**Secondary Traumatization and Personal Growth among Mental Health Officers who Treat Patients with Non-Suicidal Self-Injury and Suicidal Behavior: The Role of Cognitive and Personal Characteristics**

Mental health officers often encounter soldiers in states of acute distress that may be accompanied by threatened and attempted self-harm and suicide. The literature shows that therapists working with these types of patients tend to suffer stress, burnout, difficulty sleeping, lack of appetite, and doubts about their qualification or professional competence. Their willingness to treat these patients can even be affected. Therapists who encounter distress in their patients may suffer from secondary trauma. Some therapists report experiencing personal growth due to their work and from contact with patients. This study is based on the current growth model (Tedeschi et al., 2018). It examines the correlation between exposure to soldiers reporting self-harm and suicide ideation and secondary trauma in mental health professionals. The paper also considers the potential personal growth of mental health officers. It examines the contribution of cognitive variables concerning secondary trauma and growth (event centrality, challenging of core beliefs, and ruminations). The study also expands the personal growth model by examining a personality variable that has not been examined before (self-compassion). This study recruited 130 mental health officers. They answered self-report questionnaires (a demographic questionnaire, the Secondary Traumatic Stress Scale – STSS, the Post-traumatic Growth Inventory-Short Form – PGI, the Centrality of Event Scale – CES, the Core Beliefs Inventory – CBI, the Event Related Rumination Inventory – ERRI, and the short Self-compassion Scale – SCN). The centrality of the event, challenge to core beliefs, and the two types of ruminations (intrusive and deliberate) were found to be in a positive relationship with secondary traumatization and growth. We also found a negative association between self-compassion and secondary traumatization. On the contrary, the mental health officers’ seniority and their degree of exposure to self-injury and suicide were not associated with secondary traumatization and growth or self-compassion and growth. The study findings suggested two mediation pathways. The first indicates that the exposure of the mental health officers to self-injury and suicide in encounters with patients is related to rumination (of both types), and these are, in turn, related to secondary traumatization. The second pathway is that exposure is related to the challenge to core beliefs of the mental health officer and this is related to personal growth. This study is valuable because it offers a broader understanding of the matter and could contribute to designing dedicated training programs for therapists dealing with suicide and self-injury. This study may also shed light on cognitive skills that can be improved as part of the individual supervision provided to supervisors in order to reduce stress and increase growth.