



An-Najah National University
Faculty of Graduate Studies

**THE EFFICACY OF COGNITIVE BEHAVIORAL
INTERVENTION PROGRAM IN REDUCING
WORK-RELATED STRESS AND IMPROVING
OCCUPATIONAL SATISFACTION AMONG
LAWYERS IN NORTH ISRAEL**

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Clinical Psychology, Faculty of Graduate Studies, An-Najah National
University, Nablus - Palestine.**

2022

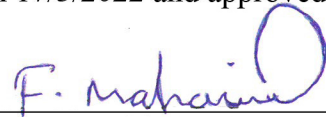
THE EFFICACY OF COGNITIVE BEHAVIORAL THERAPEUTIC PROGRAM IN REDUCING WORK PRESSURE AND IMPROVING VOCATIONAL SATISFACTION AMONG LAWYERS

By

Kamliah Wafik Aburomi

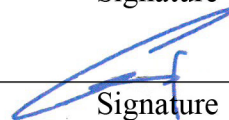
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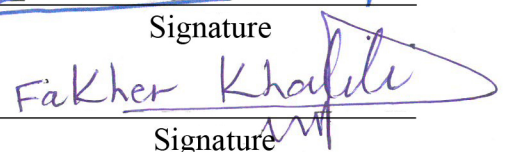
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Dedication

I dedicate this work to everyone who has ever inspired me, beginning with my mother, whose prayers were with me every step of the way to success, and ending with my father, who urged and encouraged me to do more work. To my daughter “Najma”, who was always a source of motivation? To my sisters and brothers.

Acknowledgement

I'd like to start my acknowledgment with my gratitude to Allah for lighting and guiding my way during this significant stage of life and inspiring me with knowledge during the obstacles that I faced.

None of this would have been possible without the assistance of my master's thesis supervisors, Dr. Fayez Mahamid and Dr. Amjad Abojedi. I truly appreciate their help and guidance. Not only did they spend much of their time instructing me, but they also provided useful suggestions about this thesis.

My appreciation is also to be sent to many friends for their assistance in different aspects, which I cannot list them all due to the limited space.

Last but not least, I owe thanks to my precious family members for their encouragement throughout my life, including helping me to make this thesis come out in the form it is now.

The researcher

Kamliah Aburomi

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE EFFICACY OF COGNITIVE BEHAVIORAL INTERVENTION PROGRAM IN REDUCING WORK-RELATED STRESS AND IMPROVING OCCUPATIONAL SATISFACTION AMONG LAWYERS INNORTH ISRAEL

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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THE EFFICACY OF COGNITIVE BEHAVIORAL INTERVENTION PROGRAM IN REDUCING WORK-RELATED STRESS AND IMPROVING OCCUPATIONAL SATISFACTION AMONG LAWYERS IN NORTH ISRAEL

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Abstract

The study aimed to identify The Efficacy of Cognitive Behavioral Intervention Program in Reducing Work-Related Stress and Improving Occupational Satisfaction among Lawyers.

The quasi-experimental approach was used for its suitability for the purposes of the study. The study sample consisted of fourteen lawyers. Those who were chosen using the voluntary method (voluntary sampling) and divided into two groups: control group (8 lawyers) who were not subjected to the program and experimental group (6) lawyers who were, were subjected to the Cognitive Behavioral Intervention Program in reducing work-Related stress and improving occupational satisfaction program.

The results showed that Cognitive Behavioral Intervention Program efficacy in reducing work-related stress among lawyers was in favor of the experimental group on the telemetry, and it was found that Cognitive Behavioral Intervention Program efficacy in improving occupational satisfaction and reducing stress among lawyers was in favor of the experimental group on the dimensional measurement, as the results showed.

According to the Cognitive Behavioral Intervention Program. Between the post-test and the follow-up, there are statistically significant differences in the levels of work-related stress and occupational satisfaction.

The study recommended the need to conduct studies related to the current study with the use of other programs that reduce the level of work-related stress and improve the level of occupational satisfaction, and other social groups

keywords: Cognitive Behavioral Intervention Program, work-related stress, occupational satisfaction lawyers.

Chapter One

Introduction

There has been a worldwide appeal for a better understanding of the prevalence, causation, and consequences of occupational stress over the last decade. In his description of stress, Kalliath et al. (2014, p. 229) note that “Stress is best described as a dynamic, interactive process that occurs between a person and his or her environment.” This definition of stress asserts the prominence of a person's cognitive perceptions in the experience of stress. f

The term “occupational stress” refers to the ongoing stress, which is directly related to the workplace. Just like other forms of stress, occupational stress, if left untreated, could eventually impact both psychological and physical wellbeing (Griffin & Clarke, 2011). Individual’s level of stress is liable to the influences of various factors including: toxic work environment, negative workload, isolation, types of hours worked, role conflict, role ambiguity, lack of autonomy, career development barriers, difficult relationships with administrators and/ or coworkers, managerial bullying, harassment, and organizational climate (Colligan & Higgins, 2006) all of which contribute to work-related stress.

Occupational satisfaction is a person's positive attitude about the career role that he is now occupying (Sharma et al., 2010). It was discovered in survey that challenges combining work and family life were a major source of dissatisfaction amongst legal workforce. (Bergin & Jimmieson, 2013)

The cognitive behavioral intervention program is a comprehensive method to assisting stressed and dissatisfied people that gives paths to change negative thought patterns and equips clients with a variety of coping techniques.

The statement of the problem:

Human service professions require spending a great amount of time while deeply involved with other people. Recurrently, a situation of frustration and ambiguity may result if the solution to a client's problem is not easily reached and obvious, and/or the reciprocal action between client and lawyer is centered on the current problem of the client. (Sharma et al., 2010). In the heat of rigorous occupational conditions, lawyers constitute a unique occupational population that is liable to long working hours,

occupational competition, strong client's expectations, states of ambiguity in terms of what the law states, and the conflict between ethical standards and client's demands.

Emotional exhaustion and burnout may ensue ongoing influence of chronic stress among people who interact day to day with people in their profession (Maslach et al., 2001). The implications usually involve low productivity, insomnia, weakened immune system, low self-esteem and other mood disturbances that may result from an imbalance between professional and personal lives (Bentsi-Enchill, 2006).

1.1 Research Questions

The research questions are:

1. Is the Cognitive Behavioral Intervention Program efficacious in Reducing Work-Related Stress among lawyers?
2. Is the Cognitive Behavioral Intervention Program efficacy in Improving Occupational Satisfaction among Lawyers?
3. Is there a statistically significant variation in the level of work-related stress according to Cognitive Behavioral Intervention Program, between the post-test and the follow-up.
4. Is there a statistically significant variation in the level of occupational satisfaction according to Cognitive Behavioral Intervention Program between the post-test and the follow-up?

I assume that the CBIP group, compared to the waiting group, should experience lower levels of work-related stress and higher levels of occupational satisfaction following the intervention, which are independent of any pre-existing differences between the groups.

1.2 Research Objectives

The aim of current research is to determine whether CBIP could be employed to decrease work stress and improve occupational satisfaction among lawyers. In other words, a cognitive behavioral intervention program is a vigorous approach to helping stressed and low-satisfied people that provides pathways to change negative thought patterns, equipping clients with various tools to cope.

1.3 Definitions of key terms

Work-related stress – The sense of increased job demands that never seem to decrease is described as work-related stress, which includes tight deadlines that affects people in ability to maintain the same level of productivity. Work-related stress is prevalent in various work environments in modern times (Macdonald, 2003), and is recognized as a critical factor influencing a worker's health, especially in computer/office work (Nurullah, 2014). While stress may be an unavoidable result in today's workforce, if it persists untreated for a long time, it can result in burnout, decreased productivity, decreased occupational-satisfaction and low psychological wellbeing. (Feldman, 2019). Assessment of stress-related work was obtained through the mean score of the *General Work Stress Scale* (De Bruin & Taylor, 2005).

Occupational satisfaction: Occupational-satisfaction is the affirmative orientation of a person towards the profession role which he is actually occupying (Sharma et al., 2010). Occupational-satisfaction is a position, which reverberates the persons of satisfaction, gratification in her or his job or work (Sharma et al., 2010). Occupational satisfaction was measured by obtaining the mean of the 21 item Likert scale: Minnesota Satisfaction Questionnaire for occupational satisfaction (Weiss, Dawis, England, 1967).

1.4 Study Significance

This study is an attempt to bridge the gap in the literature in psychology and specific to cognitive-behavioral program to reduce work-related stress and improve occupational-satisfaction, which is very important to lawyers

More effort is required to conduct empirical research to inform clinical practice of the impact of treatment programs to reduce work-related stress and improve occupational satisfaction in lawyers

1.5 Study Limitation:

The study faced many challenges and difficulties, as follows:

- Difficulty in distributing study tools, due to the Corona crisis.
- Closing down a lot of libraries, which led to difficulty in accessing references and books related to the subject of study.

- The lack of time imposed during the application of study tools during the Corona crisis.

1.6 Study Limits

The scientific study is limited to the subject of the study related to Cognitive Behavioral Intervention Program in reducing work-related stress and improving occupational satisfaction among lawyers

Furthermore, the research was carried out throughout the academic year 2021–202, with a study sample comprised of lawyers from northern Israel.

Chapter Two

Literature Review and Pervious Studies

2.1 Literature Review:

There is a growing public awareness, including among employers, of the importance of preventing excessive stress and burnout in the workplace, which has resulted in fruitful interventions and research papers on the subject, covering a wide range of occupational fields and demonstrating satisfactory efficacy (Barrett & Stewart, 2021; Iancu et al., 2018; Clough et al., 2017).

2.2 The Stressful occupation of lawyers

The legal profession is rife with stressors. Krieger (2002) has proposed that the law can be "a miserable profession, characterized by grueling hours, meaningless work, cutthroat colleagues, and golden handcuffs." The field is both stressful for legal professionals and lawyers. In one study, it was suggested that the stress signals of the profession have an earlier onset which can manifest during the time as students in the school of law (Collier, 2002).

Lawyers experience inveterate occupational stress that emanates from toxic occupational environments, occupation-life imbalance, and elevated levels of rotations. (Brough, P., et al., 2016).

Both actual and perceived stress are substantially inherent ingredients in the lawyer's profession. Among others, the stressors may involve a community's perception of lawyers that is not permanently positive, fear of washout, excessive desire to satisfy senior members of the company, stress from having to bill additional hours to the accounts of the client, the fact that occasionally the client is less than truthful with their lawyers, inordinate demands that the clients make on a lawyer's attention, and time pressure.

The occupational characteristics can affect and shape the levels of occupational stress. Specifically — occupational support, occupational control, and work demands. Jimmieson and Bergin (2014) reported variations among these occupational features experienced by senior and junior lawyers. Senior lawyers reported receiving higher levels of occupational support, occupational control, and lower levels of work-related stress and

demands compared to junior lawyers. Furthermore, there is proof of the influence of the three aforementioned occupational features on long-range performance outcomes, such as: work engagement, occupational satisfaction, and employee health (Bergin, A. J., & Jimmieson, N. L. 2014). In the preface to his book "Stress Management for Lawyers: How to Increase Personal and Professional Satisfaction in the Law", Elwork (1997) says, "When you practice law, stress comes with the territory". A lawyer has to articulate distinctly and think rapidly. In an adversarial setting, lawyers' zealous efforts are frequently disparaged by their adversaries (Ayres et al., 2017). The professional career of law exposes attorneys to a variation of stressors from working too much (Bergin & Jimmieson, 2014), involvement in emotional problems of the clients which may also risk compassionate fatigue (Regehr et al., 2013), and competitions among colleagues (Regehr et al., 2013). In addition, sometimes the law may seem unpredictable, unclear, and produce unjust rulings, which adds up to stress (Regehr et al., 2013). Occupational stress is a factor that prominently contributes to coronary heart disease thus especially predisposing the population of lawyers. (Regehr et al., 2013).

A survey by the American Bar Association (1999) concluded that peer competition, long work hours, lack of personal and family time, financial rewards, and prejudices on a gender basis are key factors in dissatisfaction among lawyers. (Sharma et al., 2010).

In another survey among lawyers, it emerged that difficulties in coordinating between work and family life constituted a key factor contributing to dissatisfaction among the legal work force. (Bergin & Jimmieson, 2013). It was suggested that even day-to-day exchanges in the legal profession of law involve exposure to various stressors which can lead to burnout (Sharma et al., 2010). Lynch (1997) studied occupational stress among public defenders in the State of New York, measuring probable stressors confronting public defenders. The most prominent stressors were found to include: having unrealistic trial options as a result of judicial sentencing policies that are designed to chastise those who exercise their right to trial; having excess work to do; unpredictable trial circumstances; having to reach common ground between conflicting parties; dealing with livid clients; and disputes with prosecutors. Additional stressors include In terms of relative occupational stress, law was ranked as an extremely stressful profession, followed by dentistry and medicine. (Bergin & Jimmieson, 2013). Psychological distress among lawyers can take many forms, which goes beyond its influence on a personal level

and has the potential for dire societal outcomes and further implications for the public. This may constitute a societal issue since lawyers play important and influential roles as legal executives, defendant representatives, policy advisors, appointed and elected public officials, and others (Ayres et al., 2017).

Thus, we can conclude that the occupational and personal well-being of many lawyers might be in jeopardy. These days the number of attorneys suffering from burnout, stress related illness insomnia, and low productivity, doubtlessly due to a shortage of imbalance among their personal and professional lives. The most frequent reason, which is one of many reasons why attorneys consider leaving the occupation, is the willingness to invest extra time in family and personal needs (American Bar Association, 1999, Bentsi-Enchill, 2006).

Generally, the brightest and best lawyers are most susceptible to stress and burnout. Capable and ambitious individuals who expect highly of themselves are especially vulnerable (Bentsi-Enchill, 2006 and Verma, 2008). The resulting decrease in private life and overwork causes occupational dissatisfaction among lawyers (American Bar Association, 1999). According to one study, lawyers endure excessive working hours, insufficient vacation and family time (ABA Young Lawyers, 1991), susceptibility to alcohol abuse and higher psychological adversity (Ayres et al., 2017). The aggregation of these elements may pose a further hardship and communication challenge for lawyers' marital and family lives. Despite the abundance of occupational stressors unique to the profession of a lawyer, it is unclear to what degree these factors affect a lawyer's functioning and how they extend to lawyer-client relationships as this area lacks a body of empirical research.

In one study which compared civil and criminal attorneys, Hasnain, Naz, and Bano (2010) found that civil attorneys reported lower scores of stresses than criminal attorneys. This difference was seen among attorneys that have 10 years of experience or more but was not found in newly qualified attorneys. In a survey of 12,825 licensed and employed American attorneys, Krill, Johnson, and Albert (2016) found substantial rates of behavioral health problems, with 20.6% screening positive for hazardous, harmful, and potentially alcohol-dependent drinking. Concurring with Hasnain et al. (2010) (mentioned earlier), the rates were higher among male attorneys and those who were

younger and had relatively less work experience. Moreover, a high prevalence of internalization symptoms was found among the sample. Depressive, anxiety, and stress symptoms affect 28 percent, 19 percent, and 23 percent of people, respectively.

What is Cognitive Behavioral Intervention Program (CBIP)?

CBIP refers to cognitive behavioral intervention program which is an umbrella term for a diverse constellation of evidence-based practice techniques and interventions designed to facilitate coping, with some programs were specifically tailored for dealing with specific health conditions, specific difficulties and/or mental disorders to include detailed, step-by-step protocols to address various conditions. The ultimate goal of CBIP is to foster enhanced functioning, alleviate distress and suffering, and lead individuals to exit the place where they may have stagnated. The behavioral component of CBIP which emphasizes behavioral modifications of current maladaptive behaviors such as "avoidance" behaviors which serve to stave off anxiety on the short term but maintain in it or even making stronger on the long run. Thus, behavioral interventions primarily focus on exposure techniques, which have been shown to be highly effective for various conditions, including, among others, anxiety and trauma (McLean & Foa, 2016). Other behavioral components may include behavioral activation which was shown to be effective for conditions like depression (Hopko et al., 2003) and contingency management for substance use (Walter & Petry, 2015). The cognitive part usually focuses on maladaptive, rigid beliefs called "core beliefs", and biased and unhelpful thinking patterns which came to be called thinking errors or cognitive distortions. The basic premise behind CBIP is that the behavioral and cognitive components are bidirectional intertwined and thus a change in one should lead to a change in the other. CBIP typically also includes a psychoeducation stage at the onset of therapy, in which the therapist assumes an active role in explaining the condition, its symptoms, how it develops, what maintains it, and its prevalence, with a special focus on normalization and comforting based on empirical evidence. Most practitioners also incorporate relaxation techniques into their practice, such as deep breathing and progressive muscle relaxation, to be effective in stressful and/or anxiety-inducing situations.

Cognitive Behavioral Intervention Program CBIP effects on work-related stress and satisfaction

Overall, organizations have incorporated a variety of new stress-management interventions (SMIs) to assist their employees in adapting more efficaciously to work-related stress. Feldman (2019) has found that among stress-management interventions, Cognitive Behavioral Intervention Program (CBIP)-based interventions were the most effective in enhancing employees' life quality, reducing perceived stress, and reducing symptoms of anxiety, burnout, and depression. This relatively short treatment intervention was found to be accompanied by a bigger effect size in terms of treatment efficacy than other long-treatment interventions (Richardson and Rothstein, 2008).

In a randomized-controlled study, The goal of the study was to see how a Cognitive Behavioral Intervention Program (CBIP) affected attribution style, job satisfaction, and general well-being. Attribution style can be defined as the characteristic way people attribute causes to events, particularly successes and failures. When negative events are consistently attributed to internal, stable and global factors, and positive events to external, temporary and specific causes, even in the face of contrary evidence, the result usually entails hopelessness, giving up and negative psychological outcomes. In a sample of a hundred and sixty-six financial services sales agents, it was found that changes in attribution style in the CBIP group led to improvements in occupational-satisfaction, self-esteem, psychological well-being and productivity (Proudfoot et al., 2009)

There seems to be a lack of published empirical work on the effectiveness of CBIP among lawyers and other legal practitioners. This is to be contrasted with already present trials on professionals from other fields (see earlier), despite ample justification for such a need given the work circumstances. Cunningham (2014) proposed using principles from the Cognitive Behavioral Intervention Program to reduce nervousness during oral argument or moot court (Cunningham, 2014). The author suggests that CBIP principles can be effective in reducing the common experiences of lawyers before or during oral arguments. The therapist may address and work on present automatic thoughts and cognitive distortions such as: all or nothing thinking, probability overestimation, mind reading, catastrophizing, having unrealistic thoughts and perceptions of the judges as "monsters" who are "grilling" the attorneys just for the sake of pleasure, and attentional and memory

biases that lead to attending to negative aspects of the experience while minimizing its rewarding and positive aspects. The Cognitive Behavioral Intervention Program also includes a psych educational component on states like stress and anxiety, fostering the acknowledgment of nervousness and anxiety instead of dwelling on them, setting realistic expectations and reinforcing the lawyer's qualifications. The behavioral component may include in-court exposure while empty, classroom simulations with professors and alumni serving as judges and co-judges.

One meta-analysis, which is comprised of forty-eight studies, compared various intervention paradigms, including cognitive-behavioral interventions, relaxation techniques, multimodal programs, and organization-focused interventions. The results indicated a small but significant overall effect of the therapeutic interventions (Van der Klink, 2001). The cognitive-behavioral interventions and multimodal interventions had the strongest effects of the bunch (a moderate effect), while organization-focused interventions failed to prove their efficacy. These results illustrate the need for an individually-tailored approach with private therapeutic sessions for better outcomes in stress-related complaints and perceived quality of work life.

In an effort to alleviate the work-related stress among lawyers, judges, and law students, several jurisdictions across the United States have established psychological services called lawyers' assistance programs (LAPs) (Benjamin, Sales & Darling, 1992). These programs administer educational and prevention workshops, regulated procedures for identifying distressed law practitioners and provide them with several types of therapeutic interventions, such as peer counseling and individual and group psychotherapy. Most therapeutic programs incorporate general stress-and time-management techniques as well as cognitive-behavioral interventions for the purpose of improving problem-solving capacities. These programs mainly address work-related stress (e.g., work overload), which is prevalent among lawyers as well as many other professionals. One jurisdiction has reported that in just four years, its LAP has led to a decline in malpractice claims against lawyers of 10% to 7% and a 28% decline in malpractice premiums (OSBPLF, 1990).

Theories That Explain Work-Related Stress

A number of theories explaining work related-stress are highlighted as follows:

A- The physiological theory of stress: The proponents of this theory see stress is a response to threatening events that come from the environment, as this model focused on the physiological reactions that result from stressful events and the role of the nervous system and the glandular system in response.

Cannon (W.Cannon) and Hans Selye are two of the model's most important pioneers (Tsutsumi et al., 2001).

B- Cannon's 1932 theory (confrontation and flight): It is one of the first theories that relied on aspects of physiology in the interpretation and study of psychological stress. Through Cannon's study of how both humans and animals respond to external threats, stress is a response to rebalancing the body. Cannon pointed out that there are physiological defensive methods in the human body that contribute to maintaining a state of equilibrium, thanks to the hormone adrenaline, which prepares the body to face stressful situations

Walter Cannon used the term "bodily balance" to denote the tendency of the organism to use its resources to maintain a state of equilibrium, and from it the organism perceives danger and responds to it either by defense or escape, as Cannon indicates that the occurrence of psychological stress leads to a state of In the imbalance of the organism, the body is stimulated and stimulated by the sympathetic nervous system and the endocrine glands, where complications and physiological effects occur, and psychological stress may be a cause of health problems as a result of an imbalance in physiological and emotional functions. Cannon used the term "stress" and defined it as a state of reaction in an emergency and used the term "emotional stress" in his research to describe the process of psychological reaction (Dewe et al., 2012).

C- Theory of Hans Selye: He was one of the first doctors to research the subject and develop his theory based on his various experiences with humans and animals. Hans Selye stated that constant exposure to psychological stress causes a disturbance in the hormonal system through excessive excitability of the autonomic nervous system and that these hormonal disorders are responsible for psychosomatic diseases.

Hans called the symptoms that appear in the organism the general adaptation syndrome (Moustaka & Constantinidis, 2010).

D- The natural theory: It says that a person who is constantly injured suffers from a physical or nervous defect, and this defect is the cause of these accidents. We do not deny this, but it is not the effective cause of the recurrence of work accidents. In an exhortation, Grave found that work accidents in 0.9% of cases have no medical cause, and 1.5% of accidents in this factory have medical causes, and auditory and visual defects fall into this small category (Kane, 2009).

E- Psychoanalytic theory: This theory considers accidents to be unconscious intentional actions, which are similar to lapses. The owners of this theory believe that physical injury is an unconscious, self-directed aggression, and (Sigmund Freud) considers most of the incidents an expression of nervous conflicts and that the competition of the self is one of the elements on which the causation of accidents is based (Spielberger et al., 2001).

2.3 Rationale

Understandably, proper management of emotional exhaustion and burnout is highly crucial for optimal functioning and can have a major influence on occupational satisfaction. The current study borrows its significance from directly testing the efficacy of a commonly applied, evidence-based intervention (CBIP) in reducing work-related stress and occupational satisfaction among lawyers. As reviewed earlier, lawyers represent an at-risk population for the negative effects of stress and excess work demands. This issue is highly relevant to both lawyers themselves and the public, as lawyers' burnout can adversely affect many other individuals and policy outcomes.

2.4 Previous Studies:

The current study dealt with many global, Islamic, Arab and Palestinian studies as following:

Bames, Miller & Bostock (2017), Drawing, we hypothesized that treating insomnia with Internet-based cognitive behavior therapy for insomnia would lead to improvements in negative affect, occupational satisfaction, self-control, organizational citizenship

behavior, and interpersonal deviance, based on recent research advances indicating the harmful effects of insomnia on negative affect, occupational satisfaction, self-control, organizational citizenship behavior, and interpersonal deviance. We discovered that therapy had a positive direct effect on negative affect, occupational satisfaction, and self-control in a field experiment with a randomized wait-list control group. Furthermore, negative affect moderated the effect of therapy on occupational satisfaction. We couldn't find a direct link between therapy and organizational citizenship or interpersonal deviance. Treatment, on the other hand, had a positive indirect effect on organizational civic behavior via the mediators of negative affect and occupational satisfaction, as well as a positive indirect effect on interpersonal deviance via the mediator of self-control. These findings advance the applied psychology literature on insomnia from just highlighting the negative impacts of employee insomnia to demonstrating a partial solution to these issues.

Gardner et al., (2005) looked at transactional stress models and stressed the relevance of cognitive assessment of prospective stressors in determining the stress response. This appraisal can be modified by the use of techniques normally associated with cognitive therapy. The contribution of a specifically cognitive component when intervening in work-related stress has not been well evaluated to date. This research seeks to determine the effectiveness of stress management training in the treatment of the work-related effects of stress by comparing the role of modifying dysfunctional cognitions with the teaching of appropriate behavioral coping strategies. Participants were allocated to one of two intervention conditions or to a waiting list control group. Those in the intervention conditions received group stress management either with the focus on delivering cognitive therapy techniques or with the focus on behavioral coping skills. Measures of general health were taken at the beginning and end of the intervention and at 3-month follow-up. Participants in the cognitive therapy groups who were reporting symptoms of general ill-health at the start of the intervention showed a significant improvement at follow-up. Cognitive therapy appears to have been an effective intervention for work-related stress. Those in the behavioral group showed a smaller but still clinically effective improvement. The outcomes are discussed in terms of methodological issues and implications for future research. It is suggested that changes in cognitive appraisal may need to be developed.

Shariatkhah and others (2017) conducted research to determine the effects of cognitive-behavioral stress management on nurses' work stress. **Materials and Methods:** In this quasi-experimental study with a control group, 40 nurses from the educational hospitals in Birjand who had completed a work stress questionnaire with a score of more than 100 were selected and randomly allocated to two groups. The intervention group underwent eight 2-hour sessions of training in cognitive-behavioral stress management (one session per week), whereas the control group had no such training. Two months after the training, the two groups completed the hospital work stress questionnaire again. Chi-square, Fisher's exact test, independent t-test, and paired t-tests were performed on the data using the Statistical Package for the Social Sciences (version 19) at a 0.05 significance level. The results showed that the stress mean score and standard deviation before and after the intervention were 3.48 (0.22) and 2.8 (0.2) in the intervention group, and 3.48 (0.21) and 3.56 (0.2) in the control group, respectively. In the intervention group, the overall mean scores of stress and its dimensions significantly decreased after the intervention ($P < 0.05$).

Lindsäter's (2020) study sought to assess the effects of CBIP, on patients on sick leave with a common mental condition, a return-to-work intervention (RTW-I), and a combination of the two (COMBO) (CMD; AD, ED, anxiety disorders, depression, and insomnia). The effect of a new CBIP protocol employed to treat patients with stress-related problems in Study I was of special interest to the current thesis. The goal of Study II was to see how effective the same CBIP protocol was as a therapist-guided internet-based treatment (ICBIP) for people with AD or ED. The goal of Study III was to look into the ICBIP's cost-effectiveness. In Study IV, we wanted to see if sleep deprivation was a possible mediator of ICBIP's influence on stress and tiredness symptoms.

In this research, I randomly assigned primary care patients ($N = 211$) on sick leave due to a CMD to one of three treatments: disorder-specific CBIP, RTW-I, or COMBO. Symptom severity and net days on sick leave were the primary outcomes. A majority of the patients (72 percent) satisfied diagnostic criteria for AD or ED and were treated with the new CBIP stress-related disorder treatment. In Study II, The ICBIP for stress-related diseases or a waiting control condition were randomly allocated to 100 patients with AD or ED (WLC). The key consequence was the level of felt stress. Study II provided the foundation for Studies III and IV. In Study III, the ICBIP's cost effectiveness and cost-

utility were assessed from a societal and healthcare viewpoint, with incremental cost-effectiveness and cost-utility ratios calculated using remission rates and health-related quality of life, respectively. In Study IV, latent growth models within a structural equation framework were used to assess weekly measurements of sleep impairment (the potential mediator) and outcomes (perceived stress and weariness) throughout the course of ICBIP.

In comparison to the RTW-I and the WLC, the CBIP for stress-related disorders was found to be beneficial in lowering symptoms in Studies I and II. In Study II, subgroup analyses of AD and ED revealed that the therapy was similarly efficacious for both diagnoses. However, when compared to control settings, treatment effects on sick leave (Study I) and work ability (Study II) were minimal and non-significant. According to the findings of Study III, ICBIP was a cost-effective treatment when compared to the WLC, providing considerable results at no or moderate societal net expenditures in only 12 weeks. Reduced sleep impairment was demonstrated to statistically mediate the effect of ICBIP on reported stress and tiredness symptoms in Study IV.

Fadaei et al., (2020) discovered that working as a nurse in an intensive care unit (ICUs) face numerous stressors that can jeopardize their self-efficacy and affect the quality of care. The aim of this study was to evaluate the effectiveness of cognitive behavioral therapy (CBIP) on the ICU nurses' occupational stress. The study was conducted in a hospital in the southeast of Iran. The participants included 120 nurses, who were randomly assigned to the control ($n = 60$) and intervention ($n = 60$) groups. In the pre-test, occupational stress was assessed using the Osipow questionnaire. Later, the intervention group attended the CBIP course, conducted in six 90-minute sessions. One month after the intervention, the post-test data was collected from both groups. The findings showed that CBIP was effective in relieving nursing stress. Therefore, CBIP training is suggested in in-service training programs for nurses.

The Study of Proudfoot et al., (2009) aimed to examine a cognitive-behavioral training waiting-list controlled study that changed employees' attributional styles, reduced turnover, increased productivity, and improved a number of individual differences in measures of well-being. A total of 166 financial services sales agents (98% male, average age 36.29 years) were randomly assigned to either (a) a seven-week cognitive-behavioral training program or (b) a waiting list. Significant improvements resulted in employees'

attributional style, occupational satisfaction, self-esteem, psychological well-being, and general productivity. A significant reduction in employee turnover over a 4.5-month period was observed. The waiting-list control group replicated these results when they subsequently went through the same program. These findings demonstrate that work-related attitudes and behaviors, especially in motivationally challenging occupations, can be changed with cognitive-behavioral training to improve attributional style. The study is also valuable for personality and individual differences research because it shows how psychological variables can be changed by effective intervention in applied settings.

Kojima et al., (2010) undertook a randomized controlled research to see if cognitive behavioral therapy (CBT) training could help workers with depression and self-esteem issues. A total of 261 workers were randomly assigned to one of two groups: intervention (n = 137) or waiting list (n = 124). A group session with CBIP professionals and three e-mail sessions with occupational health care staff were offered to the intervention group. Analysis of covariance was used to analyze between-group differences in the change in the Center for Epidemiologic Studies Depression Scale (CES-D) and Self-Esteem Scale from baseline to three months after the conclusion of training. The intervention group's subjects all finished the group session, and 114 (83 percent) finished the three e-mail sessions. The intervention group's CES-D score fell by 2.21 points, while the control group's score rose by 0.12 points, a significant difference of -2.33 points.

Bumjan (2016) conducted a study about the elaboration of a cognitive behavioral guidance program for reducing stress in married university women teachers. Based on cognitive behavioral therapy techniques and procedures, as well as the Meichenbaum stress immunization training approach, this study reveals the effectiveness and sustainability of the program's impact at the end of the sessions and during the follow-up period, through its application to a sample of married women teachers at Mohammed Khider University of Biskra. The experimental method has been adopted, using a pretest/post-test design with two unequal groups. The pretest was also performed for the two scales of the study: "the sources of the stress" and "the stress response". Then the guidance program was applied to the experimental group; and the post-test was performed at the end of applying the program. A month later, the follow-up testing was performed to consider the continuation of the guidance program effect. The pretest was also performed for the two scales of the study: "the sources of the stress" and "the stress

response". Then the guidance program was applied to the experimental group; and the post-test was performed at the end of applying the program. A month later, the follow-up testing was performed to consider the continuation of the guidance program effect. A stress sources scale and a stress response scale were administered to an intentionally selected sample of 74 female faculty members from Mohamed Khidher-Biskra University. Therefore, the designed program has been applied to 11 female married faculty members with high stress degrees on both scales, split into an experimental group (5) and a control group (6). On the stress sources scale, statistically significant differences were identified between the pretest and post-test, according to the study. Statistically significant differences were found between experimental and control groups in relation to the post-test according to stress sources scales, but there were no statistically significant differences regarding the following.

Abdelrahman (2018) aimed to identify the efficacy of cognitive behavioral program in improving level of social skills and reducing isolation behaviors among university students, the study used the semi experimental approach, the participants consisted of (24) first year students by randomly method, the result of the study showed that the efficacy of cognitive behavioral program in improving the level of social skills and reducing isolation behaviors among university students in favor of experimental group.

Garbi (2016) aimed to identify the effectiveness of a cognitive-behavioral training program in alleviating the worker's suffering (sources of occupational stress among female workers in the health sector as a model). A semi-experimental study, the study sample consisted of 36 male and female nurses from Algerian hospitals, and the results showed that there were statistically significant differences between the experimental and control groups on the total degree of the scale in favor of the experimental group, and it was found that there was an effect of the cognitive-behavioral training program in alleviating the suffering of the workers.

Al-Shehadat (2017) aimed to see how a group cognitive behavioral counseling program affected the self-esteem and stress levels of Jordanian children of Syrian refugees enrolling in one of Jordan's public schools in Zarqa. of the study consisted of thirty Syrian students who were randomly classified into two groups (Experimental and Control), and the follow-up test was used only with the experimental group. The results showed that

there were statistically significant differences between the experimental group's performance and that of the control group's performance on the psychological stress tests and their dimensions in favor of the experimental group. Indicated that there were statistically significant differences in the post-test and in the follow-up test in favor of the follow-up test, which showed the effectiveness of the program in reducing students' stress, in addition to their continued improvement during the follow-up period.

Al-Khawaldeh (2017) aims to identify the effectiveness of a collectivist cognitive behavioral guidance program in reducing anger and improving psychological adjustment for the students of the faculty of law at the University of Philadelphia. The community of the study consisted of all the students of the Law Faculty at Philadelphia University for the academic year 2013/2014. Anger and psychological adjustment scales were applied as pretest and post-test on the students who had expressed their desire to join the program. After that, the sample study was chosen of students who received high grades on the anger scale and students who received low grades on the adjustment scale, totaling (30) students randomly. The sample of the study was divided into two groups: The experimental group included fifteen (15) students from the Faculty of Law who received a collectivist cognitive behavioral guidance program to reduce anger and improve level adaptation in a range of two sessions every week. The results of the analysis show statistical differences between the experimental group and the control group in the post-test for each of the scales of anger and psychological adjustment, which are attributed to the effect of applying a collectivist cognitive behavioral guidance program on the experimental group.

2.4 Summary:

The previous studies (foreigners and Arabic) dealt with similar variables to the study variables, but those variables were separate, and the study sample was somewhat similar to the one employed in Al-research. Khawaldeh's (2017) because it dealt with legal individuals,

On the other hand, the methodology of the current study was similar to the methodologies used in previous studies, where it dealt with the semi-experimental approach, and it was also similar to some previous studies in that it used the measurement related to follow-up and found the differences between the levels of the post-measurement of the experimental

group and the level of measurement on follow-up, which appeared in the studies of Al-Khawaldeh (2017), Bumjan (2016), Al-Shehadat (2017).

The current study is characterized by the fact that it dealt with the variables of the study combined with each other, namely: reducing work-related stress and improving occupational satisfaction, and through this it was identified that the effectiveness of cognitive behavioral therapy in relieving work-related stress and improving occupational satisfaction among lawyers, and also, it can be recognized that the current study was distinguished from previous studies in that it dealt with a population that it did not deal with in the prior researchs.

Chapter Three

Methodology

The current research employed an experimental paradigm consisting of two randomly-assigned groups: A) Over the course of two and a half months, the Experimental (group A) received ten CBIP sessions. The control group (Group B) served as a waiting control group that didn't receive any treatment.

The "Institutional Review Board," IRB, of "An-Najah National University" provided ethical approval (see appendix A). Participants were given a brief description of the topic of the study without divulging its purpose. They had to indicate their full consent to participate in the measurements and CBIP program, and an approved consent was filled in the "Participation Form".

Participants were informed that they had the right to leave the experiment at any moment and without penalty, ensuring confidentiality.

3.1 Study Sample

The final study sample consisted of 14 lawyers ($N = 14$) between the ages of 25 and 55 who were chosen by a volunteer sampling method among those who agreed to participate in the study after the researcher contacted them and placed social media advertisements on Facebook. All lawyers had to have worked for the same firm for at least two years.

Participants had no choice in which group they belonged, and they were not informed about the other group's option. The purpose of this measure was to preserve the internal validity of the study in the event of a group-selection threat. In total, control group summed up to eight participants and the experimental group summed up to six participants.

3.2 Instruments:

General Work Stress Scale (De Bruin & Taylor, 2005) - The scale contains 9 items which investigate the stress that an individual experience at work. In other words, the items were drawn up to determine to what extent work itself is a source of stress for the individual. Examples of items in the scales include: "Do you worry about having to wake up and go

to work in the morning?" and "Do you feel like you cannot cope with your work anymore?"

The Minnesota Satisfaction Questionnaire (MSQ) is a survey that measures how satisfied people are with their lives (Weiss, Dawis & England, 1967) is a 20-item instrument that evaluates satisfaction with various attributes of the work environment. The respondent reports how satisfied he/she is with the particular reinforce on his present work. Responses are noted on a five-point Likert scale as: very dissatisfied, neither dissatisfied nor satisfied, satisfied, very satisfied, scale for satisfaction. Examples of items in the scale include: "The feeling of accomplishment I get from the work", "The freedom to use my own judgment". The scale was shown to have higher reliability and construct equivalence with Cronbach's Alpha =.955, Spearman-Brown Coefficient =.97, and Guttman Split-Half Coefficient =.97, which were acceptable (Hair et al., 2010).

3.3 Design

The classification of this research is as an experimental research. Before being assigned to research groups, all volunteers were evaluated for burnout. The median score of burnouts served as a cut-off, whereas only those above the median were called serve in either the intervention group (CBIP) or waiting list. Assignment to either group were randomly conducted. Both groups were tested for the dependent variables at two stages: pre-and-post intervention. The symbols beneath depict the research's design.

EG: O1 X O2 Experimental Group

CG O3 — O4 Control Group

EG O2 - FG following measurement

EG: Experimental Group CG: Control Group O: Measurement

X: Treatment plan FG: Following measurement —: No treatment plan

3.4 Cognitive Behavioral Intervention Program (CBIP):

The cognitive behavioral program featured the following parts: muscle relaxation exercises, meditation, deep breathing, and cognitive reframing (i.e., turning "negative thoughts into positive ones," identifying and challenging maladaptive thoughts).

The CBIP program consisted of (10) sessions per participant (60 sessions for all the participants) over the course of two and half months, the duration of each session is forty-five minutes, and only one participant participated in each session. The aim of the plan was to reduce the levels of work pressure among the lawyers. Cognitive thoughts-exposure, role-playing and Homework were some of the techniques that used in the plan's sessions. Before the plan was conducted, The plan was reviewed by a commission of therapists and counselors, and suggested their edits and ideas. the framework of the plan will follow the modality below:

Session (1)

Establish trust, relationship.

Psychoeducation, introduce CBIP and CB model, psychotherapy.

Set goals.

Receive feedback from the client.

Session (2)

Check mood.

Learn to distinguish the stressor situation, the feels, negative thoughts and the changes in the body on work pressure situation.

Introduce progressive muscle relaxation and practice on it.

Homework: practice progressive muscle relaxation two or three times during the week.
get feedback from the client.

Session (3)

Assess mood

Reviewing the concept of gradual muscle relaxation

Introduce imagery and practice it.

Exercises in visualization and progressive muscle relaxation are assigned as homework.

get feedback from the client.

Session (4)

Assess mood.

Imagery is being examined.

Introduce the "hot thought" concept and the three-column thinking record.

Practice three columns with a recent occurrence.

Homework: keep a three-column thought journal and practice relaxation techniques.

Get feedback from the client.

Session (5)

Assess mood.

Talk about therapy progress and termination

Review homework.

Introduce cognitive distortions.

Complete three column in session, identify the hot thought.

Identify concept of challenging "hot thought".

Set homework: "1" three column thought record and "2" relaxation techniques.

Receive feedback from the client.

Session (6)

Check mood.

Review homework.

Identify challenging thoughts and 7 column thought record.

Complete 7 column in session.

Identify concept of challenging "hot thought".

Set homework: "1" three column thought record and "2" relaxation techniques.

Receive feedback from the client.

Session (7)

Check mood.

Review homework.

Complete seven column in session.

Set homework: "1" three column thought record and "2" relaxation techniques.

Receive feedback from the client.

Session (8)

Check mood.

Review homework.

Review the treatment progress.

Complete relapse prevention.

Identify and schedule self-management session.

Set homework: self-management session.

Session (9)

Check mood.

Review homework.

Adopting and arranging healthy lifestyle habits

Session (10)

End treatment, assist participant to maintain changes and create list.

Review homework and the treatment progress.

Not introduce new concept through the final session.

3.5 Data analysis:

The data analyses were conducted using IBM SPSS software. Significance level was predetermined at $\alpha = 0.05$. Descriptive statistics were used, ANCOVA, Estimated Marginal Means to show the Efficacy of Cognitive Behavioral Intervention Program in Reducing Work-Related Stress and Improving Occupational Satisfaction among Lawyers on pre and post-test.

The Paired Sample T-test was used to show the statistically significant differences between the post-test and the follow-up in the levels of occupational satisfaction and work-related stress.

Chapter Four

The Results

4.1 The results of the first question:

Is the Cognitive Behavioral Intervention Program efficacious in Reducing Work-Related Stress among lawyers?

The study used Mean, Standard deviation for the lawyers in the experimental group's pre- and post-test that using Cognitive Behavioral Intervention Program and the control group as shown in table (1).

Table 1

Mean, Standard deviation for the pre and post-tests on the reducing work -related stress among lawyers

Group	Number	Pre-test		Post-test	
		Work-related Stress		Work-related Stress	
		Mean	Std. Deviation	Mean	Std. Deviation
Experimental	6	4.33	0.31	1.72	0.43
Control	8	3.69	0.25	3.71	0.19

The results in table (1) showed that there were apparent variance between the mean value for the pre and post – tests on the reducing work-related stress among layers, mean value for the experimental group on the pre-test was (4.33) with standard deviation of (0.31), to be (1.72) on the post-test with standard deviation of (0.43), and the mean value of control group on the pre-test was (3.69) to be (3.71) on the post-test with standard deviation of (0.19).

To look into the statistically significant differences between the two groups The ANCOVA test, as shown in table (1), was used

Table 2

ANCOVA test to show the statistically significant differences between means values for work related-stress for experimental and control groups on the post-test according to using Cognitive Behavioral Intervention Program

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	.344	1	.344	4.539	.057	.292
Group	7.636	1	7.636	100.764	.000*	.902
Error	.834	11	.076			
Total	128.988	14				
Corrected Total	14.702	13				

*: significant at level of (0.05)

Table (2) showed that (F) value was (100.764) for using Cognitive Behavioral Intervention Program related to work-stress, and its significant at level of (0.05), in the level of work related -stress on the post-test between the control and experimental groups, due to the using of Cognitive Behavioral Intervention Program, and the size effect for the Cognitive Behavioral Intervention Program on the work related-stress as Eta Squared was (0.902), therefore this strategy has an effect (90.2%) on reducing the level of stress, while (10%) from the variance can't be interpreted because its related to other factors.

To determine the mean value of the differences in the work related-stress degree on the post-test in the two groups (experimental and control); The estimated marginal means resulting from isolating the work related -stress effect in the pre-test, was extracted on the scores related to work related-stress in the post-test, and the results were as in the following table :(3)

Table 3

Estimated Marginal Means among lawyers on the post-test related to work-stress according to group

Group	Mean	Std. Error
Experimental	1.50	.154
Control	3.88	.125

Result of estimated marginal means for lawyers work-stress between experimental and control groups on the post-test after isolating the effect of the degree to which work-related stress is present on the pre-test, showed that the variance was in favor of experimental group (Cognitive Behavioral Intervention Program) mean value was (1.50) which is less than estimated marginal mean of control group = (3.88), which indicate the efficacy of Cognitive Behavioral Intervention Program.

4.2 The results of the second question:

Is the Cognitive Behavioral Intervention Program efficacy in Improving Occupational Satisfaction among Lawyers?

The study used Mean, Standard deviation for the lawyers in the experimental group's pre- and post-test that using Cognitive Behavioral Intervention Program and the control group as shown in table (4).

Table 4

Mean, Standard deviation for the pre and post-tests on improving occupational satisfaction among layers

Group	Number	Pre-test occupational satisfaction		Post-test	
		Mean	Std. Deviation	Mean	Std. Deviation
Experimental	6	2.13	0.16	4.43	0.22
Control	8	3.18	0.78	3.18	0.79

The results in table (4) showed that there were apparent variance between the mean values for the pre and post – tests on the improving occupational satisfaction among lawyers, mean value for the experimental group on the pre-test was (2.13) with standard deviation of (0.16), to be (4.43) on the post-test with standard deviation of (0.22), and the mean value of control group on the pre-test was (3.18) to be (3.18) on the post-test with standard deviation of (0.79).

©To investigation from the significant differences between the two groups, Two Way ANCOVA test was used as shown in table (5).

Table 5

ANCOVA test to show the statistically significant differences between means values for occupational satisfaction for experimental and control groups on the post-test according to using Cognitive Behavioral Intervention Program

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
pretest	4.421	1	4.421	309.589	.000	.966
Group	9.794	1	9.794	685.874	.000	.984
Error	.157	11	.014			
Total	203.468	14				
Corrected Total	9.953	13				

*: significant at level of (0.05)

Table (5) showed that (F) value was (685.874) for using Cognitive Behavioral Intervention Program related to occupational satisfaction, and its significant at level of (0.05), in the level of occupational satisfaction on the post-test between the control and experimental groups, due to the use of Cognitive Behavioral Intervention Program, and the size effect for the Cognitive Behavioral Intervention Program on the occupational satisfaction as Eta Squared was (0.984), therefore this strategy has an effect of (98.4%) on improving the occupational satisfaction, while (1.5%) from the variance can't be interpreted because its related to other factors.

To determine the mean value of the differences in the occupational satisfaction degree in On the post-test, the two groups (experimental and control); The estimated marginal means resulting from isolating the occupational satisfaction effect in the pre-test, was extracted on the scores related to occupational satisfaction in the post-test, and the results were as in the following table (6):

Table 6

Estimated Marginal Means among lawyers on the post-test related to occupational satisfaction according to group

Group	Mean	Std. Error
Experimental	5.04	0.06
Control	2.73	0.05

Result of estimated marginal means for lawyers occupational satisfaction between experimental and control groups on the post-test after isolating the effect of the level of occupational satisfaction on the pre-test, showed that the variance was in favor of

experimental group (Cognitive Behavioral Intervention Program) mean value was (5.04) which is higher than estimated marginal mean of control group = (2.73), which indicate the efficacy of Cognitive Behavioral Intervention Program.

4.3 The results of the third question

Is there a statistically significant variation in the level of work-related stress according to Cognitive Behavioral Intervention Program, between the post-test and the follow-up.

To answer this question, the study used a Paired Sample T-test to show the statistically significant differences between the post-test and the follow-up in the level of work-related stress according to the Cognitive Behavioral Intervention Program, as shown in table (7).

Table 7

Paired Sample T-test to show the statistically significant differences between the post-test and the follow-up in the level of work-related stress

Group	N	Mean	Std. Deviation	Mean Difference	T value	Sig.
Post-test	6	1.72	.43	.29	5.193	0.003*
Follow-up	6	1.44	.40			

*: significant at level of (0.05)

The results showed that there were a statistically significant differences at level of (0.05) between the post and the follow-up tests in the level of work-related stress, mean value of post-test was (1.72) with standard deviation of (0.43) to be on the follow-up measurement (1.44) with standard deviation of (0.40), and the mean difference between post-test and follow-up test = (0.29), (t) value = (5.190) and its significant at level of (0.05), that mean a success of the Cognitive Behavioral Intervention Program in decreasing the work-related stress in the future among lawyers as shown in figure (1).

Figure 1

differences between the post-test and the follow-up in the level of work-related stress according to Cognitive Behavioral Intervention Program



4.4 The results of the fourth question

Is there a statistically significant variation in the level of occupational satisfaction according to Cognitive Behavioral Intervention Program between the post-test and the follow-up?

To answer this question, the study used Paired Sample T-test to show the statistically significant differences between the post-test and the follow-up in the level of occupational satisfaction according to Cognitive Behavioral Intervention Program as shown in table (8)

Table 8

Paired Sample T-test to show the statistically significant differences between the post-test and the follow-up in the level of occupational satisfaction

Group	N	Mean	Std. Deviation	Mean Difference	T value	Sig.
Post-test	6	4.43	0.22	-0.07	-2.941	0.032*
Follow-up	6	4.50	0.18			

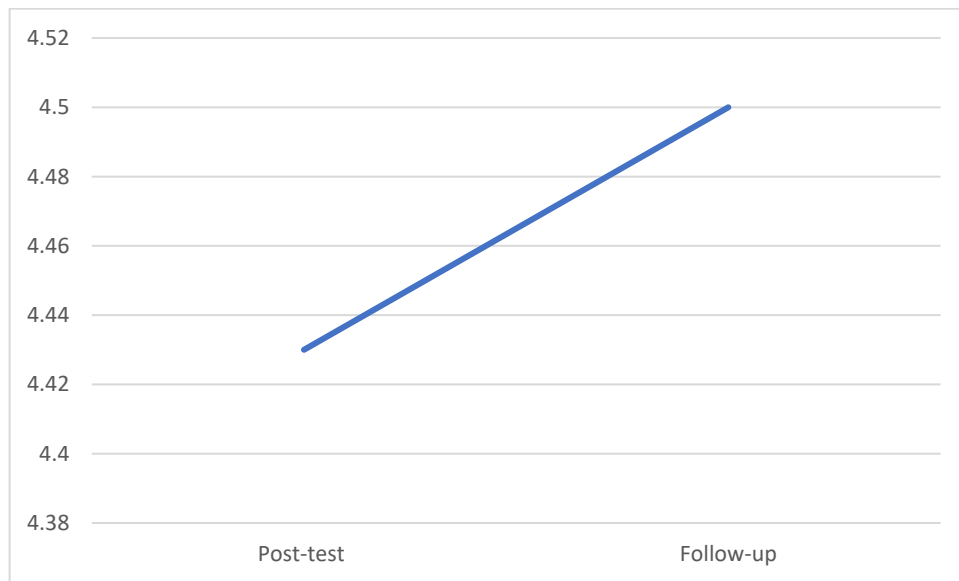
*: significant at level of (0.05)

The results showed that there were a statistically significant differences at level of (0.05) between the post and the follow-up tests in the level of occupational satisfaction, mean value of post-test was (4.43) with standard deviation of (0.22) to be on the follow-up measurement (4.50) with standard deviation of (0.18), and the mean difference between

post-test and follow-up test = (-0.07), (t) value = (-2.941) and its significant at level of (0.05), that mean a success of the Cognitive Behavioral Intervention Program in increasing the occupational satisfaction among lawyers in the future and figure (2) show that.

Figure 2

differences between the post-test and the follow-up in the level of occupational satisfaction according to Cognitive Behavioral Intervention Program



Chapter Five

Discussion and Recommendations

5.1 Discussion

The results of the study showed that there were statistically significant differences between the control and experimental groups with regard to reducing the level of work-related stress.

This result may be attributed to the Cognitive Behavioral Intervention Program (CBIP) program, which relied on psychoeducation. (ideas, beliefs, attitudes) and behaviors, improving emotional regulation, and developing personal coping strategies that target problem solving. The program included many cognitive or behavioral treatments, which reduce the level of work stress among the (legal) study sample members.

This is also due to the dependence of CBIP on a mixture of basic principles from behavioral psychology and cognitive psychology in that it differs from historical approaches to psychotherapy, such as the psychoanalytic approach, where the therapist looks for the unconscious meaning behind the behaviors and then formulates a diagnosis. Instead, CBIP is a "problem-focused" form of the cognitive behavioral intervention program, which means it's used to treat specific problems related to a diagnosed mental disorder.

The therapist's role is to help the client find and practice effective strategies to address specific goals and reduce symptoms of the disorder.

CBIP is based the belief that intellectual distortions and maladaptive behaviors play a role in the development and maintenance of mental disorders and that symptoms and associated distress can be reduced by teaching new information processing skills and coping mechanisms.

When comparing CBIP with psychoactive medications, review studies have found CBIP alone to be effective in treating less severe forms of depression and anxiety, post-traumatic stress disorder (PTSD), tics, and substance abuse (Hopko et al., 2003), (McLean & Foa, 2016).

The researcher reports that Cognitive Behavioral Intervention Program is more effective when combined with medications to treat work-related stress, by practicing some methods related to learning how to distinguish between stressful situations, negative feelings and thoughts, and changes in the body in case of work stress. Among the strategies related to gradual muscle relaxation and its continuous practice over a period of time, the program also reduces reactions from the client, which prepares the individual to anticipate any reaction that he can deal with complete comfort.

This is what was proven through the study that all of these techniques used in the program seek to lessen work-related stress among a group of lawyers, and this was proven by the results of the follow-up test, which showed the continued effectiveness of the Cognitive Behavioral Intervention Program (CBIP) program in maintaining the level of work-related stress.

This result may be attributed to the consolidation and practice of the basic rules among the study sample members, and also the success of the program had a positive impact on the study sample members and helped them get rid of the strikes related to work stress, and this is what the study sample members need. The result of this study agrees with the results of (Fadaei et al., 2020; Bumjan, 2016; Al-Shehadat, 2017; Gardner et al., 2005)

On the other hand, the results showed the success of the Cognitive Behavioral Intervention Program, which led to an increase in the level of occupational satisfaction among lawyers.

This result may be attributed to the effectiveness of the program and its success through the application, which depends on relaxation to increase the level of sound thinking and doing business in an atmosphere away from pressure and anxiety, to increase the level of individual efficiency and work within certain standards that increase the effectiveness of performance, which helps raise the level of occupational satisfaction.

The cognitive processes that the program focuses on by raising the level of psychological stability to raise the level of focus on the goals that the study sample members wish to achieve, and the practice of work in an atmosphere filled with psychological and emotional stability, as a result of special strategies used by the program, the program depends on reducing the level of stress through relaxation sessions, sound thinking and

imagination. All of these techniques help the study sample members to reach safety with regard to the level of sound thinking, which benefits the completion of tasks with a high level of accuracy, and in light of the specified time, which leads to high of occupational satisfaction.

The results of the study demonstrated the continuity of the program's success through a follow-up test, which indicates the success of the program and the long-term benefit of the study sample members from it. This result is consistent with the findings of Bames, Miller, and Bostock (2017) and Proudfoot et al. (2009).

5.2 Recommendations:

- Conducting studies related to the current study with the use of other programs that reduce the level of work-related Stress and improve the level of occupational satisfaction, and other social groups.
- Subjecting lawyers to special courses to reduce work stress level.
- Deploy the efficacy of Cognitive Behavioral Intervention Program in many psychological centers to prove its efficacy.

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Appendices

Appendix A: General Work Stress Scale

General Work Stress Scale
Gideon P. de Bruin & Nicola Taylor
University of Johannesburg
2005

INSTRUCTIONS

The purpose of the following questions is to examine how stressed you are at work. Please respond to the following questions by making a cross [x] over the number that best indicates your answer.

	Ne ve r	Ra re ly	So me ti me s	Of ten	Al wa ys
1. Does work make you so stressed that you wish you had a different job?	1	2	3	4	5
2. Do you get so stressed at work that you want to quit?	1	2	3	4	5
3. Do you worry about having to wake up and go to work in the morning?	1	2	3	4	5
4. Do you find it difficult to sleep at night because you worry about your work?	1	2	3	4	5
5. Do you get so stressed at work that you forget to do important tasks?	1	2	3	4	5
6. Does work make you so stressed that you find it hard to concentrate on your tasks?	1	2	3	4	5
7. Do you spend a lot of time worrying about your work?	1	2	3	4	5
8. Do you feel like you cannot cope with your work anymore?	1	2	3	4	5
9. Does work make you so stressed that you lose your temper?	1	2	3	4	5

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Appendix B: Minnesota Satisfaction Questionnaire

minnesota satisfaction questionnaire

(short-form)



Vocational Psychology Research
UNIVERSITY OF MINNESOTA

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minnesota satisfaction questionnaire

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job**, what things you are **satisfied** with and what things you are **not satisfied** with.

On the basis of your answers and those of people like you, we hope to get a better understanding of the things people **like and dislike about their jobs**.

On the next page you will find statements about your **present** job.

- Read each statement carefully.
- Decide **how satisfied you feel about the aspect of your job** described by the statement.

Keeping the statement in mind:

—if you feel that your job gives you **more than you expected**, check the box under **"Very Sat."** (Very Satisfied);

—if you feel that your job gives you **what you expected**, check the box under **"Sat."** (Satisfied);

—if you **cannot make up your mind** whether or not the job gives you what you expected, check the box under **"N"** (Neither Satisfied nor Dissatisfied);

—if you feel that your job gives you **less than you expected**, check the box under **"Dissat."** (Dissatisfied);

—if you feel that your job gives you **much less than you expected**, check the box under **"Very Dissat."** (Very Dissatisfied).

- Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job**.
- Do this for **all** statements. Please answer **every** item.

Be frank and honest. Give a true picture of your feelings about your **present job**.

Ask yourself: How **satisfied** am I with this aspect of my job?

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. Being able to keep busy all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The chance to work alone on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The chance to do different things from time to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The chance to be "somebody" in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The way my boss handles his/her workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The competence of my supervisor in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Being able to do things that don't go against my conscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The way my job provides for steady employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The chance to do things for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The chance to tell people what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The chance to do something that makes use of my abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The way company policies are put into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My pay and the amount of work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The chances for advancement on this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The freedom to use my own judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The chance to try my own methods of doing the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The way my co-workers get along with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The praise I get for doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The feeling of accomplishment I get from the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

Name _____ Today's Date _____ 19____
Please Print

1. Check one: ☐ Male ☐ Female

2. When were you born? _____ 19____

3. Circle the number of years of schooling you completed:

4 5 6 7 8
Grade School

9 10 11 12
High School

13 14 15 16
College

17 18 19 20
Graduate or
Professional School

4. What is your present job called? _____

5. What do you do on your present job? _____

6. How long have you been on your present job? _____ years _____ months

7. What would you call your **occupation**, your usual line of work? _____

8. How long have you been in this line of work? _____ years _____ months

Appendix C: Session Planner

Session Planner:

Session (1):

Session Subject: learn about- work pressure and vocational satisfaction.

The aim of the session:

- Establish trust.
- Relationship.
- Introduce the participant to CBIP,
- Assess participant concerns regarding their profession,
- Set initial treatment goals,
- Introduce the ABC model and learn intervention technique.

The session Procedures:

- Participant is to get Psychoeducation and psychotherapy, as well as information on "work pressure" and "vocational satisfaction" and how they affect our lives.
- introduce CBIP and CB model; CBIP is a set of skills that enables an individual to be conscious of emotions and thoughts, identify how thoughts, situations, and behaviors impact emotions, and alleviate feelings by changing dysfunctional behaviors and thoughts. The CBIP skill acquisition is a collaborative process.
- Session time is for teaching skills to address the presenting problems, and not simply to argue the issue with the participant and/or offer advice.

- In this session, we are going to discuss how work pressure has a variety of effects on our lives. When we are stressed, our bodies, thoughts, and emotions are all affected in some way. As a result, there will be more social issues, and our bonds with those in our immediate environment will be shattered.
- Positive treatment expectancies: awareness of CBIP and perceived advantages of treatment are correlated with improved results. Alternatively, the participant does not have any negative self-thoughts that may disrupt progress ("Seeking care means I am weak"; "Nothing I will do can change things").

Describing the process of intervention and Case Conceptualization:

- a) Assessing participant concerns and Difficulties (related to the legal profession)
 1. self-report symptom inventories.
 2. Problem lists: a list of 5-10 difficulties from the participant through the first part of the session, using open-ended questions.
 3. Assessing cognitions: how the participant perceives himself, others, and the future.
 4. Assessing behaviors and/or precipitating situations:

The Antecedents, Behavior, and Consequences (ABC) Model (work sheet) is used in a functional assessment. It follows the premise that behavior (B) is shaped by antecedents (A) and consequences (C).

- b) Treatment plan.
- c) The obstacles of the treatment.

*trains the participant by using ABC to help him to recognize the pressure situation and learn to use self-checking to improve his mood and alter his behavior in the next sessions by modifying the way he or she thinks about situations.

* Asking the participants to mention one work-pressure event, he asked, "What happened before?" What did you do? What was the result of the first second or first hour of following behavior? What were the lasting results?

Set goals: goals must be measurable, observable, and achievable, making sure that the participant has clear aims for treatment.

- d) Receive feedback from the participant
- e) **Homework** for the participant to improve her/his mood and alter behavior by modifying the way he/she thinks about situations; watch your pressure work and find out what's underneath it.

Session 2:

Session Subject: How to Tell When You're Stressed and What That Feels Like in Your Body.

The aims of the session:

- Introduce and distinguish the automatic thoughts in case of pressure work,
- Learning how to use deep breathing techniques to identify pressure situations and how to reflect on the body.
- Check your mood, feelings, and thoughts.

The session Procedures:

Bridging sessions: What did you learn from the first session?

- Is there anything you'd like me to know or discuss from our first session that's come to mind in the first week? Is there anything you wish we had discussed that we didn't?
- What is your mood?
- Is it worse or better compared with the last week?
- what homework did you complete or attempt for first session?
- Experimenting with homework and determining the link between thought and pressure?
- What issues would you like to see on the table?

It is important for the participant to realize the rationale for recognizing automatic thoughts before earning the skill of addressing her/his own thoughts

Automatic thoughts are instantaneous, no conscious, and habitual.

As a result of a trigger' those thoughts occurs, and influence the person's actions and mood.

Types of distorted automatic thoughts: mind reading, fortunetelling, catastrophizing, labelling, discounting positives, negative filtering, overgeneralizing, dichotomous thinking, should, personalizing, blaming, unfair comparisons, regret orientation, what if? emotional reasoning and an inability to disconfirm.

- Using the participant's example, describe the relationship between feelings and thoughts to build awareness of the connection.
- This is a good time for the participant to write down their thoughts and start using the cognitive behavioral model.
- It teaches the participant how to distinguish automatic thoughts outside and during the session, how to figure out if he/she is a stressor or not, what the feeling of pressure feels like, and how our thoughts form the foundation for how we react and feel.
- Always reassure the participant that "the feelings you experience and the thoughts you go through, we understand you."
- Be aware of participants' hot thoughts during sessions.
- Learn to distinguish between the stressor situation, the feelings, negative thoughts, and the changes in the body during a work pressure situation.
- A key tool in identifying and examining the associations between thoughts, feelings, and situations is the Thought Record. You will learn to use it in the next sessions.
- When a particular situation is brought up in session, constantly ask, "What was going through your mind at that moment?" This assists the participant in building awareness of her or his automatic thoughts.

Help the participant select automatic thoughts to concentrate on by:

- a. frequently checking: 1) aims for this session 2) participant 's agenda items and remedying those problems 3) The significant of the selected thought in achieving therapeutic goals.

- b. identifying a few automatic-thoughts and then assort them on a scale of 0-50, the strongest ratings ought to be considered first.

Then, attempting to recognize an assumption or attitude, the participant feels about himself, the world, others, or the future (intermediate beliefs). These assumptions and attitudes can be identified by listening for themes in the participant's thoughts and behavior.

Core Beliefs, telling the participants that:

Core beliefs are only ideas. Feeling this belief strongly does not make it true. These beliefs began developing through childhood. The participant believes it today because she/he has saved evidence to support it and refused evidence to contradict it. These beliefs can be tested and converted during the use of techniques that were taught in the intervention.

Learning Self-Observation techniques (physiological) based relaxation:

Deep Breathing technique: Asking the participant to focus on changing the way and rate at which she or he breathes. Enable him to have the ability to feel greater relaxation and function with more rich blood, and so on with the mind (feelings of quietness). Furthermore, it strengthens muscles in the stomach and chest.

Deep Breathing Procedures

1. Introduce the participant to deep breathing; provide an overview of the procedure, its potential advantages, and the reasons for choosing this technique.
2. The benefits of this technique are that it reduces stress and promotes relaxation. Cortisol, the "stress hormone," is released when you are stressed or anxious. When you take a deep breath, more oxygen enters your bloodstream, which causes your heart rate to slow, and the brain is told to relax. Deep breathing also increases endorphins, the "feel good" chemical.
3. Ask the participant to: put a hand on the stomach, with the tiny finger about 2.5 CM above the navel, place another hand on the chest.
4. Ask the participant to observe her or his breathing (stop for a few seconds to allow the participant the opportunity to evaluate breathing). Then ask him to tell the researcher "which of the two hands is moving more?".

In a utopia, the hand on the stomach ought be moving; whilst the other hand (that over the chest) remains still. This ensures that the breaths are deep.

5. Working with the participant to take deeper breaths repeatedly, by putting a hand on the stomach and placing another hand on the chest. Tell the participant: "the hand on your diaphragm has to move out as you exhale and in as you inhale."

*a careful consideration for the participant heart or lung condition

6. Exhalations and Inhalations ought to build to 3-seconds in duration.
7. Question the participant about the changes, feedback and feeling about and during the technique.
8. Make sure that the participant understands the exercise and reports benefit.
9. Question the participant to identify situation when deep-breathing maybe be appropriate.

* Sets a homework assignment to encourage the use of deep breathing.

Get feedback from the participant

Concluding the session by drawing a connection between how we think and how we feel, and how this creates a circle that generates negative feelings and thoughts, leading to a lack of control.

Homework: Use the "Mood Monitoring and Activity Chart" to list the actions you took and rate the level of work pressure and vocational satisfaction you experienced at that moment. Muscle progression should be practiced.

Feedback and Summarization What new skills did you pick up today?

Session 3:

The session subject: Introduce and practice progressive muscle relaxation (PMR)

The aims of the session:

- Continue with the new intervention technique.
- Check mood,

- Review the last intervention techniques,
- Emphasizing the significance of identifying the automatic-thoughts.

The session Procedures:

Bridging sessions: What did you learn from the last session? Is there anything you'd like me to know or discuss from our first session that's come to mind in the last week? Is there anything you wish we had discussed that we didn't? What is your mood? Is it worse or better compared with the last week? Which thoughts had the most clout in the last week? And what happened as a result of these thoughts? What homework did you complete or attempt for the last session? What issues would you like to see on the table?

Learn physiological-based relaxation techniques:

1. The PMR entails **tensing and then relaxing each muscle, one at a time**. This aids in the release of physical tension, which may help to reduce stress and help to have greater control over one's body and thoughts. This technique enhances the way we think and how we respond to an event.
2. Learning the participant that PMR starts by letting the participant know that she/he can make feelings of relaxation and that this procedure of "inducing" relaxation starts by being capable of identifying and distinguishing between sensations of relaxation and tension (increases control).
3. Inform the participant that sensations of relaxation and tension cannot happen at the same time. No muscles in our body can be relaxed and tense at the same time. This principle is very significant, and you should make sure that participants perceive the intended meaning of how this applies to their immediate difficulties.
4. To justify to the participants that tension overwhelmingly builds progressively without conscious awareness. It makes no difference what the level of intensity is; she or he can use PMR knowledge to reverse and reduce tension. In the abstract, it is never too late to reduce tension. Over time, participants become increasingly skillful at distinguishing pressure points earlier and earlier.
5. Tensing Instructions:

- a) Make a fist in the dominant arm and tense biceps.
 - b) Make a fist in the non-dominant arm and tense biceps.
 - c) Raise eyebrows as high as possible, biting the teeth together, and tightening the mouth corners.
 - d) Pull the chin down in the direction of the chest. Counter pose muscles in the frontal part of the neck versus those in the back part of the neck.
 - e) Take and hold a deep breath. Simultaneously, pull the scapula back and together, attempting to make them touch. While tensing this muscle group, attempt to keep your arms as relaxed and less tense as possible. This makes the stomach hard by pressing the stomach out.
 - f) Lift the foot off the ground and push-down on the chair with leg (the part between the hip and knee).
6. Debrief: After relaxation training, ask the participant about her or his reaction to the muscle relaxation exercise.
 7. Practicing outside of the session.
 8. relaxation for two or three times during the week.

Conclude: The idea behind relating is to calm the body and mind by lowering tension and deep breathing during the technique and instructions.

Homework: make a list of your most upsetting and stressful negative thoughts at work. application of deep-breathing and progressive muscle relaxation.

Receiving feedback from the participant Examine your own thoughts and the combined effect of stress before and after relaxing!

Session 4:

The session subject: Learning non-physiologically based relaxation techniques: imagery and recording thoughts.

The aims of the session:

- body reaction to thoughts and feeling.
- learn the imagery technique,
- Continue Intervention-Techniques,
- Re-evaluate the Treatment/Goals Plan, "Hot Thought," and go over progressive muscle relaxation and deep breathing.
- Check mood.

The session Procedures:**Bridging sessions:**

- What did you learn from the last session?
- Is there anything you'd like me to know or discuss from our first session that's come to mind in the last week?
- Is there anything you wish we had discussed that we didn't?
- What is your mood? Is it worse or better compared with the last week?
- Which thoughts had the most clout in the last week?
- And what happened as a result of these thoughts?
- What homework did you complete or attempt for the last session?
- Share the negative thoughts, the powerful thoughts, and what was the end result of these thoughts?
- What issues would you like to see on the table?

Hot thought is automatically thought that occurs in merging of a change in emotions or moods. Hot thought is particularly poignant or powerful thought that are overwhelmingly associated with "dysfunctional" core belief, and ought to be targeted in an intervention

program. Hot thought and the accompanying condition and emotions are tracked on "the first three columns of the thought record".

The first three columns are used for recognizing troubling situations and the accompanying emotion and dysfunctional thoughts;

1. The first column-Situation: when, how, what and where actually happened?
2. The second column -Automatic thought(s): what thought went through your mind?
How much did you believe it?
3. The third column-Emotion(s) and mood: what emotion did you feel at the time? Rate how intense they were.

Learn non-physiological based relaxation techniques:

Imagery: is associate the physical sensations of stress relief with the relaxing visual image, such that future training sessions that included imagery alone will instantly bring the positive emotions of relaxation to mind.

1. Identify the Desired Outcome, Such as Decreased stress, Increased Focus.
2. Develop a Scene or Image.
3. Excess Vividness of the Image.
4. After the imagery-exercise, question the participant about the changes and feedbacks about the imagery technique.
5. Be sure that the participant realizing the benefit of the technique and reports skill comprehension.
6. Encourages the application of imagery technique by setting a homework assignment.

Conclude: the power in "the ability of the thoughts or brain" and how image, when accessed appropriately, can actually change emotional and physical states.

Receive feedback from the participant.

Homework: the first three column thought record, application of deep-breathing, imagery technique' progressive muscle relaxation and before and after relaxing, make a self-observation of your own mental stress combination.

Session 5:

Subject of the session: currently confronting feelings and challenging negative thoughts.

The aims of the session are:

- Introduce cognitive distortions, learn to question "automatic-thought".
- Taking on the fears.
- Challenge the negative thoughts,
- Refine / continue intervention techniques.
- Check mood.

Procedures of the session:

Bridging sessions:

- What did you learn from the last session?
- Is there anything you'd like me to know or discuss from our first session that's come to mind in the first week?
- Is there anything you wish we had discussed that we didn't?
- What is your mood?
- Is it worse or better Compared with the last week?
- What homework did you complete or attempt for the last session?
- Share the common thoughts behind your feeling?
- What issues would you like to see on the table?

- Talk about intervention progress.

Introduce cognitive distortions.

Learn the participant question automatic-thought by asking:

1. What evidences is there, that this thought is correct?
2. What evidences is there, that this thought is not correct?
3. What would I tell person I loved, if he/she were in this situation, and had these thought?
4. If my automatic thought is correct, what is the most severely that could happen?
5. If my automatic thought is correct, what is the great thing that could happen?

Identify the concept of challenging "hot thought".

List the advantages and disadvantages of keeping a Thought Record. Complete three columns in session, identifying the hot thought.

Identify challenging thoughts as well as the fourth, fifth, and sixth-column thought records;

1. The fourth column- "evidence to support thought": what is the event that makes you believe the thought/s is correct?
2. The fifth column- "Evidence that doesn't support the thought": what is/are the event/s that prove that the thought is not correct?
3. The sixth column- "alternative thought": find different way to think of this event.
4. The seventh column- "rate mood now": 0-100.

Complete 7 column in one session.

Our feelings are significant because they influence how we interact with the people and things around us. Negative sensations that are not based on logic, on other hand, can be learned to manage, if we understand how the thoughts bring them to the exterior.

Conclude: It is easier to deconstruct an irrational thought if it is based on fragile signs. Then there was that. We can discover restraining signs that will help us i quickly destroy the irrational thought.

Set homework: the last three columns thought records and "3" relaxation techniques.

Receive feedback from the participant.

Session 6:

Subject of the session: Learn Self-Management Time Guide

The aims of session: Continue the challenging of the negative thoughts, the Intervention Techniques and "Thought Record".

Check mood.

Procedures of the session:

Bridging sessions: What did you learn from the first session? Is there anything you'd like me to know or discuss from our first session that's come to mind in the first week? Is there anything you wish we had discussed that we didn't? What is your mood? Is it worse or better compared with the last week? What homework did you complete or attempt for the first session? Tell me about your experience with the resistance sign homework and share with me what you found easy or difficult to complete. What issues would you like to see on the table?

Self-management time guide:

It is the ability to control and regulate your behavior, thoughts, and feelings. This will help us to recognize your own time wasters and devise strategies to reduce them, recognize the various causes of procrastination and use appropriate techniques to overcome them and increase your planning time to clarify and prioritize your goals and objectives.

I. Mood Check.

- a. List five emotions you are feeling right now, and rate their intensity from 0-100%.

- b. List three emotions you've experienced this past week, and rate their intensity from 0-100%.

II. Review the Previous Week

- a. Did I use any of the tools I learned in the intervention this week?
 - i. If I did not, what problem did I have this week that could have been helped through the use of these skills?
- b. What good things happened this week?
 - i. How did I make those good things happen?

III. Current and Future Problematic Situations

- a. What are my current problems?
 - i. How can I think about these problems in a different way?
 - ii. What can I do to change the feelings associated with these problems?
- b. What problems can occur before my next self-management time?
 - i. What skills can I use to deal with these problems?

Conclude: Once you can put your finger on the foundational principles of any troubling feeling or thought, you can understand how to break that down into its fundamentals and reclaim your rationality.

Set homework: monitor your negative feelings over the next week and scroll through the steps until you reach a new good feeling after replacing the existing irrational thought with one new rational thought, and relaxation techniques.

Receive feedback from the participant.

Session (7):

Subject of the session: Using Cognitive Methodical Desensitization to restructure new rational thought.

The aims of the session are: Socratic questioning, reshaping the new brand of rational thought; and refining/continuing intervention techniques.

Check mood.

Procedures of the session:

Bridging sessions:

- What did you learn from the first session?
- Is there anything you'd like me to know or discuss from our first session that's come to mind in the first week?
- Is there anything you wish we had discussed that we didn't?
- what is your mood? Compared with the last week,
- Is it worse or better?
- What homework did you complete or attempt for the first session?
- Display your restructured rational thought chart?
- What issues would you like to see on the table?

"Reviewing What Was Learned":

- Recording and reviewing the different behavioral and cognitive skills the participant has learned. Use "Socratic questioning" to induce this list ("What have you learned as a result of our time together? Is there anything that was particularly meaningful to you about your time in the intervention?").
- Review the three intervention techniques.

- Track how efficient the aims are in reducing mental health symptom and enhancing quality and functioning of life. For instance, estimate the following areas through the intake process, through the intervention strategy, the participant's satisfaction with the researcher's assistance, and the outcomes of the treatment. The amount of elevation the participant experienced from the start of treatment program to the end, advantages obtained, which treatment was efficient in helping to achieve the goal.
- Conclude: If you practice facing thoughts when you are not stressed, you will be able to handle them better when they become a reality.
- Homework: focus on moving through your impediments and their thoughts, starting with the easiest and working your way up to the most difficult. application of deep-breathing, imagery technique, progressive muscle relaxation, thought record, Self-management time guide.

Session 8:

Subject of the session: Reduce stress and dissatisfaction in our occupation.

The aims of the session:

- Reduce pressure at work to enhance vocational satisfaction,
- Continue intervention techniques and use cognitive systematic desensitization.
- Examine the thought record.
- Deep-breathing
- Imagery technique
- Progressive muscle relaxation.

The following are the study's procedures:

Self-Management Time Guide

I. Mood Check

- a. List five emotions you are feeling right now, and rate their intensity from 0-100%.
- b. List three emotions you have felt this past week, and rate their intensity from 0-100%.

II. Review the Previous Week

- a. Did I use any of the tools I learned in the intervention this week?
 - i. If I did not, what problem did I have this week that could have been helped through the use of these skills?
- b. What good things happened this week?
 - i. How did I make those good things happen?

III. Current and Future Problematic Situations

- a. What are my current problems?
 - i. How can I think about these problems in a different way?
 - ii. What can I do to change the feelings associated with these problems?
- b. What problems can occur before my next self-management time?
 - i. What skills can I use to deal with these problems?

Conclude: You will be able to reduce your stress and dissatisfaction if you solve your work problems.

Homework: Write a successful attempt in which you conquered a negative thought and replaced it with a realistic one. Use application of deep-breathing, imagery technique, and progressive muscle relaxation.

Session 9:

Subject of the session: Replacing negative and hot thoughts with more realistic ones.

The aims of the session:

- Continue the intervention technique/s, discuss the intervention's completion, and prepare to maintaining change/s.
- Relapse Prevention.

Procedures of the session:

In preparation for the end of the intervention, both the researcher and the participants anticipate potential symptoms, stressors, and plan:

- 1) What appliances the participant has learned in treatment that she or he could use for particular symptoms or stressors?
- 2) when she or he may require the assistance of a mental health professional. Get ready for inevitable awkwardness. It is encouraging and empowering for participant. A functional estimation may be used to put the finger on future problematic situations.

Relapse-Prevention Questions:

1. When I feel (the symptom), I will (the tool learned in treatment).
2. If _(the stressor)____, I will (the tool learned in treatment).

Receive feedback from the participant.

Conclude: A realistic work style is an important component of the resilience we seek. So, get to work on it.

Homework: Create a step-by-step plan for dealing with a situation, beginning with stating the situation, naming any rational and irrational thoughts you may have, and ending with how you intend to handle this situation. Deep-breathing, imagery technique and progressive muscle relaxation are all used.

Session 10:

Subject of the session: making a list and finishing the project

The aims of the session are:

- End treatment.
- Assist the participant to maintain changes and create list.
- Check mood.
- Review homework and the treatment progress.
- Complete relapse prevention.

Procedures of the session:

- Ask the participant to present her/his plan and to share the ideas that he/she found useful and might help him face the difficulties and pressure work.
- Do not introduce new concept through the final session, as new cases may arise and complete the treatment through the session may become out of question.
- Express warm approval and admiration of the participant, and emphasize her or his role in positive modification.
- Checking with the participant regularly about questions or concerns about ending the intervention. This helps maintain the therapeutic relationship and offsets the negative emotion about the intervention that could result in negative outcomes such as feeling abandoned. If the participant seems concerned about ending the intervention, she or he could use a thought record to identify and challenge dysfunctional thoughts.

"Set homework- self management session".

- Identify and schedule self-management time: a few minutes each week that the participant sets aside, once treatment is finished, to test mood, and use of skill(s) to problem solve situation or feelings that may be negatively influencing their mood. The flowing "self-management worksheet" might be used these times.

Conclude: CBIP programs can help you and those around you, so make the most of them to focus on improving your life and the lives of those you care about.

For the purposes of research and statistical analysis, participants completed the post-test of the General Work Stress Scale (De Bruin & Taylor, 2005) and the Minnesota Satisfaction Questionnaire (MSQ) (Weiss, Dawis, & England, 1967).



جامعة النجاح الوطنية

كلية الدراسات العليا

فاعلية برنامج تدخل سلوكي معرفي في خفض الضغوط المرتبطة بالعمل وتحسين الرضا الوظيفي لدى المحامين في شمال إسرائيل

إعداد

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إشراف

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قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الاكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

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الملخص

هدفت الدراسة التعرف إلى فاعلية برنامج التدخل السلوكي المعرفي في خفض الضغوط المرتبطة بالعمل وتحسين الرضا الوظيفي لدى المحامين في شمال إسرائيل، وقد تم استخدام المنهج شبه التجريبي لملاءمته أغراض الدراسة، وتكونت عينة الدراسة من (14) فرداً قانونياً والذين تم اختيارهم بالطريقة التطوعية، حيث تم تقسيمهم إلى مجموعة ضابطة (8) أفراد لم يتعرضوا للبرنامج، و (6) أفراد تم تطبيق برنامج التدخل السلوكي المعرفي عليهم لخفض الضغوط المرتبطة بالعمل وتحسين الرضا الوظيفي لدى المحامين، وقد أظهرت النتائج فاعلية برنامج التدخل السلوكي المعرفي في خفض الضغوط المرتبطة بالعمل وتحسين الرضا الوظيفي لدى المحامين ولصالح المجموعة التجريبية وعلى القياس البعدي، كما أظهرت النتائج وجود فروق ذات دلالة إحصائية بين الاختبار البعدي والمتابعة في مستوى الضغوط المرتبطة بالعمل والرضا الوظيفي لدى المجموعة التجريبية يعزى للعلاج السلوكي المعرفي.

وأوصت الدراسة بضرورة إجراء دراسات مستقبلية متعلقة بالدراسة الحالية مع تطبيق برامج أخرى تقلل من مستوى الإجهاد المرتبط بالعمل وتحسن مستوى الرضا الوظيفي، لدى الفئات الاجتماعية الأخرى.

الكلمات المفتاحية: برنامج التدخل السلوكي المعرفي، المحامين، الضغوط المرتبطة بالعمل، الرضا الوظيفي.