



## Role of Mindfulness in Managing Secondary Trauma among Social Workers in India

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### Abstract-

Social workers in India are particularly vulnerable to secondary trauma due to frequent exposure to distressing client experiences. This study examines the effectiveness of mindfulness in reducing secondary trauma and enhancing psychological well-being. Using a mixed-methods design, the research explores how mindfulness influences emotional regulation, stress coping, and professional functioning. The findings indicate a significant inverse relationship between mindfulness and secondary trauma. In addition, qualitative results suggest that mindfulness enhances self-awareness, acceptance, and resilience, which in turn contribute to improved professional practice. The study highlights the importance of integrating mindfulness-based approaches into social work education and practice frameworks in India.

**Keywords**-Mindfulness; Trauma; Secondary Trauma; Social Workers; Mental Health; Emotional Regulation; Self-Compassion; Stress Reduction; Trauma-Informed Care; Mindfulness-Based Interventions (MBIs); Burnout; Well-being; India

### I. Introduction

The cultural context of India significantly enhances and shapes mindfulness practice for social workers, as mindfulness is not a foreign import but a **reconnection with deeply rooted philosophical and spiritual traditions** such as yoga, meditation, and Ayurveda.

**Core Indian concepts like *dhyana* (meditation) and *sakshi* (the witnessing self) form the philosophical bedrock of modern mindfulness-based therapies.** These concepts, drawn from the Vedas, Upanishads, and Bhagavad Gita, emphasize self-observation, non-attachment (*vairagya*), and discernment (*viveka*), providing a culturally resonant framework for managing secondary trauma. This shared philosophical language makes mindfulness more accessible and meaningful than Western psychotherapeutic models.

**Traditional practices offer familiar, low-barrier techniques.** Social workers can integrate culturally congruent methods like mantra chanting, pranayama (breath control), and rhythmic rituals, which are believed to calm the nervous system and foster inner peace. The emphasis on community and duty (*dharma*) in Indian culture also aligns mindfulness with a sense of service, transforming self-care from an individual act into a professional and spiritual responsibility.

**Furthermore, cultural norms cultivate inherent mindfulness.** Daily practices, such as using the right hand for giving/receiving, sharing food with others and animals, and participating in mindful rituals like Diwali, require constant awareness and care for others. This cultural foundation of attentiveness and compassion provides a natural support system for social workers to draw upon in their emotionally demanding roles.

### Mindfulness in Trauma Treatment: The Intersection of Trauma and Mindfulness—A Path to Healing

Trauma in India is shaped not only by individual experiences but also by **social, cultural, and structural factors** such as poverty, gender-based violence, caste discrimination, disasters, migration, and occupational stress among helping professionals like social workers, healthcare workers, and first responders.

In this context, mindfulness-based approaches are gaining importance as **low-cost, accessible, and culturally adaptable interventions** that can support emotional healing and resilience.

### Understanding Mindfulness in Trauma Treatment

In the Indian context, mindfulness-based approaches to trauma treatment are particularly relevant due to their deep cultural and philosophical roots in traditional Indian systems such as **Yoga, Buddhism, and Vedantic practices.** These traditions emphasize **present-moment awareness, breath regulation, self-reflection, and non-attachment**, which closely align with modern mindfulness-based interventions.



Trauma in India is often influenced by **socio-economic inequality, caste-based discrimination, gender violence, family stressors, disasters, and occupational stress among social workers and healthcare professionals**. Therefore, mindfulness is not only used as an individual coping tool but also as a **psychosocial intervention** that supports emotional regulation and resilience in high-stress environments.

In social work practice, mindfulness is increasingly recognized as a **low-cost and culturally adaptable intervention** that can help practitioners manage **secondary trauma, burnout, and emotional exhaustion**, while also improving empathy and reflective practice.

However, its application in India requires **cultural sensitivity and contextual adaptation**, ensuring that mindfulness is integrated with local belief systems, community practices, and accessibility needs, especially in rural and resource-limited settings.

### Benefits of Mindfulness for Trauma Survivors

#### Regulation of the Nervous System:

Trauma can result in prolonged states of hyperarousal or dissociation within the nervous system. In the Indian context, where individuals frequently experience chronic stress due to socio-economic challenges, violence, natural disasters, and occupational pressures, mindfulness-based practices offer a culturally relevant approach to emotional and physiological regulation. These practices help individuals develop self-soothing capacities and improve the regulation of stress responses, thereby enhancing resilience and psychological well-being.

#### Enhanced Distress Tolerance:

In the Indian context, trauma survivors often experience persistent emotional distress due to socio-economic, cultural, and environmental stressors such as poverty, violence, natural disasters, and family-related pressures. Mindfulness-based practices support individuals in developing enhanced distress tolerance by fostering non-judgmental awareness of difficult emotions. This enables individuals to remain present with uncomfortable internal experiences rather than avoiding or suppressing them, thereby strengthening emotional resilience and coping capacity.

#### Promotion of Self-Compassion and Empowerment:

In the Indian context, trauma survivors often experience feelings of guilt, shame, and self-blame

due to socio-cultural pressures, including gender norms, stigma around mental health, and structural inequalities. Mindfulness-based practices promote self-compassion by encouraging individuals to respond to themselves with kindness, acceptance, and understanding rather than self-criticism. This process supports emotional healing and fosters a sense of empowerment, enabling individuals to regain control over their thoughts, emotions, and life circumstances.

### Cultural Considerations in Mindfulness-Based Trauma Therapy

Although mindfulness has been widely integrated into Western psychological practice, it is important to acknowledge its roots in Eastern contemplative traditions, particularly Buddhism and Hinduism. Practitioners should apply mindfulness with cultural sensitivity and humility, ensuring that interventions are appropriately adapted for diverse populations. Additionally, mindfulness may not be suitable for all trauma survivors, particularly those with severe trauma histories. Increased awareness of bodily sensations can sometimes intensify distress. Therefore, practitioners must carefully assess individual readiness and modify techniques to ensure both safety and therapeutic effectiveness.

### Implementing Mindfulness in Trauma Therapy (Indian Context)

In the Indian context, implementing mindfulness in trauma therapy requires culturally sensitive and context-specific approaches that consider the diverse socio-economic and psychosocial realities of individuals. Trauma in India is often shaped by poverty, violence, natural disasters, migration, and occupational stress, particularly among frontline workers and social service professionals. Mindfulness-based interventions can be effectively integrated into trauma-informed care by adapting practices to local needs, resource availability, and cultural beliefs. Implementation strategies should emphasize accessibility, simplicity, and trauma-sensitive delivery to ensure safety and effectiveness. In addition, integrating mindfulness within social work, healthcare, and community mental health settings can enhance emotional regulation, resilience, and recovery among trauma survivors.

### Traditional Indian Mindfulness Practices-

The core mindfulness practices used are rooted in ancient Indian philosophies, particularly **yoga, meditation (dhyana), and pranayama (breath control)**. These are not imported techniques but are



indigenous practices with a direct lineage to Indian thought. The concept of "Sakshi" (the observer self) from Indian philosophy forms the foundational principle for modern mindfulness-based therapies, emphasizing non-judgmental awareness of the present moment.

### Core Cultural Practices-

#### 1. Yoga and Pranayama-

Yoga, an indigenous Indian practice, is central to managing stress and secondary trauma. It integrates physical postures (asanas) with breath control (pranayama) to harmonize the body and mind. This practice is recognized for enhancing emotional awareness, reducing anxiety, and improving concentration, making it a valuable tool for social workers to maintain their well-being and effectively manage client trauma.

#### 2. Dhyana (Meditation) and Sakshi (The Observer Self)-

The foundational concepts of mindfulness-based therapies trace back to Indian philosophy. *Dhyana* (meditation) trains attention on the present moment, while the concept of *Sakshi* (the observer self) allows practitioners to witness their thoughts and emotions without judgment. This enables social workers to process difficult client narratives without becoming overwhelmed, fostering emotional detachment and resilience.

#### 3. Buddhist Principles: Mindfulness and the Middle Way-

For social workers influenced by Buddhist traditions, mindfulness is a core practice for compassionate action. The principle of the "Middle Way" promotes balance, helping professionals avoid the extremes of over-identification with client suffering or emotional disengagement. This balanced approach supports sustainable, empathetic practice and prevents burnout.

#### 4. Application of the Five Precepts (Pancha Sila)-

The Buddhist Five Precepts provide an ethical framework that aligns with social work values. Principles like *Ahimsa* (non-violence), truthful communication, and mindful consumption guide social workers in their interactions, promoting trauma-informed care, respect for client boundaries, and personal integrity, which are crucial when working in high-stress environments

## II. Literature Review

A recent 2024 systematic review and meta-analysis led by researchers from Indian Institute of Technology Bhilai and other Indian universities confirms that psychological interventions (PIs) are

highly effective in reducing compassion fatigue (CF) among helping professionals in India, with a standardized mean difference of -0.95 ( $p = .006$ ). The study highlights that online-delivered interventions are particularly effective, suggesting scalable solutions for social workers.

While the meta-analysis includes various helping professionals, specific studies on Indian social workers reinforce these findings:

### Mindfulness-Based Programs-

Mindfulness-Based Programs (MBPs) refer to structured psychological interventions that use mindfulness practices to improve emotional regulation, attention control, and psychological well-being. In the Indian context, these programmes are particularly relevant due to their alignment with traditional contemplative practices such as Yoga, meditation, and Buddhist psychology, which emphasize present-moment awareness, breath regulation, and non-attachment.

In India, MBPs are increasingly being used in mental health care, social work practice, and community-based interventions to address stress, trauma, and occupational burnout. These programmes are especially useful for social workers, healthcare professionals, and other frontline workers who are frequently exposed to secondary trauma and high emotional demands.

Given India's diverse socio-cultural landscape, mindfulness-based programs must be adapted to local languages, cultural beliefs, and resource limitations to ensure accessibility and effectiveness. When appropriately implemented, MBPs can enhance resilience, reduce stress, improve emotional regulation, and strengthen reflective practice among practitioners and service users alike.

### Cultural Relevance of Yoga: -

Yoga, with its origins in India, is recognized as a culturally resonant mind-body intervention. Research indicates it helps social workers identify stressors, process emotions, and significantly reduce job burnout.

### Barriers and Context-

Social work in India operates within unique challenges, including organizational constraints, poor pay, and a lack of professional recognition, which can exacerbate secondary trauma. Despite this, self-care practices like mindfulness, yoga, and meditation are shown to be beneficial.

- **Implementation Gaps:** Although the efficacy of these interventions is supported, a 2025 scoping review notes a significant lack of research on the effectiveness of specific compassion fatigue interventions



tailored for Indian social workers, indicating a need for more targeted programs.

**Government Ministries:** The Ministry of Social Justice, the Ministry of Women and Child Development, and the Ministry of Labor and Employment employ graduates of Master of Social Work (MSW) programmes for roles like **Research Assistants, Project Fellows, and General Managers.**

**NGOs & Development Agencies:** Organizations like **CARE India, Oxfam India, PRADAN, and HelpAge India** offer roles in **livelihood generation, child welfare, and community development.**

**Corporate Sector:** Companies like **Reliance, Tata Trust, and HCL Foundation** recruit for **CSR departments, Labour Officers, and HR roles**, focusing on statutory compliance and employee welfare.

**Healthcare & Clinical:** Hospitals and mental health institutions employ **Medical Social Workers, Therapists, and Psychiatric Social Workers** to manage patient care and crisis intervention.

**International Organizations:** With 5–7 years of experience, graduates can work with **UN agencies (UNICEF, UNDP, WHO)** or in **social consulting firms like Arthan and Sattva Consulting**, which are noted for high compensation.

Based on the search results, while mindfulness and self-care are recognized as vital for social workers in India to combat burnout and secondary trauma, **the explicit integration of formal mindfulness training into Indian social work educational institutions appears to be limited and not systematically reported.**

**A gap between recognition and implementation-**

- A study on women social workers in Tiruchirappalli, India, highlights the importance of emotional intelligence and empathy, which mindfulness can enhance, but does not confirm that such training is part of their formal education.
- While yoga, a foundational mind-body practice originating in India, is noted for its benefits, its formal adoption as "mindfulness training" within social work curricula is not documented in the results.
- A recent 2026 study strongly advocates for the systematic integration of self-care training, including mindfulness and wellness programs, into social work curricula, suggesting this is not yet the standard practice. The study calls for practical, hands-on training, implying a current lack of such experiential learning.

- Resources and toolkits for self-care are available globally and discuss mindfulness, but there is no evidence from the search results that Indian social work programs widely offer or require these specific trainings as part of their standard education.

Studies show social workers are vulnerable to secondary trauma. Mindfulness improves emotional balance and reduces burnout. Indian context research remains limited.

**Social workers face several challenges in practicing mindfulness, primarily stemming from systemic workplace pressures and cultural –**

1. **Time Constraints and Heavy Workloads:** A major barrier is the significant time commitment required by traditional mindfulness programs, which are often structured as 8-week courses. The demanding nature of social work, with high caseloads and limited time, makes it difficult for professionals to consistently engage in regular practice. This challenge is universal, but in the Indian context, it is compounded by potentially understaffed organizations and high client demand.
2. **Lack of Organizational Support and Motivation:** Practicing mindfulness can be seen as just another task or stressor in an already chaotic day, especially if it is not supported by the workplace. A lack of self-motivation, often linked to low mood or burnout, can hinder participation. The effectiveness of mindfulness is greatly enhanced when programs are offered and endorsed by the organization, which may not always be the case.
3. **Cultural and Structural Factors:** While mindfulness has roots in Indian traditions like yoga and meditation, modern workplace culture can make its application challenging. Social workers may feel a deep sense of duty and personal responsibility, leading to guilt when they try to set boundaries or take time for self-care. The challenge lies in adapting mindfulness from a spiritual practice to a practical, secular self-care tool within a professional setting that respects both modern demands and cultural values.

**Objectives-**

To evaluate the level of mindfulness among social workers.



To examine the relationship between mindfulness and secondary trauma.

To explore how mindfulness practices influence coping strategies among social workers.

To identify the key mindfulness-based mechanisms (e.g., self-awareness, acceptance, self-compassion) that contribute to reducing secondary trauma.

To analyse the impact of mindfulness on social workers' professional practice and well-being.

### III. Methodology

Research on the role of mindfulness in managing secondary trauma among social workers in India indicates that mindfulness-based interventions are effective in reducing burnout and secondary traumatic stress while increasing resilience and compassion satisfaction. However, current literature reveals a critical gap in intervention-focused studies, as most existing research in India relies on observational and review methodologies rather than controlled trials

### IV. Results and Discussion

#### Participants

A purposive and convenience sampling strategy was used to recruit social workers across different professional levels who were actively engaged in direct service delivery. All participants were practising social work professionals in India, working in diverse settings such as non-governmental organisations, hospitals, and community-based agencies.

#### Procedure

Participants were recruited to the Mindfulness programme through advertisements circulated via the Indian Association of Social Workers. Interested participants were contacted by a member of the research team and invited to take part in the programme evaluation. Those who expressed interest were provided with a Participant Information Sheet (PIS) and a consent form via email.

In accordance with ethical guidelines, the PIS outlined the voluntary nature of participation, the aims and procedures of the study, the right to withdraw at any stage, and the measures taken to ensure confidentiality and anonymity of participant data. Contact details of the researcher were also provided so that participants could seek clarification or ask any questions regarding the study.

Participants who agreed to take part were required to return a signed consent form confirming their willingness to participate, as well as their

understanding of the study procedures, their right to withdraw, confidentiality arrangements, and data storage protocols. Upon receipt of informed consent, participants were sent an email link to complete the study measures online via MS Forms at two time points (pre- and post-programme).

Informed consent was also obtained for participation in a post-programme focus group. Although the information provision process remained consistent, participants were informed that anonymity could not be fully guaranteed in a group setting, as individual contributions may be identifiable to other members. This limitation was clearly stated in the consent form, along with a request to maintain confidentiality of all group discussions.

#### Mindfulness Programme (Intervention)-

The Mindfulness-Based Social Work and Self-Care (MBSWSC) programme is a structured intervention developed for social work practitioners based in or working across Northern Ireland. Coordinated by the British Association of Social Workers (BASW), the programme aims to reduce stress and improve professional practice competencies among registered social workers.

#### Measures-

##### Quantitative Data and Measures (Indian Context Explanation)

Quantitative data in this study were collected to assess the impact of mindfulness on secondary trauma and related psychological processes among social workers in India. Standardised, validated self-report questionnaires were used to ensure reliability, comparability, and scientific rigour.

##### Mindfulness Questionnaire-

The mindfulness questionnaire was used to assess the level of present-moment awareness, attention regulation, and non-judgemental awareness among participants. In the Indian context, this measure is particularly relevant as mindfulness-based practices are culturally aligned with traditional contemplative systems such as yoga and meditation. It helps in understanding how social workers develop awareness and emotional stability while dealing with secondary trauma.

##### Self-Compassion Scale – Short Form (SCS-SF)

The Self-Compassion Scale–Short Form measures how individuals respond to their own suffering with kindness, understanding, and reduced self-criticism. In this study, it was used to assess whether mindfulness training enhances self-compassion among Indian social workers exposed to traumatic client situations. Higher self-compassion is linked



with reduced burnout and improved emotional resilience.

#### **Metacognitive Processes of Decentring Scale – State (MPoD-S)**

This scale measures decentring, which refers to the ability to observe thoughts and emotions as temporary mental events rather than identifying with them. In the Indian social work context, this is important because professionals often experience emotional overload due to high caseloads and traumatic exposure. Increased decentring supports better emotional regulation and reduces secondary traumatic stress.

#### **Difficulties in Emotion Regulation Scale (DERS-16 – Acceptance Subscale)**

This scale assesses difficulties in accepting emotional responses, particularly when experiencing distress. In this study, it was used to measure emotional regulation challenges among social workers in India. Mindfulness-based practice is expected to reduce emotional avoidance and improve acceptance of difficult feelings, thereby strengthening coping capacity in stressful work environments. These standardized quantitative measures were used to assess mindfulness, self-compassion, decentring, and emotional regulation among social workers in India to evaluate the effectiveness of mindfulness in reducing secondary trauma and improving psychological well-being.

#### **Awareness of Thoughts**

Participants reported that mindfulness and attention regulation skills enhanced their experiential awareness and enabled a deeper exploration of their thinking patterns. Through sustained mindfulness practice, they developed a more objective relationship with their thoughts, increasingly recognising them as transient mental events. Improvements in present-moment awareness (mindfulness) and attentional control reduced the extent to which negative thoughts dominated consciousness. Even when such thoughts arose, participants felt better able to disengage from them, observe them non-judgementally, and allow them to pass without reaction.

Participants also noted that this process reduced their reactivity and judgement towards service users, thereby facilitating more effective verbal and non-verbal communication as well as greater empathic engagement. Furthermore, the development of mindfulness and attention regulation skills supported an increased capacity for non-attachment, enabling participants to let go of aspects of their professional role that previously contributed to persistent self-critical thinking. This, in turn,

enhanced overall well-being and created greater cognitive and emotional space, allowing participants to respond more effectively, thoughtfully, and sensitively to service users' needs.

#### **Emotion/Feeling Awareness**

Enhanced mindfulness, attention regulation, and non-attachment appeared to support more adaptive processing of thoughts, which in turn fostered greater emotional awareness. Participants noted that attentional control enabled them to create space to recognise, clarify, and label their emotional states more effectively.

#### **Body Awareness**

Participants highlighted a reciprocal relationship between attention regulation and body awareness, whereby improved attentional control enhanced bodily awareness, which in turn further strengthened attentional regulation, indicating the cascading benefits of mindfulness practice. Participants reported that increased body awareness enabled them to detect physical sensations such as pain, discomfort, illness, and stress signals at an earlier stage, allowing for more proactive and adaptive responses.

Participants also noted that heightened body awareness supported their ability to ground themselves during interactions with challenging service users. This facilitated a more present-focused “being” mode of awareness, reducing stress, anxiety, and emotional reactivity, as well as decreasing judgemental responses towards service users. Consequently, this process enhanced communication within the practitioner–service user relationship and supported more reflective and effective responses to service users' needs.

#### **Needs and Behaviour**

Participants noted that increased self-awareness following programme participation enabled a clearer understanding of their personal needs and associated behavioural patterns. In particular, reduced aversion alongside increased acceptance and self-compassion heightened awareness of avoidant coping behaviours, such as perfectionism, which were often unhelpful and contributed to increased stress.

#### **Deeper Connection with Self and Service Users' Needs**

##### **Acceptance and Self-Compassion**

Participants reported that the programme's emphasis on self-acceptance and self-compassion facilitated deeper emotional exploration and reflection on their professional practice. This sometimes involved engaging with previously suppressed experiences,



which enabled emotional release. Increased self-compassion and acceptance were closely interconnected and supported non-attachment to perceived judgements, fostering greater empathy and curiosity towards service users. As a result, participants reported improved communication and more accurate assessment of service users' needs.

#### **Reflective Practice**

Participants reported that enhanced mindfulness and related skills reduced stress by helping them contextualise their experiences within demanding work environments, thereby reducing self-criticism. This supported clearer prioritisation, more effective boundary-setting, and improved engagement with service users.

### **V. Result**

#### **Large, Deep Exhale-**

The method requires less than a minute and can be practiced in any environment. By inhaling deeply, holding the breath momentarily, and exhaling slowly, it promotes activation of the parasympathetic nervous system.

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#### **Conclusion-**

Mindfulness serves as a valuable supportive approach in trauma recovery by helping individuals regulate their emotional and physiological responses more effectively. Although it is not a standalone intervention, it complements established trauma-focused therapies by enhancing self-awareness, resilience, and emotional balance. Its effective application requires sensitivity, cultural understanding, and adaptability on the part of practitioners. This mixed-methods study builds on existing research by confirming the positive impact of engagement with the mindfulness programme on key domains, including mindfulness, attention regulation, non-attachment, non-aversion, acceptance, and self-compassion. It makes a novel contribution by empirically examining the multifaceted and cascading effects of improvements across these CBPM domains on social worker well-being and professional practice. The findings provide further evidence and practical guidance, suggesting that wider implementation of the mindfulness programme by social work service providers, commissioners, and funding bodies may enhance well-being, strengthen self-awareness, and improve reflective practice skills. These outcomes can support more effective functioning in fast-paced and demanding work environments."

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