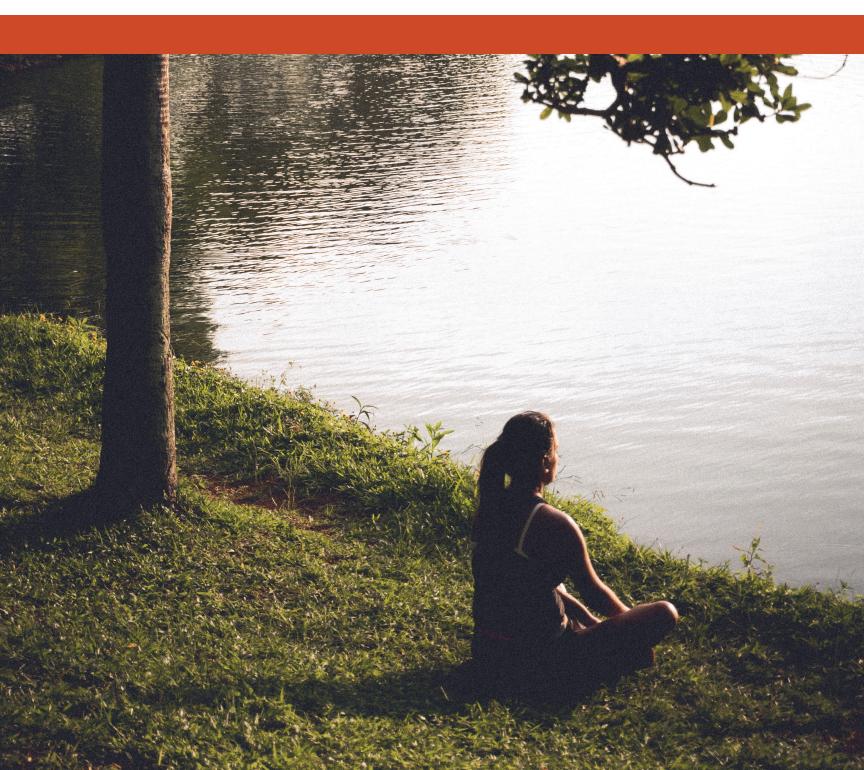


# Self-Care Toolkit for Mental Health Professionals

Building Resilience for Hispanic/Latinx Professionals and Those Who Work with Hispanic/Latinx Populations



# **DISCLAIMER**

This publication was prepared for the National Hispanic and Latino Mental Health Technology Transfer Center (National Hispanic and Latino MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated.

Suggested citation: National Hispanic and Latino Mental Health Technology Transfer Center. (2022, December). Self-Care Toolkit for Mental Health Professionals: Building Resilience for Hispanic/Latinx Professionals and Those Who Work with Hispanic/Latinx Populations. Institute of Research, Education and Services in Addiction, Universidad Central del Caribe, Bayamón, PR.

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., is the Assistant Secretary for Mental Health and Substance Use and Ibis S. Carrión-González, PsyD, served as Director of the National Hispanic and Latino MHTTC. The opinions expressed herein are the views of the authors and current staff of the National Hispanic and Latino MHTTC and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is possible thanks to grant No. 6H79SM081788 del DHHS, SAMHSA.

The National Hispanic and Latino MHTTC recognize the complexities associated with gender and ethnic identification. With the intention of both facilitating a fluent reading of the text and supporting an inclusive and respectful language, this document uses terms that are linguistically neutral and inclusive of diverse gender groups and identities. In this document, we also use the term Latinx to encompass ethnic identity as well as non-binary gender identification.

# **ACKNOWLEDGEMENTS**

We acknowledge for their contributions to this product:

Juventino Hernandez Rodriguez, PhD, LP Bianca T. Villalobos, PhD, LP Enedina Enriquez, DSW, LCSW-S

#### **National Hispanic and Latino MHTTC Team:**

Ibis S. Carrión-González, PsyD – Director Christine Miranda, PhD – Associate Project Director Erick Senior Rogés, MA – Trainer and Content Specialist Maria T. Rodriguez, EdD– Trainer and Content Specialist Darice Orobitg, PhD – Training and Content Consultant Carmen Andújar-Cantres, BA – Logistic and External Affairs Liaison Wendolyn Ortega, MA – Assistant Project Coordinator

#### Institute of Research, Education, and Services in Addiction (IRESA)

The Institute of Research, Education, and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

#### National Hispanic and Latino Mental Health Technology Transfer Center

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to adequate culturally and linguistically grounded approaches.

#### The School-Based Mental Health Project (SMH)

The School-Based Mental Health Project (SMH) of the National Hispanic and Latino MHTTC works specifically with schools, organizations, and professionals to strengthen their capacity to provide culturally and linguistically responsive school mental health services. This initiative facilitates training, technical assistance, and capacity-building efforts led by experts in the field. Our goal is to increase awareness to attend to Latino students' mental health needs, promote the implementation of school mental health services that are culturally appropriate, encourage the use of promising and evidence-based practices, and disseminate information on practical strategies and implementation efforts of mental health services within a cultural context.









# **Table of Contents**

ntroduction 5	5
Why Are Providers Working with Hispanics/Latinxs at Particular Risk of	
Burnout?6	)
erms You Should Know	}
common Myths1	0
Building Resilience through Self-Care1	2
Resources1	19
References2	22

# Introduction

Although self-care is considered necessary for improving the well-being of our clients, it is often times forgotten as an equally important tool for mental health professionals. Given the nature of the services we provide, burnout and compassion fatigue are not uncommon consequences in our helping profession. However, when we engage in self-care, we are better equipped to handle the stressors that come along with providing emotional support and therapeutic interventions, especially to those in need of trauma-focused care. We have developed this toolkit to help Hispanic/Latinx mental health team members and providers make self-care a priority.

This toolkit can be used by psychologists, social workers, counselors, clinic staff, interpreters, outreach workers (*promotoras*), peer navigators, and other advocates in the community. The content of this toolkit will focus on particular considerations for Hispanic/Latinx mental health professionals working in settings that service Hispanic/Latinx populations, as these providers face additional challenges when taking on the role of cultural and linguistic broker.

This self-care toolkit will increase your awareness of the negative consequences of mental health work and will help you plan self-care activities that align with your values and lifestyle. The toolkit also contains resources to help you measure your levels of stress, identify your values, and select self-care activities to prevent burnout.

**NOTE:** Throughout this toolkit we use the terms "Hispanic" and "Latinx" to describe those of Spanish-speaking origin or whose ancestry is from Spain or Latin American countries. "Latinx" is a gender-neutral term that is inclusive of non-binary individuals. Readers of this toolkit should know that these broad terms encompass diverse Hispanic/Latinx subgroups (e.g., Puerto Rican, Mexican, Argentinian, Honduran, etc.) that vary in their practices, values, and dialects.

# Why Are Providers Working with Hispanics/Latinxs at Particular Risk of Burnout?

## Many of the Clients We Serve Face Numerous Adversities and Barriers to Care

- In addition to having the highest uninsured rates compared to other groups in the U.S., Latinxs also are
  more likely to encounter language barriers and have high levels of stigma surrounding mental health
  problems.¹ These access barriers may mean that Latinx clients present to mental health services with
  more severe symptoms and complicated clinical presentations.
- About 70% of individuals will experience at least one traumatic event in their lifetime, making it likely clients are in need of trauma treatment.<sup>2</sup> In particular, undocumented migrants, refugees, and immigrant youth have high rates of trauma exposure before, during, and after their migration journeys.<sup>3</sup>
- Mental health professionals who share similar backgrounds or have experienced similar traumatic events as their clients are at higher risk of vicarious trauma.<sup>4</sup> Interpreters involved in treatment are especially vulnerable to vicarious trauma because they hear and retell client trauma stories repeatedly and in great detail.<sup>5</sup>

#### **Burnout Can Result from Workplaces with Low Resources and Little Support**

- Research shows the factors that cause burnout are not only within the individual. Being overworked, feeling a lack of control over aspects of the job, lack of recognition or reward for your work, and a toxic work environment can all contribute to feeling burned out.<sup>6</sup>
- Bilingual clinicians often have higher caseloads due to a lack of language-congruent providers. They
  may find themselves having to educate staff about cultural issues, advocate for their work settings to
  meet the needs of their Latinx clients, and find ways to learn about clinical issues with Latinxs on their
  own.<sup>7</sup>



# **Events at the Societal Level Can Impact Hispanics/Latinxs Personally and Professionally**

- Changes in U.S. immigration policies and an increase in asylum seekers fleeing violence and poverty in their home countries have led to both the separation of families and the overwhelming need for traumafocused services.
- The COVID-19 pandemic worsened the mental health problems of many, especially Latinxs, and has had negative impacts on people's health, employment, education, and food and housing stability.8
- Discrimination and prejudice towards people of color have increased following the COVID-19 pandemic.<sup>9</sup>
   Latinx mental health professionals, like their clients, may experience racism in their professional or personal life. The effects of discrimination are well documented and are related to poorer mental and physical health.<sup>10</sup>



# **Episode 1: Professional Burnout Among Latinx Mental Health Providers**

https://vimeo.com/manage/videos/683020544



## **Terms You Should Know**

#### **Burnout**

Burnout is a special type of stress that arises from persistent and excessive stress at work. Common reactions to this stress are emotional exhaustion, negative feelings about the work you do, and a lack of a sense of accomplishment. If you start to dread going to work, find it difficult to concentrate, feel more irritable toward others, distance yourself emotionally, or feel physically drained you may be experiencing signs of burnout. Symptoms of burnout develop slowly over time. Two out of five (40%) mental health professionals experience burnout.<sup>11</sup>



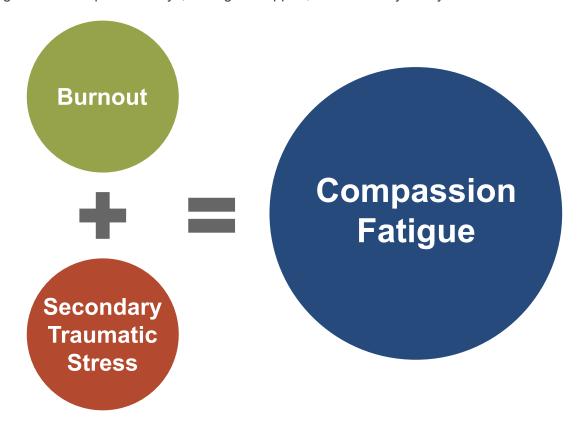
# **Secondary Traumatic Stress (Vicarious Trauma)**

As a mental health provider, listening to the trauma experiences of your clients can sometimes result in your own experience of post-traumatic stress. This indirect type of trauma can result in sleep difficulties, hypervigilance, avoidance of reminders of the trauma, lack of interest in activities you used to enjoy, and negative changes in mood. Secondary traumatic stress (STS) symptoms develop soon after listening to someone else's traumas. About one out of five (19%) mental health professionals experience STS.<sup>12</sup>



## **Compassion Fatigue**

Together, experiences of burnout and STS lead to compassion fatigue, which is stress resulting from wanting to help people who are suffering. Although compassion fatigue is considered an occupational hazard for mental health providers, certain factors have been found to protect against the negative effects, such as managing emotions in positive ways, asking for support, and a healthy lifestyle.<sup>13</sup>



## **Compassion Satisfaction**

Compassion satisfaction, a positive aspect of providing services, comes from receiving the emotional rewards of helping clients heal. Feelings of joy and hope can keep people invested in the work they do and can serve as a reminder of the greater impact we have on society. Research shows compassion satisfaction can protect against burnout and compassion fatigue.<sup>13</sup>

#### Self-care

To engage in self-care means doing things to maintain your mental and physical health. Self-care activities will look different for each person and are ways to recharge your emotional batteries. Self-care is not just about doing things to relax or have fun; these activities should also help you strengthen your ability to manage difficult emotions. You can engage in self-care activities while at work too!

#### Resilience

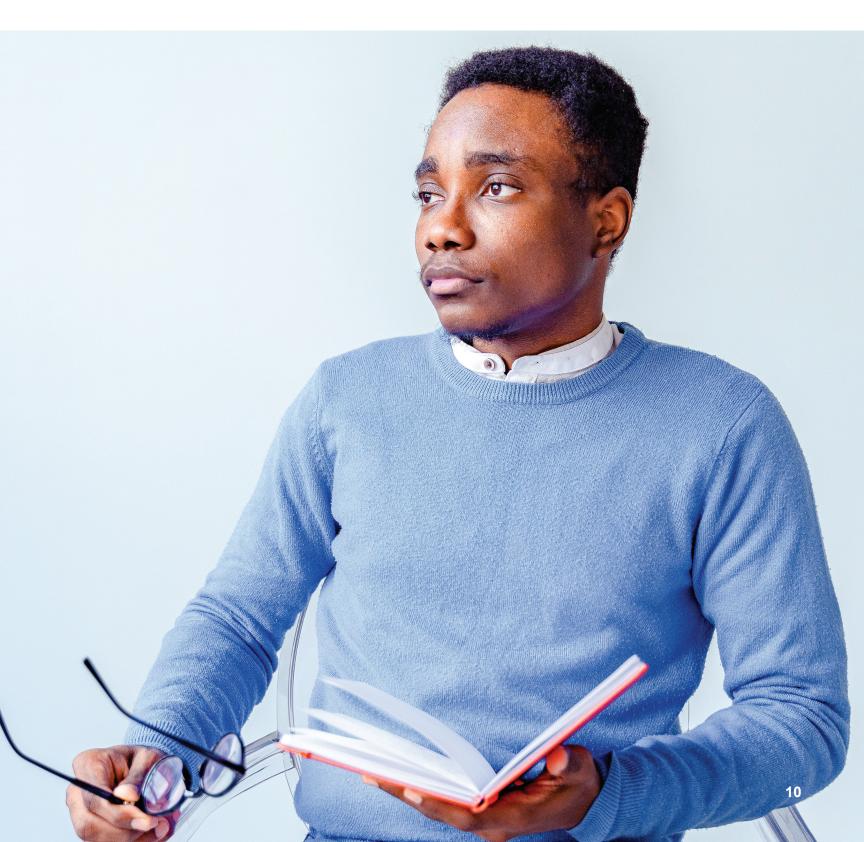
Resilience is a person's ability to successfully adapt to challenging situations in life. Resilient people are not immune to stress, but they do tend to bounce back from adversity and find ways to move forward from those experiences. For people with a history of trauma, the ability to experience positive changes afterwards is often called post-traumatic growth. Your level of resilience can also change depending on the resources you have within you and around you (e.g., at work, in your family, from your community).

# **Common Myths**

We all have certain beliefs about what it means to experience stress, whether we put the needs of others over our own or push through hard conditions because of our work ethic. Our culture can also influence these beliefs and how we cope with stress. Here are just a few common misconceptions about burnout and self-care, along with information to dispel these unhelpful beliefs.

#### X "Experiencing burnout means I am weak."

O Feeling burned out does not mean that you lack experience or are not strong enough to do the work. It's about feeling supported. Many times, it is the most committed and competent providers who experience burnout. Burnout can be a sign that you are overextending yourself.





**Machismo** is a cultural value that promotes the idea that a man should show courage and strength and be able to provide for and protect his family. In addition, machismo also discourages expression of emotions to avoid appearing weak. Thus, it is important to recognize how machismo may play a role in preventing you from acknowledging signs of burnout.

#### X "I can still provide great services when I am burned out."

O Individuals with burnout find that their work performance is greatly affected. You might notice you are prone to making more mistakes because of difficulties concentrating or get behind in completing work duties if you are exhausted. In addition, the therapeutic alliance is an important part of healing in therapy but maintaining a connection with your client can be difficult when you feel numb or cynical about the work you do. In fact, therapist disengagement has been found to predict less improvement in clients' depression and anxiety symptoms.<sup>14</sup>

#### X "I have to handle compassion fatigue on my own."

O Mental health providers sometimes need help too. Reach out to leadership or colleagues to problemsolve and engage in self-care. If you find that your own trauma history or STS symptoms are negatively impacting your life, professional help may be beneficial.



When it comes to asking for help from others, *familismo* may prevent some from seeking professional support. Those who adhere strongly to familismo, may be more reliant on help from their close family members and be less willing to get therapy. Individuals may also be less willing to disclose their difficulties with others to maintain harmony at home, to not be a burden to their loved ones, or to avoid bringing shame to the family. Consider cultural factors that might be preventing you from asking for help.

#### X "You just have to keep work at work."

O Compartmentalizing your work life and personal life sounds easy, but spillover is common and difficult to prevent. Many people with compassion fatigue report they are more irritable, have trouble sleeping, and are too exhausted to complete responsibilities. In the end, our relationships with family, friends, and others outside of work may suffer.

#### X "Doing self-care every day is selfish."

O Feelings of guilt can sometimes prevent people from engaging in self-care. It is okay to put your self-care first in order to be more effective in your personal and professional life. If you don't care for yourself, you won't have the energy to care for others as a friend, parent, partner, or clinician.



Hispanics/Latinxs who adhere strongly to traditional female gender role norms, may believe in the need for women to be self-sacrificing, self-silencing, and submissive. This cultural value of *marianismo*, is also tied strongly to the value of *familismo*, or the expectation for a woman to be a good mother, wife, and caretaker. Women in particular should consider how their selflessness may increase their risk of compassion fatigue or be a barrier to regularly engaging in self-care activities.

#### X "Self-care requires a lot of free time."

O Many people find it hard to do self-care because they think it takes a lot of work or time out of their already busy schedules. The reality is that there are many self-care activities that you can do in as little as 5-10 minutes (e.g., take a walk, drink a cup of tea, meditate, exercise, journal). Also, waiting for the weekend or the next holiday break isn't enough. Doing a little self-care each day is better for recharging your batteries.

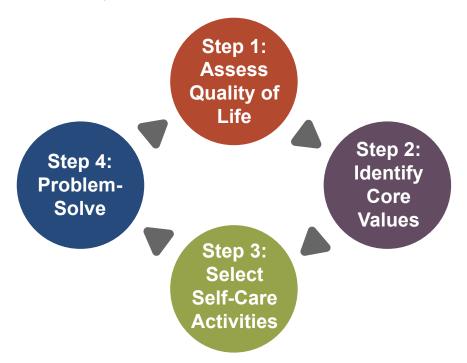


### **Episode 2: Cultural Barriers to Self-Care Among Latinx Providers**

https://vimeo.com/manage/videos/683021975

# **Building Resilience through Self-Care**

In this section of the toolkit, we provide four steps to help you build your self-care plan. The steps are informed by evidence-based strategies that use your current strengths to promote long-term success. The core of the self-care plan uses your personal, professional, and cultural values to inform the specific activities you decide to engage in. As such, every plan is customized to the individual and will look different from the self-care plans that others develop. Because there is no one single self-care practice that works for everyone, the best approach is to customize your self-care.





#### **Step 1: Assess Your Current Professional Quality of Life**

The first step to building a self-care plan is to evaluate your levels of burnout and secondary traumatic stress. Additionally, it can be helpful to evaluate your current level of compassion satisfaction and current self-care practices. This baseline self-evaluation should highlight a couple things for you: areas of improvement and areas of strength. After all, it is difficult to know whether any positive change was made if we do not know where we started.

You can identify your levels of burnout and compassion satisfaction by engaging in self-reflection and completing a self-report questionnaire.



#### Reflection

Ask yourself the following questions:

- Am I experiencing any symptoms of burnout? Secondary traumatic stress? Compassion fatigue?
- How do I cope with or manage my emotions? Are they healthy ways of coping?
- Have others been concerned about my well-being?
- Am I making time for relationships and activities outside of work?
- Do I spend my off-time worrying about work and clients/patients?
- Am I putting off my medical appointments, therapy sessions, exercise, or sleep?
- What are my current self-care practices? Are they part of my routine?
- What motivates me to do this work? Why do I want to be a helper?



#### Questionnaire

Another way to evaluate your needs is to take a validated questionnaire. Validated questionnaires can be useful because they provide norm-referenced cut-off scores, alerting you to levels of stress that may warrant more attention.

- The Professional Quality of Life Measure (ProQOL) is a free tool to help mental health professionals assess their professional quality of life. 17 Professional quality of life is composed of both compassion satisfaction (the positive aspects of helping) and compassion fatigue (the negative aspects of helping). Compassion fatigue is further broken down into its components of burnout and STS.
- Scores above 41 on the burnout or STS scales are signs that you should consider how your
  work may be negatively impacting you. Scores above 23 on the compassion satisfaction
  scale indicate moderate to high levels of job satisfaction.
- Use this link to take the ProQOL questionnaire: https://proqol.org/. It is available in over 20 languages!

# **Step 2: Identify Your Core Values**

Values inform who we are in the world, the relationships we decide to invest in, and the activities we decide to participate in. In fact, values likely led us to work in a helping profession. Values help remind us of what matters most when we are under stress. Indeed, research supports the idea that we are more motivated to do self-care activities if they are tied to our values.<sup>15</sup>, <sup>16</sup> You will use the power of your values as an internal compass to guide your selection of self-care activities that are personal, manageable, and sustainable.

To identify your core values you can engage in self-reflection and complete a values exercise.



#### Reflection

First, ask yourself the following questions to help you identify your core values as they relate to self-care. Write down your responses and then generate a list of core values.

- If I had no obligations, what would I do with my time? Who would I spend my time with?
- What kind of person do I want to be?
- What matters most to me in life?
- How do I wish to treat others when they struggle or experience hardship? Is this different from how I treat myself?



#### **Values Card Sort Activity**

The Personal Values Card Sort exercise can help individuals identify the life values that are most important to them. <sup>18</sup> To complete the exercise, you must categorize values cards (a set of 100) into one of five categories based on their level of importance to you: "Not Important to Me," "Somewhat Important to Me," "Important to Me," "Very Important to Me," and "Most Important to Me." The ultimate goal is to identify your top 10 most important values. Keep these values in mind when creating your self-care plan.

- Access the values card sort activity by clicking on this link: https://motivationalinterviewing.org/sites/default/files/valuescardsort\_0.pdf
- **Note:** You can also create cards for values that are important to you but are not listed among the 100. The values you add can include culture-specific values.

#### **Step 3: Plan Self-Care Activities**

After identifying your needs and values, you can begin selecting activities to include in your self-care plan. Most self-care activities fall into six domains: physical, psychological, emotional, spiritual, relational, and professional.<sup>19</sup> Try to select self-care activities you can do that fit across several domains. For example, attending church services might satisfy both the spiritual and relational domain. Activities should also vary in duration and intensity, so that you have options that fit the amount of time you have available for self-care. For example, under the physical domain, it can be helpful to have 5-minute activities (e.g., stretching in between appointments), 30-minute activities (e.g., walking around the block), and 1-hour activities (e.g., Zumba with friends). Ultimately, you should be purposeful and intentional with your time and effort.

Note: Remember to select self-care activities that are connected to your top 10 values. Doing so will
give special meaning to your self-care activities!



#### **Physical Domain**

Physical self-care involves focusing on the needs of your body to achieve optimal functioning and protect ourselves from the wear and tear of stress. Physical self-care can involve sleep, nutrition, exercise, and health promotion visits (e.g., annual check-ups). Specific self-care activities may include dancing, sleeping eight hours a night, and preparing foods that have cultural or personal meaning.



#### **Psychological Domain**

Psychological self-care involves enjoyable activities that build your self-awareness. Enjoyable activities can take your mind off of current stressors and help you refocus (e.g., playing music, solving puzzles). Psychological self-care can also focus on self-reflection to achieve clarity, internal connection, and personal growth. Activities can include journaling and mindfulness exercises.



#### **Emotional Domain**

Emotional self-care focuses on healthy coping strategies to manage difficult emotions. While unhealthy coping strategies can reduce unpleasant feelings in the short-term, they can do harm in the long-term (e.g., using alcohol and substances, excessive worry). Healthy coping strategies include deep breathing, speaking with individuals who can provide emotional support, and self-affirmations. Emotional self-care focuses on activities that also provide feelings of joy, security, and fulfillment. These types of activities can include providing gratitude to others (e.g., writing a thank you card) and acknowledging your own accomplishments.



#### **Spiritual Domain**

Spiritual self-care focuses on understanding the connection between ourselves and the world. Spiritual self-care can help you find purpose and meaning in life, as well as instill hope for the future. This domain may look different for each individual. For some, spirituality may center on an organized religion and belief in a greater being(s). For others, spirituality may involve a deep connection with the earth and universe. Spiritual self-care strategies can include praying, hiking in nature, and attending church.



#### **Relational Domain**

Relational self-care involves maintaining current healthy relationships. These relationships can provide emotional support to help you deal with day-to-day stress. Relational self-care can also include enlarging your social network by attending personal and professional activities where you can connect with like-minded individuals. Relational self-care can also include helping others outside of your professional role. Specific self-care activities may include weekly phone calls with loved ones, having coffee with friends, and donating time at an animal shelter.



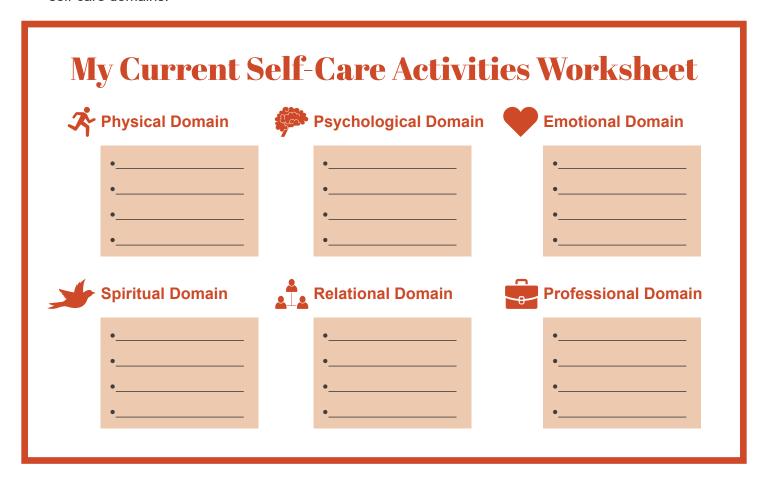
#### **Professional Domain**

Relational self-care involves maintaining current healthy relationships. These relationships can provide emotional support to help you deal with day-to-day stress. Relational self-care can also include enlarging your social network by attending personal and professional activities where you can connect with like-minded individuals. Relational self-care can also include helping others outside of your professional role. Specific self-care activities may include weekly phone calls with loved ones, having coffee with friends, and donating time at an animal shelter.



#### **Worksheets**

Use the *My Current Self-Care Activities Worksheet* to organize the activities you currently do into the six self-care domains.



After completing the worksheet, ask yourself the following:

- Are there domains that have few or no activities listed?
- Are any of my current self-care activities connected to my values?
- Do I have a blend of activities that range from little effort/time to a lot of effort/time?

Now, complete the *My Updated Self-Care Activities Worksheet*. First, write down your top 10 values from Step 2. Next, update your self-care strategies to include new values-driven activities in domains where self-care was missing. Then, remove self-care practices that have not been working for you. Lastly, write the values numbers (#1-10) next to each activity they are connected to.

# My Updated Self-Care Activities Worksheet My Values **Physical Domain Psychological Domain Emotional Domain Spiritual Domain Relational Domain Professional Domain**



# **Episode 3: Culturally Sensitive Approaches to Self-Care for Latinx Providers**

https://vimeo.com/manage/videos/683023264

## **Step 4: Problem-solve and Maintain Progress**

Now that you have identified self-care activities that are individualized and values-driven, the final step is to identify barriers that can get in the way of practicing self-care. It is best to take a proactive approach to self-care, rather than a reactive approach, so you can be prepared to address problems before they arise.<sup>20</sup>, <sup>21</sup> Here are some ways to ensure success in achieving your self-care goals:

#### **Identify Potential Barriers and Come Up with Solutions**

External barriers are obstacles that are found in your environment and can impede your ability to complete your self-care plan. For example, little support from your partner at home or your supervisor at work could be considered external barriers. External barriers can also involve a work environment where self-care is perceived as unimportant or for the weak, effectively shutting down self-care discussion. Advocating for yourself and working with leadership can help address these types of barriers.

Internal barriers are obstacles within you that can make it difficult to stick to your self-care plan. Internal barriers include negative thoughts and feelings of low self-worth and incompetency. Try to challenge these unhelpful thoughts and feelings with more helpful responses. For example:

- "I have no time at all to exercise." ➤ "I can fit 10 minutes of walking into my schedule."
- "There's no point to self-care." ▶ "My self-care plan is anchored to my values. Let me remember why this self-care activity matters to me."

#### Find Supportive People in Your Life

We can often feel alone when we are struggling. This feeling can be heightened when working in a mental health setting since clinicians are often seen as unaffected by normal struggles. Asking for additional supervision and consultation for managing difficult caseloads can help relieve the burden of caring for complex cases. If one is not already available, consider requesting a peer support group at work to discuss self-care needs and to share tips and resources. Consider how specific co-workers, family, or friends can be involved in your self-care plan. Some individuals are great for emotional support (e.g., listening) and others are better at providing more practical support (e.g., childcare).

#### **Set Limits and Boundaries**

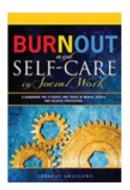
It is important to set limits surrounding work in order to maintain a balance between the time we dedicate to our clients, our loved ones, and ourselves. Although it may seem like a good idea to catch up on work-related tasks at home, it can reduce your opportunities to engage in self-care activities. Saying no to additional work requests that will push you to the limits of your workload and deciding not to check work emails when you are home are some ways to maintain work-life balance. For those working from home due to the COVID-19 pandemic, try to establish a separate area as your dedicated workspace. This physical boundary should be accompanied by a chat with others about your work schedule. To facilitate the transition out of "work mode" when you get home, have a ritual to switch off the previous mindset or tell yourself that you are switching to a new role.

#### **Monitor Your Progress**

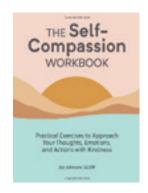
Periodic evaluation of your self-care attitudes, emotions, and activities can help you plan for the future and monitor progress. Reassess your levels of burnout, STS, and compassion satisfaction using the ProQOL. As you incorporate new strategies you may find some activities work better than others depending on your phase of life requiring you to revise your self-care plan accordingly.

## Resources

#### **Books**



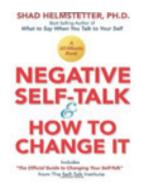
Burnout and Self-Care in Social Work: A Guidebook for Students and Those in Mental Health and Related Professions by SaraKay Smullens, MSW, LCSW



The Self-Compassion Workbook
by Joy Johnson, LCSW



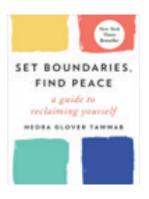
**Self-Love Workbook for Women**by Megan Logan, MSW, LCSW



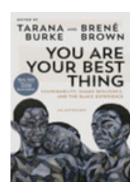
Negative Self-Talk and How to Change It by Shad Helmstetter, PhD



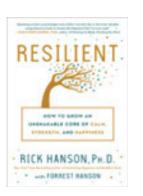
The Comfort Book by Matt Haig



**Set Boundaries, Find Peace**by Nedra Glover Tawwab



**You are Your Best Thing** by Tarana Burke and Brene Brown



**Resilient**by Rick Hanson, PhD and
Forrest Hanson



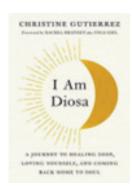
I am Here Now by The Mindfulness Project



Becoming: A guided journal for discovering your voice by Michelle Obama



Self-Care Journal for Latinas: Notebook to Track Moods, Gratitude and Mindfulness for Healthier Living for Latina Women



I Am Diosa by Christine Gutierrez

#### **Hotlines**

#### **Crisis Textline: Text HOME to 741741**

Text from anywhere in the United States, anytime, for any crisis. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment. https://www.crisistextline.org/

#### National Suicide Prevention Lifeline: 1-(800) 273-8255

If you are in crisis or thinking about hurting yourself, call the National Suicide Prevention Lifeline. The Lifeline is free, confidential, and available 24 hours, seven days a week. When you call, the Lifeline will connect you to a trained crisis worker who will listen to you, provide support, and help you get the support you need. https://suicidepreventionlifeline.org/

#### SAMHSA's National Helpline: 1-(800)-662-HELP (4357)

The helpline a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. https://www.samhsa.gov/find-help/national-helpline

#### **Websites**

American Academy of Family Physicians. Suicide Prevention and Emergency Help:

https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being/suicide-prevention-and-emergency-help.html

**American Psychological Association.** How to Find Help Through Seeing a Psychologist: https://www.apa.org/topics/psychotherapy/psychologist-therapy

**American Psychological Association.** Well-being and Burnout: https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout

**Mental Health America.** Taking Good Care of Yourself: https://www.mhanational.org/taking-good-care-yourself

**Mental Health Technology Transfer Center Network.** The MHTTC Provider Well-Being Initiative: https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/responding-covid-19-provider-well-being

National Alliance on Mental Health. Taking Care of Yourself:

https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Taking-Care-of-Yourself

National Association for Social Workers. Self-Care for Social Workers:

https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic

The National Child Traumatic Stress Network. Secondary Traumatic Stress:

https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

Office for Victims of Crime. The Vicarious Trauma Toolkit:

https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma

**World Health Organization.** WHO Guideline on Self-Care Interventions for Health and Well-Being: https://www.who.int/publications/i/item/9789240030909

# References

- <sup>1</sup>National Alliance on Mental Illness (2022). Identity and Cultural Dimensions: Hispanic/Latinx. https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx
- <sup>2</sup>Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., Lepine, J. P., ... Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. Psychological Medicine, 46(2), 327–343. https://doi.org/10.1017/S0033291715001981
- <sup>3</sup>Castañeda, E., Jenks, D., Chaikof, J., Cione, C., Felton, S., Goris, I., Buck, L., & Hershberg, E. (2021).

  Symptoms of PTSD and Depression among Central American Immigrant Youth. Trauma Care, 1(2), 99–118. https://doi.org/10.3390/traumacare1020010
- <sup>4</sup>Berthold, S. M., & Fischman, Y. (2014). Social work with trauma survivors: Collaboration with interpreters. Social Work, 59(2), 103–110. https://doi.org/10.1093/sw/swu011
- <sup>5</sup>Villalobos, B. T., Orengo-Aguayo, R., Castellanos, R., Pastrana, F. A., & Stewart, R. W. (2021). Interpreter perspectives on working with trauma patients: Challenges and recommendations to improve access to care. Professional Psychology: Research and Practice, 52(5), 477–486. http://dx.doi.org/10.1037/pro0000404
- <sup>6</sup>Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry, 15(2), 103–111. https://doi.org/10.1002/wps.20311
- <sup>7</sup>Teran, V. G., Fuentes, M. A., Atallah, D. G., & Yang, Y. (2017). Risk and protective factors impacting burnout in bilingual, Latina/o clinicians: An exploratory study. Professional Psychology: Research and Practice, 48(1), 22-29. http://dx.doi.org/10.1037/pro0000126
- \*McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., Verlenden, J., Hollis, N. D., Njai, R., Mitchell, E. W., Board, A., Puddy, R., & Thomas, C. (2021). Racial and ethnic disparities in the prevalence of stress and worry, mental health conditions, and increased substance use among adults during the COVID-19 Pandemic United States. Morbidity and Mortality Weekly Report, 70, 162–166. http://dx.doi.org/10.15585/mmwr.mm7005a3
- <sup>9</sup>Lu, Y., Kaushal, N., Huang, X., & Gaddis, S. M. (2021). Priming COVID-19 salience increases prejudice and discriminatory intent against Asians and Hispanics. Proceedings of the National Academy of Sciences, 118(36) e2105125118. https://doi.org/10.1073/pnas.2105125118
- <sup>10</sup>Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. PloS one, 10(9), e0138511. https://doi.org/10.1371/journal.pone.0138511
- ¹¹O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. European Psychiatry, 53, 74–99. https://doi.org/10.1016/j.eurpsy.2018.06.003

- <sup>12</sup>Cieslak, R., Anderson, V., Bock, J., Moore, B. A., Peterson, A. L., & Benight, C. C. (2013). Secondary traumatic stress among mental health providers working with the military: prevalence and its workand exposure-related correlates. Journal of Nervous and Mental Disease, 201(11), 917–925. https://doi.org/10.1097/NMD.00000000000000034
- <sup>13</sup>Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. Journal of Mental Health Counseling, 36(1), 58-77. https://doi.org/10.17744/mehc.36.1.p61m73373m4617r3
- ¹⁴Delgadillo, J., Saxon, D., Barkham, M., 2018. Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. Depression and Anxiety, 35, 844–850. https://doi.org/10.1002/da.22766
- ¹⁵Murrell, A. R., Hulsey, T. C., Ergüder, L., & Lester, E. G. (2019). Making a difference, starting with me: Mindfulness, values-based self-care, and self- compassion for psychologists who work with children and families. The Behavior Therapist, 42, 163-169.
- <sup>16</sup>Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. Professional Psychology: Research and Practice, 43, 487-494. https://doi.org/10.1037/a0029446
- <sup>17</sup>Stamm, B. H. (2016). Comprehensive Bibliography of Documents Specifically Using the ProQOL Measure. www.proqol.org
- <sup>18</sup>Miller, W. R., C'de Baca, J., Matthews, D. B., & Wilbourne, P. L. (2001). Personal values card sort. Albuquerque, NM: University of New Mexico.
  https://motivationalinterviewing.org/sites/default/files/valuescardsort\_0.pdf
- <sup>19</sup>Butler, L. D., Mercer, K. A., McClain-Meeder, K., Horne, D. M., & Dudley, M. (2019). Six domains of self-care: Attending to the whole person. Journal of Human Behavior in the Social Environment, 29, 107-124. https://doi.org/10.1080/10911359.2018.1482483
- <sup>20</sup>Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. Professional Psychology: Research and Practice, 50, 343-350. https://doi.org/10.1037/pro0000251
- <sup>21</sup>Wong, H. J., & White, K. M. (2021). A theory-based examination of self-care behaviours among psychologists. Clinical Psychology & Psychotherapy, 28, 950–968. https://doi.org/10.1002/cpp.2550

# **Contact Us**



hispaniclatino@mhttcnetwork.org mhttcnetwork.org/hispaniclatino 





