaş (2022) examined the trauma intervention skill levels of psychological counsellors in terms of different variables. According to the study, it was determined that psychological counsellors' levels of intervention to trauma did not reveal a significant difference according to gender variable. This result supports the findings of our study. Uslu (2005) and Sarpdağ (2019) examined the counselling skills of psychological counsellors in their studies. According to the findings of the studies, it was concluded that gender variable was not effective on counselling skills. In addition, the analysis of the data obtained from the participants who found the undergraduate education adequate and the participants who found the undergraduate education inadequate also did not reveal a significant difference due to the close mean scores to each other. No significant difference was detected based on the assessment of the adequacy or inadequacy of the psychological counseling and guidance education given at the undergraduate level in universities and the ability to intervene in trauma since the mean scores were close to each other. However, the high number of participants who found the education inadequate ( $n=153$ ,  $\bar{X}=80,01$ ) is worth considering in terms of the evaluation of undergraduate education in universities. Taytaş (2022), in his study on 265 psychological counsellors, mentioned the evaluation of undergraduate education at the point of trauma intervention. According to the findings, although there was no significant difference between the participants who found their undergraduate education adequate and those who found it inadequate, it was stated that the number of psychological counsellors who found it inadequate was higher. This result is similar to the present study.

Another finding of the study showed that psychological counselors' mental well-being and resilience levels explained 34% of the total variance of trauma intervention skills. Hence, mental well-being and resilience levels significantly predicted psychological counselors' trauma intervention skills. This finding shows that psychological counselors' mental well-being and resilience levels are more advantageous in terms of trauma intervention skills. Psychological counselors who intervene in trauma could develop two conditions according to their level of being affected by trauma, which is referred to as secondary traumatic stress and compassion fatigue (Herman, 2019). Kahil (2016) concluded in his study that the secondary traumatic stress levels of professionals who professionally intervene in trauma are high. Counselors with high levels of mental well-being and resilience can be considered to have lower levels of effects and secondary trauma experiences by the trauma stories of the clients. In addition, compassion fatigue levels may increase as a result of counselors' exposure to the trauma stories. Psychological counselors with high levels of resilience and mental well-being levels could deal with these issues more effectively (Chrestman, 1995).

The limitations of this study are that it included counselors who filled out the questionnaire via Google Forms, and the research data were limited to the data obtained from the Psychological Counselors' Trauma Intervention Skills Scale, the Warwick-Edinburgh Mental Well-Being Scale, and the Brief Resilience Scale between 20.05.2023 and 20.06.2023.

### **Recommendations**

Some recommendations could be made based on the results of the present study. As stated, psychological counselors' high levels of mental well-being and resilience play an important role in their effective trauma intervention. In this regard, practices can be done to protect and strengthen the mental well-being and resilience levels of psychological counselors who provide mental health services in the field of trauma. Psychological counsellors who specialise in a specific field such as child, adolescent, adult, family or couples counselling can be provided with practices and supervision support to increase their competencies in trauma. In addition, empowering activities can be included to minimise the level of being affected by traumatic stories. Basic skills that will increase the mental well-being and psychological resilience levels of psychological counsellors can be gained at undergraduate level. In addition, a large portion of the general participant group stated that undergraduate education was inadequate concerning the trauma issue (80.1%). In this regard, the number and credits of undergraduate and graduate courses that strengthen counselors' trauma intervention skills can be



increased in the psychological counseling and guidance curriculum. In addition, the research can be conducted with face-to-face or semi-structured interviews with psychological counselors. This study was conducted only with psychological counselors; the relationship between trauma intervention skills and mental well-being and resilience can be investigated in different groups of mental health professionals.

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