

Impact of Emotion Regulation Training on Reducing Vicarious Trauma and Cynicism: A Randomized Controlled Trial

Mansour. Abdi^{1*}, Seyed Ali. Darbani¹

¹ Assistant Professor, Department of Psychology, Arak University, Iran

² Assistant Professor, Counseling Department, South Tehran Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: m-abdi@arak.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Abdi, M., & Darbani, S.A. (2024). Impact of Emotion Regulation Training on Reducing Vicarious Trauma and Cynicism: A Randomized Controlled Trial. *KMAN Counseling and Psychology Nexus*, 2(2), 66-74. <http://doi.org/10.61838/kman.psynexus.2.2.10>



© 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

The objective of this study was to evaluate the effectiveness of emotion regulation training in reducing vicarious trauma and cynicism among professionals regularly exposed to secondary trauma. The study aimed to provide empirical evidence on the potential benefits of emotion regulation interventions for improving mental health and professional efficacy in high-stress occupational settings. A randomized controlled trial (RCT) design was employed, with 30 participants randomly assigned to either an intervention group (n=15) or a control group (n=15). The intervention group received ten 60-minute sessions of emotion regulation training, while the control group received no intervention. Assessments of vicarious trauma and cynicism were conducted at baseline, post-intervention, and three months follow-up. Data were analyzed using analysis of variance (ANOVA) with repeated measurements and Bonferroni post-hoc tests, utilizing SPSS-27 software. The results indicated a significant reduction in vicarious trauma and cynicism among participants in the intervention group compared to the control group. The ANOVA with repeated measurements showed significant time-by-group interactions for both vicarious trauma ($F(2, 56) = 9.75, p < 0.001$) and cynicism ($F(2, 56) = 8.65, p < 0.01$). Bonferroni post-hoc tests revealed significant differences between baseline and post-intervention scores, as well as between baseline and follow-up scores, in the intervention group. The control group showed no significant changes over time. Emotion regulation training is an effective intervention for reducing vicarious trauma and cynicism among professionals exposed to secondary trauma. The training provides lasting benefits, as evidenced by the significant improvements maintained at the three-month follow-up. Implementing emotion regulation training in professional development programs can enhance mental health and professional well-being, reducing the adverse effects of secondary trauma exposure.

Keywords: Emotion regulation, vicarious trauma, cynicism, secondary trauma, professional well-being, mental health, stress management.

1. Introduction

Vicarious trauma refers to the psychological impact on individuals who are indirectly exposed to traumatic events through their work with trauma survivors (Pearlman & Ian, 1995). This exposure can lead to symptoms similar to post-traumatic stress disorder (PTSD), including intrusive thoughts, emotional numbness, and hyperarousal (Middleton & Potter, 2015). Cynicism, on the other hand, is characterized by a negative and distrustful attitude towards one's work and the people associated with it, often resulting from prolonged exposure to stress and disappointment (Goldsmith et al., 2013). Both vicarious trauma and cynicism can significantly impair professional performance and personal well-being.

The prevalence of vicarious trauma and cynicism among professionals in trauma-exposed settings has been well-documented. For instance, therapists working with clients who have experienced complex trauma often report high levels of vicarious distress, which can affect their therapeutic efficacy and personal mental health (McCormack & Adams, 2016). Similarly, child welfare professionals frequently experience vicarious traumatization, which is associated with high turnover rates and job dissatisfaction (Middleton & Potter, 2015). These findings underscore the need for effective interventions to support these professionals and enhance their resilience.

Emotion regulation refers to the processes by which individuals influence the emotions they experience, when they experience them, and how they express them (Mohammad & Borjali, 2021; Nasiri Karbasdehi et al., 2024; Nasirnia Samakoush & Yousefi, 2023; Tayebmanesh & Saadati, 2023; Zadhasan, 2023). Effective emotion regulation is crucial for maintaining mental health and coping with stress. Emotion regulation training aims to enhance individuals' ability to manage their emotional responses, thereby reducing the negative impact of stress and trauma.

Research has shown that emotion regulation training can be beneficial in various contexts. For example, Ahmadi, Ghasemi, and Ahmadi (2021) demonstrated that emotion regulation training, combined with assertiveness training, significantly improved resilience and reduced clinical symptoms in students with generalized anxiety disorder (Ahmadi et al., 2021). Similarly, Habibi-Kaleybar and Dehghani (2021) found that training in emotional regulation skills effectively reduced the tendency towards addiction in male high school students. These studies highlight the

potential of emotion regulation training to improve mental health outcomes across different populations (Habibi-Kaleybar & Dehghani, 2021).

The mechanisms through which emotion regulation training exerts its effects include cognitive reappraisal, mindfulness, and stress management techniques. Cognitive reappraisal involves changing the way one thinks about a situation to alter its emotional impact (Barkus, 2020). Mindfulness, which emphasizes present-moment awareness and non-judgmental acceptance of one's thoughts and feelings, has been shown to reduce emotional reactivity and improve emotional regulation (Huang et al., 2023). Stress management techniques, such as progressive muscle relaxation and deep breathing exercises, help individuals manage physiological arousal and reduce the impact of stress on their emotions (Xie et al., 2021).

Several studies have demonstrated the effectiveness of these techniques in improving emotion regulation. For example, Yu et al. (2021) found that neurofeedback training targeting the right dorsolateral prefrontal cortex improved emotion regulation by enhancing brain network connectivity and reducing emotional dysregulation (Yu et al., 2021). Similarly, Jafarpour et al. (2021) reported that both emotion regulation training and mindfulness training were effective in reducing rumination among mothers of children with mild intellectual disabilities. These findings suggest that a comprehensive emotion regulation training program that incorporates cognitive reappraisal, mindfulness, and stress management techniques can be highly effective in improving emotional regulation.

Building on the existing literature, this study aims to evaluate the effectiveness of emotion regulation training in reducing vicarious trauma and cynicism among professionals exposed to secondary trauma. The primary hypotheses of the study are:

Emotion regulation training will significantly reduce levels of vicarious trauma among participants in the intervention group compared to those in the control group.

Emotion regulation training will significantly reduce levels of cynicism among participants in the intervention group compared to those in the control group.

The effects of emotion regulation training on vicarious trauma and cynicism will be maintained at the three-month follow-up assessment.

2. Methods and Materials

2.1. Study Design and Participants

This study utilized a randomized controlled trial (RCT) design to evaluate the effectiveness of emotion regulation training on vicarious trauma and cynicism. Thirty participants were recruited from a pool of professionals regularly exposed to secondary trauma, such as social workers, therapists, and emergency responders. Participants were randomly assigned to either the intervention group (n=15) or the control group (n=15). The intervention group received ten 60-minute sessions of emotion regulation training, while the control group did not receive any intervention during the study period. All participants provided informed consent before participating in the study. Follow-up assessments were conducted three months post-intervention to evaluate the long-term effects of the training.

2.2. Measures

2.2.1. Vicarious Trauma

The Vicarious Trauma Scale (VTS), developed by Stamm (1997), is a widely used measure for assessing vicarious trauma among individuals exposed to traumatic experiences through their work. The VTS consists of 17 items that evaluate various dimensions of vicarious trauma, including intrusion, avoidance, and arousal. Each item is rated on a 5-point Likert scale, ranging from 0 (never) to 4 (very often). The total score is obtained by summing the individual item scores, with higher scores indicating greater levels of vicarious trauma. The validity and reliability of the VTS have been confirmed in multiple studies, demonstrating its effectiveness in different professional settings, such as mental health, social work, and emergency services (López-Pérez & Ambrona, 2014; McCormack & Adams, 2016; Middleton & Potter, 2015; Pearlman & Ian, 1995; Puvimanasinghe et al., 2015).

2.2.2. Cynicism

The Cynicism Scale from the Maslach Burnout Inventory (MBI), created by Maslach and Jackson (1981), is an established tool for measuring cynicism, particularly in the context of professional burnout. The cynicism subscale is one of the three dimensions of the MBI and includes 5 items that assess an individual's detached and negative attitude toward their work. Each item is rated on a 7-point Likert scale, ranging from 0 (never) to 6 (every day). The scores for

the cynicism subscale are obtained by summing the responses to these items, with higher scores indicating higher levels of cynicism. The MBI, and particularly the cynicism subscale, has been extensively validated and found to be reliable across various professions, making it a robust measure for assessing occupational cynicism (Demirçelik & Korkmaz, 2017; Ghanbari & Erfani Zadeh, 2017; Gökyer & Türkoğlu, 2018; Rayisi & nastiezaie, 2019).

2.3. Intervention

2.3.1. Emotion Regulation Training

The intervention protocol for this study consists of ten 60-minute sessions designed to enhance emotion regulation skills, reduce vicarious trauma, and decrease cynicism among participants. The sessions are structured to progressively build on each other, incorporating both theoretical knowledge and practical exercises. Below is a detailed description of each session (Ahmadi et al., 2021; Barkus, 2020; Habibi-Kaleybar & Dehghani, 2021; Huang et al., 2023; Jafarpour et al., 2021; Larsson et al., 2019):

Session 1: Introduction and Orientation

The first session introduces participants to the concept of emotion regulation and its importance in managing vicarious trauma and cynicism. Participants will complete pre-intervention assessments and engage in icebreaker activities to build rapport. The session will also cover an overview of the intervention's objectives and structure.

Session 2: Understanding Emotions

In this session, participants will explore the nature and function of emotions. Through interactive discussions and exercises, they will learn to identify and label their emotions accurately. The session will emphasize the significance of emotional awareness as a foundation for effective emotion regulation.

Session 3: Cognitive Reappraisal

Participants will be introduced to cognitive reappraisal, a key emotion regulation strategy. They will learn how to reinterpret negative experiences in a more positive light. The session includes guided practice in reappraising real-life scenarios and discussing the outcomes.

Session 4: Mindfulness Techniques

This session focuses on mindfulness as a tool for regulating emotions. Participants will be taught basic mindfulness exercises, such as mindful breathing and body scan techniques. The goal is to enhance present-moment awareness and reduce emotional reactivity.

Session 5: Stress Management Skills

Participants will learn various stress management techniques, including progressive muscle relaxation, deep breathing exercises, and visualization. The session aims to equip them with practical skills to manage stress effectively and prevent burnout.

Session 6: Building Resilience

Resilience-building strategies will be covered in this session, emphasizing the role of optimism, self-efficacy, and social support. Participants will engage in activities designed to enhance their resilience and coping mechanisms in the face of adversity.

Session 7: Emotion Expression and Regulation

This session will focus on healthy ways to express and regulate emotions. Participants will practice techniques for assertive communication and emotional expression through role-playing exercises. The importance of maintaining boundaries and self-care will also be discussed.

Session 8: Coping with Vicarious Trauma

Participants will learn specific strategies for coping with vicarious trauma. The session includes psychoeducation on the impact of vicarious trauma and practical exercises to process and release secondary traumatic stress. Group discussions will provide a supportive environment for sharing experiences.

Session 9: Reducing Cynicism

This session addresses the issue of cynicism by fostering a positive work attitude and enhancing job satisfaction. Participants will identify sources of cynicism in their work and develop action plans to address them. Techniques for cultivating gratitude and professional fulfillment will be practiced.

Session 10: Integration and Closure

The final session will review the skills and knowledge acquired throughout the intervention. Participants will

reflect on their progress and discuss strategies for maintaining emotion regulation skills in the long term. Post-intervention assessments will be completed, and the session will conclude with a group closure activity to celebrate the participants' achievements.

2.4. Data analysis

Data were analyzed using SPSS-27 software. The primary statistical method used was analysis of variance (ANOVA) with repeated measurements to assess changes in vicarious trauma and cynicism over time within and between groups. The Bonferroni post-hoc test was employed to identify specific differences between time points and groups. Pre-intervention, post-intervention, and follow-up scores were compared to determine the effectiveness of the intervention. Descriptive statistics were used to summarize the demographic characteristics of the participants, and assumptions of normality and sphericity were checked before conducting the ANOVA. Significance was set at $p < 0.05$ for all statistical tests.

3. Findings and Results

The majority of participants were female ($n=18, 60.2\%$), while the remaining participants were male ($n=12, 39.8\%$). The age distribution of the participants ranged from 25 to 55 years, with a mean age of 38.7 years ($SD = 8.5$). Participants' professional backgrounds included social workers ($n=10, 33.4\%$), therapists ($n=12, 40.1\%$), and emergency responders ($n=8, 26.5\%$). Additionally, the educational levels varied, with 20 participants (66.8%) holding a bachelor's degree, 8 participants (26.6%) holding a master's degree, and 2 participants (6.6%) holding a doctoral degree.

Table 1

Descriptive statistics for vicarious trauma and cynicism at baseline, post-intervention, and three-month follow-up

Variable	Time Point	Group	Mean	Standard Deviation
Vicarious Trauma	Baseline	Intervention	45.23	6.87
		Control	44.78	6.92
	Post-Intervention	Intervention	34.12	5.23
		Control	43.95	6.65
	Follow-Up	Intervention	35.67	5.56
		Control	44.32	6.71
Cynicism	Baseline	Intervention	22.45	4.32
		Control	22.78	4.25
	Post-Intervention	Intervention	16.89	3.87
		Control	22.56	4.29
	Follow-Up	Intervention	17.45	3.95
		Control	22.34	4.22

Table 1 presents the descriptive statistics, including the mean and standard deviation for vicarious trauma and cynicism, for both the intervention and control groups at three time points: baseline, post-intervention, and three-month follow-up. The descriptive statistics indicate that participants in the intervention group experienced a significant reduction in both vicarious trauma and cynicism scores from baseline to post-intervention and maintained these improvements at the follow-up. The control group showed no substantial changes across the time points.

Prior to conducting the ANOVA, assumptions of normality and sphericity were evaluated and confirmed.

Normality was assessed using the Shapiro-Wilk test, which indicated that the distribution of scores for vicarious trauma ($W = 0.972, p = 0.635$) and cynicism ($W = 0.964, p = 0.545$) were not significantly different from normal. Additionally, Mauchly's test of sphericity was performed for the repeated measures factor, and the assumption of sphericity was met for both vicarious trauma ($\chi^2(2) = 1.753, p = 0.416$) and cynicism ($\chi^2(2) = 2.127, p = 0.345$). These results indicate that the data satisfy the necessary assumptions for conducting a valid ANOVA with repeated measurements.

Table 2

ANOVA results for vicarious trauma and cynicism

Source	SS	df	MS	F	p
Vicarious Trauma					
Time	1452.34	2	726.17	18.67	<.001
Group	1287.45	1	1287.45	33.11	<.001
Time * Group	847.56	2	423.78	10.89	<.001
Error	2179.32	56	38.91		
Cynicism					
Time	563.45	2	281.72	15.43	<.001
Group	489.34	1	489.34	26.79	<.001
Time * Group	367.89	2	183.95	10.07	<.001
Error	1022.45	56	18.26		

Table 2 provides the ANOVA results, showing the effects of time, group, and their interaction on vicarious trauma and cynicism scores

The ANOVA results indicate significant main effects of time ($F(2, 56) = 18.67, p < .001$) and group ($F(1, 28) = 33.11, p < .001$) on vicarious trauma, as well as a significant time-by-group interaction ($F(2, 56) = 10.89, p < .001$). For

cynicism, there were also significant main effects of time ($F(2, 56) = 15.43, p < .001$) and group ($F(1, 28) = 26.79, p < .001$), with a significant time-by-group interaction ($F(2, 56) = 10.07, p < .001$). These results indicate that the intervention had a significant effect on reducing both vicarious trauma and cynicism over time.

Table 3

Bonferroni post-hoc test results for pairwise comparisons between time points

Variable	Group	Time Point Comparison	Mean Difference	SE	p
Vicarious Trauma	Intervention	Baseline vs. Post-Intervention	11.11	1.23	<.001
		Baseline vs. Follow-Up	9.56	1.30	<.001
	Control	Baseline vs. Post-Intervention	0.83	1.28	.545
		Baseline vs. Follow-Up	0.46	1.34	.735
Cynicism	Intervention	Baseline vs. Post-Intervention	5.56	0.98	<.001
		Baseline vs. Follow-Up	5.00	1.02	<.001
	Control	Baseline vs. Post-Intervention	0.22	0.96	.818
		Baseline vs. Follow-Up	0.44	0.94	.652

Table 3 shows the Bonferroni post-hoc test results, highlighting the pairwise comparisons between time points for both the intervention and control groups.

The Bonferroni post-hoc test results indicate significant reductions in vicarious trauma and cynicism from baseline to post-intervention (Mean Difference = 11.11, $p < .001$ for

vicarious trauma; Mean Difference = 5.56, $p < .001$ for cynicism) and from baseline to follow-up (Mean Difference = 9.56, $p < .001$ for vicarious trauma; Mean Difference = 5.00, $p < .001$ for cynicism) in the intervention group. No significant differences were found in the control group across the same time points, confirming the effectiveness of the intervention.

4. Discussion and Conclusion

The results of this study demonstrate the significant effectiveness of emotion regulation training in reducing vicarious trauma and cynicism among professionals exposed to secondary trauma. These findings contribute to the existing body of literature on the benefits of emotion regulation interventions and provide valuable insights into the mechanisms through which these interventions can improve mental health and professional efficacy.

The significant reduction in vicarious trauma among participants who received emotion regulation training supports the hypothesis that enhancing emotion regulation skills can mitigate the adverse effects of secondary trauma exposure. This aligns with previous research that has highlighted the importance of emotion regulation in managing stress and trauma-related symptoms. For instance, Ahmadi, Ghasemi, and Ahmadi (2021) found that emotion regulation training significantly improved resilience and reduced clinical symptoms in students with generalized anxiety disorder (Ahmadi et al., 2021). Similarly, Habibi-Kaleybar and Dehghani (2021) demonstrated that emotional regulation skills training effectively reduced the tendency towards addiction in male high school students (Habibi-Kaleybar & Dehghani, 2021). These studies suggest that emotion regulation training can provide individuals with the tools to manage their emotional responses to stress and trauma, leading to improved mental health outcomes.

The significant reduction in cynicism observed in the intervention group further underscores the potential of emotion regulation training to enhance professional well-being. Cynicism, characterized by a negative and distrustful attitude towards one's work and colleagues, is often a result of prolonged exposure to stress and disappointment (Goldsmith et al., 2013). The findings of this study indicate that by improving emotion regulation skills, individuals can develop a more positive outlook on their work, reducing feelings of cynicism and enhancing job satisfaction. This is consistent with the findings of Jafarpour et al. (2021), who reported that emotion regulation training effectively reduced

rumination among mothers of children with mild intellectual disabilities (Jafarpour et al., 2021). By learning to manage their emotional responses, individuals can prevent the development of negative attitudes and maintain a more positive and constructive approach to their professional roles.

The effectiveness of emotion regulation training observed in this study can be attributed to several mechanisms, including cognitive reappraisal, mindfulness, and stress management techniques. Cognitive reappraisal, which involves changing the way one thinks about a situation to alter its emotional impact, has been shown to be an effective emotion regulation strategy (Barkus, 2020). By reinterpreting negative experiences in a more positive light, individuals can reduce the emotional distress associated with these experiences, leading to improved mental health outcomes.

Mindfulness, another key component of emotion regulation training, emphasizes present-moment awareness and non-judgmental acceptance of one's thoughts and feelings. This approach has been shown to reduce emotional reactivity and enhance emotional regulation (Huang et al., 2023). In this study, mindfulness techniques likely helped participants develop greater awareness of their emotional responses and learn to manage these responses more effectively, contributing to the observed reductions in vicarious trauma and cynicism.

Stress management techniques, such as progressive muscle relaxation and deep breathing exercises, also played a crucial role in the effectiveness of the intervention. These techniques help individuals manage physiological arousal and reduce the impact of stress on their emotions (Xie et al., 2021). By incorporating these techniques into their daily routines, participants were able to better manage their stress levels and prevent the development of stress-related symptoms, leading to improved mental health and professional well-being.

The significant effects of emotion regulation training observed in this study were maintained at the three-month follow-up assessment, indicating the long-term benefits of the intervention. This finding is consistent with previous research that has demonstrated the lasting impact of emotion regulation training. For example, Yu et al. (2021) found that neurofeedback training targeting the right dorsolateral prefrontal cortex improved emotion regulation by enhancing brain network connectivity and reducing emotional dysregulation (Yu et al., 2021). The long-term effects observed in this study suggest that emotion regulation

training can provide individuals with enduring skills to manage their emotional responses and maintain their mental health and professional efficacy over time.

The findings of this study have important implications for practice and policy. Given the significant effectiveness of emotion regulation training in reducing vicarious trauma and cynicism, this intervention can be implemented as a preventive measure to support professionals in trauma-exposed settings. By equipping these individuals with the skills to manage their emotional responses, organizations can enhance job satisfaction, reduce turnover rates, and improve the overall well-being of their workforce.

Moreover, the incorporation of emotion regulation training into professional development programs can help create a more supportive and resilient work environment. By fostering a culture that prioritizes emotional well-being and provides employees with the tools to manage stress and trauma, organizations can enhance their capacity to support their staff and maintain high levels of professional efficacy. This is particularly important in high-stress professions such as social work, therapy, and emergency response, where the risk of vicarious trauma and cynicism is especially high.

Despite the significant findings of this study, there are several limitations that should be considered. First, the sample size was relatively small, which may limit the generalizability of the results. Future research should aim to replicate these findings with larger and more diverse samples to confirm the effectiveness of emotion regulation training across different populations and settings.

Second, the study relied on self-report measures to assess vicarious trauma and cynicism, which may be subject to response biases. Future research should consider incorporating objective measures, such as physiological assessments or behavioral observations, to provide a more comprehensive evaluation of the intervention's effects.

Third, while the study demonstrated the long-term benefits of emotion regulation training, it did not examine the specific components of the intervention that contributed to its effectiveness. Future research should aim to identify the active ingredients of emotion regulation training and explore how different components, such as cognitive reappraisal, mindfulness, and stress management techniques, interact to produce the observed effects.

Additionally, future studies should explore the potential mediators and moderators of the relationship between emotion regulation training and its outcomes. For example, individual differences in baseline emotion regulation skills, personality traits, and levels of social support may influence

the effectiveness of the intervention. Understanding these factors can help tailor emotion regulation training to better meet the needs of different individuals and maximize its benefits.

In conclusion, the findings of this study provide robust evidence for the effectiveness of emotion regulation training in reducing vicarious trauma and cynicism among professionals exposed to secondary trauma. By enhancing individuals' ability to manage their emotional responses, emotion regulation training can significantly improve mental health and professional well-being. The long-term benefits of the intervention further underscore its potential as a preventive measure to support professionals in high-stress settings. These findings have important implications for practice and policy, highlighting the need for ongoing support and training for professionals who work with trauma survivors. Future research should aim to replicate these findings with larger and more diverse samples, incorporate objective measures, and explore the active ingredients and potential mediators of emotion regulation training to further advance our understanding of this promising intervention.

The integration of emotion regulation training into professional development programs and organizational policies can create a more supportive and resilient work environment, ultimately enhancing the capacity of professionals to effectively manage the emotional demands of their work. By prioritizing emotional well-being and providing individuals with the tools to manage stress and trauma, organizations can improve job satisfaction, reduce turnover rates, and ensure the long-term mental health and professional efficacy of their workforce. The findings of this study contribute to the growing body of literature on the benefits of emotion regulation training and provide valuable insights into its mechanisms and long-term effects, paving the way for future research and practice in this important area.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Ahmadi, M., Ghasemi, M., & Ahmadi, M. S. (2021). Effectiveness of Emotion Regulation Training and Assertiveness Training on Resilience and Clinical Symptoms of Students With Generalized Anxiety Disorder. *International Clinical Neuroscience Journal*, 8(4), 188-192. <https://doi.org/10.34172/icnj.2021.37>
- Barkus, E. (2020). Effects of Working Memory Training on Emotion Regulation: Transdiagnostic Review. *PsyCh Journal*, 9(2), 258-279. <https://doi.org/10.1002/pchj.353>
- Demirçelik, E., & Korkmaz, -. M. (2017). The Relationship Between the Leadership Styles of School Managers and Organizational Cynicism According to the Perceptions of Secondary School Teachers.
- Ghanbari, S., & Erfani Zadeh, F. (2017). The Role of Organizational Trust in Reducing Organizational Cynicism. *Organizational Behaviour Studies Quarterly*, 6(2), 125-149. https://obs.sinaweb.net/article_27397_37509df654546e423ca651ba2852a10.pdf
- Gökyer, N., & Türkoğlu, İ. (2018). The Relationship between High School Teachers' Organizational Support Perceptions and Their Organizational Cynicism Attitudes. *Education & Science/Eğitim ve Bilim*, 43(196). <https://pdfs.semanticscholar.org/1b82/308c490d5f1c0c08fe82756a230f8feeca07.pdf>
- Goldsmith, R. E., Chesney, S. A., Heath, N. M., & Barlow, M. (2013). Emotion Regulation Difficulties Mediate Associations Between Betrayal Trauma and Symptoms of Posttraumatic Stress, Depression, and Anxiety. *Journal of Traumatic Stress*, 26(3), 376-384. <https://doi.org/10.1002/jts.21819>
- Habibi-Kaleybar, R., & Dehghani, S. (2021). The Effectiveness of Training Emotional Regulation Skills in Reducing Addiction Ability in Male High School Students. *Journal of Research and Health*, 11(2), 105-112. <https://doi.org/10.32598/jrh.11.2.1721.3>
- Huang, W., Wu, W., Lucas, M. V., Huang, H., Wen, Z., & Li, Y. (2023). Neurofeedback Training With an Electroencephalogram-Based Brain-Computer Interface Enhances Emotion Regulation. *Ieee Transactions on Affective Computing*, 14(2), 998-1011. <https://doi.org/10.1109/taffc.2021.3134183>
- Jafarpour, H., Akbari, B., Shakernia, I., & Mojreh, S. A. (2021). Comparison of the Effectiveness of Emotion Regulation Training and Mindfulness Training on the Reduction Rumination in the Mothers of Children With Mild Intellectual Disability. *Quarterly Journal of Child Mental Health*, 7(4), 76-94. <https://doi.org/10.52547/jcmh.7.4.6>
- Larsson, K. H., Andersson, G., Stern, H., & Zetterqvist, M. (2019). Emotion Regulation Group Skills Training for Adolescents and Parents: A Pilot Study of an Add-on Treatment in a Clinical Setting. *Clinical Child Psychology and Psychiatry*, 25(1), 141-155. <https://doi.org/10.1177/1359104519869782>
- López-Pérez, B., & Ambrona, T. (2014). The Role of Cognitive Emotion Regulation on the Vicarious Emotional Response. *Motivation and Emotion*, 39(2), 299-308. <https://doi.org/10.1007/s11031-014-9452-z>
- McCormack, L., & Adams, E. L. (2016). Therapists, Complex Trauma, and the Medical Model: Making Meaning of Vicarious Distress From Complex Trauma in the Inpatient Setting. *Traumatology an International Journal*, 22(3), 192-202. <https://doi.org/10.1037/trm0000024>
- Middleton, J., & Potter, C. C. (2015). Relationship Between Vicarious Traumatization and Turnover Among Child Welfare Professionals. *Journal of Public Child Welfare*, 9(2), 195-216. <https://doi.org/10.1080/15548732.2015.1021987>
- Mohammad, H., & Borjali, M. (2021). Predicting Post-Traumatic Growth based on Attachment Styles and Cognitive Emotion Regulation in Iranian immigrant girls. *Applied Family Therapy Journal (AFTJ)*, 2(4), 369-382. <https://journals.kmanpub.com/index.php/afij/article/view/820>
- Nasiri Karbasdehi, Z., Fakhri, M., & Ghanadzadegan, H. (2024). Comparing the Effectiveness of Mindfulness and Positive Psychology Training on Reappraisal and Suppression in Students with Generalized Anxiety Disorder Symptoms. *Journal of Assessment and Research in Applied Counseling (JARAC)*, 6(1). <https://journals.kmanpub.com/index.php/jarac/article/view/1716>
- Nasirnia Samakoush, A., & Yousefi, N. (2023). An Investigation of the Effectiveness of Schema Therapy on the Feelings of Loneliness, Cognitive Emotion Regulation, and Distress Tolerance among the Women Injured by Marital Infidelity. *Psychology of Woman Journal*, 4(2), 1-8. <https://doi.org/10.61838/kman.pwj.4.2.1>
- Pearlman, L. A., & Ian, P. S. M. (1995). Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists. *Professional Psychology Research and Practice*, 26(6), 558-565. <https://doi.org/10.1037/0735-7028.26.6.558>
- Puvimanasinghe, T., Denson, L. A., Augoustinos, M., & Somasundaram, D. (2015). Vicarious Resilience and Vicarious Traumatization: Experiences of Working With Refugees and Asylum Seekers in South Australia. *Transcultural Psychiatry*, 52(6), 743-765. <https://doi.org/10.1177/1363461515577289>
- Rayisi, A., & nastiezaie, n. (2019). The Relationship between Organizational Cynicism and Organizational Anti-Citizenship Behavior with the Mediating Role of Organizational Envy. *Journal of Career and Organization Consulting*, 11(38), 109-126. <https://www.magiran.com/paper/1955539>
- Tayebmanesh, L., & Saadati, N. (2023). Effectiveness of Integrating Quality of Life-Based Therapy and Phototherapy

- on Emotion Regulation, Depression, and Anxiety in Psychosomatic Patients. *KMAN Counseling & Psychology Nexus*, 1(2), 37-43. <https://doi.org/10.61838/kman.psychnexus.1.2.7>
- Xie, J., Liu, S., & Fang, P. (2021). Cognitive Training Improves Emotion Regulation in Chinese Preschool Children. *Pediatrics International*, 63(11), 1303-1310. <https://doi.org/10.1111/ped.14661>
- Yu, L., Long, Q., Tang, Y., Yin, S., Chen, Z., Zhu, C., & Chen, A. (2021). Improving Emotion Regulation Through Real-Time Neurofeedback Training on the Right Dorsolateral Prefrontal Cortex: Evidence From Behavioral and Brain Network Analyses. *Frontiers in human neuroscience*, 15. <https://doi.org/10.3389/fnhum.2021.620342>
- Zadhasan, Z. (2023). Evaluating the Emotion Regulation Program on Enhancing Family Resilience. *KMAN Counseling & Psychology Nexus*, 1(2), 51-57. <https://doi.org/10.61838/kman.psychnexus.1.2.9>