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A Phenomenological Investigation Of The Lived Experiences of Workplace Burnout, Wellness, and Resilience in Independently Licensed Private Practice Counselors Who Operate Their Own Practice While Maintaining a Caseload of Clients

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Abstract

Private practice counselors who own their practice are unique from agency practitioners in that they function as both counselor and business owner. Therefore, these counselors must work to find a balance between the human aspects of practicing and the logistical business components of owning and operating a practice. The combination of these two roles can pose unique threats to a private practice counselor's wellness and how they experience of burnout and resilience - which may differ from agency counterparts. Although resilience and burnout experiences and practices in agency and community counselors are prevalent in the literature, there is a lack of research regarding these concepts in private practice counselors and business owners. A descriptive phenomenological study using Husserl's perspective and Colaizzi's 7-step method of data analysis was implemented with a sample of 14 private practice counselors who own and operate their own practice in the United States. Private practice counselors described nuanced differences related to owning and operating their own business. Five themes were identified and developed during data analysis: 1. Being Independent but Needing Connection; the need for control, to make and maintain personal and professional relationships, and obstacles to interconnectedness. 2. Successes and Stressors; clients, personal, and professional. 3. Managing The Many Roles; learning by doing, counselor versus business owner, trying to find balance while doing it all. 4. Caring For Self While Caring For Others; tuning into oneself, caring for the business to care for oneself, and making time for self-care/burnout prevention. 5. Business Beyond The Clients; personal growth, professional growth, and business growth. Study findings affirm the need for further research in the experience of private practice counselors and the need for more extensive trainings to adequately prepare future counseling private practice owners. Study implications and findings are discussed and recommendations for future research are provided.

A Phenomenological Investigation Of The Lived Experiences of Workplace Burnout, Wellness,
and Resilience in Independently Licensed Private Practice Counselors Who Operate Their Own
Practice While Maintaining a Caseload of Clients

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Dissertation

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Table of Contents

Abstract	Page i
Title Page	Page ii
Copyright Notice	Page iii
Acknowledgment	Page iv
List of Illustrative Materials	Page vi
Chapter One: Introduction	Page 1
I. Problem	Page 2
II. Rationale	Page 4
a. Workplace Stressors	Page 4
III. Research Questions	Page 5
IV. Definitions	Page 6
Chapter Two: Review of the Literature	Page 9
I. Overview of Extant Literature	Page 9
II. Challenges for Counselors In a Changing World	Page 12
III. Professional Challenges in the Counseling Practice	Page 14
IV. Other Helping Professions	Page 20
a. Nursing	Page 20
b. Social Work	Page 21
c. Psychology	Page 22
d. Medicine	Page 23
V. Agency Versus Private Practice	Page 23
VI. Stress and Burnout	Page 28
a. Risk Factors for Burnout	Page 33
1. Personal Factors	Page 34
2. Professional and Systemic Factors	Page 35
b. Other Forms of Professional Burnout	Page 38
1. Compassion Fatigue	Page 39
2. Vicarious Trauma	Page 40
VII. Resilience	Page 41
a. Vicarious Resilience	Page 49
b. Factors that Protect and Obstruct Resilience	Page 50
1. Personal Factors	Page 51
2. Personality Traits and Temperament	Page 53
3. Organizational Factors	Page 55
4. Professional Factors	Page 56
VIII. Coping and Wellness	Page 59
IX. Relationships Between Wellness, Coping, and Resiliency	Page 64
X. Conclusion	Page 70
Chapter Three: Methodology	Page 72
I. Introduction	Page 72
II. Methodology Research Design	Page 72
a. Philosophical Perspective and Epoch	Page 75
b. Sampling and Data Collection Procedures	Page 77
c. Participants	Page 81
d. Researcher as an Instrument	Page 82

e.	Demographic Form	Page 83
f.	Interview Protocol and Research Questions	Page 84
III.	Data Analysis	Page 87
IV.	Rigor and Trustworthiness	Page 93
V.	Conclusion	Page 97
Chapter Four: Findings		Page 99
I.	Introduction	Page 99
II.	Description of Participants	Page 99
a.	Participants' Demographics	Page 99
b.	Participants' Individual Profiles	Page 102
III.	Primary Findings	Page 110
a.	Themes	Page 113
a.	Being Independent But Needing Connection	Page 116
a.	Control	Page 117
b.	Making and Maintaining Relationships	Page 121
c.	Obstacles to Interconnectedness	Page 131
b.	Successes and Stressors	Page 138
a.	Clients	Page 139
b.	Personal	Page 147
c.	Professional	Page 157
c.	Managing the Many Roles	Page 174
a.	Learning by Doing	Page 175
b.	Counselor vs. Business Owner	Page 184
c.	Trying to Find Balance While Doing It All	Page 192
d.	Caring for Self While Caring for Others	Page 196
a.	Tuning Into Oneself	Page 198
b.	Caring for the Business to Care for Oneself	Page 196
c.	Making Time for Self-Care/Burnout Prevention	Page 211
e.	The Business Beyond the Clients	Page 220
a.	Personal Growth	Page 221
b.	Professional Growth	Page 227
c.	Business Growth	Page 235
IV.	Conclusion	Page 247
Chapter Five: Discussion		Page 250
I.	Introduction	Page 250
II.	Overview of Findings	Page 250
III.	Relating Findings to the Literature	Page 252
a.	Support for Study in the Current Literature	Page 252
b.	Findings that Challenge Extant Literature	Page 262
IV.	Strengths and Limitations	Page 265
V.	Implications	Page 270
VI.	Conclusion	Page 280
References		Page 282

Appendices	Page 346
a. Appendix A: Recruitment Email	Page 346
b. Appendix B: Recruitment Social Media Post	Page 347
c. Appendix C: Informed Consent	Page 348
d. Appendix D: Demographic Survey	Page 354
e. Appendix E: Interview Questions	Page 356
Curriculum Vita	Page 359

List of Illustrative Materials

Table 1 Participant Demographics	Page 108
Table 2 Participants' Private Practice Information	Page 109
Table 3 Initial Coding of Emergent Themes	Page 115
Table 4 Final Themes and Subthemes	Page 116

Chapter One

Introduction

Since the late 1960s the concept of burnout in the helping professions has been researched extensively (Clark, 2009; Freudenberger, 1986; Schaufeli et al., 1993) yet there continues to be no empirical evidence supporting the effectiveness of burnout interventions (Clark, 2009; Schaufeli et al., 1993), especially among private practice counselors. More recently, research has begun to examine the phenomenon of resiliency, defined as a state of being that wards off burnout (Clark, 2009). While resiliency has been explored extensively in psychology (Luthar et al., 2000) and nursing literature (McCann et al., 2013), there is limited research in the field of counselor education and specifically among private practice counselors. A majority of the current research in the field of counseling focuses on counselors-in-training, agency counselors; and children and adolescent experiences with stress, burnout, and vicarious trauma. Counselors who work in agencies, often referred to as community counselors, have professional tasks that are different from other counseling specializations (Hershenson & Berger, 2001) including private practice. Community counselors who work in an agency setting primarily work with clients in a community clinic. Along with a traditional counseling role, community counselors take into account the impact a community has on an individual and work to empower clients by assisting them with accessing services in their local community (Hayes, 1984; Hershenson & Berger, 2001).

Lee et al. (2009) notes that stress directly impacts resilience and burnout and has significant effects in both areas. Stress has been observed as a risk factor for burnout (Dormann & Zapf, 2004; Mikolajczak et al., 2007), while resilience has been proven a protective factor against burnout (Beddoe et al., 2013; Kim et al., 2011; Kim & Choi, 2017; Park & Lee, 2016;

Strolin-Goltzman et al., 2016). Mounting empirical evidence asserted that daily self-care practices (Barnett et al., 2007) and self-compassion (Neff, 2003; Ringenbach, 2009) are the most effective ways to foster wellness, which was shown to support resiliency and enhances well-being (Lee et al., 2019).

Resilient therapists have been identified as older, more experienced professionals (Rosenberg & Pace, 2006), that create positive work environments for themselves, effectively manage work stressors, engage in self-care (Mullenbach & Skovholt, 2000), perform extensive personal self-work (Grosch & Olsen, 1994), balance their personal and professional lives, preserve clear boundaries (Protinsky & Cowrd, 2001; Skovholt, 2001), nurture social relationships, and maintain an internal locus of control in regards to life problems (Skovholt, 2001). Therefore, to foster personal and professional wellness and longevity, Young (2009) stated it was imperative counselors recognize contributing factors as well as strategies to prevent or counter the experience of burnout and vicarious trauma.

Problem

McCann et al. (2013) reported that helping professionals experience many stressors within their clinical practice, and as the number of individuals with mental health concerns continues to grow, the National Alliance on Mental Illness ([NAMI] 2015) has stated that helping professionals are increasingly being sought out to provide services to individuals with serious mental health issues. NAMI (2015) also reported that 1 in 5 adults has a mental illness and roughly 9.8 million adults have a serious mental illness that significantly impedes their activities of daily living. Individuals living with a serious mental illness were reported to have a higher risk of chronic medical conditions and they accounted for the third most common reason for hospitalization in the United States (NAMI, 2015).

Oxford Language (2020) defined well-being as the state of being comfortable, healthy, or happy. More recently, research has shifted from defining what well-being looked like to focusing on the factors that lead to people experiencing their life as rewarding and worthwhile (Diener et al., 2016). Stamm (2010) documented that frequent exposure to stressors related to the pain and suffering of others can have a significant negative impact on the helping professional's well-being, potentially leading to burnout and other negative symptoms (Stamm, 2010). This has been proven to have negative consequences and adverse side effects on a counselor's practice and subsequently, their clients (Barnett et al., 2007; Edelwich & Brodsky, 1980; Figley, 1982; Joinson, 1992; Kottler, 2003; Pearlman & Saakvitne, 1995; Stamm, 1995). Research has established the negative emotional and physical outcomes experienced by counselors which include a heightened level of exhaustion, tardiness and absenteeism from work, staff conflict, avoidance of working with clients with trauma histories, lack of collaboration, change in relationship with clients and colleagues, a decrease in empathy, low motivation, an increase in errors, and avoidance of job responsibilities (American Counseling Association, 2017).

Resiliency is considered to be an observable phenomenon - a process that when present, minimizes an individual from developing mental health problems. Resiliency in this context refers to mental health stability (Kalisch et al., 2015). Mancini & Bonanno (2009) classified resilience as an outcome rather than a fixed personality characteristic or trait. A review of the more recent literature on resilience has identified four ways to achieve resilience: social support, meaning making, managing emotions, and successful coping strategies (Davis & Buskist, 2008). For the purpose of this research, resilience was defined as the ability to effectively and successfully adapt and recover from life stressors, challenges, and adversity which was explored

through the experience of outpatient mental health practitioners in private practice settings who treat clients full-time.

Rationale

Resiliency is the ability to maintain a state of wellness in the midst of adversity. It is a process that involves implementing internal and external coping resources to effectively manage adverse factors. The work of counselor can be stressful and emotionally draining. A mental health practitioner has a constant challenge to find a balance between self-care and caring for others. Constant states of stress and struggling to find the balance, can lead to vicarious trauma, compassion fatigue, and burnout which negatively impacts both the counselor and their ability to provide beneficial treatment to clients. To be a successful and effective practitioner, one must be able to maintain professional and personal vitality.

Workplace Stressors

Vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout can be part of a professional counselors' emotional and mental experience as a result of their work caring for and helping others. Vicarious trauma, also referred to as secondary traumatic stress surfaced in the literature in 1995 to describe the profound shift in a helpers' perspective as a result of being exposed to traumatic stories and the emotions of trauma survivors including fear, terror, pain, and distress (Pearlman & Saakvitne, 1995; Stamm, 1995). Consequently, the therapist's worldview, perspective, and identity alters.

Similarly, compassion fatigue refers to the intense emotional and physical deterioration resulting from helping professionals lack of self-care and internal recovery (Figley, 1982). When helping professionals regularly demonstrate a high level of compassion for others in

environments where there is pain, suffering, and emotional challenges, over time, a negative attitude can develop. This state of chronic stress can lead to apathy towards the pain and suffering of others (Joinson, 1992). Burnout builds over time and results in the professional's emotional and physical exhaustion (Edelwich & Brodsky, 1980). Burnout correlates to feelings of being overwhelmed or powerless. According to Kottler (2003), burnout is "the single most common personal consequence of practicing therapy" (p. 158).

A common thread among these phenomena is that the impact of workplace stressors can be exacerbated by inadequate self-care on the part of the provider, translating to negative impacts on clients receiving treatment from these professionals (Skovholt & Trotter-Mathison, 2014). Therefore, it is imperative professionals develop and promote a state of wellness to establish and maintain a resiliency in an effort to reduce negative and increase positive outcomes (Barnett et al., 2007). As minimal research has focused on the experience of professional counselors, especially those in private practice, the focus of this study was to explore the meaning of resilience as described by independently licensed private practice mental health counselors and business owners. Using Colaizzi's strategy for data analysis in descriptive phenomenology, the study investigator hoped to gain insight and understanding of the unique experience of resiliency in a high stress environment where stress and burnout is common.

Research Questions

The research questions to be investigated in this study are:

1. What is the lived experience of exposure to and management of workplace stressors among licensed mental health/professional counselors in a private practice setting?

2. What is the lived experience of resiliency among licensed mental health/professional counselors in a private practice setting?

Definition of Terms

1. Licensed Professional/Mental Health Counselor: active licensed professional counselor with a minimum of a master's degree in a counseling program accredited by The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) (e.g. community counseling, clinical mental health counseling, counselor education, school counseling, or marriage and family therapy).
2. Burnout: "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment...as a result of the chronic emotional strain of working extensively with other human beings, especially when they are troubled" (Maslach, 1982, p. 23).
3. Compassion Fatigue: "a formal caregiver's reduced capacity and interest in being empathetic for a suffering individual" (Adams et al., 2006, p. 104).
4. Secondary Traumatic Stress: "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other-the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7).
5. Vicarious Traumatization: "the process through which a therapist's inner experience is negatively transformed through empathic engagement with clients' trauma material" (Pearlman & Saakvitne, 1995, p. 279).
6. Wellness: "a way of life oriented toward optimal health and wellbeing, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural

community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving” (Myers et al., 2000, p. 252).

7. Well-being: “the state of being comfortable, health, or happy” (Oxford Language, 2020). “It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress” (Davis, 2019).
8. Self-efficacy: the belief in one’s ability to succeed or accomplish endeavors (Bandura, 1977).
9. Resilience: a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, and Becker, 2000, p. 310).
10. Private Practice: a health care provider who is self-employed or contracted in an outpatient, mental/behavioral health setting.
11. Community Mental Health Agency: referred to as agencies in this document are typically nonprofits with programs defined by the role of consumers and include a variety of programs including, but not limited to, cases management, outreach, job search and training, housing, crisis services, education and advocacy programs (Campbell, 2005; Long & Tosh, 2005; Tosh & del Echo, 2001).
12. Self-care: engagement in behaviors that maintain and promote physical and emotional wellbeing (Myers et al. [2012](#), p. 56) that “lessen the amount of stress, anxiety, or emotional reaction experienced when working with clients” (Williams et al. [2010](#), p. 322).
13. Mental Illness: mental, behavioral, or emotional disorder ranging from no impairment to mild, moderate, and severe.

14. Serious Mental Illness: mental illness resulting in serious impairment in functioning which significantly interferes and/or restricts activities of daily living.
15. Adversity: any hardship and suffering linked to difficulty, misfortune, or trauma (e.g., Jackson, Firtko, & Edenborough, 2007) often “modest disruptions that are embedded in our everyday lives” (Davis, Luecken, and Lemery-Chalfant, 2009, p. 1638)

Chapter Two

Review of the Literature

Overview of Extant Literature

The cost of helping others can be high for the counselor (Gentry, 2005; Sadler-Gerhardt & Stevenson, 2012). Research has established that counselors experience stress and burnout as a result of frequent and consistent exposure to the distress of clients (Cummins et al., 2007; Jenaro et al., 2007; Lambert & Lawson, 2013; Thompson et al., 2011). The level of responsibility and energy contributed towards multiple clients each week can dwindle a counselor's physical, mental, and emotional resources (Sadler-Gerhardt & Stevenson, 2012) and can result in burnout (Skovholt, 2005). Burnout is a syndrome resulting from prolonged stress resulting from working as a helper with human suffering and pain (Cocker & Joss, 2016; Perlman & Hartman, 1982). Counselor burnout is defined by the symptoms counselors experience through their work with clients (Lawson, 2007). When left unattended, burnout may result in professional impairment creating potential harm for both the client and the therapist (Kottler & Hazler, 1996; Lawson, 2007; Sherman & Thelen, 1998; Young & Lambie, 2007). Lawson found that 5% of people in the helping professions suffer from burnout and ten percent from compassion fatigue.

The relationship between counselor and client is a critical tenet of the counseling practice (Sexton & Whiston, 1994; Wampold, 2001). To be effective with clients, counselors continually work to be emotionally and mentally present with each and every client, consistently providing them with empathy and compassion (Lawson & Venart, 2005). Effective counseling practices utilize what Skovholt (2005) terms, the Cycle of Caring, a concept that reflects the relationship process during treatment experienced by both client and counselor. The cycle involves the

counselor being present with the client and maintaining their separate self at the same time (Skovholt, 2005). The process of establishing an optimal level of attachment with each client over and over again is referred to as one-way caring (Skovholt, 2005). The result of one-way caring, focusing primarily on the client's needs, can lead to depletion and burnout (Skovholt et al., 2001).

Resilience is the ability to cope and recover from the negative impact of stress and transform it into a positive learning experience (Jackson et al., 2007; Richardson, 2002; Skovholt & Trotter-Mathison, 2016) and has been found to mitigate stress and burnout (Skovholt, 2001, 2005; Witmer & Young, 1996). Preventing burnout is a reactive response, a reaction to problems after they occur, where a focus on counselor wellness through building and sustaining resilience is proactive, prevention of problems before they manifest (Sadler-Gerhardt & Stevenson, 2012). The difference between these two approaches is the perspective each one provides. Resilient counselors are more effective with managing their response to stress, offsetting the negative impact while sustaining their well-being. Counselors must prioritize their own wellness to foster a state of resilience (Skovholt, 2001, 2005) by engaging in active, regular, and on-going self-care practices (Cummins et al., 2007; Skovholt, 2001, 2005). In their 2016 book, *The Resilient Practitioner*, Thomas Skovholt and Michelle Trotter-Mathison provide a list of 'Methods of Sustaining the Professional Self' which are self-care practices that promote and support the preservation of resilience: meaningful work, maximizing the experience of professional success, avoiding the grandiosity impulse and relishing small "I made a difference" victories, thinking long-term, creating and sustaining an active, individually designed, development method, professional self-understanding, creating a professional greenhouse at work, using professional venting and expressing writing to release distress emotions, being a "good enough"

practitioner, understanding the reality of pervasive early professional anxiety, increasing cognitive excitement and decreasing boredom by reinventing oneself, minimizing ambiguous endings, and learning to set boundaries, create limits, and say no to unreasonable requests (p. 136). Having a well-developed base of resilience will assist the counselor in recognizing and working through professional issues that arise while working with clients thus providing personal and professional support and increased longevity (Lawson & Myers, 2011).

Maintaining a state of resilience is a conscious, lifelong process that when honed, can support professional longevity and health and increase professional efficacy (Skovholt, 2001, 2005). In their 2011 study of 506 American Counseling Association members, Lawson and Myers identified personal and professional activities that support and promote counselor wellness and termed them ‘career sustaining behaviors’ (CSBs) (p. 165). They argued counselors should be deliberate with incorporating CSBs into their daily life stating, “greater wellness translates to dramatically improved professional quality of life” (p. 170). This was the first research study that took into account the interplay between wellness practices, counselor wellness, and professional quality of life for private practice, mental health agency, and school counselors. This and similar research studies help counselors develop and maintain professional wellness as they continue to work with clients with increasing problems (Lawson & Myers, 2011).

Building off the information provided in chapter one, chapter two will provide a review of the relevant literature on burnout and resilience, an overview of the concept and theory of resiliency, the role resilience has in the lives of private practice counselors personally and professionally, and a discussion of risk and protective factors that support and impede a state of resilience. This will be followed by a comprehensive discussion of past and current literature

examining stress, burnout, and resilience and related variables that support or obstruct resilience in counselors. Studies will be critically examined and critiqued in more detail to assist with establishing the relevance of the proposed study. Next, the literature related to private practitioners will be explored to present current knowledge on wellness and resilience. Finally, conclusions formed from reviewed literature will identify gaps in knowledge base, challenges in the field of counseling, and how the proposed study will seek to address these areas.

Challenges for Counselors in a Changing World

Numerous professional challenges significantly contribute to counselor burnout including increased caseloads, the influence of managed care, paperwork demands, and daily listening and responding to client pain and suffering (Coker & Dixon-Saxon, 2013; Figley, 1995; Lawson, 2007; Skovholt, 2005). Furthermore, burnout is influenced by personal, professional and systemic factors that affect, compound, and intensify a counselor's experience (Figley, 1995). Counselors are especially vulnerable to distress due to the inherent nature of their work (Cummins et al., 2007; Jenaro et al., 2007; Lambert & Lawson, 2013; Thompson et al., 2011). Mental health services have evolved and expanded across contexts and professional disciplines and have become more accessible for individuals, offering a broader range of services for a variety of diagnoses. As a result, the number of licensed professional counselors has grown exponentially from only five states licensing professional counselors and a few training programs in 1983 to professional counselors being licensed in all 50 states with over 400 training programs by 2013 (Urofsky, 2013).

Counselors by nature of their work are exposed to clients' severe mental health concerns (Department of Human Health Services [DHHS], 2010; NAMI, 2018) and today's counselors are working with clients facing a more complex world (Coker & Dixon-Saxon, 2013; Hawkins &

Shohet, 2012). Drug use, trauma, and suicide are epidemics in the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). Emergency room visits resulting from prescription drug use doubled from 2004-2009 (National Institutes of Health [NIH], 2016). In 2009, approximately 23.5 million Americans needed treatment for an illicit drug or alcohol abuse problem (SAMHSA, 2017). Prescription drug overdoses are the leading cause of drug overdose deaths in the United States. Suicide is the 10th leading cause of death in the US, the third leading cause of death in children ages 10 to 14 years, and the second leading cause of death for 15 to 24 years old (Centers for Disease Control and Prevention (CDC), 2015, 2017). Of the children who die by suicide, over 90 percent suffer from mental illness (United States Department of Health and Human Services (USDHHS), 2011). As of 2016, reported violent crimes (i.e. murder, rape and sexual assault, robbery, and assault) is about 1.25 million reports (Statista, 2017). One in five adults in the United States has a mental health condition with the rate of prevalence increasing from almost six percent in 2012 to almost eight and a half percent in 2018 (Mental Health America [MHA], 2018). Over 44 million Americans have a mental health condition (NIH, 2018) with approximately 1 in 25 adults in the United States diagnosed with a serious mental illness that significantly interferes with their activities of daily living (NAMI, 2018). Mood disorders are the third most common cause of hospitalization in the US for individuals ages 18 to 44 (USDHHS, 2011). As mental health and wellness issues continue to increase, so does the need for effective treatment.

Healthcare reform has decreased the number of uninsured adults, increasing access to insurance and utilization of treatment (MHA, 2018). In 2008, a little over 13 percent of adults in the United States sought mental health treatment and in 2017, that number increased to over 19 million (MHA, 2017). The field of counseling continues to grow, and more people are gaining

access to services. This increased access is expanding the number of people seeking counseling services and in turn, the number of clients that practitioners are seeing (MHA, 2018).

According to Mental Health America, there is a mental health workforce shortage (MHA, 2018). In the United States on average there is 1 mental health worker for every 529 people (MHA, 2018). In states with the lowest numbers of mental health workers, there are 6 times the number of clients to every one mental health provider which is defined as a psychiatrist, psychologist, licensed clinician social worker, professional mental health counselor, marriage and family therapist, or advanced practice nurses specializing in mental health care (MHA, 2018). This means a mental health provider in these areas would have to treat six times as many clients than a provider in states with greater numbers of providers (MHA, 2018).

Professional Challenges in the Counseling Practice

Stress and burnout are a common occurrence amongst helping professionals (Jenaro et al., 2007; Lambert & Lawson, 2013) and are mitigated by wellness and resilience (Witmer & Young, 1996). According to the Bureau of Labor Statistics (2016), 19 percent of counselors are in outpatient mental health and substance abuse centers, 11 percent are in residential mental health and substance abuse facilities, 11 percent are in hospital setting, and nine percent are in government. The remaining number of counselors are employed in prisons, juvenile detention centers, halfway houses, detox centers, employee assistance programs, and other settings including private practice. Consequently, the vast majority of published literature exploring resilience focuses on mental health providers in community and agency settings leaving significant gaps in our understanding of resiliency and accompanying wellness practices amongst private practice counselors and the impact on their personal and profession wellness. This is problematic as there are marked differences in stress and burnout amongst agency, community,

and private practice counselors (Vredenburg et al., 1999). Contrary to agency colleagues, who are defined as counselors in private practice are unique in their role and function, being exposed to the distress of clients without the support and access to colleagues and supervisors.

Additionally, some private practice counselors manage and attend to the business of running a practice which directly and indirectly contributes to their stress, amplifying the need for a strong, internal resilient foundation (Coker & Dixon-Saxon, 2013; Gladding, 2004). These factors will be discussed in more detail later in this chapter.

The number of clients seen by any given provider varies greatly given several conditions: office setting, systemic expectations, cash pay versus insurance, and geographical location. These are just a few of the factors that also contribute to a provider's caseload size. As the need for counseling grows, so do caseloads, resulting in clinicians being increasingly exposed to more clients' pain, suffering, and negative experiences (Lawson & Myers, 2011; Lawson & Venart, 2005). Racquepaw and Miller (1989) surveyed 150 psychotherapists and determined burnout resulted from the therapist's perception that they were overworked or under significant pressure due to their caseload. Craig and Sprang (2010) found that counselors who had a majority of clients with Post-Traumatic Stress Disorder on their caseloads had higher rates of compassion fatigue. Yet, to date, there are no studies examining the caseload and wellness practices of private practice counselors.

Compounding the difficult task of working with increasing numbers of clients, clients are reporting more complex and severe problems (Coker & Dixon-Saxon, 2013). Increased psychopathology and symptom severity among clients have been reported by counseling center staff and directors (Gallagher et al., 2000; O'Malley et al., 1990; Robbins et al., 1985). Counselors face multiple challenges, working with a diverse range of clients having varying

diagnoses, forms of trauma (Sadler-Gerhardt & Stevenson, 2012) and severe symptoms (Cummins et al., 2007). The world is becoming more complex and increasingly riddled with challenges (Shallcross et al., 2010). These changes are the result of recent terrorist attacks (Trippany et al., 2004), high rates of sexual abuse (Heppner et al., 1995; Statista, 2017), and increasing rates of substance abuse and suicide (SAMHSA, 2017). Overall, a significant number of counselors work with trauma survivors and are being especially unsettled emotionally as a result (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; VanDeusen & Way, 2006; Way et al., 2004).

Counselors are subjected daily to the emotional demanding stories and needs of clients (Canfield, 2005). Clients frequently present with complicated and difficult problems which are not easily resolved (Jenaro et al., 2007) often expressing intense struggles and needs (Skovholt, 2001). Skovholt, Grier and Hanson suggest emotional harm results from counselors providing “constant empathy and one-way caring” (2001, p. 106). There is a constant expression of empathy for clients can negatively impact the internal resources of the counselor as there is no one to care for them, leading to burnout when left unattended (Sadler-Gerhardt & Stevenson, 2012). There is a direct correlation between burnout and the decision to leave the profession (Leiter & Harvie, 1996; Maslach, 1978; Pines & Kafry, 1978; Taylor-Brown et al., 1982). However, there are minimal studies using counselors solely as participants. A literature review of studies related to burnout in mental health workers identified two studies using counselors as the research sample (Leiter & Harvie, 1996; O’driscoll & Schubert, 1988; Ross et al., 1989). However, upon closer examination, O’driscoll and Schubert (1988) conducted their study with social service agency counselors in New Zealand and Ross et al. studied counseling center staff

recruited from the Association of Psychology Internship Centers directory. Similarly, Leiter and Harvie's (1996) review found no studies of burnout in licensed counselors.

In a study of over 500 psychologists, over half reported their work with traumatized clients contributed to their state of distress and impairment (Sherman & Thelen, 1998). Pope et al. (1987), found 60 percent of the participating psychologists reported they frequently worked while under distress. Some psychologists continued to practice even knowing the potential negative impact doing so could have on their clients (Guy et al., 1989; Pope et al., 1987; Sherman, 1996). Some ignored or did not acknowledge their impairment (Good et al., 1995). Further compounding counselor impairment, Floyd et al. (1998) found colleagues tend to not approach or offer support to their impaired colleague. It is unknown what happens when a counselor becomes impaired in solo private practice in regard to how they become aware of their impairment, what professional monitoring or oversight exists, and how impairment is remedied, especially when it is the sole income for the counselor.

Skovholt et al. (2001) described the following factors as contributing to professional burnout: unsolvable problems of clients that need solving, clients who appear to have resources but continue to struggle even with help, a frequent readiness gap between counselor and client, a counselor's inability to say no, continuous empathy, interpersonal sensitivity, and one-way caring. These factors can lead to counselors that are emotionally depleted compounded by elusive measures of success and normative failure that requires them to accept the lack of success as part of the job. Outcome measures for client success in treatment can be ambiguous (Thompson et al., 2011). This lack of certainty and clarity can be a source of stress for both counselor and client (Skovholt et al., 2001). Therefore, knowing how private practice counselors

who identify as resilient define success, would offer additional insight into how counselors can build and maintain a state of wellness and resilience.

When counselors are emotionally wounded as a result of regular and frequent exposure to client's suffering, they can become professionally impaired (Skovholt, 2005; Thompson et al., 2011) which results in their inability to provide the highest level of care to their clients (Lawson, 2007). A tenant of the counseling process and primary factor in the efficacy of treatment is the quality of the relationship between counselor and therapist (Jennings & Skovholt, 1999; Ronnestad & Skovholt, 2003; Sadler-Gerhardt & Stevenson, 2012; Wampold, 2001). The ability for the counselor to effectively hold the client's emotions while simultaneously balancing their own professional and personal wellness is critical to this relationship (Skovholt, 2005).

Counselor wellness is the foundation for effective work with clients (Jenaro et al., 2007; Lawson, 2007; Venart et al., 2007). When counselors are able to maintain and promote their well-being, there can be profound, life-changing work accomplished (Skovholt, 2005; Thompson et al., 2011). Contrarily, counselors who do not attend to their own wellness are at an increased risk to be functioning at an impaired level, violating ethical guidelines (Thompson et al., 2011) and are unable to offer their highest quality of care to clients (Lawson, 2007). When experiencing burnout, counselors are impaired and are apt to cause harm to clients (Skovholt, 2005; Thompson et al., 2011). It is imperative counselors remain vigilant in maintaining their own wellness and regularly identify any triggers and factors that interfere with their ability to do so (Cummins et al., 2007). When counselors take better care of themselves, there is a direct positive effect on their ability to care for clients (Lawson, 2007). Yet, there are no studies to date that explore the specific experience of private practice counselors' management of burnout, impairment, and resilience.

The American Counseling Association (ACA) Code of Ethics and Standards of Practice sets the standard for counselors to be ethically, culturally, and professionally competent and proficient in assessment and diagnosis as well as capable of balancing and maintaining personal and professional wellness to ensure they meet professional responsibilities (ACA, 2014). The value of counselor wellness was reinforced with the revision of the 2014 ACA Code of Ethics section C.2.d. The code addresses professional competence and calls for counselors to be aware of and monitor their effectiveness and to take steps to when needed to resolve impairment. This includes peer support and consultation (ACA, 2014). Furthermore, when a counselor becomes impaired, physically, mentally or emotionally, or has a decrease in their effectiveness with clients, section C.2.g. states they are expected to resolve the situation or take a leave from their practice until the situation is resolved (ACA, 2014).

In 2003, the American Counseling Association created a task force in response to the growing awareness of counselor impairment. The purpose of the task force was to develop intervention strategies and resources to aid impaired counselors. According to the task force, “therapeutic impairment occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client” (Lawson & Venart, 2007, p. 243). The result was a three-pronged approach: education, quality resources, and advocacy at the state and national levels. There have yet to be any published studies examining the aftereffects of the creation and implementation of this task force. The environmental, systemic, and professional pressures on counselors have been well documented in the literature (Cummins et al., 2007; Figley, 1995; Jenaro et al., 2007; Lambert & Lawson, 2013; Thompson et al., 2011). Counselors are subjected to multiple stressors on a daily basis. The effects of these variables have not been explored in private practice counselors,

especially those who hold the dual role of counselor and business owner. This study addressed this gap; it explored the effects of these stressors have and how a counselor's state of resilience interacted with it.

Other Helping Professions

In a world where there is a greater demand and higher expectations for quality helping services (Hawkins & Shoheit, 2012), the number of stressors associated with the health and helping professions is increasing (Lambert et al., 2004; Lim et al., 2011). Frequent and regular exposure to the pain and suffering of others can impact a helping professional's physical and emotional wellbeing which can lead to burnout and corresponding negative symptoms (Barnett et al., 2007). Therefore, a prevention strategy is crucial to counterbalance stressors (McCann et al., 2013). The need for establishing and fostering strategies and supports for fostering resilience is evident across the helping professions.

Nursing

Of the health disciplines, nursing had the most articles related to topics of wellness and resilience. Coping strategies and wellness practices were studied extensively in a sample of 1554 hospital nurses from Japan, South Korea, Thailand, and Hawaii, several predictors of physical and mental health. Across the aforementioned cultures, self-control, engaging in social support, problem solving, and positive reframing were identified as the four most common methods for coping (Lambert et al., 2004). Similarly, a systematic literature review by Zander et al. (2010) identified three themes of coping and resilience: coping factors, coping processes, and overcoming negative circumstances. Chang et al. (2007) determined nurses with more years of practical experience and those who used emotional distancing had higher mental health scores

than those nurses who lacked workplace support, had heavy workloads, and engaged in escape-avoidance and self-control strategies.

Several studies examined resilience and hardiness in nurses. Harrison et al. (2002) found hardiness and work support were negatively related to psychological distress, hardiness was positively correlated with work support, and hardiness mediated the effects of work support on psychological distress. Judkins and Rind (2005) studied the relationship between hardiness, job satisfaction, and stress in home health nurses in Texas. They found a negative relationship between stress and hardiness and a positive relationship between job satisfaction and hardiness. In a qualitative study of 10 hospice nurses in England, 10 themes emerged to describe the nurses' work and reflected a positive attitude that aided in their state of resilience. Ten themes represented how the nurses perceived their work and the meaning and purpose they assigned to their role and function (Ablett & Jones, 2007).

Additional research in nursing has identified specific resilient qualities including a positive attitude, sense of faith, close intimate relationships, strategies such as debriefing and collegial support (Cameron & Brownie, 2010). Additionally, years of experience, education (Gillespie et al., 2009), active coping (Judkins & Rind, 2005), a supportive work environment, personal resources, and social support (Garrosa et al., 2010) were found to have a positive relationship with resilience.

Social Work

Similar to nursing, social work has identified coping strategies, age, years of experience, and perception of competency all contribute to managing stress (Acker, 2010). Availability of family and friends was also a predictor of positive coping among 285 mental health social

workers (Ting et al., 2008). The result of several studies on resilience and wellness in social work resulted in several factors, individual and contextual, that impact a social workers' resilience: age, gender, work-life balance, personal and professional identity, and quality of supervision (Beddoe et al., 2014; Graham & Shier, 2010; Greifer, 2005). Through qualitative analysis of 13 social workers, Graham and Shier (2010) identified six themes that influence subjective wellbeing both positively and negatively: personal behaviors, interpersonal relationships, a clear self-identity beyond the profession, the work environment, dynamics of relationships at work, and job factors (workload, job satisfaction, perspective on job functions).

Psychology

Many of the studies of coping, wellness, and resilience in psychologists resulted in coping, self-care and professional longevity strategies (Feliciano, 2006; Hannigan et al., 2004). Results from reviewed studies support the need for self-care in the culture of psychology with an emphasis on positive self-care strategies, citing personal psychotherapy (Barnett & Cooper, 2009). In 2007, Rupert and Kent surveyed 595 American psychologists and found differences in satisfaction between private practice and public settings. They asserted, that private practitioners reported higher levels of personal success, more sources of satisfaction, and fewer factors of stress than those who worked in public settings. Results, however, also indicated that private solo practitioners had less support than either private group practitioners or practitioners in public settings and higher reports of over-involvement with clients than their colleagues in public settings. These findings support the need for studies that distinguish between solo private practitioners and group practitioners.

Medicine

Of all the health disciplines, medicine had the most limited publications on coping, wellness, and resilience (McCann et al., 2013). A literature review by McCann et al. (2013) identified four studies investigating coping and wellness strategies: Bergman et al. (2003), Fothergill et al. (2004), Moores et al. (2007), and Swetz et al. (2009) as well as one that sought to identify resilient qualities in doctors, Wallace & Lemaire, 2007. Individual and contextual factors have been identified as impacting stress levels (McCann et al., 2013). Patient death (Moores et al., 2007) and patient suicide (Fothergill et al., 2004) were significant sources of stress personally and professionally for doctors. Social support was identified by 83% of respondents as being an effective coping strategy while least effective strategies were exercise and religion (Moores et al., 2007).

The need for a healthy response and effective management of stressors in the helping professions has been focused on across fields including nursing, medicine, psychology, and social work. Many of the studies published examined personal factors contributing to stress and did not address organizational or systemic contributing factors which are critical to understanding stress and how to mitigate it. This current study will address this gap by exploring the lived experience of private practice counselors and how they understand and make sense of the relationship between stressors, their state of resilience, and their personal and professional wellness.

Agency Versus Private Practice

While all counselors experience personal and professional stress, there are marked differences between agency and private practice work creating differences in how counselors

experience stress in the workplace. These differences have yet to be empirically examined as this literature review yielded no studies examining the differences between the two contexts. The majority of published literature concentrates on counselors in agency and public sector settings with a marked absence of research exploring the lived experience of resilience among counselors in private practice. While these studies yield helpful information on stress, burnout, and resiliency, they were limited to professionals in agency and community settings. Therefore, they may not be relevant to the experiences of private practice counselors.

Agency counselors have significant stress due to their increased case load, a lack of resources available to them, low wages, and clients presenting with more severe mental health issues (Rupert & Morgan, 2005; Sadler-Gerhardt & Stevenson, 2012). Additional contributing factors of stress in agency work include characteristics of clients and frequency of meeting with them (Lambert et al., 2004; Maslach et al., 1986), perception of having too many clients, direct contact hours worked per week (Van der Ploeg et al., 1990), time spent on administrative tasks and paperwork (Rupert & Morgan, 2005), and negative client behaviors (Ackerley et al., 1988).

The experience of private practice counselors can be broken into two parts: clinical work and business practice. Some private practice counselors do not handle aspects related to running a business while some do. This separation is important as the additional responsibilities related to owning and running a practice is an added layer that can add significant stress to a counselor.

Compared to agency work where the counselor's primary responsibilities are to their patients and paperwork, private practitioners have increased and more complex responsibilities (Coker & Dixon-Saxon, 2013; Gladding, 2007). Responsibilities vary so significantly that it is not recommended for counselors to go into private practice without substantial postgraduate experience in other settings (Coker & Dixon-Saxon, 2013). At first glance, private practice

attracts professionals who want to be their own boss, make their own schedule, and have more flexibility and autonomy (Gladding, 2007; Richards, 1990). However, there are significant differences compared to agency, outpatient, and inpatient settings which may impact counselors' state of resilience.

When first opening a practice, private practice clinicians often work with diagnoses and populations outside of their comfort zone due to financial pressures related to growing their business (Coker & Dixon-Saxon, 2013). Counselors in private practice tend to work longer and later hours than those in an agency or inpatient treatment setting. While there is increased flexibility in private practice scheduling, clinicians are not in control of their schedule in many ways. Clients cancel, do not arrive for their appointment, have crises, or inflexible schedules that the counselor feels responsible for accommodating to maintain their practice (Reynolds, 2010) and financial health (Coker & Dixon-Saxon, 2013). A review of the current literature produced no studies exploring how these variables contribute to burnout and the process of resiliency in private practice counselors.

Additionally, clinicians in private practice often feel isolated due to minimal contact with colleagues on a day-to-day basis and are often not engaged in consultation and supervision (Brennan, 2013; Lawson, 2007; Venart et al., 2007). However, counselors who regularly engaged in consultation, interact with colleagues, and network with referral sources have increased professional success (Coker & Dixon-Saxon, 2013; Sterner, 2009) and job satisfaction (Rupert & Morgan, 2005; Skovholt & Trotter-Mathison, 2016).

In general, clinicians enter the field because they feel a deep emotional connection to their work and their clients (Reynolds, 2012). The natural tendency for many counselors is to focus on their client's needs making it difficult to find a balance between caring for the client

and running a profitable business, a challenge of which takes away from the primary reason for being in business, provide mental health services to clients (Pro, 2010). This can be compounded by systemic pressure for solo private practice counselors who own their business as compared to group private practice counselors who are employees.

In addition to personal and organizational stressors agency counselors experience, private practice counselors who own their practice have added systemic stressors related to their function as a business owner (Coker & Dixon-Saxon, 2013). These counselors are responsible for marketing, networking, billing for services, verifying and cooperating with insurance companies, maintaining taxes for the practice on a federal, state, local and merchants level, maintaining a business bank account and professional liability insurance, establishing the business structure (e.g. LLC, INC), registering with the IRS, paying into a retirement account, keeping up with current laws pertaining to fees and the pricing structure of other therapists in the area (American Counseling Association, 2011; Gladding, 2004). The onset of third-party payors and managed care has caused increased stress for private practitioners (Gladding, 2004; Richards, 1990; Rittenhouse, 2005). Additional stressors include independent management of professional development and costs related to running a counseling business such as rent, office supplies, paying for an electronic medical record system, state, local, and professional licenses, cleaning and other activities to run a practice (Coker & Dixon-Saxon, 2013). Financial stressors include not having a steady income, pressure of staying up to date on ethical codes, accounting, state and local laws and regulations related to both the business and professional aspects of owning and running a practice (Coker & Dixon-Saxon, 2013). They experience difficulty related to billing for services and insurance issues (Coker & Dixon-Saxon, 2013), and must possess business skills to maintain aspects of owning a business, marketing skills to make prospective

clients aware of services being offered and to grow and sustain a practice (Coker & Dixon-Saxon, 2013). They are responsible for complying with state and federal regulations such as the Health Insurance Portability Assurance Act, insurance regulations, licensure laws, mandating reporting, and duty to warn without support and feedback from a supervisor (Reynolds, 2012). Billing services, dealing with Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO), staying up to date on local, state, and federal laws and regulations, and managing an office space can take a significant amount of time, decreasing the time available to spend with clients which for many counselors is the source of their satisfaction (Reynolds, 2010).

For counselors who own and run their practice, private practice is both a business and a counseling process, so to be successful, counselors must be able to understand business practices, marketing, networking, ethical and legal concerns, and have clear and effective written and oral communication skills (Coker & Dixon-Saxon, 2013). Graduate counseling degree programs provide extensive education, training, and supervision regarding client care, ethics and responsibilities to clients, and counseling skills and techniques. The most recent revision of The Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2016 standards included emphasis on programs effectively assessing student learning outcomes and demonstrating assessment of student progress (Urofsky, 2010). Further, CACREP standards identify critical areas of competence related to preparing professional counselors to work in different settings (Coker & Dixon-Saxon, 2013).

A review of several of the top counseling programs confirm there are no core counseling classes on the business aspects of owning a private practice. There were 601 CACREP accredited programs as of the beginning of 2012 (CACREP, 2012) with the numbers of programs continuing to increase (Coker & Dixon-Saxon, 2013). A recent review of CACREP programs

identified 337 accredited clinical mental health counseling programs (CACREP, 2012). A further review of these clinical mental health counseling programs confirmed none of the programs had a core course related to running a private practice or the business aspects of being in a solo practice. Without the necessary education, knowledge, and support, counselors are at risk for experiencing the many pitfalls of private practice including investigation for fraud and malpractice (Bernstein & Hartsell, 2004). The combination of stressors related to the business aspects of owning and running a client practice combined with working with clients is a phenomenon that has not been fully or rigorously examined. This study seeks to address this gap.

Stress and Burnout

Stress and burnout are often presented in literature as being linked together. Therefore, both concepts will be presented together in this chapter. Burnout is the result of chronic and unresolved stress (Maslach, 1978; Maslach & Jackson, 1981, 1982, 1984). Job-related stress has been cited throughout the counseling literature (Rayle, 2006; Bryant & Constantine, 2006). There are several external stress factors that create obstacles for wellness and resilience in helping professionals. Longer hours, heavier caseloads, and more stringent documentation requirements as a result of insurance requirements are adding to stress levels (Coker & Dixon-Saxon, 2013; Gladding, 2007). Wait lists, financial challenges such as deductibles, copays, lack of insurance, time off from work, and poor treatment are just some of the contributing systemic factors to counselor burnout which create barriers to effective treatment (U.S. Department of Health and Human Services, 2015; Wagenfeld et al., 1994).

Research has established the existence of significant levels of burnout among the helping professions (Golembiewski & Munzenrider, 1988; Maslach & Jackson, 1984; Skovholt, 2001). It is still a serious concern in the helping professions (Capner & Caltabiano, 1993; Farber, 1990;

Figley, 1993; Passoth, 1995; Schaufeli, et al., 1993). Numerous studies have examined burnout in counselors (Lee et al., 2010; Morrissette, 2004; Osborn, 2004; Valent, 2002), psychologists (Ackerley et al., 1988; Boice & Myers, 1987; Dupree & Day, 1996; Hellman & Morrison, 1987), social workers (Kapoulitsas & Corcoran, 2015; Schwartz, 2000), trauma workers (Hardiman & Simmonds, 2013; Sprang et al., 2008; Trippany et al., 2011), and community agency clinicians (Baird & Jenkins, 2003). More than one-third of psychologists working in mental health agencies were found to be experiencing high levels of burnout (Ackerley et al., 1988). Counselors who suffer from burnout have higher rates of missing work, professional isolation, and negative coping skills such as substance abuse (Cherniss, 1992; Farber, 1983; Freudenberger, 1974; Thomas, 1995). In a study examining the effectiveness of psychologists, almost sixty percent of participants acknowledged they have seen clients when they were burnt out and in a state of impairment (Pope et al., 1987). It is widely accepted that a counselor's mental health has a direct impact on treatment effectiveness (Bergin & Jasper, 1969; Deutsch, 1985; Freud, 1937/1964; Parloff et al., 1978). Additionally, it is known that clients of healthy therapists demonstrate greater improvement when compared to unhealthy therapists (Garfield & Bergin, 1971; 1994). Out of the estimated 6,000 studies investigating the concept of burnout, there are only a handful of studies specifically examining burnout in private practice counselors (Schaufeli et al., 2009). Preventing burnout is critical to programs, agencies, and private practices functioning effectively (Leiter & Maslach, 1988).

Burnout was initially introduced by Freudenberger in 1974 to describe the deterioration mental health practitioners experience in high stress environments. In the late 1970's, burnout was recognized as being a significant contributing factor to impairment (Maslach, 1982; Maslach & Pines, 1977). Söderfeldt et al. (1995) reviewed literature on burnout published from 1974-

1994 and identified multiple depictions of the term: fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism. In the 1980's, defining and describing burnout became the focus of attention (Roberts, 1986). Research on burnout aimed at identifying and defining variable and factors contributing to burnout and developing theoretical models addressing burnout (Beck, 1987). By the 1990's the focus shifted from interpreting burnout to preventing it; identifying buffers to distress and mental illness (Seligman & Csikszentmihalyi, 2000). Soderfeldt et al. (1995) concluded, "Burnout should be considered a multidimensional syndrome" (p. 642).

A uniform definition of burnout is lacking despite a wealth of research (Lee et al., 2010; Morrissette, 2004; Osborn, 2004; Valent, 2002; Sadler-Gerhardt & Stevenson, 2012). Several definitions exist. Burnout has been described as "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations" (Pines & Aronson, 1988, p. 9). Maslach and Pines (1977) define burnout as "an emotional exhaustion in which the professional no longer has any positive feelings, sympathy or respect for clients or patients" (p. 101). Corey and Corey (1998) described burnout as, "continuous contact with clients who are unappreciative, upset, and depressed which often leads helpers to view all recipients in helping relationships in negative terms". A serious result of burnout is that it tends to lower a counselor's awareness of client's subtle and covert communications causing them to fail to pick up on important cues (Hellman et al., 1987). Practitioners may begin to care less and make derogatory comments about their clients, ignore them, and want to move away from them (Corey & Corey, 1998). "Dehumanized responses are a core ingredient of burnout" (Skovholt & Trotter-Mathison, 2011, p. 167). Similarly, Valent (2002) defined burnout as "the cumulative result of that sense of powerlessness in achieving work goals, which may be accompanied by

physiological aortal symptoms such as sleepiness and irritability, decrease work performance, and relational disruptions or avoidance” (p. 19).

Skovholt distinguished between external and internal factors citing work related challenges, clients with complex problems, lack of resources for clients as external factors. Internal factors include poor boundaries on the part of the counselor, providing constant empathy, and the uni-directional aspect of caring for clients (Skovholt et al., 2001). Maslach and Jackson (1984) attended to the physical experience of burnout stating burnout is a “syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment” (p. 192). Figley (2002) suggested burnout comes with emotional numbing. Osborn (2004) asserted burnout is a state of mental and emotional depletion coupled with physical exhaustion. Okun and Kantrowitz (2008) offer the following interpretation of burnout, “You may be suffering from burnout when you feel exhausted and are unable to pay attention to what someone is saying; you find yourself reacting more impatiently and intolerantly than you have in the past; your sleeping and eating habits change or you experience a new physical symptom; or you find yourself dreading the beginning of the workday and lacking enthusiasm, motivation and interest” (p. 302). Burnout is also described as a spiritual experience. Maslach and Leiter (2008) defined burnout as “the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will - an erosion of the human soul” (p. 17).

In the counseling profession, research on burnout resulted in the creation of instruments to assess and measure it, theoretical models, and recommendations for prevention (Arthur, 1990; O’Halloran & Linton, 2000). The Maslach Burnout Inventory (MBI-HSS; Maslach & Jackson, 1984), the Staff Burnout Scale for Health Professionals (Arthur, 1990) and the Counselor Burnout Inventory (Lee et al., 2007) are some of the more common assessments being used

currently in the counseling profession. Lee et al. (2010) pointed out that the MBI-HSS fails to accurately assess burnout as it specifically relates to counselors. It was for this reason, the Counselor Burnout Inventory was developed (CBI; Lee et al., 2007). What is also distinct about the CBI is that it takes into account the work environment of the counselor (Lee et al., 2010). This corresponds to the literature on burnout which underscores the impact workplace environment has on burnout (Azar, 2000; Maslach, 2005; Osborn, 2004; Savicki & Cooley, 1981; Thompson, 1998). A study on typology of burnout in professional counselors sampled participant that included family counselors, school counselors, mental health counselors, college counselors, career counselors, and rehabilitation counselors. While this study added to the knowledge of burnout and potential patterns consistent with burnout specifically amongst counselors, it did not separate out private practice counselors who experience different stressors than their colleagues. It also could not account for counselors who might have been burnt out and therefore did not self-nominate for the study (Lee et al., 2010).

In 2008, Skovholt further distinguished the concept of burnout into two categories: Meaning Burnout and Caring Burnout. Both concepts interfered with the practitioner's ability to attend to the relationship with the client and illustrated the emotional struggle of the therapist. Meaning burnout, as defined by Skovholt, pertained to the purpose or passion for the work no longer being relevant and occurred when the work became monotonous, no longer felt relevant to the practitioner, or when the therapist no longer felt helpful and the work no longer felt useful (Skovholt & Trotter-Mathison, 2016).

The second type of burnout is also the most prevalent form: caring burnout. The therapeutic relationship has been identified as being the "cornerstone" for success in psychotherapy (Norcross, 2010, p. 114; Skovholt, 2005). Caring burnout describes the cycle of

caring all practitioner experience with each client (Skovholt & Trotter-Mathison, 2016). Overcommitment to client outcomes results in emotional exhaustion and burnout (Thompson et al., 2011). The depth of attachment formed is crucial to the client making progress in treatment (Skovholt & Trotter-Mathison, 2016). Burnout is not simply an individual problem but a systemic issue in the work environment (Maslach & Leiter, 2008; Raphael et al., 1993). A study of 68 psychotherapists found that agency therapists were at higher risk for burnout than their counterparts in private practice (Racquepaw & Miller, 1989). Size of caseload was only a predictor of burnout when a therapist reported being unhappy with it. Probability of burnout increased when a therapist identified their clients as being more difficult.

Burnout can occur in any job resulting from high work demands and low job satisfaction (Lee et al., 2010; Sadler-Gehardt & Stevenson, 2012). It can result from a misalignment of the actual day to day work and the counselor's perception of their role and job functions (Harris et al., 2001; Lambie & Williamson, 2004; Studer, 2005). Maslach and Leiter (2008) identified seven domains in the work environment that lead to burnout: workload, control, reward, community fairness, values, and job-person incongruity. Therefore, interventions should target changing the organization (Maslach & Leiter, 2008) as well as individual wellness practices (Skovholt & Trotter-Mathison, 2016). When factors contributing to burnout are identified, they can be mediated by consistent resiliency practices (Figley, 2002; Maslach et al., 1986; Skovholt, 2001).

Risk Factors for Burnout

Risk factors for burnout that could serve as predictive indicators for negative outcomes in the field of mental health have been widely investigated (i.e. burnout, compassion fatigue) resulting in a variety of variables associated with burnout (Skovholt & Trotter Mathison, 2016).

In 2001, Skovholt identified seven “high touch” hazards which make counselors more vulnerable to burnout. Hazards include, clients having an unsolvable problem that needs to be solved, clients not having access to resources or skills to meet their goals, a difference in readiness between the counselor and client, counselors’ inability to say no, one-way caring, ambiguous measures of success, and normative failure. Skovholt and Trotter-Mathison (2011) expanded to twenty hazards experienced by helping professionals which lead to burnout including, imposter syndrome, inability to say no, elusive measures of success, negative relationships with colleagues and management, and practitioner emotional and physical trauma. Burnout has multiple facets (Soderfeldt et al., 1995) resulting in a lower quality of care for clients (Raquepaw & Miller, 1989). Multiple hazards have been documented as increasing a counselor’s vulnerability to stress and ultimately burnout (Yassen, 1995). Both personal and systemic factors have been identified as contributing to a counselor’s susceptibility to burnout (Skovholt, 2001).

Personal Factors. Individual risk factors for burnout include an individual’s genetic predisposition, self-image, perception of self-efficacy, competency, and self-perception of wellness and impairment (Lawson, 2007). Every person has biological and psychological characteristics that make them vulnerable to or resilient when confronted with adversity and distress. Personality traits have been shown to significantly contribute to how an individual copes with stress and are correlated with well-being and health outcomes (Mroczek & Almeida, 2004; Neupert et al., 2007). A counselor’s personality is a critical contributor to a counselor’s style of therapy as well as their ability to maintain a state of resilience and functions as a mediator for their response to stress (Figley, 2002).

History of childhood abuse, unresolved past or current experiences of trauma (Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1995; Nelson-Gardell & Harris, 2003;

Pearlman & Mac Ian, 1995), age (Birditt et al., 2005; Diehl & Hay, 2010; Neupert et al., 2007), years of professional experience (Arvey & Uhleman, 1996; Ghahramanlou & Brodbeck, 2000) and educational level (Baird & Jekins, 2003) have been investigated as personal risk factors for burnout amongst helping professionals and were shown to correlate with states of burnout.

Additionally, pre-existing health problems and stress levels have been shown to impact a person's ability to cope (Serido et al., 2004) increasing one's vulnerability to burnout. Duquette et al. (1994) proposed three variables that impact burnout: social support, hardiness, and coping skills.

Professional and Systemic Factors. Although burnout is experienced by the counselor internally, it is also the result of environmental factors such as caseload, hours worked, and resources (Maslach, 2003). When therapists feel a sense of control and ability to control the pace of their work, stress levels are more likely to decrease (Gemmill & Heisler, 1975). Leiter and Harvie (1996) completed a systemic literature review of burnout in the helping professions from 1985 to 1995 and identified the most prevalent personal and contextual risk factors contributing to professional burnout were excessive caseload, hours worked, inadequate or absence of resources for clients, insufficient support from professional and natural support networks. Additionally, access to supervision (Follette et al., 1994; Kassam-Adams, 1995; Leiter and Harvie, 1996; Pearlman & Mac Ian, 1993), and caseload of clients with trauma (Chrestman, 1995; Schauben & Frazier, 1995) also contributed to professional burnout. Similarly, Raphael et al. (1993) suggested the type of work a counselor does, the size of their caseload, working too many hours, and having an excessive caseload of clients with distressing symptoms all contribute to burnout.

External and work-related variables significantly contribute to a counselor's state of wellness or burnout (Lawson, 2007). The majority of counselors experiencing burnout are working in environments that are not conducive to wellness practices (Venart et al., 2007). In Raquepaw and Miller (1989) found a positive relationship between professional burnout and psychologists' perception of a large caseload and job dissatisfaction. Similarly, in a study of burnout among mental health professionals, Leiter and Harvie (1996) defined burnout as the result of excessive professional demands such as caseload, insufficient colleague, family, and social connections and support, and personal conflicts that interfere with ability to provide necessary services to clients. Leiter and Harvie's (1996) review of the literature on burnout noted 18 studies of which only two specifically sampled counselors: O'driscoll and Schubert (1988) and Ross et al., (1989). Based on their studies of mental health workers, Maslach and Leiter (2008) proposed seven domains to summarize and categorize organizational risk factors for burnout. They include workload, perception of control, absence of internal and external reward system, perception of inequity, and a lack of feeling connected and supported by colleagues and supervisors. Similarly, Walsh and Walsh (2002) determined counselors were negatively impacted when their role was poorly defined and when they perceived their caseload as too large. A small percentage of the counselors surveyed in each of these studies were identified as practicing counselors if they were distinguished at all from the counselors sampled.

Skovholt and Trotter-Mathison (2016) identified twenty "hazards of practice" describing challenges and difficulties in the therapeutic relationship that make work with the client difficult and increase the practitioner's risk of burnout. The first situation is when the client wants a fast outcome while the therapist maintains healing is a slow process yet feels a pull from the client for immediate help. The second hazard occurs when the client is looking or would benefit from a

different practitioner with a different skill set. Mullenbach and Skovholt (2000) in their study of master therapists noted a common theme of humbleness in that they acknowledged and accepted they cannot be the best therapist for everyone. This is particularly difficult for novice practitioners who feel responsible for helping everyone and a deficit if they are unable to do so. The third hazard occurs when the client and therapist are in a different stage of change, readiness stance. One of the most common challenges is when the therapist is in the action stage while the client is in contemplation (Prochaska & Norcross, 2001). For therapy to be effective for the client, it is crucial for the therapist to meet the client where they are at (Cummins et al., 2007; Skovholt & Trotter-Mathison, 2016) and to consistently demonstrate empathy (Dinkmeyer et al., 1979; Rogers, 1959). The practitioner, by being in a state of patience and empathy, avoid generating resistance in the client and feelings of inadequacy and frustration in themselves (Skovholt & Trotter-Mathison, 2016). Additional hazards include: a problem that is not easily solved or cannot be solved at this time; clients whose best prognosis is minimal improvement; clients who have secondary gain connected to the problems that brought them to treatment; clients who present with needs that the system cannot meet; practitioners not having set boundaries related to the scope of helping options and methods; practitioners not being able to disengage from the stressful emotions brought up in therapy sessions; practitioners functioning in a state of constant empathy, positive regard, and one-way caring; the isolating nature of confidentiality associated with work; success being difficult to define, see, and measure; working in an environment where policies and guidelines give the practitioner less control but more responsibility; accepting failure as part of the work; and being confident in the difference between standard failures in the field and excessive failure which reflects ability as a therapist; work becoming monotonous, mundane, and no longer intellectually stimulating; physical injury

by a client; legal and ethical worries; professional emotional trauma; and a negative work environment (colleagues, supervisors, etc.) (Skovholt & Trotter-Mathison, 2016).

An area that has a high risk for developing burnout is the termination process defined as the final stage of counseling, marking the closure of the relationship. Termination is considered to be an important part of the therapeutic process and is something the counselor will experience frequently. One of the most challenging aspects of mental health work is that many times clinicians do not see the results of their work. Too often, positive outcomes occur after a client terminates. If the clinician cannot find a way to effectively cope with these endings and losses, burnout will set in. If the clinician is able to separate from the client in a positive way, burnout can be avoided. However, in cases where the clinician feels drained by the termination process, feelings of depletion will slowly build up over time, resulting in emotional exhaustion and ultimately burnout (Skovholt & Trotter-Mathison, 2016). This prevents the counselor from effectively connecting to the next client resulting in therapist incompetence (Skovholt et al., 2001).

Other Forms of Professional Burnout

Additional terms for the concept of burnout, often used interchangeably to describe the negative emotional consequences resulting from working with traumatized and distressed individuals are emotional depletion (Lambie, 2006; Maslach 1998; Pines & Aronson, 1988; Skovholt et al., 2001), vicarious trauma (McCann & Pearlman, 1990; Pearlman, 1998; Pearlman & Saakvitne, 1995), compassion fatigue (Figley, 1995; Rothschild & Rand, 2006), and secondary traumatic stress (Figley, 1995; Pearlman & Saakvitne, 1995; Stamm, 1995). Continual and repeated exposure to stress results in high risk for developing burnout, compassion fatigue, and vicarious traumatization and can occur within anyone who is experiencing stress as a result

of working with challenging clients and systemic factors (Lewis, 1999; Maslach et al., 2001; Muscatello et al., 2006; Papadatou et al., 1994; Sinclair & Hamill, 2007). This is evident in the literature on burnout which has developed multiple terms to describe the subtle variations in the concept such as compassion fatigue and vicarious trauma. Lawson (2007) found roughly 11 percent of all counselors experience symptoms of compassion fatigue or vicarious traumatization.

Compassion Fatigue. A common difficulty in mental health work is being continuously exposed to the suffering, trauma, and negative experience and feelings of clients. Counselors who have personally experienced trauma in their past or present are at high risk for developing compassion fatigue and burnout (Pearlman & Mac Ian, 1995). In 1995, Figley coined the term compassion fatigue and defined it as, “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event—the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 7). After an additional seven years of research, Figley (2002) added to the initial definition of compassion fatigue asserting, “a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of bearing witness to the suffering of others” (p. 1435). Jenkins and Baird (2002) introduced the term secondary traumatic stress which is used to describe similar experiences to compassion fatigue.

While similar, compassion fatigue and vicarious trauma are not completely interchangeable. Compassion fatigue accumulates over time as opposed to vicarious trauma and secondary traumatic stress which has a more immediate onset (Newell & MacNeil, 2010). Feelings of confusion and increased feelings of helplessness and isolation from one’s natural support network are signs of compassion fatigue and make it difficult for clinicians to connect

and reconnect with clients ultimately leading to ineffectiveness in the therapeutic relationship (Figley, 2002; Skovholt & Trotter Mathison, 2016).

Vicarious Trauma. McCann and Pearlman (1990) presented the term vicarious trauma to describe the shifts and changes in a counselor's mental state resulting from hearing traumatic experiences of clients. Hernandez et al. (2010) provided a more detailed definition, "Vicarious trauma refers to the cumulative effect of working with traumatized client: interference with the therapist's feelings, cognitive schemas, memories, self-esteem, and/or sense of safety" (p. 69). Frequent and persistent exposure to traumatizing material can cause a shift in how one views and makes sense and meaning of the world, having profound impacts on the individual (Trippany et al., 2004) and their ability to connect to others and to themselves (Silveira & Boyer, 2015). In an effort to demonstrate empathy and understanding for a client's experience, therapists join with the client, being present with their pain, exposing themselves to pain repeatedly. A hazard for therapists is to take on the problems of their clients, to feel responsible for their client's outcomes, progress, or success in treatment. This is a primary cause of therapist burnout (Sapienza & Bugental, 2000).

Further distinguishing vicarious trauma and burnout, vicarious trauma has a sudden and abrupt onset of symptoms, whereas burnout develops gradually as a result of emotional exhaustion (Trippany et al., 2004). Vicarious trauma leads to changes in trust, feeling disempowered or out of control, intrusive thoughts and images, difficulty with intimacy, and has a negative impact on one's self-esteem (Rosenbloom et al., 1995). With rapid onset, the practitioner can easily become overwhelmed, feeling emotionally depleted and unsettled for months to years before feeling relief (McCann & Pearlman, 1990). It is not uncommon for clinicians who work with traumatized clients to experience both burnout and vicarious trauma

(Trippany et al., 2004). Stress related to the role and function of a counselor is inevitable and, in some cases, leads to burnout. Yet, there are a significant number of counselors who identify as healthy and report professional longevity. While the variables in both groups have been explored and discussed extensively in the literature, there is limited information regarding the experience of these variables among private practice counselors who run their own business which will be address in this current study.

Resilience

Burnout is a pervasive issue in counseling and as such, has been studied extensively (Lawson, 2007). Although burnout in the helping professions is well documented (Clark, 2009; Skovholt, 2005), few studies have examined the resiliency of counselors, a critical component to professional and personal wellness. A literature review of resilience in mental health practitioners resulted in hundreds of articles across the helping professions including the fields of counseling, marriage and family therapy, psychology, social work, psychiatry, students-in-training, nursing, and neurobiology in agency and community settings. Surprisingly, this literature review yielded only a little more than 100 studies of resilience in counselors and zero studies on solely counselors in private practice settings. A review was conducted using counseling, psychology, sociology, nursing and medical discipline databases via PubMed, PsychInfo, PsychArticles, ProQuest, and EBSCO. A search via Google Scholar was done secondarily to ensure all relevant articles were found. Key search terms included: resilience, resilience and counselors, resilience and mental health, resilience and private practice, stress and burnout and counselors, private practice counselors and burnout, private practice counselors and resiliency, mental health practitioners and wellness, resiliency and wellness, and resilience and the helping professions. Of the 73 articles that fell within the scope of this study's literature

review, 44 were editorials, literature reviews, or reviews of assessments and measurement instruments. Of the remaining 29 articles, 12 were quantitative, 17 were qualitative, four were counseling articles, one counseling psychology, three social work, one psychology, two psychiatry, one marriage and family therapy, four nursing, two in the field of medicine, and 11 had a mixed sample pulling from the aforementioned fields. None of the 29 studies specifically targeted counselors in private practice settings. Table 1 summarizes the results of the literature search on resilience in counseling private practice.

Resilience can be considered a reflection on an individual's ability to successfully cope with stressors (Connor & Davidson, 2003) and is a multifaceted characteristic subject to change with context, time, age, gender, culture, and how an individual experiences life events (Connor & Davidson, 2003; Garmezy, 1985; Garmezy & Rutter, 1985; Rutter, 2007; Seligman & Csikszentmihalyi, 2000; Werner & Smith, 1992). Resilience is multi-dimensional (Wu et al., 2011). It is the result of a cumulation of actions that are implemented consciously, consistently, and frequently (Sadler-Gerhardt & Stevenson, 2012). Therefore, although one may be born with a predetermined capacity for resilience, resilience can be developed and strengthened throughout the lifespan. Resilience is the cumulative result of having a positive attitude (Cohen & Sarter, 1992; Levine, 2003), collegial support (Maytum et al., 2004), effective supervision (Ladany et al., 2005; Thompson et al., 2011; Walker, 2004), and a holistic approach to wellness (Harrison & Westwood, 2009; Zander et al., 2013). There are three main variables that facilitate resiliency: individual characteristics, supportive family environment, and a strong social support network (Garmezy, 1991; Hauser et al., 2006; Tedeschi & Kilmer, 2005). In 2004, Johnson and Wiechelt found protective factors such as connection with family, peers, and positive models result in

healthy outcomes (Earvolino-Ramirez, 2007). In addition, Johnson and Wiechelt (2004) noted resilience manifests differently for everyone (Earvolino-Ramirez, 2007).

The research on resilience has continued to evolve over the decades (Kitano & Lewis, 2005; Martin-Breen & Anderies, 2011). Moving beyond characteristics of resilient people and their resilient behaviors in the face of adversity (Todis et al., 2001; Wang et al., 1997; Werner, 1993; Wolin & Wolin, 1993), research sought to identify the source of burnout and contributing factors to the state of depletion. Next, attention centered on identifying and understanding the characteristics of resilient and impaired individuals. Finally, research focus shifted from identifying and resolving deficits to focusing on and strengthening innate human strengths and healthy development (Windle, 2011).

Hardiness was an early used term for resilience and referred to people who “believe they can control or influence the events of their experiences, who have an ability to feel deeply involved in or committed to the activities of their lives, and who anticipate change as an exciting challenge to further development” (Kobasa, 1979, p. 3). Hardiness has been identified as a personality trait that effectively manages vulnerability to stress and burnout (Diener, 2000; Figley, 2002) and has been found to be equivalent to resilience (Zander et al., 2010). Similar to the concept of resilience, hardiness is a cognitive framework where the counselor feels a sense of control, professional investment and commitment, and perception change as an opportunity for growth (King et al., 1998; Zander et al., 2013) and has a positive attitude towards challenges (Zander et al., 2013). Hardiness is purported to be a reflection of mental health (Maddi & Khoshaba, 1994; Ramanaiah et al., 1999) and functions as a buffer to mitigate outcomes of stressful events and people who embody hardiness engage intentionally and consistently in

positive wellness activities such as healthy nutrition, physical activity, adequate rest (Kobasa et al., 1982; Truch, 1980).

Henry Maas (1963) studied the impact of adults who had been estranged from their parents during World War II and determined humans are flexible and can adapt to even the most adverse and distressful situations. Researchers in the 1970's continued to study children in high-risk environments such as physical abuse, parents with mental illness or substance abuse, living in an inner city (Benard, 1996; Rickwood et al., 2004). Werner (1993, 2000) and Garmezy (1985, 1991) explored what impact poverty, family dysfunction, discrimination, prejudice, and other variables had on a child's psychological development. They studied over 698 children and their families and found children subjected to these variables at age 10 not only survived, but thrived (Werner et al., 1971). In 1992, seventy-two of the 201 research participants deemed high risk, were still thriving (Werner & Smith, 1992).

Initially, research on resilience centered on expanding the understanding of what constitutes resilience and did not identify resilient characteristics and how they are developed (Earvolino-Ramirez, 2007; Grafton et al., 2010, Richardson, 2002). To address this gap, the next phase of research concentrated on identifying how characteristics of resilience are obtained (Earvolino-Ramirez, 2007; Grafton et al., 2010; Richardson, 2002).

Researchers determined resilience is the strengthening and enhancement of qualities and protective factors that play a role in the process of coping with adversity (Richardson, 2002) and found this process results in a sense of growth, self-efficacy, and ability to adapt (Bandura et al., 1994; Grafton et al., 2010; Jackson et al., 2007; Tebes et al., 2004). Repeated adaption allows one to learn from past experiences which aids in the next conflict or negative event (Grafton et al., 2010). Results from numerous studies of resilience amongst survivors, veterans, individuals

with mental health concerns and chronic medical concerns found that these individuals identified as resilient were more able to adapt and effectively address situations than those identified as non-resilient (Cassel & Suedfeld, 2006; McAllister & McKinnon, 2009; Pietrzak et al., 2009; Rowland & Baker, 2005).

Results for these studies identified protective factors which promote resiliency including social support, coping, and personality characteristics such as self-efficacy, self-esteem, a sense of humor, tolerance, patience, optimism, hardiness (Figley, 2002; Garmezy, 1991; Hunter & Chandler, 1999; Rutter, 1985; Wagnild & Young, 1993; Werner & Smith, 1982). Terms such as self-esteem, self-efficacy, and self-concept have emerged from a “growing body of literature that attests to the important of people’s concepts and feelings about themselves, their social environment, and their ability to deal with life’s challenges and to control what happens to them” (Rutter, 1987, p. 327). Clinician self-esteem is based on the belief of professional competency (Pearlman & Saakvitne, 1995) and directly contributes to resiliency (Collins, 2007). Feelings of confidence can bolster feelings of accomplishment and efficacy in professional work (Rutter, 1987). Yet few studies focused on counselors specifically.

Lawson (2007) addressed the need for research on counselors in his study of 1,000 American Counseling Association members. Lawson explored the concepts of wellness and being unwell amongst counselors and how this impacts the services clients receive by examining factors related to counselor wellness and impairment. However, Lawson did not address how to maintain wellness, how wellness practices and identified factors of being well contribute to a state of resilience for the counselor. While over 40 percent of participants self-identified as working in private practice, the study did not separate wellness factors by education, years of practice, or practice setting. There were also some issues related to reported caseloads as

participants reported caseload sizes ranging from one client to 1,500 clients with more than half of them being trauma survivors. Similarly, hours of supervision were reported by participants as being zero to 60 hours per month (Lawson, 2007).

Clark (2009) explored resilience in marriage and family therapists who have been practicing for a minimum of 15 years, seeing 20-40 clients per week. Using a grounded theory approach, eight marriage and family therapists were purposefully sampled and interviewed about their experience with stress, burnout, and their experience as a therapist. Clark asserted resilience was an intentional process therapists consciously and consistently worked toward through active and intentional management of stressful and exhausting situations, seeking out supportive colleagues, and engaging in trainings for personal and professional growth. Consistent with literature on resilient therapists, Clark identified creating a positive work environment, having the ability to effectively manage stressors, and finding meaning, purpose, and enjoyment in therapeutic work as positively contributing towards sustaining resilience. A strength of this study was that it explored the experience of therapists with more than 15 years' experience who reported they continue to enjoy their work. However, as only self-identified resilient therapists were interviewed, it left out the experience of depleted and burned out therapists and their experience and understanding of resilience. Additionally, the sample in this study was limited culturally, ethnically, and geographically.

Resilience is a constantly changing process utilizing internal and external resources to effectively respond to adversity. Resiliency can be learned and taught (Grafton et al., 2010; Gillespie et al., 2007; Hamilton et al., 2006). Grafton et al. (2010) proposed future research focus on the development of resilience to gain a deeper understanding of the factors that motivate resilience. Following the emergence of the significance of resiliency, how resiliency is

developed, and the characteristics associated with it (Richardson, 2002), the next stage of research on resilience sought to understand and identify the origin of resilience within an individual (Richardson, 2002; Waite & Richardson, 2004). Both internal and external factors have emerged as resources for adaptation (Grafton et al., 2010) and several helping fields identified motivational factors and experiences that promote implementation of resilient qualities and determined resilience to be “a force that motivates an individual from survival to self-actualization” (Richardson, 2002, p. 315). Resilience is an intrinsic and instinctive quality with protective factors (Richardson, 2002; Waite & Richardson, 2004; Werner & Smith, 1982) that aid individuals in effectively coping with adversity.

Research contends resiliency can be learned through cognitive behavioral techniques that reframe negative thoughts and positive affirmations to encourage a healthier response, thereby increasing adaptivity (McAllister & McKinnon, 2009; Seligman, 1998). When counselors are able to reframe negative thoughts, it can shift their perspective to one of learning and finding purpose (Tebes et al., 2004). This creates opportunity for positive meaning to be gained from difficult experiences (Tebes et al., 2004). It is about developing a healthy approach to distress and hardships with a focus on strengths over deficits (Windle, 2011).

A vast majority of the studies on resiliency are quantitative (Edward, 2005). From a developmental perspective, resiliency can be developed over one’s lifespan as a response to stressful life events (Wagnild & Collins, 2009) and has been considered to have both a genetic and environmental component to its development (Cicchetti & Blender, 2006; Feder et al., 2009; Haglund et al., 2007). Lidderdale (2009) attended to this gap with his qualitative study of resiliency in psychologists. He explored the lived experience of resiliency in psychologists who had a minimum of 15 years clinical experience using initial and follow-up interviews. Lidderdale

asked the clinicians about resiliency in their lives, how they make meaning of resilience and how their experience of resilience impacts their work with clients. Six themes emerged from the data: (a) resilience is a complex, interactive process; (b) it is challenging; (c) it is about reacting to the challenge using internal and external resources; (d) it is promoted by internal and external resources; (e) resiliency results in personal and systemic outcomes; (f) meaning making is a cumulative process that occurs across the lifespan (Lidderdale, 2009, p.163-221).

Internal resources identified in Lidderdale's 2009 study—used by study participants' in response to challenges were identified: passion, an inner sense, value of an inner life as important, value of authenticity combined with a sense of justice, action oriented, determination, curiosity and interest in things, people, and relationships, analytic nature, creativity and intellectual ability, and value of relationships as important (p. 182). Lidderdale's study was a significant contribution to the literature base on resilient therapists as it offered information on individual characteristic and internal resources that support and maintain therapists' resiliency.

Sadler-Gerhardt & Stevenson (2012) suggest resilience is deliberately meeting one's own needs. It does not take luck or timing to build resilience (Lawson & Myers, 2011), rather it is the result of regular and consistent action steps. As a starting point, Sadler-Gerhardt & Stevenson (2012) suggest counselors create an inventory to identify and assess their physical, emotional, intellectual, behavioral, social, and spiritual resources. When compared to their vulnerable counterparts, resilient individuals are the able to effectively adjust to environmental stressors and to ask for support when needed (Ahmed et al., 2011). It has been explored and studied across disciplines for decades (Windle, 2011).

Overall, the current literature base on resilience recommends therapist self-care, a supportive and positive work environment, strategies to effectively manage stressors and

adversity, finding meaning in one's work (Clark, 2009; Clemons, 2017; Lambert & Lawson, 2013) and establishing and maintaining a work-life balance (Grosch & Olsen, 1994). This study seeks to add to the current knowledge base by offering a qualitative perspective on the lived experience of resiliency in private practice counselors who maintain their own business to obtain information about their wellness practices and how they make sense and meaning of their role in their state of resilience.

Vicarious Resilience

In response to the effects of vicarious trauma, Hernandez et al. (2010) proposed the term vicarious resilience defined as a “process characterized by the positive meaning-making, growth, and transformations in the counselors’ experience resulting from exposure to clients’ resilience in the course of therapeutic processes addressing trauma recovery” (p.72). In a study of 11 mental health providers who worked with torture survivors, Engstrom et al., (2008) noted, “counselors were profoundly affected by the strengths of their clients, and they were inspired by their clients’ courage and resourcefulness” (p.15). A purposeful sampling of self-identified well-functioning clinicians working with traumatized clients for at least ten years results in nine major themes of factors that reduce the negative risks of vicarious trauma: “countering isolation, developing mindful self-awareness, consciously expanding perspective to embrace complexity, active optimism, holistic self-care, maintaining clear boundaries and honoring limits, exquisite empathy, professional satisfaction, and create meaning” (Harrison & Westwood, 2009, p.207).

In the early 2000s, two studies explored a newer concept in the literature focused on the negative impact of trauma work to counselors. Vicarious resilience described counselors who through their work with trauma clients, expanded their knowledge and understanding of the concept of resilience (Hernandez et al., 2007; Engstrom et al., 2008). Both the 2007 and 2008

studies used a grounded theory approach and purposeful sampling. Engstrom et al. (2008) interviewed eleven mental health providers (three licensed clinical social workers, three licensed marriage and family therapists, and six psychologists with doctoral degrees) working with survivors of torture in a treatment center over a four-month period. Study data suggested clinicians could thrive and experience personal and professional growth in high-stress, intense professional environments. However, the study did not include the experience of licensed counselors and 9 of the 10 participants were female. Therefore, representation of the experience of counselors was limited and may not have accurately reflected the experience of counselors working in different settings and with different demographic.

Factors that Protect and Obstruct Resilience

Numerous studies have explored the risk factors related to the development and obstruction of resilience development (Almeida, 2005; Diehl et al., 2012; Lazarus, 1999; Ong & Bergeman, 2004; Zautra et al., 2010). The consensus is that counselors have a responsibility to address and sustain their health and wellness (Iliffe & Steed, 2000; Miller, 1993; Savicki & Cooley, 1982; Sexton, 1999; Sherman, 1996). To maintain the efficacy of the counseling process, every counselor must assess and nurture their own state of wellness. To do this, counselors must engage in honest evaluation of their health, self-care, and work-life balance. The development of resiliency involves making conscious, consistent choices to prioritize one's own health and wellness - mind, body, and spirit (Myers & Sweeney, 2005; Venart et al., 2007). Fletcher and Sarkar (2013) asserted there are two critical elements of resilience: challenges and positive coping. Mental health practitioners are faced with these tasks frequently and intensively. As a counselor, we have the task of both showing empathy and caring for our clients while

protecting our self. The paradox of holding both the care of the client and the preservation of the self has been coined *boundaried generosity* (Skovholt et al., 2004).

Protective factors are considered to counteract adverse experiences and are negatively correlated with risk factors. Understanding how a person copes with daily stress is a critical component to understanding and promoting long-term wellness and resiliency, thereby reducing negative risks and increasing protective factors. Lazarus and Folkman (1984) asserted everyday stressors are more important than major life events in regard to a person's health and well-being. A review of current literature and study outcomes has been organized into two categories: personal and organizational risk factors.

Personal Factors. A possible determinant of being able to adapt and foster resilience is the degree to which one adjusts to new circumstances and has the ability to flex their goals and expectations (Diener, 2000). Research on components of resiliency indicate it reflects an "inner strength, optimism, flexibility, and the ability to cope effectively when faced with adversity" (Wagnild & Collins, 2009, p. 29). Resilience is not a personality characteristic (Bonanno, 2012), nor is it a fixed trait or characteristic (Luther & Zelazo, 2003). Rather, it is a process, influenced by context (Gilligan, 2007). It is the ability to effectively adapt to change (Lambert & Lawson, 2013) and overcome challenges (Walsh, 2002).

Counselors often ignore their own wellness, not following the recommendations they give to others, yet it is crucial for maintaining a healthy and positive quality of life (Cummins et al., 2007; O'Halloran & Linton, 2000). In the late nineties, attention in the literature was given to counselor impairment. However, the focus has shifted from recognizing and reacting to impairment to encouraging wellness as a preemptive step (Cummins et al., 2007) reaffirming the

need for counselors to balance care for self and others for personal and professional wellness (Skovholt, 2007).

Self-care is purposeful, specific behaviors that attend to and incorporate cognitive, emotional and spiritual coping skills and techniques (Thompson et al., 2011). Personal agency and effective coping strategies mediate resilience (Stein, 2009). Subsequently, people who engage in wellness are happier and have a better quality of life (Zander et al., 2013). Emotional intelligence, the ability to self-reflect, social competency, and empathy have been identified as predictors of resiliency (Grant & Kinman, 2014; Kapoulitsas & Corcoran, 2015).

Ability to cope and engage in cognitive reframing as well as personality characteristics mitigate how counselors respond to stress (Skovholt, 2001). The combination of temperament and personality with one's value system leads to how a situation is perceived (Diener, 2000). In order to maintain wellness and resiliency over time, counselors must be able to effectively identify and address negative cognitions that interfere with a positive outlook (Venart et al., 2007) and to engage in internal awareness and self-reflection to maintain optimum level of wellness (Lawson et al., 2007).

An attitude of openness to learning is central to professional development and is impacted by how the counselor processes the different challenges they encounter (Ronnestad & Skovholt, 2003). Engaging in the process of meaning making, how one understands or makes sense of self and life events, and cognitive restructuring, challenging negative thoughts, has been shown to mitigate negative emotions resulting from stressors (Harrison & Westwood, 2009; O'Connor, 2003). A study of master therapists by Jennings and Skovholt (1999, 2004) resulted in the development of three domains which were identified as being integral to effective practitioner development and having a high functioning self: cognitive, emotional, and relational.

Optimal professional development takes time. It is inconsistent and slow (Skovholt et al., 2001). It is a life-long and continuous process (Ronnestad & Skovholt, 2003). Similarly, wellness is a process and an outcome that requires continual assessment, actively prioritizing health - mind, body and spirit. Counselors who regularly practiced self-care practices were found to experience less burnout, compassion fatigue, and vicarious trauma than other counseling professionals who did not suggesting resiliency functions as a buffer to consequences of negative life events (Lambert & Lawson, 2013). Furthermore, experienced, senior professionals regularly reflect on their competencies thereby boosting resiliency capability (Ronnestad & Skovholt, 2003).

Personality Traits and Temperament. Compassion of the counselor is a critical component to the effectiveness of the counseling relationship and also an indicator of burnout. A counselor who is burnt out may display fatigue and behave mechanically or without emotion (Osborn, 2004). This is especially problematic as compassion for clients is an essential component to effective work (Radey & Figley 2007). Skovholt (2012) asserted that finding balance between the client's needs and one's own self-care as a practitioner is imperative for resiliency and is a critical task for helping professionals and aids in preventing burnout and maintaining wellness. Too little empathy, the result of burnout, will impede unconditional positive regard, a critical tenet. Too much empathy causes the practitioner to lose sight of themselves, resulting in a decrease in their professional efficacy (Skovholt, 2012).

Resiliency can be grown and reinforced over time (Barnett et al., 2007). It is not a fixed trait. Rather, when stressors are viewed as opportunities for growth and learning, resiliency is more likely to develop (Fletcher & Sarkar, 2013). Individual characteristics and behaviors that foster resiliency include, optimism (Folkman & Moskowitz, 2000), cognitive monitoring, refocusing, and restructuring (McRae et al., 2012), active coping (Feder et al., 2009; Hanton et

al., 2013; Snow-Turek et al., 1996; Taylor & Stanton, 2007), social support (Ozbay et al., 2008), humor (Valliant, 1992; Southwick & Charney, 2012), physical exercise (Freudenberger, 1974, 1975; Maslach, 1976; Wittert et al., 1996; Winter et al., 2007), prosocial behavior and altruism (Southwick et al., 2005), mindfulness (Smith et al., 2011), and moral compass or internal belief system with guiding values and principles (Southwick et al., 2005). Positive psychology identified traits that function as barriers or shield against negative mental health: “courage, future mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and insight (Seligman & Csikszentmihalyi, 2000, p. 7). Wagnild & Young (1990) proposed that resilience consisted of the characteristics: purpose, perseverance, equanimity, self-reliance, and existential aloneness.

A positive or optimistic temperament has been shown to ward off depression and promote, problem-focused coping which is highly connected with positive emotions (Scheier et al., 1989; Taylor et al., 1992). Personality and temperament, finding meaning, and an internal locus of control (Collins, 2007; Kobasa, 1979) facilitate resiliency. After decades of research, Radey and Figley (2007) proposed a model for maintaining positivity: 1. increase in positive attitude towards clients, 2. increase in resources to manage stress, and 3. increase in self-care. Consistent engagement in coping behaviors and a positive attitude are positive correlated to an increase in ability to maintain a healthy sense of self in the face of stress and adversity (Leiter & Harvie, 1996). Innate human strengths have been identified as functioning buffers against mental illness: “courage, future mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight” (Seligman & Csikszentmihalyi, 2000, p. 7).

Organizational Factors. Research has demonstrated the role organization structure and policy and procedures can have on burnout (Cherniss, 1992, 1993, 2000; Leiter, 1991, 1992). To maintain a state of wellness and resiliency, counselors must be aware of organizational risk factors that interfere with ability to maintain a state of wellness and balance - mind, body, and spirit (Venart et al., 2007). Skovholt (2012) asserted that self-care is vital and that therapists have an added challenge of finding balance between self-care and caring for others. Skovholt and Trotter-Mathison (2016) found two key components to balance: making one's self-care a priority above all else and consistent self-checks to assess and maintain balance through self-care. They contended that practitioners who work in stressful environments should engaged in close monitoring for early recognition and care of oneself and to prevent burnout.

Skovholt (2012) asserted therapists need to have energy in order to share it with others. The initial energy of just starting out only lasts for so long. While there are various types of energy, the healthy counselor will have "long-term counselor vitality" (p. 11) and will continue to find meaning, purpose, and joy in their work. Skovholt (2001) found resiliency in counseling is fed by the rewards found in the work. Therefore, Skovholt et al. (2001) encouraged counselors to create a professional greenhouse defined as creating an environment that supports holistic wellness - mind, body, and spirit. Resilience has been shown to be associated with multiple positive physical (Black & Ford-Gilboe, 2004; Humphreys, 2003; Monteith & Ford-Gilboe, 2002; Wagnild, 2009) and psychological outcomes (Bonanno et al., 2006; Broyles, 2005; Humphreys, 2003; Nygren et al., 2005; Rew et al., 2001). It is also negatively correlated with depression (Wagnild, 2009) and anxiety (Humphreys, 2003) and positively correlated with having a life purpose, meaning making about life and what happens in one's life (Nygren et al., 2005), and with self-efficacy, the belief that one can success and accomplish tasks in life

(Caltabiano & Caltabiano, 2006). A sense of purpose and meaning is crucial to feelings of competence (Pottage & Huxley, 1996).

In an effort to offset and prevent onset of negative effects of stress and burnout, Badger et al. (2008) proposed the following steps for helping professionals: frequent meetings for processing and sounding out experiences, engagement in self-care, a professional-leisure balance. Humor (Moran, 2002), spirituality (Spiers, 2001), and effective clinical supervision (Bell et al., 2003; Pearlman & Saakvitne, 1995) are additional factors recommended for prevention of burnout and increased wellness and resiliency. However, ineffective supervision can add to stress levels in agency counselors often leaving them feeling isolated and unsupported (Ross et al., 1989; Sterner, 2009).

To prevent burnout, counselors should be in a professional environment that has frequent opportunities for interaction with colleagues, promotion of frequent self-care activities, reasonable caseloads, and effective and supportive supervision (Cummins et al., 2007; Maslach & Jackson, 1984; Raquepaw & Miller, 1989). Satisfaction with caseload and hours worked, professional satisfaction, finding meaning in work, feeling effective, and making a worthwhile contribution is negatively correlated with emotional exhaustion (Van der Ploeg et al., 1990).

Professional Factors. There is limited research on the relationship between resilience and clinical experience in the field of counseling (Clemons, 2017). The majority of published literature explores the impact of stress on agency counselors who work with clients who have significant trauma and indicates trauma counselors commonly experience compassion fatigue and vicarious trauma (Lambert & Lawson, 2013). Supervision, social support, and peer relationships have all been found to decrease stress and mediate burnout for psychotherapists and health care professionals (Mallinckrodt, 1989; Robinson-Kurpius & Keim, 1994). Social support

has been identified numerous times as being a critical factor mediating stress repossess and promoting wellness (Lieberman, 1982; Schaefer et al., 1982). Quality relationships with peers, supervisors, and colleagues has been found to function as protective factors from impairment (Caplan et al., 1975; Pierce & Schauble, 1979). Once again, these studies have not been replicated with a sample of counselors exclusively or solo private practice counselors who often work in isolation.

Resilience among graduate students has also been studied extensively (Wang, 2009; Dyrbye et al. 2010). Overall, studies of graduate students demonstrated resilience as being the result of a positive relationship with effectively adjusting to one's environment, a students' perception of support from family and friends, a positive learning environment, the ability to successfully adapt in response to changes in the environment, and an attitude of optimism (Clemons, 2017).

Research on tasks and challenges in counselor development offers insight into the difficulties that novice counselors face with both personal and professional resilience. New and inexperienced counselors are especially vulnerable to developing burnout as a result of "being overwhelmed by the realities of others and needing time to learn how to create optimal emotional boundaries (Skovholt, 2005, p. 88). Van Deusen and Way (2006) found novice counselors are at a particularly high risk for burnout. As counselors-in-training and professional counselors gain experience, their self-efficacy (Lent et al., 2006; Daniels & Larson, 2001; Larson et al., 1992) and the ability to find professional balance increases (Skovholt, 2005).

Highly effective therapists have been found to have more self-discipline and balance and to be more empathetic towards others (Wicas & Mahan, 1996), to have as optimistic perspective towards themselves, clients, people, and therapy in general (Jackson & Thompson, 1971)

asserted, and a self-reported higher level of job fulfillment (Wiggins & Weslander, 1979). Goldberg (1992) interviewed 12 psychiatrists who were recognized as being “exceptional therapists” (p. 26). He found common traits among these professionals stating they presented as sensitive, caring, and committed to their clients and their own professional development.

A study of master therapists resulted in the identification of three domains as being integral to a highly functioning self (Jennings & Skovholt, 1999; Skovholt & Jennings, 2004): cognitive, emotional and relational. When therapists have the characteristics identified in the three domains, they are able “to engage in the relational process repeatedly without losing themselves in the process” (p. 83). Skovholt (2005) stated, “Mental health practitioners have to learn how to be emotionally involved yet emotionally distant, united but separate” (p. 88). Similarly, a review of literature by Haglund et al. (2007, p. 910) resulted in a list of six psychological factors of resilience that have been determined to assist with maintaining wellness during stressful events. These include having a positive attitude consisting of optimism and a sense of humor; active coping including problem solving and using active coping skills to effectively manage emotions; cognitive flexibility and finding meaning and value in the midst of adversity; having a moral compass through maintaining a set of unyielding core beliefs and living by a set of guided principles, regular physical activity, and social support including mentors and professional role models.

Professional development is a difficult task that involves exploring and effectively and strategically separating out and incorporating one’s beliefs, values, skills, and knowledge. Master therapists are willing and able to engage in both personal and professional self-reflection, incorporating and building upon feedback received from clients, colleagues, mentors, and supervisors, and learning from difficult experiences (Skovholt & Trotter-Mathison, 2016).

Kramen-Kahn and Hansen (1998) created “positive career sustaining behaviors” which include, finding a balance personally and professionally, having diversity in caseloads and professional activities, scheduling regular breaks throughout the workday, sufficient rest and exercise, nutritional, healthy, balanced diet, and consistent attention to emotional, physical, relationship and spiritual needs outside of work (p. 130). Several studies have demonstrated the benefit these activities have on helping professionals (Barnett & Hillard, 2001; Mahoney, 1997; Maslach, 1976, 1978; Norcross, 2005; Pines & Kafrey, 1978; Truch, 1980).

The literature on risk and protective factors for helping professionals has enhanced the understanding of what constitutes resiliency and well-being and the relationship between risk factors, protective factors, and resiliency. Additionally, it has outlined prevention and protection strategies for the purpose of minimizing negative effects resulting from therapeutic work. While stress is unavoidable, the literature suggested acts of self-care and wellness for the purpose of creating and maintaining resiliency is a mediator of stress and burnout (Diehl et al., 2012; Lawson, 2007). This current study seeks to address the gap in the literature by exploring the lived experience of private practice therapists, accessing their understanding of wellness, resilience, risk and protective factors, and how this impacts their work.

Coping and Wellness

It is widely acknowledged that counselor impairment is a problem in the counseling profession (Young & Lambie, 2007). In 1996, the *Journal of Humanistic Education and Development* published a special issue on counselor impairment with six articles focusing on impairment in counselors. Since this time, focus has since shifted away from issues of impairment to counselor wellness. Witmer and Young (1996) reported “no definitive studies seem to exist” while noting other helping professions such as nursing, medicine, and psychology

are working to develop programs, interventions, and strategies to understand and resolve impairment and promote wellness (p. 141). Lawson (2007) called attention to the lack of research exploring counselor wellness. Following Lawson's call to action, research on wellness and resilience has focused on counseling students (Burck et al., 2014; Curry, 2007; Myers et al., 2003; Richardson et al., 2018), counselor educators (Sangganjanavanich & Balkin, 2013), and trauma workers (Lambert & Lawson, 2013; Silveira & Boyer, 2015). This review identified over 1,000 publications related to wellness and counseling. A vast majority of these publications were literature reviews, concept analyses, and theoretical proposals. Less than 100 publications involved studies focused on wellness amongst professional counselors, counselors-in-training, and counselor educators. The majority of these studies were quantitative with only a handful examining counselors in practice.

Wellness is a state of being, and integration of the body, mind, and spirit resulting in overall health and wellbeing (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009; Fetter & Koch, 2009; Myers et al., 2000; Witmer & Sweeney, 1992). It is critical to strengthening resilience in response to job related stressors and can prevent burnout and potential impairment (Young & Lambie, 2007). Protective processes, or coping, is associated with development or growth (Lightsey, 2006) and has several functions including the management of stress and factors contributing to the distressful state (Parker & Endler, 1996). Wellness is seen as part of the professional identity of counselors (Mellin et al., 2011; Remley & Herlihy, 2010). Counselor training programs emphasize personal wellness as an essential component in professional development (CACREP, 2009; Myers et al., 2003). A counselor's ability to be effective with clients is positively correlated with active self-care and wellness (Lawson, 2007). Connor & Davidson (2003) propose that, over time, responding to stressors

results in a “reintegration process: 1. The disruption represents an opportunity for growth and increased resilience, whereby adaptation to the disruption leads to a new, higher level of homeostasis, 2. a return to baseline homeostasis in an effort to just get past or beyond the disruption, 3. recovery with loss, establishing a lower level of homeostasis, or 4. a dysfunctional state in which maladaptive strategies (e.g. self-destructive behaviors) are used to cope with stressors” (p. 77). Lawson reported when stress becomes chronic and is not attended to effectively, burnout may result. In 2007, Lawson conducted a national study of wellness and impairment amongst 501 ACA members, one of the few studies investigating the experience of counselors on this scale. Participants were randomly selected from the ACA member list and sent packets that contained: the Career-Sustaining Behaviors Questionnaire (CSBQ; Stevanovic & Rupert, 2004), the Professional Quality of Life Scale-Third Edition-Revised (Pro-QOL-III-R; Stamm, 2005), and a demographic questionnaire designed to obtain information referred to in the literature as being central to counselor wellness and impairment. Numbers reported by participants regarding size of caseload and hours of clinical supervision were inaccurate and some participants reported having a caseload of up to 1500 clients and receiving up to 60 hours of supervision per month therefore skewing data and providing an inaccurate representation. However, Lawson noted the significant number of counselors working with clients with trauma and was able to identify several wellness strategies of the ACA counselors expanding the literature base on wellness practices and their impact on counselor wellness and impairment. This dissertation seeks to explore these concepts in greater detail through a qualitative investigation.

Wellness has been shown to be impacted by the context of the stressful situation, specific factors involved (Baum et al., 1983; Folkman et al., 1986), access to social supports (Holahan et

al., 1996; Pierce et al., 1996), temperament and other personality traits such as flexibility and optimism (Carver & Scheier, 1999; Folkman & Moskowitz, 2000). Belief in one's self-efficacy predicted success rate with coping (Bandura, 1997) buffered and reduced effects of stress (Lightsey, 1997; Lightsey & Christopher, 1997), and was vital to resilience (Lightsey, 2006; Smith, 2006).

Counselors often ignore their own wellness and experience difficulties balancing care of self and others (Cummins et al., 2007; Figley, 1995). Counselor impairment is the result of a counselors' consistent focus and attention on the distress of clients while overlooking or dismissing their own needs (Lawson et al., 2007). Treating trauma clients is daunting for clinicians and lead to negative lasting effects when left unattended to (Way et al., 2007). Mature and experienced counselors urge less experienced clinicians to take care of themselves and their business so they can be more effective with clients (Baer, 2005). To develop and maintain resiliency, counselors need to engage in regular self-care (Cummins et al., 2007; Skovholt, 2001, 2005). The decision to engage in wellness activities to build and maintain resiliency is a conscious effort when made consistently over time, has been shown to decrease burnout and reinforce resiliency.

Strengthening and supporting oneself is a commitment and must be prioritized above all else in order to sustain one's psychological wellness and resiliency. Accordingly, building and strengthening resiliency is a constant, intentional, and deliberate choice (Sadler-Gerhardt & Stevenson, 2012). Furthermore, practitioners are unable to effectively care for their clients if they are not actively engaged in routine self-care (Skovholt 2001, 2005; Skovholt et al., 2001). The purpose of self-care in this context is to aid practitioners in being able to effectively care for others throughout their professional career (Skovholt & Trotter-Mathison, 2016). As counselors

are educated and trained to prioritize their client's needs and wellness, they often overlook their own (O'Halloran & Linton, 2000). A majority of counselors believe they should be able to handle the challenges and difficulties associated with their work without additional support or assistance (Sadler-Gerhardt & Stevenson, 2012).

Research focused on the relationship between coping and effective management of stress. Starting in the 1960's, studies of psychologists ability to cope focused on the context of stress (Lazarus, 1966; Lazarus & Folkman, 1984; McCrae, 1984), the individual's welfare (Pearlin et al., 1981; Pearlin & Schooler, 1978), identifying particular factors which influence stress such as personality (McCrae & Costa, 1986; McCrae & John, 1992), and how resources (Holahan & Moos, 1986, 1987, 1990) and development throughout the stages of life (Aldwin, 1994; Strack & Feifel, 1996) correlate to coping. Pearlman and Saakvitne (1995) proposed four domains of coping strategies for helping professionals: professional strategies, organizational strategies, personal strategies, and general coping strategies. In the late 1990's the field of psychology shifted away from the disease model and became more concerned with prevention. Following this shift in focus, positive psychology was introduced (Seligman & Csikszentmihalyi, 2000) which shifts the focus from identifying and resolving what was wrong, to focusing on what is going well. Results of over thirty years of research determined coping is impacted by one's personality traits, disposition (McCrae & Costa, 1986), environmental and social resources (Holahan et al., 1996; Pierce et al., 1996), and whether or not one has power or control over the situation (Baum et al., 1983; Folkman et al., 1986). Several factors were found to correlate with stress and coping: social support, social connectedness, education, lifestyle, and personal therapy (Baltes & Silverberg, 1994; Folkman & Lazarus, 1980; Kobasa et al., 1982; Laliotis & Grayson, 1985; Lazarus, 1966; Maslach, 1976, 1986; Matteson & Ivancevich, 1987; Rodolfa et al., 1994).

Relationships between Wellness, Coping, and Resiliency

In the 1980's there was a "shift in focus from vulnerability to resilience, but also from risk variables to the process of negotiating risk situations" (Rutter, 1987, p. 316). Risk factors increase a person's chance to engage in negative coping behaviors which impede wellness and resilience. The more risks someone is exposed to, the greater their chances of developing unhealthy coping skills. Protective factors reduce risk and are associated with a lower likelihood of negative outcomes. Protective processes reduce the impact of distress and negative outcomes from stress, thereby staving off burnout and enhancing resilience. Protection is the result of how individuals respond to stressful and negative life events (Rutter, 1987), referred to as coping. Positive personal resources act as buffers of burnout and mitigate the effects of stress. These personal resources include positive self-esteem (Turner & Roszell, 1994), social support (Brugha & Brugha, 1995), hardiness (Figley, 2002; Kobassa & Puccetti, 1983), coping skills (Carver et al., 1989), inner strength and stamina (Eysenck & Eysenck, 1973), and physical activity and wellness (Fagin et al., 1996). Yet, research on coping mechanism has been unsuccessful in making clear how people effectively manage stress through coping (Folkman & Moskowitz, 2000).

Burnout can be prevented when counselors monitor their own wellness and remain alert to their potential impairment (Witmer & Young, 1996). Skorupa and Agresti (1993) determined counselors who were aware of the negative impact of burnout on clients, saw fewer clients and had more awareness and knowledge of wellness practice and techniques for burnout prevention.

To maintain wellness, boost resiliency, and decrease the negative effects of work, counselors must attend to their emotional, spiritual and physical health (Williams & Sommer, 1995). Osborn (2004) recommended building and strengthening resources is the key to counselor

resiliency. It is more effective to take a proactive stance focused on fortifying counselor wellness than a reaction response to stress and burnout (Sadler-Gerhardt & Stevenson, 2012). Grosch and Olsen (1994) established six steps to ward off burnout; These included constant self-assessment, investigation of family of origin, understanding the cohesiveness of the self, utilizing support groups for mental health professionals, finding effective supervision, and balancing work, love, and play (pp. 105-107). “The most dangerous signal of burnout, ineffectiveness and incompetence is the inability to care” (Skovholt, 2001, p. 12).

Schauben and Frazier’s (1995) study supported the value of coping mechanisms in response to work related stressors by exploring the connection between a counselors’ personal coping strategy and the impact of the therapeutic work. They found a positive correlation between low levels of vicarious trauma and burnout and four primary coping strategies: reaching out to social supports, humor, organization, and active self-care. Examples of specific coping strategies include, “exercise and healthy living, expressing emotions and getting support, and figure out ways to see difficult situation in a more positive light” (p. 62). Participants also revealed effective, preventative coping strategies: physical and mental health promoting activities (e.g., sleeping, exercise, and diet); spiritual-related activities (e.g., exposure to nature, journaling, and meditating) leisure activities (e.g., gardening, seeing movies, reading, and listening to music.) (p. 57).

Resiliency begets thriving (Connor & Davidson, 2003). Psychotherapy is about boosting and supporting resiliency (Seligman & Peterson, 2003). American Psychologist summarized resilient qualities: happiness (Buss, 2000), subjective well-being (Diener, 2000), optimism (Peterson, 2000), faith (Myers, 2000), self-determination (Ryan & Deci, 2000; Schwartz, 2000), wisdom (Baltes & Staudinger, 2000), excellence (Lubinski & Benbow, 2000), and creativity

(Simonton, 2000). Diener (2000) expanded the idea of happiness, creating the term subjective well-being (SWB) to describe how someone feels when they experience more pleasure than pain, more positive than negative emotions, when they are actively engaged in hobbies and interests, and when they are overall satisfied with their life. The key to SWB is flexible goals and expectations. SWB “refers to people’s evaluations of their lives - evaluations that are both affective and cognitive” (p. 34). The Journal of Social and Clinical Psychology published a similar issue concentrating on positive characteristics (McCullough & Snyder, 2000) and resilient qualities such as self-control and morality (Baumeister & Exline, 2000), gratitude (Emmons & Crumpler, 2000), forgiveness (McCullough, 2000), dreams (Snyder & McCullough, 2000), hope (Snyder, 2000), and humility (Tangney, 2000).

Strategies for successfully warding off burnout and maintaining positive well-being and resiliency include positive reappraisal and reframing a challenging situation to see it in a more positive way (Fava et al., 1998; Folkman & Moskowitz, 2000). Problem-focused coping, concentrating on resolving triggers and sources of conflict contributing to distress through gathering information, planning, obtaining resources, and specific, strategic action steps (Carver & Scheier, 1998; Klinger, 1998; Lazarus & Folkman, 1984). Resiliency can be fostered by a positive work environment including supportive supervision, opportunities for professional development, and promotion of self-care (Cummins et al., 2007; Kapoulitsas & Corcoran, 2015; Kinman & Grant, 2011). Positive psychologists further argue that for prevention of burnout, interventions should focus on positive traits and positive subjective experiences of the individual (Seligman, 2000). For example, strengthening optimism prevents depression (Seligman et al., 1999). One way to do this is by building and strengthening internal resiliency through a continual daily practice of tuning into oneself and engaging in positive activities and practices (Sapienza &

Bugental, 2000). Pema Chodron (1994), a Buddhist nun said, “It is unconditional compassion for ourselves that leads naturally to unconditional compassion for others. If we are willing to stand fully in our own shows and never give up on ourselves, then we will be able to put ourselves in the shows of others and never give up on them” (p. xi).

Self-awareness has been noted as a significant preventative factor to burnout and contributor to resiliency (Figley, 2002; Kearney & Weininger, 2011). Awareness allows the practicing professional to focus on finding a work life balance and to attend to their emotional, mental, physical, spiritual, personal, and professional need (Figley, 2002; Trippany et al., 2004). Kearney and Weininger (2011) identified our aspects for clinician awareness to achieve self-care which include, self-knowledge, self-empathy, preparing the mind, and contemplative awareness (pp. 119-121). Additional studies suggested outdoor activities, creative self-expressive activities (Hesse, 2002), sufficient nutrition, sleep, physical activity, and leisure activities and interests (Pearlman, 1999) can effectively diminish effects of vicarious trauma, compassion fatigue, and burnout. Quality supervision on a regular, consistent basis (Grosch & Olsen, 1994; Sommer & Cox, 2005; Trippany et al., 2004), informal support from colleagues (Grosch & Olsen, 1994), modest caseload, continuing education and training (Trippany et al., 2004) are also shown to decrease burnout and increase resiliency.

Using narrative analysis, Harrison and Westwood (2009) explored the self-care practices of six mental health therapists with a minimum of ten years’ professional experience who self-identified as being professionally well. They identified nine themes of protective practices mitigating vicarious trauma including countering personal and professional isolation, holistic self-care, maintaining clear boundaries and limits, professional satisfaction, and creating meaning (pp. 208-213). While only a small sample of six therapists, this study added to existing

literature by identifying specific practices that protect against vicarious trauma. Participants were peer nominated as master therapists compared to other qualitative studies where participants self-nominated as experts. Peer nomination could potentially be more reliable compared to self-nomination although both require a high level of insight and awareness into a therapist's self-care practices and internal wellness state.

Maslach (2003) recommended counselors establish realistic and reasonable goals for case load and care of clients. He stresses the importance of taking breaks during the workday, maintaining positive relationship with family members and friends, and developing positive, supportive relationships with colleagues and supervisors, stating these steps are critical for effective self-care. Similarly, Cerney (1995) proposed four strategies for preventing negative effects of trauma work and to achieve work-life balance: 1. setting therapeutic realism regarding what kind of patients or diagnoses they feel confident and comfortable treating, 2. seeking on-going supervision and consultation, 3. establishing a balance between personal and professional lives, and 4. maintaining physical and mental health. Venart et al. (2007) proposed the following wellness strategies for counselors: maintaining physical health (fitness, nutrition, and mindfulness), emotional health, cognitive wellness (continuing education, celebrating successes), and interpersonal relationships (family, friends, supervisors, colleagues). In order to maintain wellness and support state of resilience, counselors must be consciously aware and assessing if these factors are present in their daily life (Cummins et al., 2007; Venart et al., 2007). While protective factors have been defined and self-care and wellness practices established, how counselors implement protective factors and the impact they have on their professional and personal wellness is not well formed.

Skovholt and Trotter-Mathison (2016) proposed several ways to support, care for, and strengthen one's personal self-including, constant investment in a personal renewal process, awareness of the danger of one-way caring relationships in one's personal life, nurturing one's self emotionally, financially, physically, spiritually, and through humor, love, nutrition, priority-setting, recreation, relaxation and stress-reduction, mindfulness, and yoga. Fletcher and Sarkar (2013) suggest the following for building resiliency: decrease negative cognitions, effectively cope and maintain positive energy, engage in natural support network, expand and reinforce effective problem solving, and have an attitude of gratitude. Resilient therapists engage in the self-care behaviors they so often suggest for their clients. They are insightful and aware of their own internal process, attending to their internal dialogue while nurturing their body, mind, and spirit regularly and consistently (Skovholt & Trotter-Matthison, 2016).

Davis & Buskist (2008) identified four factors that aid in effective and successful crisis and distress resolution: social support, meaning making, managing emotions, and successful coping strategies. Stress management and self-care is critical for helping professionals to be healthy and well (Figley, 2002). A majority of the research available focuses on stress and burnout, triggers, risk factors, and external and internal factors that contribute to or impede burnout and compassion fatigue. Stress and burnout are significant problems for mental health workers who experience numerous challenges and stressors that have a direct negative impact on practitioner's performance and efficacy of their interventions with clients, their feelings of fulfillment in their work, and overall health and well-being (Carson & Fagin, 1996) and over time lead to burnout (Barnett et al., 2007). This is particularly alarming as the field has well established the therapeutic alliance as fundamental to effective treatment outcomes (Beutler et al., 1994; Horvath & Symonds, 1991; Luborsky et al., 1985).

Establishing and maintaining resiliency is a critical component to counselor wellness and professional longevity. The field of counselors and mental health professionals will benefit from this study as it will provide a more detailed and descriptive explanation of the lived experience of burnout, wellness, and resilience in private practice counselors who own and run their business while maintaining a client case load. Information will be gained regarding nurturing, sustaining, and strengthening wellness and resilience to foster personal and professional wellness and professional longevity and ward off burnout. Moreover, this study will extend the existent literature by addressing the lack of research on private practice counselors who own their practice while managing personal strains, professional challenges, and business-related stressors.

Conclusion

Resilience is critical for professional longevity (Carson & Fagin, 1996; Fagin et al., 1996; Harrison & Westwood, 2009; Ronnestad & Skovholt, 2003). By nature of the work alone, counselors are particularly vulnerable to stress (Cummins et al., 2007; Sadler-Gerhardt & Stevenson, 2012) and numerous studies have confirmed the toll working with clients with trauma has on mental health professionals psychologically, emotionally, and socially (Adams et al., 2006; Craig & Sprang, 2010; Cunningham, 1999, 2004; Figley, 2002; Linton et al., 2008; McCann & Pearlman, 1990; Oliver & Kuipers, 1996; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Sprang et al., 2007; VanDeusen & Way, 2006). Ronnestad and Skovholt (2003) asserted senior, more experienced mental health professionals reflected competencies that boosted their resilience resulting in a healthier and longer years in practice. Additional studies identified multiple factors that enhance and inhibit the development and maintenance of resilience (Clark, 2009; Connor & Zhang, 2006; Fagin et al., 1996; Figley, 2002; Lambert & Lawson, 2013; Ronnestad & Skovholt, 2003; Rutter, 2013; Stein, 2009; Tedeschi & Kilmer,

2005; Thompson et al., 2011). However, the majority of studies on resilience have been in other helping fields such as nursing, psychology, psychiatry and have focused on students-in-training and mental health professionals in agencies and hospitals. This study will add to the literature by exploring the experiences of private practice counselors providing further insight and understanding about the phenomenon of burnout, wellness, and resilience through their perspective. The outcomes of this study will contribute to private practice counselors' knowledge of resilience and can be included in teaching and training modules to support and encourage wellness development and to offer implications for newer therapists and areas for future research.

Chapter Three

Methodology

Introduction

This chapter provides an outline of the research study and qualitative methodology used to investigate the experience of burnout, wellness, and resilience amongst counselors who own and operate their own private practice while maintaining a caseload of clients. The first section provides a theoretical overview of the method, followed by support for this investigation. Next there is a description of the methods used for this study including participants, sampling, research procedures, data collection, and analysis. This section includes information on participant demographics, data gathering procedures, methodology, trustworthiness, validation of themes, and a detailed description of emergent themes. Interviews for data collection took place during the end of summer into fall 2019.

Research Design

The decision to investigate the experience of burnout and resilience in private practice counselors and business owners arose out of the researcher's personal experience with operating a private practice and engaging in monthly consultation with colleagues who do the same. These discussions identified distinct experiential differences between clinicians whose sole function was to meet with clients and those clinicians who had a caseload with the added responsibility of operating the practice. A review of the burnout, wellness, and resilience literature revealed limited studies on private practice counselors—and no studies that specifically examined burnout, wellness, and resilience in private practice counselors who also operate their own business. Due to the paucity of research, a qualitative approach was chosen.

Levers et al. (2008) noted that qualitative methods can be particularly helpful when there is little research or theories developed on a concept—as they are designed to illuminate and capture various contexts of lived experiences to enhance our understanding of the human condition. Field & Morse (1985) suggested qualitative methods be employed when there are themes that have not been well studied, to develop theories of concepts, and to draw out the perspective of study participants. Mental health research has had a long tradition of using qualitative methods (Geertz, 1990; Levers et al., 2008; Patton, 2002), allowing individuals to have a voice and to speak to their own experience rather than being forced into inaccurate categories (Sofaer, 1999). By obtaining perspectives from the people who are living the concept being studied, Levers et al. (2008) believed data becomes more accurate and valid.

In response to IRB approved study recruitment, potential participants emailed the study investigator and self-identified as a private practice counselor who owned their own practice, was primarily responsible for business operations, and who saw an average of at least 15 clients per week. Following confirmation that each individual met inclusion criteria, consent forms were emailed, and when returned, a telephone interview was scheduled. At the start of the phone call, consent forms were reviewed and participants were reminded they could discontinue the study at any time. A demographic form was completed, then an audio recorder was turned on and participants were asked semi-structured interview questions. Audio recordings were given to the same transcriptionist who transcribed all 14 interviews. Data analysis was completed utilizing Colaizzi's seven step method (1978).

As there is limited knowledge about the experience of burnout and resilience in private practice counselors who operate their own practice, a phenomenological research approach, specifically Husserl's descriptive phenomenology using Colaizzi's (1978) method, was chosen.

The experience of resilience and burnout must begin at the descriptive level. In this study, descriptive phenomenology developed a thick description of the lived experience of wellness, burnout, and resiliency created by the individuals who were living it. A thick description “captures the thoughts and feelings of participants as well as the often complex web of relationships among them (Ponterotto, 2006, p.543) Descriptive phenomenology has been described as discovering what it is like to experience a particular phenomenon first-hand (Matua & Van Der Wal, 2015), whereas interpretive phenomenology has focused on revealing underlying meanings in an experience (Spiegelberg, 1975, Streubert & Carpenter 2011) and attaining a broader and deeper understanding of a phenomenon. Descriptive phenomenology has been characterized as “simply raising awareness about a phenomenon” (Matua & Van Der Wal, 2015, p. 24). This approach, involving the researcher and the participant, was viewed as both interactive and collaborative (Colaizzi, 1978; Giorgi, 1985; van Manen, 1990).

Phenomenology is a qualitative research method and a philosophy. As a research method, it can be characterized as follows: it provides a completed, in-depth description in the natural language of the phenomenon being studied; it enables researchers to explore the phenomenon in its depth and richness; it does not begin with preconceived hypotheses, but rather looks to discover them in the process of gathering information and its analysis; it permits researchers to use their critical judgment and wisdom without being limited or bound by predetermined categories; and the categories emerge to a large extent from the information gathered. Morse and Richards (2002) stated, “Phenomenology’s major assumptions are that perceptions present us with evidence of the world-not as it is thought to be, but as it is lived” (p. 45).

Munhall (1989) documented that as a philosophy, phenomenology seeks to develop a deeper understanding of an experience (Munhall, 1998). The intention of phenomenology was

described as the ability to capture the essence of a how a phenomenon is experienced by the individual living it (van Manen, 1990). As stated in chapter one and two, there is a paucity of research on the experience of burnout and resilience among private practice counselors who also run their own business. Using Husserl's descriptive phenomenological approach and Colaizzi's method of data analysis, the complexity of the phenomenon was described and clarified and has enhanced the understanding of therapist burnout and resilience. This research addressed both the universality of resiliency while also attending to the individual and unique expression of it. In addition, this study provided a rich description of how mental health counselors who are private practice owners experience resilience and burnout without adding or subtracting anything from the experience itself (Wertz et al., 2011).

Philosophical Perspective and Epoch

According to Fochtmann (2008), Husserl's descriptive phenomenology "returns to the 'taken for granted' experiences to reexamine them in an intentional manner that brings light to the essence (meaning) of human experience" (p. 186). The goal is to find the essence of the phenomenon being studied which is considered the purest component of the phenomenon. Burnout, wellness, and resiliency are experiences only in as much as they are experienced by an individual who gives these concepts definition and meaning. All experiences have meaning and value. Therefore, it is crucial to look to individuals who are experiencing these concepts for descriptions of it.

Husserl's approach gathers new perspectives and a deeper understanding of the human experience and what it means to live and experience the world without interpretation. While everyone needs wellness and may experience burnout and resiliency at some point in their life, these pieces vary from person to person and are a very personal experience. Life experiences

such as burnout, wellness, and resiliency are complex and unique to the person experiencing them. The phenomenological approach was chosen for this study to discover the essence of the experiences of burnout and resilience and those components that are universal to all humans experiencing the phenomenon which has yet to be fully described for private practice business owners and clinicians (Husserl, 1962).

Edmund Husserl is one of the founders of phenomenology. Husserl's method is considered descriptive, meaning the phenomenon is described not interpreted. Husserl (1962) urged that the phenomenon should be taken back to "the things themselves" (Husserl, 1962, p. 8) to most accurately describe how it is experienced by those who are experiencing it. Husserl asserted that beliefs should be suspended, should be related to consciousness, and based on an individual's experience. "The critical question for Husserl was: What do we know as persons?" (Reiners, 2012, p. 1). This is different than interpretive phenomenology which looks to interpret the meaning of a phenomenon answering the question, "What is being?" (Reiners, 2012, p. 2). Interpretive phenomenology should be used when the researcher is looking for the meaning of a phenomenon, while descriptive is used when the phenomenon is being described. The objective of Husserl's descriptive phenomenology has been used to extract the essence of an experience to understand its fundamental structure (Tappen, 2011; Welch, 2014). Therefore, this study employed descriptive phenomenology to provide a deeper understanding of what burnout, wellness, and resiliency is to the counselors in private practice who are experiencing it.

Based on Husserl's descriptive phenomenology, Colaizzi's method of data analysis focuses on describing the meaning of an experience with emerging themes developed through discovering the fundamental structures of a phenomenon. The researcher looks for patterns in participants' shared experiences. The findings are then validated by returning to the study

participants for feedback through member checks as followed by Reiners (2012). Descriptive phenomenology describes conscious experiences while setting aside, or bracketing, beliefs and preconceived opinions as noted by (Reiners, 2012). To truly comprehend the essence of something, the “intentionality of consciousness” or how an individual consciously understands the world, must be clearly understood. It is through this consciousness that meaning is made and through this meaning that the essence of an experience is understood. Sadala and Adorno (2002) described phenomenological reduction as a process of uncovering the essence of a phenomenon. They also noted that this process ensures the description of the phenomenon is reliable (Sadala & Adorno, 2002). As part of this, Husserl believed it was the responsibility of the researcher to examine a phenomenon with limited preconceptions by removing all personal opinions and experiences.

Sampling and Data Collection Procedures

With permission granted from the Syracuse University Institutional Review Board (IRB) to conduct this research project, participants were recruited via the following Listservs comprised of counselors in a variety of professional capacities: ACA Diversegrad-L; Eye Movement Desensitization and Reprocessing International Association (EMDRIA); and Pennsylvania Psychological Association (PPA); social media groups on Facebook for therapists, such as Abundance Practice Builders, NEPA (Northeastern Pennsylvania) Therapists; Group Practice Exchange; Online Therapist Group; The Counselors Couch; Therapy Group Practice Owners; Mental Health Counseling; and purposeful or criterion sampling and snowball sampling. Participants were invited to participate in the research study using IRB approved recruitment posts and emails (Appendix A and B).

In response to the Listservs, social media postings, and email inquiries, individuals self-identified as being interested in the study by emailing this writer. All individuals who responded to study recruitment ads were contacted via email and assessed for inclusion in the study. In total, 38 individuals were contacted either through snowball sampling or in reply to their responding to recruitment ads. Seventeen individuals met study inclusion criteria and were invited to participate and emailed a consent form to review, sign, and return if they decided to participate. Fifteen of the 17 individuals who were sent consent forms signed and returned the forms. Two follow-up emails were sent to the other two individuals who did not respond, inviting them to reach out should they want to move forward with the process and thanking them for their time and interest. Eight individuals who responded to recruitment ads did not meet inclusion criteria; Therefore, they were excluded from the study and were thanked for their time and for expressing interest. A total of 14 participants were interviewed for the study, one participant declined to schedule after returning to the consent form due to a family emergency.

Signed consent forms were returned via email, fax, and postal service. Upon receipt of the signed consent form, participants were called, the consent form was reviewed, and the interview was scheduled at a convenient time for the participant. All interviews took place over the telephone, using the researcher's work phone. For every interview, the researcher was located in her private office space at her workplace to ensure confidentiality was maintained and there were no interruptions during the interviews. On the day of the interview, participants were called at the number they provided at the time of their choosing. Although criticisms of telephone interviews exist in the literature, they have been shown to be desirable in circumstances where a participant may feel vulnerable or exposed by sharing their experience—as the format provides a level of security and privacy between the interviewer and the participant as noted by Hill et al.

(2005). Wiseman (1972) concluded participants have a higher probability of giving answers they perceive to be more appropriate and acceptable during face-to-face interviews than when they complete telephone interviews or questionnaires. Following introductions and casual conversation in an effort to build rapport, the researcher restated the purpose of the study and what the participant could expect in regard to the format of the interview (the demographic form would be reviewed, and the interview would last no longer than 60 minutes). Participants were reminded their participation is voluntary and they could stop the interview and their participation in the study at any time. Interviews are the most common method of data collection in phenomenological research as it allows for investigation of a particular phenomenon, discussion, and further explanation regarding the participant's experiences as documented in previous research (Creswell, 1998; Colaizzi, 1978; Osborne, 1990).

Each participant was interviewed only once via telephone. Length of interviews ranged between 25 minutes and 56 minutes in length, with an average interview duration of 43 minutes, and a standard deviation of 8.26. Transcriptions ranged from 6 pages to 11 pages, with an average number of nine pages, and a standard deviation of 1.57. The 25-minute interview was an anomaly, as the majority were about 45 minutes in length. Interviews were conducted over the course of eight months; the first 13 interviews were completed between August 2019 and September 2019. The 14th and final interview was done April 2020. The seven-month gap between the 13th and 14th interviews was an intentional methodological decision related to the initial coding process which was completed prior to the final interview. This allowed the researcher to gather a more full and rich explanation of the initial themes and sub themes and to determine if the phenomenon was fully developed and data saturation had been met. In addition, the last interview was used as a trustworthiness check. What was unforeseen was the last

interview was completed during the global COVID-19 pandemic and related shutdowns.

Although the participant was prompted to focus on experiences prior to the COVID pandemic, their experiences at the time of the interview could have influenced how this participant engaged, although there is no evidence of such.

In June 2020, following interviews and the initial coding process, participants were contacted as part of the study data analysis process, step seven member check. Participants were provided with preliminary results and asked to provide feedback. A document with statements extracted from the transcripts of the fourteen completed interviews was emailed to each participant. Participants were informed these statements were not necessarily from their specific transcript, but broadly represented what participants shared during the interview process. Similarly, the themes and subthemes came from the entire 14-person sample. Therefore, there was no expectation everything participants shared was represented, nor that everything represented was stated explicitly by a specific participant. Yet, every participant should find at least one or two of their own statements in the document. This is an overall representation of the entire sample.

Participants were invited to share their thoughts are about the themes and subthemes and if their experience was generally accurately represented amongst the information outlined. Participants were given two weeks to respond. Three out of fourteen participants responded; two stated the information provided was good and did not have anything additional to added. The third participant responded with feedback which was already addressed within the larger body of the document. Once this was shared with participant, no additional feedback was provided. Based on this particular methodology, had participants expressed concerns about any of the data provided, follow-up interviews would have been scheduled.

Participants

A total of 14 participants were interviewed for the study, thirteen female, one male, all 14 identified as white, 10 were married, three were divorced, and one was partnered. Their ages ranged from 34 years to 66 years old, with a mean age of 47, and a standard deviation of 8.5. Data collected on the individual demographic identity of the participants expanded beyond traditional information collected (i.e. gender, age, etc.) to provide a professional contextualization of their experience. Pennsylvania does not have a permit or preliminary license. Rather, graduates with their master's degree are permitted to practice without a license and those who are working toward licensure do so under the supervision of a licensed professional counselor. In the recent past, counseling supervisors in Pennsylvania were required to be independently licensed with at least 5 years of field experience in order to supervise master's degree counseling graduates who were pursuing licensure. However, this recently changed to allow all independently licensed professional counselors with at least 5 years of counseling experience, regardless of length of licensure, to be able to provide supervision.

According to the Internal Revenue Service, businesses that have not turned a profit on at least 3 of the last 5 years, will be categorized as a hobby. Similarly, there are banks who will not qualify a small business for a business loan if it has been open less than 3 years. Therefore, to meet inclusion criteria for the study, participants had to self-identify as a current and independently licensed mental health therapist, professional counselor, social worker, psychologist, or marriage and family therapist—with a minimum of a master's degree in counseling or a related field. They worked in a private practice setting for at least 3 years, conducted sessions with an average of 15 or more clients per week, identified as having the sole responsibility for the business aspects of the practice, and have operated their business for at

least 3 years. It was not necessary for participants to be supervising interns or employing other clinicians to meet inclusion criteria. Exclusion criteria included individuals with less than a master's degree or those who held a master's degree in an unrelated field, individuals who were not licensed or were practicing as a licensed professional for less than 3 years. Additionally, therapists who were in other practice settings such as agencies, community programs, and groups, those who saw less than an average of 15 clients per week, and practitioners who were in private practice but were not directly responsible for maintaining the business aspects of the practice were also excluded. Lastly, therapists who were not currently functioning as both a clinician and a practice business owner and operator were also excluded.

Researcher as an Instrument

The researcher of this study is a Caucasian female who has been a practicing counselor for 10 years, professionally licensed for over 6 years, and a private practice business owner for 5 years. She is working toward a Doctor of Philosophy in Counseling and Counselor Education from Syracuse University, has completed one prior qualitative study and one quantitative study, and has assisted in studies using both methodologies as a research assistant. As proposed by Giorgi (1985, 2008), this study was completed in the context of a counseling attitude providing sensitivity and perspective to analysis of the data. This researcher believes regular consistent wellness practices support and foster resiliency which is a critical component to minimizing professional and personal burnout. Personal experiences along with what the researcher has witnessed during her career has led the researcher to recognize the diversity of wellness practices and their meaning is respective to the person experiencing them.

The researcher engaged in reflexive journaling before the study began as well as before, during, and after each interview. Reflexivity acknowledges and accounts for the researcher being

a part of the social world that they are studying, as previously documented (Frank, 1997). Through bracketing, the researcher revealed any preconceived notions, background, and personal values regarding the phenomenon being studied minimizing any effects prior knowledge and experience will have on the research. Finlay (2002) stated that reflexive bracketing requires the researcher to "develop a thoughtful, conscious self-awareness" (p. 532). This is particularly helpful for researchers who have personal experience with the phenomenon under investigation. This researcher followed Kathryn Ahern's *Ten Tips for Reflexive Bracketing* (1999), created to assist qualitative researchers with using reflexive bracketing to recognize areas of bias to minimize influence on the research process. Bracketing my experience provided a place for me to put my own reactions in an attempt to be more aware about how my own experience might be influencing the process as I was attempting to not center my own experience. Additionally, the researcher recorded ongoing themes in the reflexive journal to minimize any interference with the interpretation of the raw data according to Colaizzi's (1978) analysis process.

Demographic Form

Prior to the start of the interview, the demographic form, found in Appendix D, was verbally reviewed and completed with each participant to obtain background information: year of birth, gender, race/ethnicity, highest degree obtained, discipline of highest degree obtained, place of employment, number of years in practice, number of years in private practice setting, number of years as owner of private practice, average number of clients seen per week by the participant, caseload size, population demographics, and any additional training and background in wellness, burnout, resilience, and/or operating a business. At this time, participants were prompted to create a pseudonym, a name of their choosing, that was used to refer to them and their quotes for the remainder of the study.

Interview Protocol and Research Questions

The demographic form (Appendix D) and the semi-structured interview questions (Appendix E) were created by the researcher and were the result of several drafts informed by the literature, the researcher's own experience and observation in this context, methodological attention, and conferring with advisor, peer debriefer, researchers on the team, and a research expert in and out of this discipline. Out of discipline expert has experience using this method and has studies some of these constructs in a different professional discipline. The day of the interview, the first step after reviewing consent and reminding participants their participation was voluntary and could be stopped at any time, was to complete the demographic form. After this, a short description of the purpose of the study was read aloud and participants were asked the same initial open-ended question to start the semi-structured interview:

1. Tell me a bit about what you were expecting when you first learned of this study.
2. What is your interest in the study? What brought you here?

Additional responses and affirmations were used to add richness and depth to the interview and to provide supportive and encouraging responses to participants. Furthermore, probes were used if participants' descriptions were abstract or too general, as the descriptive method of inquiry requires sufficient detail so the researcher can consider them in the analysis as asserted by Kleiman (2004).

Telephone interviews were conducted between the researcher, located in Pennsylvania, and participants who were located throughout the United States. Semi-structured interview questions (Appendix E) were chosen as they allowed for deeper exploration of an individual's experience with particular phenomenon through dialogue between the researcher and the

participant. Although the questions serve as a guide, there is flexibility to ask follow-up questions and probes (DeJonckheere & Vaughn (2018); Lincoln & Guba, 1985). Using probes, participants were encouraged to elaborate on how they make sense and meaning of the concepts of resilience, wellness, and burnout, and how these concepts interrelate to the business aspects of owning and operating a private practice while maintaining a client caseload. The researcher asked every participant all 13 broader interview questions which were formulated and developed from the researcher's own experience, dialogues with other private practice owners, and through consultation with the peer debriefer.

1. Tell me about a time when you experienced burnout as a helping professional and/or practice owner?
2. Tell me about a time when you experienced resilience as a helping professional and/or practice owner?
3. What does the word wellness mean to you?
4. Tell me about a time that stands out to you because it shows what it was like to experience burnout as a private practice helping professional and practice owner.
5. Tell me what you think positively and negatively contributes to your experience of burnout.
6. Tell me what you think positively and negatively contributes to your experience of resilience.
7. What is something from your experience that you would share with someone who is going into private practice as a business owner and clinician?
8. What meaning does burnout and resilience have to you in role as a counselor and private practice business owner?

9. Did your counseling education program address the issue of burnout and resilience?
 - a. If yes, what was provided?
 - b. What did you take away from it?
10. Did your counseling education program offer any training in establishing and running a private practice?
 - a. If yes, what was provided?
 - b. What did you take away from it?

Every interview ended with the same follow-up question to create opportunity for participants to reflect on their experience, elaborate if they would like, and to confirm participants were able to share as much information as they would like without a time constraint: Is there anything else about your experiences that you think I should know?

Prior to ending the call, participants were thanked for their time and reminded they will be receiving an email with study data for their review and feedback, which was optional. No participant elected to end the interview early and participants were not compensated for their time.

Both descriptive and reflective field notes were taken during and after each interview to add another descriptive layer to the interview process, as done previously by other researchers (Bogdan & Biklen, 2003; Hays & Singh, 2012). These brief notes documented contextual information to aid in the understanding of the concepts being studied (Bogdan & Biklen, 2003; Hays & Singh, 2012). The researcher bracketed information in the field notes to set aside personal assumptions, as did Husserl (1970), resulting in a more accurate description of the participant's experience. Streubert & Carpenter (2011) proved this method later. These notes

were converted to electronic copies and stored on the researcher's password protected laptop. Hard copies of the notes were shredded and electronic copies were deleted upon completion of this study.

Every interview was audio recorded using a digital recorder. Upon completion of each interview, the digital recording was uploaded onto the researcher's password protected computer and deleted off the digital recorder. Prior to being sent to the transcriptionist, each interview was replayed to assess the quality of the recording. No additional follow-ups for clarification from participants were needed for any of the interviews.

Digital recordings were then transferred onto a password protected Universal Serial Bus (USB) drive and were hand delivered to the transcriptionist. The same transcriptionist was used for all interviews. Interviews were transcribed verbatim. When transcriptions were complete, the transcriptionist hand-delivered the USB stick back to the researcher with both the digital recording and the transcription of the interview on the device. The digital recording was then deleted off the USB drive and the transcription was transferred to the researcher's password protected computer and deleted off the USB drive. There were no difficulties or problems during transfers and the transcriptionist did not retain any data or information related to the study.

Data Analysis

Colaizzi's method (1978) aligned with the aim of this study—to explore the lived experiences of independently licensed private practice counselors and practice owners with wellness, burnout, and resilience while operating a private practice and maintaining a case load of clients. The paucity of research available suggested the experiences of wellness, burnout, and resilience in independently licensed private practice counselors and practice owners is not yet

understood. Colaizzi's method consists of seven steps: the initial reading of all transcripts, extraction of significant statements, formulation of meanings, clustering of themes, exhaustive description, fundamental structure formation and validation of findings (Colaizzi, 1978).

Colaizzi (1978) asserted researchers should be flexible when using the steps—reinforcing the process is about an in-depth, thorough exploration of meaning rather than a rigid implementation of the steps. Data analysis is a difficult and important part of phenomenological research.

Colaizzi's steps were meant to be used as guidelines, freely implemented by the researcher in whatever way is appropriate to allow for creativity (Colaizzi, 1978).

Following these steps, step one involved each transcription undergoing several reviews for accuracy (Colaizzi, 1978). Prior to the initial coding, field notes were read to ground the researcher. Then each audio recorded interview was listened to while following along with the transcript to identify errors and necessary edits at least two times per transcript. Next, each transcription was reread at least twice for accuracy and to aid the researcher with immersing herself in the data to become familiar with participants' experiences and to begin to extract meaningful statements. Transcripts were read again and any statements or phrases that revealed or described the phenomena of wellness, burnout, and resilience were identified. Using a highlighter, the statements were highlighted. This process, known as "extracting significant statements" (Colaizzi, 1978, p. 59), step two of the seven steps, was done with each transcript. Once all the significant statements were identified in each of the transcripts, they were extracted and put into a Microsoft Excel spreadsheet on the researcher's password protected computer. At this stage, 814 significant statements were extracted from 13 transcripts. To ensure the extracted statements accurately represented the phenomenon under investigation, a single transcript was provided to the independent auditor for review. The auditor was a doctorally prepared nurse

practitioner with over 15 years of teaching experience. Their research has focused primarily on qualitative research specifically utilizing Husserl's method of phenomenology. The auditor has published several qualitative studies using this method. Although in the helping profession the auditor is not a counselor and brought an additional critical perspective to the study. The auditor read and extracted statements she thought represented participants' experience of wellness, burnout, and resilience. Once this was completed, the researcher and auditor met in person to compare the same transcript. Upon comparison, almost all the same statements were highlighted. Any differences or disagreements were discussed until consensus was met and a decision was agreed upon.

Step three, using the master list of extracted statements, the researcher repeatedly read and reread each sentence, phrase, and statement in the Excel spreadsheet in an effort to elicit each participant's meanings (Colaizzi, 1978). This process was repeated numerous times as the researcher began to categorize participants' statements and group those with similar meanings. At this point in the process, all statements were included regardless of redundancy. Categories were created using the participants' own language to accurately capture the essence of a portion of the phenomenon, while also maintaining each participant's meaning.

Step four involved sorting the formulated meanings into categories, clusters, and themes (Colaizzi, 1978). Following the creation of the initial 27 categories, the researcher continued to review the transcripts with the extracted statements and began to cluster the extracted meanings further—from categories into themes. Codes were grouped and collapsed based on similarities and common meanings. Over a period of two months, through multiple discussions, with support and feedback from the dissertation chair and auditor, the researcher ultimately collapsed the

categorized codes from 27 categories, to 12 themes, and then down to six themes, each with between four and seven subthemes.

At this point, the independent auditor was provided copies of all 13 transcripts as well as the six themes and subthemes and their descriptions for review to ensure the formulated meanings and participants' statements were accurately represented. The researcher then met with the auditor to discuss and compare meanings and themes. The auditor provided feedback about the refining the names of the themes to more accurately represent the corresponding data while also capturing the reader's attention. The researcher continued to work on refining the themes and subthemes. The researcher then had a phone conference with the dissertation chair to discuss the data analysis process up to this point and confirm the next steps. A review of studies implementing Colaizzi's method identified an average of 5 to 8 themes per study. Therefore, in an effort to be consistent with other applications of Colaizzi's method, and for purposes of parsimony, it was decided to have at least five themes and that each theme would be limited to having 2 to 3 subthemes. Therefore, over the next 2 months, the researcher continued to work to refine themes and subthemes until there were the final five themes, each with three subthemes. Throughout this process, additional care was taken to ensure the themes were a true and accurate representation of participants' experiences. Statements were categorized into one theme to prevent repetitiveness. Based on Streubert and Carpenter's (1999) process, redundant statements were eliminated by comparing the themes each statement was located in to keep the one that most accurately represented the meaning of the original quote; a process that can take as long as necessary. The researcher and the auditor met an additional two times to confirm the themes accurately represented participants' experiences, to affirm there were no significant concepts that

were not represented by the themes, to resolve any redundancies, to reduce the overlap between the different themes, and to ensure internal consistency was met.

These final themes, subthemes, and their descriptions were sent to the dissertation chair for review and feedback. When the final themes were approved, the 14th, and final participant's interview was scheduled to confirm data saturation has been met and as a trustworthiness check. As the interview was scheduled 7 months after the other 13 interviews and following the emergence of the coronavirus disease 2019 (COVID-19) global pandemic, the participant was asked to reflect on their time prior to COVID-19 for continuity of data. As stated previously, due to the unforeseen timing, experiences resulting from the pandemic could have influenced how the participant engaged, although there is no evidence of this. With the exception of the timing and context of the interview, the interview process and transcription followed the same steps outlined in the previous section. The interview was transcribed, and the transcript was provided to the auditor who reviewed it to confirm if any new information surfaced that was not represented in the current themes and subthemes. The auditor verified no new information emerged; therefore, data saturation was met, and no additional interviews were needed. An independent auditor, also referred to as a peer debriefer, was used to confirm data saturation was met by reviewing transcribed interviews to ensure participants' statements were captured and accurately represented in study themes and sub themes. In addition, the independent auditor reviewed the 14th transcript to ensure information corresponded with the themes and sub themes and that no new information surfaced in line with the recommendations of Lincoln and Guba (1985).

As is traditional with phenomenological research, the sample size is not set ahead of time. Rather, as noted by Baker et al. (1992), sample size is a reflection of the breadth and richness of

the data collected from each participant. A total of 14 participants were interviewed for the study— in line with the qualitative research recommendations which stated in previous research—recommending the sample size be a minimum of 10 and a maximum of 30 participants (Hays & Singh, 2012; Polkinghorne, 1989). In agreement with Guba & Lincoln (1989), data collection continued until theoretical saturation was met and the majority of the sample was comprised of independently licensed professional counselors over other fields (as defined in the previous section). Saturation, defined by Strauss and Corbin (1998), was met when participants' statements were repetitive, no new or relevant information emerged, the category was well developed, and the relationship among categories was well established and comprehensive.

Based on step five of Colaizzi's seven-steps (1978), themes and subthemes were merged to create an exhaustive description of the experience of burnout, wellness, and resilience among private practice counselors who operate their practice while continuing to see clients. It was from this description that a common story was developed to describe the experiences of the participants. The auditor then reviewed the findings to determine that they were complete and comprehensive, and that the exhaustive description reflected participants' experiences as closely as possible.

In step six the exhaustive description created in step five is condensed to a precise, thick statement that captures the fundamental structure of the phenomenon, the 'essence of the experiential phenomenon as it is revealed' by the participants. This is accomplished through a reduction of the findings to eliminate redundant statements or descriptions that misrepresented participants intentions. The outside auditor was employed to ensure a clear relationship existed between the themes and subthemes and that the statement capture the essential structure of the phenomenon.

For step seven, at this point in the data analysis, findings were returned to the participants to verify their validity and accuracy by having participants compare the researcher's descriptive results with their experiences (Colaizzi, 1978). Significant statement, themes, and the common story were organized into a Microsoft Word document which outlined the purpose of the form being sent to participants, directions for participants regarding what they could do to participate in this part of the process if they elected to do so, and a deadline of 2 weeks for review and to provide feedback to the researcher. All five themes and subthemes were listed, each with a short description and up to four excerpts illustrate them. Participants were asked to read through the information provided and to let the researcher know if their experiences were accurately reflected. The document was then sent to the dissertation chair for feedback. After edits were made, the document was approved by the chair, and the researcher emailed it to all 14 participants. After 2 weeks, 3 out of 14 participants responded to the document. Two participants provided positive feedback stating they felt their experiences were accurately represented and that they were looking forward to the final product. The third participant stated most of her experience was captured in the document, but felt a piece was missing regarding her dislike for the business aspects. The researcher responded by reassuring the participant that this concept was noted in the larger document even though it was absent from the member-check document. The participants appreciated knowing her experience would be noted and offered no additional feedback. All 14 participants were represented in each of the themes and every participant was quoted no less than four times each.

Rigor and Trustworthiness

Credibility, transferability, dependability, and confirmability have been documented as the main facets through which trustworthiness in qualitative research is ascertained (Lincoln &

Guba, 1985; Cope, 2014). These terms were noted as the counterparts to the quantitative concepts of internal validity, external validity, reliability, and objectivity respectively (Yilmaz, 2013). While it is not necessary for qualitative researchers to translate into quantitative terms, I have done so here to be consistent with the application of Colaizzi's method which utilizes quantitative terms. This study maintained rigor and trustworthiness using Lincoln and Guba's (1985) guidelines centered around four concepts: "Truth value, applicability, consistency and neutrality" (p. 290).

Credibility was referred to as "the confidence that the data and the portrayal of its analysis are a true representation of the information the participants provided in the context of the study" (Wirihana et al., 2018, p. 33), a concept echoed by Lincoln and Guba (1985) and Polit and Beck (2014). Patton (2002) asserted that evaluating quality is the foundation for credibility, and a qualitative study is deemed credible and trustworthy when the data is sufficiently descriptive and includes a pure description allowing the reader to understand what took place and how it occurred (Patton, 2002). Yilmez (2013) characterized transferability as the ability for study results to be applied to other contexts or similar settings. As noted by other researchers, dependability is achieved by accurately documenting the process in detail to ensure research methods have been adhered to, allowing for replication of the study (Shenton, 2004; Wirihana et al., 2018). Others have achieved dependability through the use of an audit trail—where the process is evaluated by the researcher and confirmed by the auditor or peer debriefer (Lincoln & Guba, 1985; Yilmez, 2013). Confirmability parallels the quantitative term objectivity where two or more independent auditors find consensus on the meaning, relevance, and accuracy of the presented data as contended by Houser (2012). In this study, an independent auditor confirmed that study findings were grounded in the data (Yilmez, 2013).

Attempts were made to stay as close to participants' language as possible to maintain the descriptive nature of this study, trying to avoid interpretation. This process is also known as establishing truth value. Field notes were completed to provide contextual information to the phenomenon. Additionally, member checks were completed by returning transcripts and extracted data to each participant for his or her review and feedback. Transcripts outlining the five themes and subthemes and extracted quotes were sent to the participants at step seven in the seven-step process. The seventh step, validation of findings, allowed for confirmation or disagreement of themes and subthemes. Participants were given 2 weeks to respond. As stated previously, 3 out of 14 participants responded. Two of the three participants provided positive feedback, and one participant questioned if her experience was represented; When the researcher pointed out where the information was present in the document, the participant agreed her experience was accurately captured and did not have additional feedback. Eleven participants did not respond, and data analysis moved forward.

Applicability was ensured by providing full, rich descriptions of the data. Consistency was achieved through a systematic approach to data collection—the same questions were used for every interview and the interviews were conducted using the same step-by-step process. Neutrality was maintained through bracketing in an effort to explore, identify and account for biases of the researcher. Additionally, the researcher sought advisement from her dissertation chair throughout the data collection and analysis process. Finally, all participants will receive a final copy of this article as a way of thanking them for their participation in this study, for transparency purposes, and as a confirmation of findings, as well as informing them of the results.

Lopez and Willis (2004) stated, the goal of the Husserlian researcher is to "achieve transcendental subjectivity" (p. 727). Husserl developed a specific procedure—that provides rigor in understanding and describing the essence of an experience—called free imaginative variation. Wertz explained (2005), beginning with a concrete example of the experience being studied, the researcher then imagines every possible variation of it for the purpose of differentiating essential features from secondary ones. The researcher is then instructed to set aside personal biases, judgments, and any experiences with the phenomenon being studied through a process called bracketing. Based on Husserl's descriptive phenomenology, Colaizzi's method focuses on describing the meaning of an experience through emerging themes. The researcher looks for patterns in participants' shared experiences. The findings are then validated by returning to the study participants for feedback through member checks as documented by Reiners (2012). Reiners also offered that descriptive phenomenology describes conscious experiences while setting aside, or bracketing, beliefs and preconceived. To truly comprehend the essence of something, the "intentionality of consciousness," how an individual consciously understands the world must be clearly understood. It is through this consciousness that meaning is made and through this meaning that the essence of an experience is understood. Phenomenological reduction has been described as a process of uncovering the essence of a phenomenon, which ensures the description of the phenomenon is reliable (Sadala & Adorno, 2002).

As part of this, Husserl believed it was the responsibility of the researcher to examine a phenomenon with limited preconceptions by removing all personal opinions and experiences. Porter (1993) recognized that with bracketing, it is impossible for a researcher to be completely impartial of all knowledge and experience with the phenomenon being studied. Rather,

bracketing involves acknowledging prior experiences and putting them into context to minimize any impact on the research process and description of data, allowing the researcher to see the phenomenon in its pure form (Porter, 1993). By accounting for the researcher's biases, prejudices, and preconceived notions of the phenomenon being studied, the final product is an accurate representation of the phenomenon being investigated, described directly by those experiencing it.

Bracketing is not to be used throughout the entire research process. Rather, the researcher engages in bracketing until data collection and interpretation is completed to allow for the data to be examined in the context of what is already known about the phenomenon before the study was conducted. The process was termed (Gearing, 2004). This study used reflective bracketing to assist the researcher with uncovering and removing preconceived ideas to ensure the most accurate results. Traditionally, bracketing has been conducted through written journaling (Finlay, 2002). Therefore, for this study, the researcher used written journaling to allow a more natural and continuous method of bracketing.

Finally, transferability refers to the applicability of the results to other contexts using multiple strategies to achieve a thick description of the phenomenon under investigation (Guba, 1981; Lincoln & Guba, 1985). First, the interview questions were informed by a review of the literature on burnout, wellness, and resilience and what is known with respect to agency/community counselors and private practice counselors' experience of burnout, wellness, and resilience. Additionally, the questions were based on the researcher's own experiences with establishing and operating a practice while continuing to see clients, professional consultation and mentorship, and collaboration with other private practice owners. The interview questions were then shared with the dissertation chair and committee, all of whom are experts in the field

of counselor education, for their review and approval. The final questions were then submitted to and approved by the institution's IRB.

A second step used to support transferability of study findings is the attention given to the methodology and data analysis protocol, which was explicitly followed, with each step outlined in the methodology section of this document. This detailed account of data collection includes information related to the data collection process and the participants themselves to provide a rich and full description. Limitations of transferability will be discussed in chapter five.

Conclusion

While burnout and resilience amongst community and agency counselors and counselors-in-training has been studied extensively (Clark, 2009; Freudenberger, 1986; Luthar et al., 2000; Schaufeli, Maslach, & Marek, 1993), the experience of counselors who are also private practice owners has not been. From the small body of literature on counselors as business owners, it was noted that attending to the business aspects of running a practice—directly and indirectly—has contributed to stress levels (Coker & Dixon-Saxon, 2013; Gladding, 2004). Therefore, this dissertation has expanded the current knowledge base of burnout and resilience in counselors, by adding information on how being both a counselor and a business owner impacts one's experience and understanding of burnout, resilience, and wellness. Using Husserl's descriptive phenomenology method and Colaizzi's protocol for data analysis, this dissertation sought to understand how private practice counselors and business owners are maintaining their overall wellness and state of resilience, decreasing burnout, and supporting their professional longevity.

Chapter Four

Findings

Introduction

This study explored how 14 independently licensed private practice counselors who operated their own practice while they maintained a caseload of clients understood and experienced wellness, burnout, and resilience. Through Husserl's descriptive phenomenology using Colazzi's (1978) method, the essence of each participant's experience of wellness, burnout, and resilience within the context of establishing and operating a practice was gathered and extracted to develop a rich textual description of their lived experience. This chapter will present and describe the emergent findings, through presenting and describing study themes and subthemes created to enhance the understanding of participants' experiences.

Description of the Participants

Participants' Demographics

The results of this phenomenological study are explored through voluntary telephone interviews gathered from 14 self-selected participants who identified as independently licensed private practice therapists, operating their own practice while maintaining a caseload of at least 15 clients per week. The following section will describe each participant's demographics. This information is depicted in Table 1 and Table 2. The 14 participants included eight licensed professional counselors, three licensed psychologists, and two licensed clinical social workers. Twelve participants identified as female and one participant as male. All 14 participants self-identified as White/Caucasian. Among the 14 participants, 10 were married, one was partnered, two were divorced, and 11 of the 14 participants had children.

Participants reported a range of 7 to 36 ($M = 14.2$, $SD 8.7$) years since their graduation from highest degree. Participants reported varied educational degrees: nine participants held a master's degree, one participant had two master's degrees, three participants had doctorates of philosophy (PhD), and one had a doctorate of psychology (PsyD). Degree programs reported by participants included: two doctorates (PhD) in counseling psychology, one doctorate (PsyD) in clinical psychology, one doctorate (PhD) in health administration, one master's degree in mental health counseling, three master's degrees in rehabilitation counseling, two master's degrees in social work (MSW), three master's degrees in community counseling (MS), one master's degree in criminal justice (MS), and one master's degree in counseling psychology (MS).

Participants reported a range of curricular foci in their educational preparation related to the current study. All 14 study participants reported they received little to no education in their graduate program regarding owning and operating a private practice business. Nine participants stated resilience and burnout was briefly touched upon in one of their graduate courses; although eight of the nine participants reported a lack of relevance and applicability in the information that was provided in their courses. Of the four participants who stated their program did incorporate wellness, burnout, and resilience into the curriculum, all four participants reported the information as minimal in content and usefulness. Additionally, participants with their current knowledge base, asserted they would have liked more detailed information than what was covered.

Of the 14 participants, 10 confirmed they had no post-graduate training in establishing or operating a business. One participant reported a background in operating a marketing business, one participant engaged in webinars on how to operate a business, and one participant participated in a one-day workshop on establishing and operating a practice when they first

established their practice. Eight participants reported having no post-graduate training in burnout, wellness, or resilience. Five participants reported engagement in a training related to wellness: One participant took a two-day training on burnout and resilience, one participant reported she takes a resiliency training every couple years, one participant attended a trauma conference a couple years ago, one participant took a mindfulness training, and one participant took a training on burnout and stress management. All 14 participants stated that when accounting for their current knowledge and experience, they believed graduate programs should include information on how to establish and operate a private practice business. Furthermore, they expressed a strong need for additional information to address the uncertainties and concerns that are interfering with their ability to be and feel successful. Finally, all 14 participants reported they did not receive the information or support they believed they needed during their terminal degree program to help them feel prepared for their current role as practice owner and counselor.

Participants' professional experience as a post-degree practicing counselor ranged from 7 to 34 years with a mean of 14.2 years ($SD=8.12$) of counseling experience. Years of experience in private practice ranged from 4 to 23 years with a mean of 10.3 years ($SD=5.81$) in private practice. Participants saw a range of 15 to 40 clients per week with a mean of 24 clients per week ($SD=5.51$). Active caseloads, defined as the total number of clients seen on a regular basis, ranged from 24 to 80 clients with a mean caseload of 46.5 clients ($SD= 12.75$). An active caseload list does not include clients who are seen infrequently or on an as-needed basis. Nine participants were not employed outside of their practice. Of the four participants who were employed outside of their private practice, two participants worked as independent contractors for a counseling agency that was not their own; one was an adjunct professor at a local university and taught one class per semester; and one participant taught a water aerobics class at a local

community program. All participants practiced solely in the state they were licensed in. Nine participants were licensed in Pennsylvania, one participant in North Carolina, one participant in Louisiana, and two participants were licensed in two different states—the first participant was licensed in Pennsylvania and California and the second participant was licensed in both Utah and Washington. Table 1 and Table 2 outline participants' pseudonyms and descriptive demographics. Limitations of the study regarding the homogeneity of the sample are discussed in chapter five.

Participants' Individual Profiles

This section introduces each participant's educational and professional background and provides context to acquaint the reader with understanding each participant's experience. In keeping with Husserl's principle of "returning to the things themselves," eidetic descriptions of participants and their experiences are provided (Colaizzi, 1978, p. 56). Eidetic descriptions are defined as being free of bias and interpretation and are attained through phenomenological reduction, a meditative technique (Giorgi, 1997; van Manen, 2000). Pseudonyms were chosen by each participant and were used to refer to the 14 participants throughout the study and this document. Specific locations of participants' practices were not included to protect their confidentiality.

The 1st participant was Eleanor, a 46-year old, Caucasian married female with five children. Eleanor obtained her master's degree in Mental Health Counseling 17 years ago and had been practicing counseling in a private practice for 14 years. She did not hold other paid employment outside of her practice. Eleanor owned and operated a private practice with 11 other clinicians and did the billing and insurance work for the practice herself. She had a caseload of 50 clients and saw an average of 23 clients per week, ages 14 and older. Eleanor reported having

no additional training in business, but had attended a two-day workshop on burnout and resilience.

Nora, the 2nd participant, was a 45-year old, divorced Caucasian female with one child. Seven years ago, Nora obtained a Doctor of Philosophy in Counseling Psychology and had been practicing as a licensed psychologist for 14 years. Nora worked in private practice for four years and with a case load of 40 clients, with an average of 25 clients per week. Nora was a solo practitioner, did her own billing and insurance work, and did not have additional employment outside of her practice. Her client demographics included men and women, aged 15 to 50 years old. Nora reported no training or advanced education in burnout, resilience, or establishing and operating a business.

The 3rd participant was Anje, a 48-year old Caucasian, married female, with four children. Ten years prior to the study, she graduated with a Doctor of Philosophy in Health Administration and had been practicing as a licensed professional counselor for 17 years, with eight years in private practice. Anje had a solo private practice, outsourced her billing and insurance verification, and had a caseload of 80 clients. She reported she saw an average of 38 clients per week and did not have additional paid employment outside of her practice. Her client population was comprised of 17 to 65-year-old individuals and couples, primarily individuals with bipolar disorder. Anje reported taking a resilience training every couple years, but reported she had no training or advanced education in operating a business.

April was the 4th participant: a 51-year old, Caucasian, married female with three children. April earned her master's degree in Rehabilitation Counseling nine years ago. April had been practicing as a licensed professional counselor for four years. She operated her own private practice, oversaw three clinicians in her practice, and worked as an independent contractor with a

non-profit that helped low-income families. April had been practicing as an independent private practice counselor for five years with a caseload of 33 clients and saw an average of 20 clients per week, primarily adults and children with behavioral issues. April reported she did not have any training or advanced education in burnout, resilience, or establishing and operating a business.

The 5th participant, Vanessa, was a 40-year old, Caucasian married female with two children. She earned a Doctor of Philosophy in Clinical Psychology nine years ago. Vanessa was practicing as a licensed psychologist for eight years, with seven years in private practice and was not employed outside of her private practice. Vanessa was a solo private practitioner, completed her own billing and insurance work, and had a case load of 24 clients with an average of 18 clients being seen per week. Vanessa's client caseload was comprised primarily of adults, Caucasians, and heterosexual females. Vanessa reported she attended a trauma conference a couple years ago, but aside from that, has not had additional education or training in burnout, resilience, or establishing and operating a private practice business.

Mandala, the 6th participant, was a 49-year old, Caucasian married female with no children and a master's degree in Social Work. Mandala graduated 23 years ago and was practicing for 14 years as a bilingual licensed clinical social worker. At the time of the interview, Mandala was the only practitioner in her private practice. She did her own billing and insurance work and had a case load of 35 clients, with an average of 25 clients per week. Her client caseload included: individuals; 18 to 66 years old; and primarily Caucasian, Latino, and African American clients. In addition to her private practice, Mandala taught college courses and supervised graduate interns. Mandala reported she did not have any training or advanced education in burnout, resilience, or establishing and operating a business.

The 7th participant, Divegranny, was a 66-year old, Caucasian, married female with four children. She graduated 36 years ago with a master's degree in Social Work and practiced as a licensed clinical social worker for 34 years, with 18 years in private practice. Divegranny had three clinicians in her practice, one full-time, two part-time and completed the billing, insurance work, and payroll for her practice. She had a case load of 35 clients and saw an average of 18 clients per week; all adults. Divegranny reported no training on burnout and stress management and stated she took a one-day workshop on establishing a business when she first started her private practice.

Paul, the 8th participant, was a 47-year old, Caucasian, partnered male, with no children. Paul graduated eight years ago with a master's degree in Rehabilitation Counseling and practiced as a licensed professional counselor for five years, in private practice for three years. Paul operated a solo private practice and outsourced his billing and insurance verification. He had a case load of 58 clients and saw an average of 30 clients per week. His caseload included: 18 to 35 years old with a focus on the LGBT population and individuals with addictions. Paul reported he had not received any training or advanced education in burnout, resilience, or establishing and operating a business although he mentioned he did take a certification program in telehealth which incorporated some business components.

The 9th participant was Victoria, a 57-year old, Caucasian, married female, with two children. Victoria graduated 20 years ago with her Doctor of Philosophy in Counseling Psychology. She had been practicing as a licensed psychologist for 24 years with 23 years in private practice. Victoria was the sole practitioner in her private practice and did her own billing and insurance work. She had a case load of 50 clients and saw an average of 24 clients per week.

Victoria reported she had not had any training or education in burnout, resilience, or establishing and operating a business.

The 10th participant, Rose, was a 38-year old, Caucasian, married female, with two children. Rose graduated 13 years ago with her master's degree in Community Counseling and practiced as a licensed professional counselor for ten years, with eight years in private practice. Rose had a case load of 50 clients and saw an average of 18 individual, adult clients per week. Rose did her own billing and insurance work and reported she has attended several webinars on operating a business.

Cindy was the 11th participant. She was a 52-year old, Caucasian, married female, with two children. Cindy had two master's degrees. She graduated 27 years ago with a master's degree in Criminal Justice and, five years later, graduated with a master's degree in Counseling. Cindy had been practicing for 17 years as a licensed professional counselor, with 15 years in private practice. In addition to her private practice, she also worked as an independent contractor for a major insurance company. Cindy outsourced her billing and insurance verification, hiring someone to do this part for her. She had a case load of 50 clients and saw an average of 25 clients per week. She reported that 95 percent of her caseload were adults, with the other five percent being under 18 years old. Cindy reported she did not have any education or training on establishing and operating a business, but did take trainings on mindfulness.

The 12th participant, Laura, was a 49-year old, Caucasian, married female, with two children. Laura graduated 23 years ago with a master's degree in Counseling Psychology and had been practicing for 17 years as a licensed professional counselor. Laura had 11 years of experience working in a private practice. In addition to her private practice, Laura also worked as a fitness instructor. Laura worked in an office space with two other counselors, one of which

worked for her private practice while the other had her own independent practice. Additionally, Laura provided supervision for individuals working towards licensure. She also did her own billing and insurance work. Laura had a case load of 62 clients and saw an average of 23 clients per week. Her client population included: Caucasian individuals, aged 15 to 55 years old, and middle class or living in poverty. Prior to becoming a counselor, Laura ran a marketing business and stated she transferred her knowledge from that experience to her role as a private practice business owner.

The 13th participant, Cara, was a 35-year old, Caucasian, married female, with two children. Laura graduated 10 years ago with a master's degree in Counseling and had worked as a licensed professional counselor for seven years, with six years in private practice. Cara had a solo private practice, did her own billing and insurance work, had a case load of 38 clients, and saw an average of 26 clients per week. Her client demographics included: individuals of all ages with behavioral issues and mood disorders. Cara did not have any training or education in burnout, resilience, or establishing and operating a business. However, she purchased an online coaching program to help her with marketing her practice. Cara also noted she had a virtual assistant for five hours per week who helped her to answer the phone, return calls, send out paperwork to new clients, and assisted with scheduling.

Finally, the 14th participant was Kristy, a 36-year old Caucasian, divorced female with no children. Kristy graduated 12 years ago with a master's degree in Rehabilitation Counseling. She was a Licensed Professional Counselor (LPC) and had been practicing for 10 years. Of the seven years she worked in a private practice, four years were in her own solo private practice. Kristy reported she did not outsource anything, instead she did all the business tasks herself. Kristy saw an average of 30 clients per week and reported she had a case load of 70 clients. Kristy worked

with clients ranging in age from 12 to 62 years old, primarily Caucasian, lower to middle class, with seventy percent of her case load identifying as LGBT. Kristy did not have additional employment outside of her practice and noted she had no training in burnout, resilience, or operating a private practice.

Table 1

Participants' Demographics

Pseudonym	Age	Gender	Race/ Ethnicity	Marital Status	Children	Degree	Discipline	Years since graduation
Eleanor	46	Female	White	Married	5	Masters	Mental Health Coun	17
Nora	45	Female	White	Divorced	1	PhD	Counseling Psych	7
Anje	48	Female	White	Married	4	PhD	Health Admin	10
April	51	Female	White	Married	3	Masters	Rehab Counseling	9
Vanessa	40	Female	White	Married	2	PsyD	Clinical Psych	9
Mandala	49	Female	White	Married	0	Masters	Social Work	23
Divegranny	66	Female	White	Married	4	Masters	Social Work	36
Paul	47	Male	White	Partnered	0	Masters	Rehab Counseling	8
Victoria	57	Female	White	Married	2	PhD	Counseling Psych	20
Rose	38	Female	White	Married	2	Masters	Community Counseling	13
Cindy	52	Female	White	Divorced	2	Masters	Criminal Justice Counseling	27
Laura	49	Female	White	Married	2	Masters	Counseling Psych	23

Cara	35	Female	White	Married	2	Masters	Counseling	10
Kristy	36	Female	White	Divorced	0	Masters	Rehab Counseling	12

Table 2*Participants' Private Practice Information*

Pseudonym	License/State	Years in Practice	Employed Outside of Practice	Years in Private Practice	Clients per Week	Caseload Size
Eleanor	LPC/PA	14	No	14	23	50
Nora	Licensed Psychologist/U T & WA	13	No	4	25	40
Anje	LPC/PA	17	No	8	38	80
April	LPC/PA	5	Yes - Independent Contractor w/Headstart	5	20	33
Vanessa	Licensed Psychologist/ PA & CA	8	No	7	18	24
Mandala	LCSW/NC	13	Yes - adjunct prof 1 class per semester	11	25	35
Divegranny	LCSW/LA	34	No	18	18	35
Paul	LPC/PA	5	No	4	30	58
Victoria	Licensed Psychologist/P A	24	No	23	24	50
Rose	LPC/PA	10	No	8	18	50
Cindy	LPC/PA	17	Yes - Independent Contractor for Cigna	15	25	50

Laura	LPC/PA	17	Yes - water aerobics YMCA	11	23	62
Cara	LPC/PA	7	No	6	26	38
Kristy	LPC/PA	10	No	7	30	70

Primary Findings

The purpose of this study was to investigate the lived experiences of wellness, burnout, and resiliency in independently licensed professional counselors who operated their own private practice while they maintained a caseload of at least 15 clients per week. Through semi-structured, audio-recorded interviews, 14 participants identified multiple areas as capturing the essence of their experiences: (a) being independent but needing connection; (b) successes and stressors; (c) managing the many roles; (d) caring for self while caring for others; and (e) the business beyond the clients. These five themes each contain subthemes which exemplify the essence of the participants' experiences.

The following section details the findings from the 14 participants. Overwhelmingly, at the start of the interview, participants cited two reasons for why they chose to participate in the study: (1) wanting to help the researcher gather data in an effort to help themselves and their colleagues in some way; and (2) to help find out more about burnout and burnout prevention. All 14 participants spoke about the desire to contribute knowledge to the field as a whole and to be helpful to their colleagues as their primary motivator for participating in the study.

Overall during the interviews, participants shared the evolution of their experiences as a business owner; beginning with their career as a counselor working outside of a private practice setting, then later transitioning into their own private practice, and establishing their business.

Participants described the process of establishing and building their business as learning-by-doing process. Due to a lack of education and training in operating a business, and the absence of mentoring or connection to someone who had more experience, participants reported they had to figure things out on their own. They described this process as stressful, exhausting, and at times, frustrating. Balancing the demands of both operating a business and attending to the needs of clients was identified as particularly stressful for participants. Participants reported it was equally challenging to find balance and maintain wellness in the midst of learning how to operate a business successfully while continuing to maintain relationships with friends and family. Operating the business while seeing clients presented with complex responsibilities was a specific challenge named by almost every participant. Participants reported feelings of isolation as their experiences were unique compared to other counselors which made it complicated to find and establish a support system comprised of other business owners or private practitioners. When available, the most valuable resources reported by participants were other private practice colleagues and mentors who were able to share their experiences, offer guidance, and words of wisdom.

It is for these reasons, participants wanted to engage in the study; through sharing their experiences, they hoped to be able to help other professionals in the field and hoped to learn what other practitioners are doing in an effort to strengthen their own wellness practices. Illustrating this, Eleanor indicated “Maybe you were trying to figure out how to help people not get burned out. Particularly, when balancing multiple facets of a practice” (Eleanor, 2-3). Anje also suggested similar, when she noted that she hoped to “Learn what would burn out means for all of us” (Anje, 3). Mandala also suggested this when she said that she “certainly wanted to

know what you were studying and what I might learn from it in terms of burn out prevention” (3-4).

Victoria shared, “I was expecting to help someone whom I work with and ultimately I hope it is going to show some of the stressors” (3-4). Divegranny noted how busy her experience is and yet still wanted to take time out to help stating, “I kind of help out fellow clinicians. I know we have all struggled and I know what we make and how hard we work. Out of kind of feeling of camaraderie, giving back” (8-9).

A few participants expressed a hope that through participating in the study, they could contribute to the field as a whole and also gain information that could help them. Laura shared, “It has been really difficult for me to tread those waters, so I guess I have a little tiny piece of it figured out and I figured if you have a bunch of people who have tiny pieces figured out, maybe you could put together something that could help all of us” (8-10). Similarly, Ajne expressed her curiosity and hope for some answers that could help her and other professionals, “if there are any suggestions that seem to be working for others that maybe I can apply to my own life because it is a very relevant thing for those of us in private practice” (3-4, 12-13). Kristy hoped to share her experience, help a colleague, and to expand her resource network. She shared,

Part of it was that I wanted to be supportive of another therapist in the community who was clearly furthering your education and knowledge, so I would hope at some point that if I needed additional support from my community of therapists, that they would be there for me (Kristy, 7-9).

The need for more information and the paucity of research on private practice counselor experiences was mentioned by several participants who wanted more information about their

experience and what their colleagues might be going through. Rose expressed, “My first impression was to thank you for taking the time to interview and do more research on this topic for counselors, because I believe it is a topic that is not researched enough. So, thank you for that” (3-5). Laura also suggested something similar when she said,

It has been really difficult for me to tread those waters, so I guess I have a little tiny piece of it figured out and I figured if you have a bunch of people who have tiny pieces figured out, maybe you could put together something that could help all of us (Laura, 8-10).

Similarly, Cara echoed wanting access to more information when she noted,

I guess probably a little more insight into where I’m at with my business and my own personal life, just to help too with understanding more about what we are doing and understanding more about what everybody else is doing, to get a general idea (Cara, 3-5).

Although every participant reported being busy with minimal opportunities and time for taking care of themselves, they each made time to participate in this study, stating they wanted to help others in the field and take away something themselves. This level of interest in helping and learning reflected the relevance and importance of the phenomenon under investigation to private practice counselors and business owners and will be discussed further in chapter five.

Themes

This section provides a detailed description of each of the five themes: (a) being independent but needing connection; (b) successes and stressors; (c) managing the many roles; (d) caring for self while caring for others; and (e) the business beyond the clients and their corresponding subthemes. Themes were extracted from the data in the form of direct quotes from transcribed interviews and were identified through the researcher’s understanding of the

phenomenon under investigation resulting from repetitious reading and listening to transcripts, peer-debriefing, and collaborating with an independent auditor with experience in qualitative research. Themes consisted of codes with similar ideas and broadness that encompass study concepts identified through data analysis described in chapter three. Each theme is presented with a brief summary, followed by direct quotes that support the theme. Participants' words were transcribed verbatim and direct quotes were used to foster understanding of the participants' experiences. Some quotations may contain grammatical errors. These errors were not edited in order to stay true to participants' original words.

Step three of Colaizzi's method asked the researcher to identify meanings arising from significant statements relevant to the phenomenon under investigation (Colaizzi, 1978). Formulated meanings that directly reflect the lived experience of being an independently licensed private practice counselor operating a business while maintaining a caseload of clients are provided with the line number identifying the statements they originated from. Twenty-seven theme clusters were created from the 224 formulated meanings. These 27 themes were grouped into five emergent themes. Table three depicts the process of constructing emergent themes from formulated meanings.

Table 3*Initial Coding of Emergent Themes*

Emergent Themes	Being Independent But Needing Connection	Successes and Stressors	Managing the Many Roles	Caring For Self While Caring For Others	The Business Beyond The Clients
Subthemes	Need to feel connected to other professionals	Risk taking	Multiple roles	Wellness	Help is needed
	Diversity	It's worth it	Business	Self-care	Mentorship
	Resilience	Financial pressures	Insurance	Conflicting roles	Self-taught
	Control	Saying no	Demands that take away from client	Personal work	Continue to learn
		There is never enough time		Kids	College training
				Permission to disconnect	Need to know more
				Burnout	

Table 4 depicts the final five themes with corresponding subthemes.

Table 4

Final Themes and Subthemes

Emergent Themes	Being Independent But Needing Connection	Successes and Stressors	Managing the Many Roles	Caring For Self While Caring For Others	Business Beyond The Clients
Subthemes	Control	Clients	Learning by doing	Tuning into oneself	Personal growth
	Making and maintaining relationships	Personal	Counselor vs. Business owner	Caring For The Business To Care For Oneself	Professional growth
	Obstacles to interconnectedness	Professional	Trying to find balance while doing it all	Making time for self-care/burnout prevention	Business growth

Being Independent But Needing Connection. The first theme of being independent but needing connection outlined the reasons participants were drawn to private practice and described the balance they sought between the independence and autonomy of private practice and the feelings of isolation and loneliness personally and professionally. All 14 participants reported they value the professional autonomy and independence of operating their own private practice and the control it affords. Of noted importance by participants was their ability to control factors such as their schedule, size of their caseload, hours, office space, interventions and approaches used in session, and demographics of their clientele while having the flexibility to set boundaries in their schedule. Evidence of this same theme is seen when participant Vanessa suggested, “Wellness for me looks like having a schedule that is full but not too full, of clients that I feel very connected to” (97-98). Participants expressed the relief and happiness they

experience from being able to adjust their schedule at their discretion which allows them to have time with family, friends, other professionals, and to engage in hobbies and interests. For example, April described this when saying,

So that is one of those self-care things that I do, that I do have the flexibility to move my schedule around and say okay, I'm going to take off early Friday afternoon, I'm going home and I'm going to cook this beautiful meal and you know, have a nice evening with (partner's name) and so I have the power to do that (April, 233-235).

These relationships provide support, motivation, and love all of which are sources of strength for participants as they moved through the stresses and successes of establishing and operating a private practice while maintaining a caseload of clients.

The first theme of being independent but needing connection included three subthemes: control, making and maintaining relationships, and obstacles to interconnectedness. The following sections present a description of each subtheme and provide illustrative examples of participants' excerpts to illustrate how participants took control of their schedule by making changes that allowed them to connect with family and friends, to engage in professional relationships, and to manage the obstacles to staying connected personally and professionally.

Control. The first subtheme of control was described by participants as an ability to make choices and decisions regarding personal and professional factors directly impacting their access and ability to engage in self-care practices for fostering wellness. Participants identified this subtheme as a key component in feeling positively about being in business for themselves. Having the ability to control external factors mitigated stress for participants, especially after transitioning from agency work where they reported they had little to no control over their

professional environment. Of particular value was being able to make their own schedule, to choose the clients they would like to work with, to specialize in their area of choice, to create a practice that reflects their own personal and professional vision, and to be the primary decision maker regarding their practice. Cindy shared,

I really like working independently. I don't know if that is for everyone. Because I think there is a saying I work 60 hours a week to a 40 hour a week job. Right? And I really like to work independently. I like to not have a boss that I report to. The amount of work that it takes definitely outweighs that, so, and I don't know if that is for everyone (Cindy, 381-384).

Autonomy over one's schedule was also mentioned by every participant who noted the ability to adjust their schedule as one of the primary motivators in their decision to become a business owner. Having the freedom to adjust their schedule mitigated the stressors associated with being in business for themselves. Illustrating this Cara shared, "I guess I always knew I wanted to do private practice because I wanted to have the flexibility of creating my own" (Cara, 53-54).

Similarly, Nora shared, "I love being my own boss, making my own schedule, working with people" (328). Eleanor also highlighted how having control over her schedule increased her positive feelings and was a counterbalance to the stressors associated with being in business when she said.

Being able to make my own schedule, that is the biggest thing to me. Like if I want to be off, or I want to come here for an hour, I can. It's just having that freedom definitely outweighs that risk, or not risk, but negative of getting the calls, and dealing with people (Eleanor, 72-74).

For Kristy, the control over her schedule and the ability to flex her time based on what is happening in her life is invaluable and a significant contributor to her sense of wellness and resilience. She explained,

I make my own decisions. The insurance companies guide us to a certain degree, but I don't have to work on Saturdays if I don't want to, or I can if I have a Saturday that nothing else is going on, I can reach out to clients who maybe reached out to me and said I would like to see you soon and I don't see anything available, I can do that. I have flexibility. I can take off whatever time I want to, within reason financially. Every summer I take a good chunk of time off to go to concerts and take extra days off that I couldn't do at my old job, unless I had the time saved up, but even then, I would come back to a bombardment of work. I like that there is a different flow and I get to control most of that flow (Kristy, 414-420; 424-425).

Participants reported being in charge of their professional life had a positive impact on their stress level as it decreased their stress and increased their motivation, sense of accomplishment, and purpose. Mandala discussed this explicitly when she said,

It's awesome that I can make my own schedule and do what I want. And honestly, I think what I remember most when I first started was I'm much more motivated to work hard for myself when I know that it's mine. And not even just for the money, but for my reputation, my practice, my business, you know, how I'm perceived of in the community is really important so certainly I have worked much harder at this than anything else I have ever done, and it's been super, super rewarding, but it takes time (Mandala, 450-455). Victoria also expressed positive outcomes resulting from being able to control her schedule and make adjustments as she saw fit. She explained,

To me, what helped was, this is the day I will see clients/patients. This is the day that I will do my paperwork or hours, or whatever you need to do. I found for myself, being very scheduled and sticking to it, probably helped me survive as long as I have (Victoria, 202-205).

The contrast of working in an agency versus for oneself and the impact on personal and professional wellness was expressed by participants who described the lack of autonomy and control over their professional environment as a significant source of stress that increased their risk for burnout. Participants described that when they transitioned from an agency setting to their own private practice, their stress decreased significantly, and they experienced the benefits of having more independence, control, and freedom. This experience was captured by Vanessa when she shared,

When I was very first licensed, I took a job at a large clinic. I had no say in what clients I saw. They did everything for me except therapy. It was shortly after that I went into private practice. My stress just, it plummeted, because I had so much more control, and I was making so much more money, seeing fewer clients, and working less. I kind of feel like private practice was the beginning of things going well because you have control (Vanessa, 26; 33-35; 193-194).

Rose also explained her related experience with burnout and a high caseload reflecting on the negative experience it had on her work with clients, “When I worked for an agency and your expectations were to see a very high number amount of clients. I think that has a lot to do with it” (Rose, 28-31).

Kristy reflected on her time in private practice and noted she is exactly where she wants to be. She shared,

I know a lot of people don't understand what it's like to be a business owner or a therapist in business, but I would never go back to working for the man. I would never put myself in the position to have to deal with other people, like the top-down process that happens at the state. I would never want to do that again. I would never want to work for, unless someone had a really good opportunity for me, I don't know. This is it for me. This is the stuff that feels good for me (Kristy, 403-408).

Having control over scheduling, the environment, and practice factors created opportunities for and resulted in obstacles interfering with establishing and maintaining connections with other professionals, family, and friends. Being a business owner required significant time and energy to attend to obligations, responsibilities, and to the maintenance and success of the practice. While participants described a positive experience associated with being able to create their own schedule, they also noted the stress and pressures resulting from the business factors. As a result, every participant underlined the importance of maintaining and engaging in personal and professional relationships to maintain connections and to stay personally and professionally healthy.

Making and Maintaining Relationships. The second subtheme of making and maintaining relationships was described by participants as a crucial component to their personal and professional wellness and their professional longevity and efficacy. The ways in which participants established and engaged in relationships to promote wellness and to mitigate loneliness are described. Participants suggested a major component of their experience in private practice was isolation; emphasizing the importance of relationships. Because the majority of

participants in this study practiced in a single office rather than a shared space with colleagues and office staff, they described feeling lonely personally and professionally. Kristy highlighted this when she said, “One of the things I noticed going into this field, as much as I wanted to be in private practice, I really did miss my group of people that I had at my state job, because they were super supportive” (406). Further, participants noted the impact this had on their wellness. Vanessa expressed her experience of being a solo practitioner, “It’s not a shared suite. I’m all alone so I feel a little bit vulnerable” (141-142). Similarly, Victoria described what shifted her thought from working alone to sharing space with someone again following a negative experience,

I realized the benefits of being with other people outweighed my fears of getting into a situation like that again. Because it is very difficult to do it all alone, by yourself, with nobody. That is when I think I experienced the most burn out (Victoria, 68-71).

Ajne emphasized the importance of professional connectivity for everyone the field when she shared,

I think the big thing that I would like to see change for all of us is we all have our own little silos. You know, I’m over here in [city], you’re in your locations, and then there are lots of people in [city] and [city], and we are all in our own different silos (Ajne, 317-319).

Participants also separated the meaning and value of their professional and personal relationships and identified each as having distinct functions, with specific purposes that aided in their self-care and wellness practices. Although all 14 participants reported being busy with minimal free time, they each indicated they intentionally make time to maintain personal and

professional connections for support, connection, validation, and love, all of which are necessary to maintaining wellness and fostering professional longevity. Vanessa described the importance of the relationships in her life, “Just like the support, the emotional support, and knowing that you are not alone in some of these experiences” (Vanessa, 313-314).

For Ajne, her relationships helped her self-reflect and grow,

So, staying up on things, bouncing things off people, you know, discussing things, brainstorming about different ideas, so that helps stay connected, that helps learn, that helps to feel like you are not in this alone (Ajne, 256-258).

Participants described various ways they remain connected with colleagues: consultation, informal and formal meetings with colleagues, supervision, professional networking, and personal therapy. Participants explained how these professional relationships furthered their professional growth and development and created opportunity to access the skill sets of others which helped them feel connected through the sharing of knowledge, information, and personal experiences. For example, Rose expressed this was the case for her when she said, “Having great colleagues to be able to bounce ideas off and having a support of professionals is awesome. Having support is a huge thing (Rose, 187; 347). Kristy had a similar experience. She reflected on how helpful it was to be in practice with other people. She shared,

In private practice, I find there are times when there is no door to knock on to say, hey, I’m stuck on something can you help me right now in this moment (Kristy, 49-50).

Participants described feeling relieved, happy, and other positive feelings as a result of these relationships and dialogue with colleagues. Vanessa shared that consultation was

particularly helpful for her. Similarly, Mandala endorsed staying professionally connected stating,

But then I guess the concrete things that could contribute would have a good network of fellow therapists/friends. So, I spend a fair amount of time networking with other therapists. By networking I mean like having lunch, staffing cases, talking about how we are doing, staying connected to other professionals so that I am not so isolated (Mandala, 245-248).

Kristy shared she feels a difference when she is not able to engage consultation, a sign of the significant role the connection with her colleagues has for her. She said,

I feel that it is necessary. Right now, I haven't been, but over the past four or five years, I have been part of a consultation group that meets bi-weekly for probably about six months out of the year, maybe a little bit more. Unfortunately, I have not been able to do it which I definitely notice that I have not been able to do it the last two times (Kristy, 38-41).

Participants differentiated having relationships with colleagues from networking which they described as beneficial to the expansion and sustainment of the business. Although participants identified a social component to networking, they indicated that it did not meet the same professional need as supervision, mentorship, and time with other practitioners. Mandala explained this,

I think that if people are going to be in private practice from the get-go that they need to be mandated into group supervision (438-439).

April also suggested that mentoring was important when she said, “I wish there was more of a mentoring program for people who are leaving agency organizations, hospitals, to go into private practice. I think that would help people out” (April, 375-377).

A critical component to counseling is ensuring client confidentiality through privacy practices that participants reported led to feelings of isolation. Participants underscored the need to interact with other counselors who understand their experience and can empathize with the experience of being a therapist and practice owner. Cara shared,

I know I want to create contacts with people that are also in a similar business or who do the same thing I do clinically, just to try to be able to bounce ideas off of other people. I definitely have tried to do that, but I don't believe I'm, I don't know, I haven't gone to great lengths to get that (Cara, 150-153).

Similarly, Ajne stressed the need to make time to maintain these connections,

Again, that is why the network little group that we have now is helpful. We all are busy and all of us make it a point to block off the time in our schedule, once a month, to get together (Ajne, 254).

For participants who were sole practitioners in their private practice business, connections were sought outside of their business through other venues such as social media, virtual networking, and mentorship groups. Participants reported these venues encouraged counselors to establish professional connections outside of their geographical area. This was a particular benefit to some participants who found practitioners in their local area as being territorial, competitive, and unwelcoming to the idea of professional sharing and collegial support. Additionally, participants identified that being able to connect with other professionals

who are in various stages of operating a practice can be an invaluable resource and minimize feelings of professional and emotional isolation. For Divegranny who felt disconnected her area, the need to connect motivated her to seek out professional relationships online.

I belong to this Facebook group called Group Practice Exchange and they don't know me, but I am well aware of them. But then having that Facebook also prevents us from kind of getting together and being a tribe and communicating. I don't know what happens. We all kind of get disconnected. Maybe there is a group of therapists and they are all connected and I'm just not in on it. I don't know. There is like a disconnect going from university where you are so with everybody and you are talking everything over and live and then you leave and you are kind of out here on your own with a Facebook group (Divegranny, 153; 363-368).

Professional networking as a form of staying connected was important for Ajne as well who said, "This is again why we started the networking group, because you can become so isolated in private practice (Ajne, 244-245).

Consultation was another way participants stayed connected professionally and garnered support. Vanessa shared how consultation has helped her with her personal and professional wellness.

I think getting involved in the consultation, because, I didn't mention that, but that is a huge component of resilience, and wellness. I think sometimes you can just feel so alone and scared. (Vanessa, 308-310).

Participants identified the importance of their ability to connect with other private practice owners as there were experiences unique to intersection of the roles of business owner

and practitioner. While many participants expressed having people in their life who supported them, there was a distinctive difference for participants who had other practice owners to talk with. Nora explained the difference,

I'm also supporting people who actually understand it. I mean I had emotional support sort of people in my life, but they had no idea how hard trying to navigate insurance and that kind of stuff is. So, friends mean well, but they just had no idea how hard it was to do this. I wish there was some kind of, I don't know, we've tried to have consultation groups and stuff in our area and they never go well because there are people who are highly competitive and so it would be nice to have the support, a helpful resource (Nora, 183-188).

Relatedly, Laura also shared how her social relationships alleviate her stress and aid to her personal wellness and professional longevity when she said,

I have a counselor girlfriend who she and I go out to dinner every two weeks and we both kind of just destress from our week and go into having a better life and we try to make sure that happens or one of us has more of a little bit of burn out going on than the other one (Laura, 137-139).

In an effort to combat professional isolation, some participants expanded their practice to include other counselors to mitigate the isolating nature of the business. Having more counselors working together created opportunity to discuss work, to give and receive feedback, to pool and have access to shared resources, to decrease feelings of detachment and isolation, and to foster feelings of happiness and belonging. For example, Laura shared her hope that through expanding her practice, she will have the opportunity to dialogue and connect with her colleagues,

So my new hope is I'm a group practice and I have been able to be a group practice for about three years, but my first counselor starts next week, so I'm kind of hoping that provides our ability to have that consultation time, to talk about cases and get that, because I know that has always been good for me (Laura, 145-148).

Victoria described a similar experience of working in a larger practice,

Just being able to talk to other people about how you are feeling and walking in the hall and saying you are doing okay, it was wonderful, it felt uplifting (102-103).

In addition to making professional connections, every participant expressed how vital being connected to their friends and family were for their overall wellness and to balance professional stressors. Participants discussed how having time to socialize and connect with friends and family was critical for maintaining wellness, a practice which overlapped with personal and professional health and balance. Evidencing an understanding that when a counselor is healthy professionally, that carries over into the workplace and vice versa, Paul described his experiences,

Definitely from a positive standpoint, making sure I stay connected with other people, stay connected with my partner, my family, and making that time for me, or for others, whether it's alone time or time with other people. I think that just re-energizes me. It just allows me to have that balance rather than feeling like you are just running on fumes all the time and pushing forward, pushing forward (Paul, 220-224).

Eleanor also found inspiration and strength in the positive support she received from her friends and family and shared the positive impact these relationships have on her personally and professionally,

You're able to uplift yourself easier when there is other people around that are uplifting as well. So, I think that is where other people factor in for me, more so than in any way (Eleanor, 124-128).

Participants explained that these relationships were venues for support, love, and understanding, and fostering resiliency. They provided strength and encouragement for participants as they started their practices, functioned as anchors in the midst of the stresses and pressures of running the practice, and were reminders and motivators for self-care. Cara spoke about her family helped her through the process of operating her practice after a setback.

I think that it was probably okay because of the support I had from my family too. I know that personally, my family will help me emotionally, financially, kind of whatever I need to help, to help me be okay, again on a foundational level, so that I could start building again (Cara, 210; 222-224).

For April, her friends and family helped her maintain a positive mindset,

What else adds to resilience, I think social connections outside of my family with close friends, making sure I don't let that slide (April, 265-266).

Similar to April, Eleanor's friends and family encouraged and motivated her and became a source for inspiration and unconditional support,

I think when you are surrounded by people that you feel have your back, or you can talk to, or you know, think highly of you, unconditional positive regard, so people like that in your life (Eleanor, 124-126).

For Kristy, her family and friends offered encouragement, positivity, and hands-on support from the beginning when she started her practice to the present. The constant support positively contributed to Kristy's resilience. She shared,

I think something that positively contributes to my resilience is in my life the people, especially last year, the people who supported me. The people who have watched me grow, some of my friends. Everyone reaching out and making sure I was okay, cheering me on. I have friends who would be like you got this, and my mom was one of my biggest supports. She would come and take care of my dog if I couldn't have my dog in sessions for certain clients, or she would come up and help me clean my office space, and just make sure that things were done, when at the time I couldn't afford to be paying someone to do those things at the time. Just having, for me, I think people that are positive, and they help encourage growth and positivity in my life (Kristy, 167-174).

Participants noted that professional and personal relationships functioned as outlets-a way to release the stresses associated with the workload and responsibilities of operating a private practice business while continuing to see clients. Ajne expressed this stating, "And so my advice I would say stay connected with people, network with people, speak with people" (246). Vanessa reinforced this idea highlighting the importance of staying connected, "I think getting contacts with people" (314). For Rose, her colleagues and family were outlets she valued, "Relationships, I have a great family, my husband is awesome, my kids are great, so that is a nice outlet" (188-189). Participants also discussed that connecting with others on a personal level through common interests and networking with other professionals who also have professional similarities is critical to counselors maintaining their wellness and mitigating burnout.

Obstacles To Interconnections. The third subtheme, obstacles to interconnectedness, captured the challenges and disruptions participants experienced when trying to initiate or participate in the relationships that fostered and strengthened their wellness. Participants expressed that while these relationships and connections were critical for bolstering wellness and mitigating burnout, they encountered a number of obstacles to participating in them. For example, time was a significant barrier for participants. Victoria expressed the struggle she experiences with trying to manage her time effectively stating,

Does it work all the time? I'm not going to lie, no. But at least it has a guideline, you know (Victoria, 205-206)?

Ajne shared a similar struggle stating when she is not disciplined in maintaining boundaries regarding her schedule, there is a negative impact on her mental health and wellness, "So if I'm allowing myself not to take better management over my schedule, or not having a good work/life balance, or not taking time to just take a break. Yeah" (211-212).

In addition, participants described the challenges of functioning as both a counselor and business owner without having someone to see their clients while they are out of the office, to take over the business practices when they need time off, or to have formal, structured, paid time off. Participants shared that they become inundated with professional obligations making it difficult to establish boundaries for wellness practices and to set aside time to engage in connections that foster wellness. Eleanor shared how her weekends are often interrupted by work,

I will say that there has been times where, my practice runs seven days a week, so there are times on a Saturday or Sunday when I'm doing something that is not work related and I'm getting calls or messages, which are important (Eleanor, 58-60).

For Cara, the inability to consistently maintain a schedule was an ongoing challenge resulting in frustration as it interfered with her time at home. She shared,

I think something that helps with that too though is creating time in the month, this is me again trying to figure out ways I can, I know I am very scheduled at home, like I said before, so I'm trying to bring that here (Cara, 246-248).

Yet, participants recognized that meaningful relationships with family, friends, and colleagues had a positive impact on the wellness and were a priority. This was seen in Ajne's statement regarding the important role her family plays in her wellness. "I think of spending family time. Like, as much as humanly possible, we all eat together as a family. We go to Church together. We go to Youth Group together. Um, we spend quality time together" (71-73).

Vanessa and April respectively spoke about the important role connection to their family has in their wellness. Vanessa shared, "I need to be there for my family, and I need to be there for myself so that I don't burn out" (Vanessa, 149-150). April stated, "Connection to my community of family and a few close friends and being able to finally, at this point in my career, have a better perspective when I work and me as two separate things" (April, 136-138).

Nora uses the time she schedules to meet with colleagues as a way to set and stick to a boundary in her schedule. She shared,

I have a colleague that she and I are going to start in September trying to work on some other projects, we haven't decided really, book versus online training in something else

that is not just working with clients one-on-one. That at least helps enforce I don't see anyone after 1:00 because I have this other thing going on (Nora, 286-289).

All 14 participants confirmed they valued the independence and power associated with being their own boss, but noted the challenges associated with not having partners, associates, or office colleagues to depend on for coverage and to share and/or take over tasks when they were out of the office. Nora expressed her feelings of isolation resulting from being in a solo private practice, "In general I think being a practice owner there is a lot of that. It is very isolating in some ways" (Nora, 153-154). Several participants spoke about the financial pressures of being out of the office as a source of interference with their taking time off to attend trainings, workshops, to spend time with family and friends. April illustrated this pressure ,

Negatively is the sense of isolation that you feel professionally. You have to really work hard at maintaining professional community when you are in private practice, especially if you are a solo practitioner like I am. So, attending professional meetings, being a mentor, being a supervisor, being able to connect to other people in different capacities and roles, I think helps lessen that sense of isolation. So, there is a solution, and the challenge is balancing that with every time I'm out of the office I'm not earning income, and that is a real thing that you can't just ignore (April, 205-210).

Other participants described aspects of having a full caseload (i.e. documentation, billing practices, insurance problems, case management) are compounded by routine business operations (i.e. marketing, payroll, insurance audits, employee management) leaving participants feeling drained and disconnected. For Ajne, the commitment to these roles created obstacles to her staying connected which she notes is important to balance feelings of isolation. She explained,

“You can become very isolated, you can feel left out of things, and I like to stay up on things.”
(244).

Systemic and organizational challenges were identified as being significant obstacles to finding and establishing connections with colleagues. Several participants reported the perception of competitiveness in their area and perceived their colleagues as territorial rather than welcoming to newcomers. This was evident when Nora said,

I guess isolating because I have a few friends locally that are therapists that I met over the years, but a lot of people are so competitive that they don't kind of necessarily want to help new people (Nora, 169-175).

Nora went on to elaborate how competitiveness in her area contributed to her feelings of isolation and disconnect from other professionals in the area sharing,

It's kind of weird in my area because there is a shortage and if you set up a practice here you are going to be pretty full pretty quickly if you take insurance because there is a shortage here. That was also kind of isolating in a sense because in my mind it was frustrating that people who are trained as a therapist and helping professions are also highly competitive and don't want to help other practitioners (Nora, 169-175).

Some participants reported first-hand experience of the negative, competitive nature professionals in the field had and reported the pain from these experiences interfered with the decision to seek out support from colleagues. Victoria described how her negative experience at a prior practice contributed to her reluctance to form professional relationships again,

When I was in my last practice, and I felt betrayed by my co-owner, copartner, whatever you want to call it. Because we had been together for a very long time and it was

disillusioning and to me unprofessional and I became leery about ever being with other people, so for a little while I stayed by myself, but I processed it enough to know that it was her and her insecurities that made that happen. But it took me a really long time to like what I was doing again and trusting someone to share my professional experiences with (Victoria, 58-63).

For Ajne, her experience of the competitiveness in her area centered around professionals wanting to be perceived as knowing it all. Rather than being perceived as vulnerable when asking for information, they wanted to be perceived as knowing it all and having it all together. She described,

Control. I think it's about control and power and you know people have that perception that you know, I know it all, and I'm going to do what I do and I don't need anyone else's input, I don't need to bounce things off of anybody else and I think it's that feeling of, I don't necessarily think it's I'm better than, but I don't need to learn anymore, I've got it all together (Ajne, 347-350).

Some participants perceived the competitive nature in the field of counseling as particularly problematic stating it goes against the core of what the counseling profession stands for and promotes to clients. They asserted there was no room, nor tolerance for competitiveness, hoarding and not sharing resources, and treating other practices as competitors rather than colleagues. Anje expressed her alarm,

I think there should be more, like in any other professional, you know, doctors get together, primary care doctors get together, psychiatrists get together. In our set and our field, we get together very rarely. We have a (state), a (state) Counseling Association that I

am a part of, and we get three or four people each quarter. So, there is not a lot of us coming together and feeling that camaraderie that other health professionals have (Ajne, 323-327).

Participants were concerned there were counselors in the field who functioned more from a business perspective than a counseling one. Divegranny had a shared apprehension when she noted,

You know, there is slightly a competitive edge in our world, and I get it. I don't know if we do as much getting together and supporting one another as we probably should and I think maybe that is a university thing or maybe that is a professional thing that we should do more, so we can really kind of be a community and a tribe for one another. I think that might be helpful (Divegranny, 351-355).

That said, some participants felt that the risk of being hurt did not outweigh the benefits of developing close relationships with colleagues. Cindy explained the associated cost-benefits,

One of the things I have learned through the years is not to have personal relationships with people that work in my group. What I have seen and experienced in other practices, when clinicians got close outside of practice, and have friendships, it just didn't seem to work for one reason or another. I think it's best when people are in a group practice together, unless they were maybe friends beforehand maybe, I don't know, but it is best to keep the relationships professional and not invite each other to each other's birthday parties and things like that, kids' birthday parties and things like that. It's best to keep those relationships professional. Because I think in other group practices, when things became personal, it affected the relationship (Cindy, 359-367).

Nora noted this competitiveness too, but she asserted the importance of looking beyond that to find connections that are meaningful. She thoughtfully described how she contextualized the matter,

Definitely, if you are in an area, wherever you are, trying to reach out for support, in any way that you can and connect with other professionals. I guess maybe knowing that some professionals are going to be kind of more guarded, maybe insecure, I have no idea why, but they become more competitive or hyper verbal and it's ok to not want to hang out with those people and to find people that are supportive and share (Nora, 331-335).

Amidst all the obstacles participants identified, overwhelmingly, they maintained that personal and professional relationships with others were vital to their self-care and needed to be prioritized. Rose summarized how critical self-care is stating,

I come back to self-care being so important. Making sure that you are taking good care of yourself because if we are not at our best, or at least coming from a place of health, we are less likely to be as effective for our clients. So, it really is so important to take care of ourselves (Rose, 417-419).

These relationships functioned as supports and outlets; they allowed participants to express their worries and fears, to recap their successes and process through their challenges, and to feel bolstered and strengthened. They created space and opportunities for participants to be introspective and to shift their perspective, a valuable skill in resiliency. Victoria shared how interacting with others could shift a difficult day to a more positive one when she explained,

Well, they would check in on me and it was like if I was having a bad day, take care of cancelling appointments and going above and beyond that I would not have had if I was by myself (101-103).

Successes and stressors. Participants identified a second theme of successes and stressors. In this theme, participants depicted the ups and downs, risks and rewards, of being both a business owner and private practice counselor. Vanessa shared her worries and doubts as in her role stating, "I think early on I had a lot more fears around like imposter syndrome and now I kind of understand a little bit better, like what my role is. It's not magic, but I understand how it is helpful" (455-457). Other participants reflected on their struggles and positive experiences, particularly with how they related to their overall wellness and burnout as a private practice business owner. This was evident for Mandala who described the toll neglecting her self-care has taken over the years,

I feel like I have neglected my own body over all these years and it's finally come to me that all of this therapy and all of this practice and business owning and running that I've been doing, and all the trauma has taken a toll on me. I have ignored that until very very recently (Mandala, 114-116).

The second theme of successes and stressors included three subthemes of clients, personal, and professional. The following sections present a description of each subtheme and provide illustrative examples of participants' excerpts to illustrate the ways participants experienced and perceived success and stress in their work with clients, their personal life, and as a private practice owner.

Clients. The first subtheme of successes and stressors is clients. In this subtheme participants noted how clients were significant to their perception of what is successful or stressful in private practice. Participants described both the rewards and struggles related to clients. As noted in the previous theme, being independent but needing connection, participants explained how the power of choice related to their clients was crucial and had a direct effect on their feelings of satisfaction, purpose, and personal and professional wellness. Kristy pointed out that being able to work with the clients she wanted to, was directly connected to her feelings of success stating, “Now that I have this groove where I have basically the majority of the clients I see, most of the population I prefer to work with” (381-382). Participants noted that being able to control their caseload, the number of clients seen per week, having the choice to refer out, and being able to determine how they do therapy with clients was a significant motivator for transitioning from agency to private practice. For example, Rose illustrated this when she said,

When you are seeing a lot of clients and you don’t have the ability to do the kind of work and put the attention into it that you would want for quality (Rose, 28-31).

Having increased autonomy was identified as a positive experience by every participant who shared the importance of being able to work within a specialty of their choosing, to have the ability to choose which clients they work with based on their professional interests and strengths, to organize their practice according to their values and standards, to set up their practice to be a reflection of them allowing them to practice with clients how they want. Cara explained this when she spoke about why she wanted to go into private practice so she could have control over her caseload, “Seeing the clients that I know I would work best with (53-43). Other participants indicated that working with clients was gratifying and fostered enthusiasm and inspiration to

sustain the business portion of the work. It motivated participants and re-energized them.

Mandala shared the positive effect she experiences from witnessing her clients grow,

Gosh, seeing the results, seeing people get better, having that connection, seeing clients really connect with you and deal with their deeper stuff and work on kind of doing the deep dive sort of therapy, making those connections to why they have the struggles they do today based on things from their history, it is just exciting (Mandala, 162-165).

Similarly, Victoria expressed how her clients motivate and help her continue her work,

The clients. Because that is really what we do. Sometimes they help us too, just by, not knowing that we are off, but they give us a little bit of I don't know lifting sometimes, just by either their progress or something good that happened to them that they share. It's multiple things (Victoria, 126-129).

Participants described their work with clients as being rewarding, professionally satisfying, re-energizing, and for some, witnessing the progress of clients strengthened internal resilience, fostered joy and built self-confidence. For these participants professional and personal success was defined as a reflection of how their clients are doing. Rose captured this stating, "Resilience in terms of working with clients I think, I tend to really enjoy working with clients that help me to grow as a professional" (90-91). Vanessa echoed the joy and satisfaction she derives from her work with her clients when noting "I guess that I love it, I love the job. I think I love it because I have gotten it to that happy place, where I really like my clients" (Vanessa, 454-455). For Ajne, receiving feedback from her clients gives her a sense of purpose and confirmation she is doing the work she is meant to be doing. Finding one's meaning and purpose is a core part of resilience as Ajne described,

Being able to get that feedback from patients, that you know, I've heard time and time again, if it wasn't for you, if it wasn't for you, if it wasn't for you, and really I don't, me as a Christian, I don't say it, I don't take that as oh my gosh, it was me, I say it was God that put me in your life at this time, using the skills that He gave me. In and of myself, I don't think I'm this miraculous person, but I think the skill set that I have been given first from God is what I use, and I use that to the fullest. So that helps me to be resilient because I truly care about people (Ajne, 149-155).

Other forms of client-related success were described by participants as including: the ability to refer clients out; feeling comfortable with saying no and setting limits with clients; not taking on more work and clients because of feeling responsible, obligated, or guilty; or being told and/or not having a choice. Examples of this are illustrated by Anje who described a need to change her pace with every client,

Shifting gears has to happen. Even in sessions, when I have such variety in patients, you have to shift gears every hour, you know, I always write a plan for the next time so I have to review that plan before they even walk in the door, shifting gears to what that means for that patient (Anje, 222-225).

Vanessa identified the importance of setting and mentioning boundaries to support and maintain wellness.

But also I think giving yourself permission that you can say no, that if something doesn't feel right on the phone with a client, that it's okay to say I'm going to refer you out to somebody that I think is going to be a better fit and not to feel like you have to solve every problem all by yourself. And, the clients will come (Vanessa, 319-322).

For Eleanor, having the ability to set boundaries makes the challenging part of the work more manageable. She shared,

I think maybe that is part of burn out too, is like, you don't want to let your clients down, so you don't say no, you know. Sometimes at your own expense. I don't necessarily feel that way right now, but I could see sooner or later that happening, feeling that way, but I try really hard to set a boundary there. But I think that part is the part that can be hard (Eleanor, 214-217).

Participants described the negative impact of not having choice, control, or a perception of not having control and choice with clients as being significant sources of stress and causes for burnout. Paul explained, "I would say working with populations at the beginning that I necessarily didn't want to work with, but you feel like you have to take whomever on to start filling the case load and filling slots" (Paul, 98-99). April also explicated recognition of similar boundaries,

Enough is enough and it doesn't have to be everything. I can't be everything for everybody, to everybody. I can't be everything to anybody for that matter. So, all of those pieces to that puzzle, I look at with clients and my own life and my own mirror (April, 138-140).

For Vanessa, learning which clients would be the best fit for her skill set and feeling comfortable with referring clients out was a learning experience and positively contributed to her experience of professional resilience. She described,

I guess it was for me resilience was maybe like I got burned out and what did I do with it.

I think I was able to learn from those experiences, that it was really foreign in grad school

to say this client is not a fit for me, but I think over time, I have really gotten good at understanding, like if things are feeling really off with a client, that it's okay to just call it and discuss that with a client. Is it that they have trouble communicating in general, is it that they don't feel comfortable with me for some reason in particular, or some reason in general. You have options and if things are not going well, it's like there are so many different things you can do to fix it or change it in private practice, whether it is getting consultation, or training, or seeing more clients, seeing less clients, there is just so much flexibility and so I think that I have been able to tailor it to fit my needs (Vanessa, 194-202).

Yet, participants described that having the sole decision-making power regarding scheduling, clients, and caseload size was also a source of stress. Participants indicated that the heightened sense of responsibility created feelings of pressure and guilt to do more, making it difficult to set limits which negatively impacted their wellness, and for some, led to burnout. This is evidenced by Laura who explained, "I lost my way as a clinician and tried to do too much people pleasing for my clients instead of doing what I do best which keeps your clients coming" (Laura, 19-20). Eleanor connected these pressures to burnout when she said "I think maybe that is part of burn out too, is like, you don't want to let your clients down, so you don't say no, you know. Sometimes at your own expense" (Eleanor, 214-216).

When supports were not in place, work with clients became draining and a source of burnout for participants. April shared how difficult her experience has been due to not having someone to cover her clients when she needed time off,

And I don't know if this is a negative, it's draining doing this work. I work with trauma all day every day (April, 224-225).

Similarly, Kristy recalled how difficult it was for her to continue to go to work in the midst of her husband leaving the relationship.

It was kind of like that moment for me, that it hit me that I was still going to have push through and do everything, because I have to make money, I have to survive, but I also had to realize that I had to still take care of myself and figure out how I could make a balance with making money, still doing the right thing for my clients, but also still putting myself as a priority as well. I think it went on for a couple of months where I felt like I was kind of spiraling a bit, because of that (Kristy, 64-68).

With time and experience, many participants felt more comfortable setting limits with clients and maintaining boundaries. April explained how for her, with years of experience came knowledge and wisdom to make choices in their best interest to support and sustain wellness,

I've always referred people if my caseload was full. If they said Oh I really don't want to go see anybody else, I want to see you, I had trouble putting them on a waiting list and now I'm doing that. I currently have three people on a waiting list. I never in my career had a waiting list. If they wanted to see me and they didn't want to be referred out, I would work them in the schedule and extend my hours, and I'm not doing that anymore (April 248-252).

For several participants, the pressure to schedule more clients was a financial one. Participants described the mindset that when operating their own business, clients equal financial security. The more clients, the more income. And with the uncertainty of a consistent referral base, not knowing if more clients will come, participants described feeling pressure to schedule more clients pushing their limits. Mandala illustrated what she described as a scarcity mindset

and how this perspective influenced how she scheduled clients. She described, “What has not helped is a scarcity mind set and I mean thinking that I’m going to be poor so I need to see as many clients as I possibly can” (Mandala, 219-221).

Similar to Mandala, Laura also described financial pressures as a catalyst to scheduling strategies. However, she referred to the perspective as an agency mindset. She explained,

As a practice owner, I find you can fall into what I will call the agency mind set, oh my God, I just need to get billable hours in so I can pay the bills. Instead of keeping my clients' needs first and then the rest kind of just happens. (Laura, 96-98).

Participants referred to ebbs and flows in the number of new client referrals and identified this as a significant source of stress and an area for professional growth. As described above, participants equated clients with financial security. Therefore, participants would over-schedule themselves, adjust their work hours, and make other modifications to increase their ability to take on more clients. Cindy explained her emotional experience of client fluctuations and how she makes sense of it. She shared,

Not to freak out when your client load looks like all of a sudden it is going down. Because that happens to everybody. You look at it as how many clients in a whole month, or a three-month period, and you will see that steadily grow through the years. But you are going to have weeks of all of a sudden, oh my goodness, there are only 15 people scheduled this week, or only 10 people scheduled this week, and how did that happen. Know that that happens. Then when you give attention to your business, if you see the client numbers go down, as soon as you start giving the attention, following up on phone calls, it seems that the attention you give it, it bounces back (Cindy, 257-263).

Divegranny's experience was similar to Cindy's and she described the transition from first starting out to now. For her, it took several years to feel confident that clients would continue to come. She explained,

I think when I was probably year two or year three in private practice, and I started off believing like no one would come, so I was just really happy with whatever. I had clients, you start off and get about 10, or five to 10, and I was like okay cool, I've got five to 10 (Divegranny, 115-117).

The initial stress associated with the amount of client referrals and the finances was also recounted by Kristy. She expressed the change she had gone through and the sense of peace she has now in knowing that she has found what works for her. She explained,

I think at this point it's just letting things be and trust what I put in place, trust that the things I have set up for myself at the beginning of the month, they are going to be there at the end of the month. The numbers I wanted to reach will be there. The amount of clients I wanted to see, that will happen. I will make that happen. But it's not as much of a stressor as it used to be to do that. It just kind of naturally happens. I think you kind of hit a rhythm, or at least I have hit a rhythm, where I just know what works. I know what works for me (Kristy, 358-363).

Clients were a source of motivation, inspiration, and fulfillment for participants. Seeing clients grow and progress, hearing their positive feedback about their work together, and being able to set limits and boundaries with scheduling were areas that indicated success. Participants described a period of growth and transition from when they first opened their practice where they took on too many clients, without discernment, which lent to significant stress and potential for

burnout. Participants noted the differences in working with clients differed from agency to private practice in that they had all the decision-making power in their private practice. Being able to decide what happens with their clients fostered a stronger sense of purpose, fulfillment, and success.

Personal. The second subtheme in the second theme of successes and stressors was personal. In this theme, participants described their experiences with personal successes and stressors in their work as a counselor and private practice owner. Participants expressed how the demands of being a counselor combined with running a business made it difficult to find balance in their personal life and described the impact this had on their families. Vanessa shared the divide she constructed between work and home to ensure she was present with her family. She shared,

It's like I'm putting a fortress around my family and I need to kind of give them my best self and that means not that mommy is on the phone talking to clients, no mommy's home and I separate the two, I try to (Vanessa, 382-384).

Participants explained how the longer hours, not having concrete separation between work and home, and professional risks had an impact on their personal lives are some of the stressors discussed. Participants suggested that when owning a private practice, it was both a personal professional development; a risk that is shared by participants' loved ones. Laura described how the longer hours were impacting her husband. She said, "It was a decision of okay you would probably make more money if you work more hours, my husband doesn't like how many late nights I work" (149-151). April described how her experience with burnout related to her practice negatively impacted her friends and family. She described,

I became withdrawn from friends and my husband, and he has the patience of a saint, so he was very tolerant and gave me the space I needed. He said he was here to reach out when you are ready. I did do that with him after a few months and when I was starting to feel like my feet were back underneath me again and getting on solid ground. That was the main thing that stood out, just withdrawal and wanting to shut down and vegetate and not have to use my brain, not think about anything (April, 46-50).

Most participants were unable to definitively point to a moment when they became successful or viewed themselves as such. Rather, participants described success as perspective and a state of being. Divegranny was able to look back and recall a timeframe for when she felt more confident in her business practices and strategies.

This is a long story of saying I don't have a particular event, but I know it happened around year two or three. Just that overwhelmed, no boundaries, just trying to figure it out on the fly (Divegranny, 136-138).

For Rose, she recalled a particular moment, when she received her first insurance payment, that represented her feeling of confidence and success which led to

I just felt like I got started, I got the ball rolling and I felt like I got a handle on it. Once I was able to collect that first insurance payment, I had a lot of confidence from that to say I can do this, I am doing it. It's manageable (Rose, 135-137).

Vanessa described feeling energized by financial success. She explained,

I sort of get almost like the satisfaction of checking things off the to-do list when I enter a payment and that client is paid off, and my income is higher today than it was yesterday,

stuff like that I really enjoy. It energizes me, so that is probably like a resilience factor too (Vanessa, 441-444).

Success meant financial security for some participants, while others identified the desire to help others as the lead indicator of professional success. This was discussed specifically by Ajne,

Because I have had 28 years in the field in different aspects of care. So, I know to the core my main goal is to help people. So, my resilience comes from that, knowing that I can be the one that God put in their path to help them feel better and learn more skills, coping skills, and learn about their illness and really change their life (Ajne, 56-61).

For Eleanor, being able to work less hours and make enough money to support herself made all the other stressors worth it. “I made more money and worked less hours, nice, and the money, because obviously I’m doing okay in that regard, outweighs the being annoyed by getting calls and texts on weekends” (45; 70-71).

Other participants expressed how success was defined as effectively establishing and sustaining boundaries for a more clear, concrete work-home divide. Vanessa explicitly shared this sentiment when she stated, “I think that setting limits on when you see clients, what kind of clients, helps with not getting burned out” (223-224). For Laura, setting boundaries is about being true to herself and doing what is in her best interest so she can be well personally and therefore, effective and successful as a clinician. She described a time in her life when she struggled with this, “I tried to people please, well I only need to come once every two weeks for methadone so let me do this, and I just wanted to lay down in a corner and be done and never do it ever again” (Laura, 20-22).

Being comfortable with saying no and setting boundaries was a growing edge for some participants. Kristy shared that when she first opened her practice, she would be more flexible with her boundaries due to financial pressures. A practice, that negatively impact her state of wellness. Years later, she upholds her boundaries with scheduling, a reflection on the work she has done with maintaining her self-care practices. She stated,

Not giving in when clients are saying oh, but you are not here on a Saturday. I'd love it if you would a Saturday. Being able to say I'm sorry that doesn't work for you, my schedule doesn't work for you, but here is what I have available, being able to not be the constant people pleaser that I definitely was when I first opened my practice, because I wanted to gain a clientele (Kristy, 136-139).

Paul described how learning to set boundaries has had a positive impact on his wellness and resiliency.

Again, trusting your instincts and knowing when to say no. That being said, knowing when to say no, I think feeds that resiliency, gives you that confidence that yes I am making the right decisions, it's okay to say no, there are other counselors out there to help these people, I can't help everybody (Paul, 274-277).

Almost every participant discussed the fears and risks associated with starting their own practice. Mandala discussed this explicitly when she said,

I'm remembering now there was a period where I was doing okay, but I got a little nervous and I thought gosh, am I going to be able to make this sustainable. Should I just go get a job again? (Mandala, 356-358).

The emotional experience, although unique to each participant, had commonalities. In response to fears of going out on their own, several participants spoke about sacrificing their personal self-care practices to sustain the business. Participants described working longer hours, multiple jobs, more evenings, and on the weekends to support the growth of their practice. For example, Nora shared she was employed elsewhere while establishing her private practice, “I think while I was setting mine up I was also employed somewhere else, so I didn’t have the money (141-142). Other participants noted that a difficult schedule was a major obstacle to their engagement in wellness practices. April explained this further when she said,

I was working 12 hours days and I cut them down to 10-hour days. I do an hour and a half sessions with clients and like I said, I average 18 a week, so that is a lot. It is draining (April, 225-227).

Rose felt similarly about her schedule and described feelings of guilt resulting from being unable to find a balance. She expressed, “I feel like it removes me from being present with my family, and then I feel like that vicious cycle of I feel guilty about that and so it's hopefully temporary, but it does stress me out” (223-225).

Paul's experience was similar in that he stated his schedule interfered with his ability to maintain self-care practices. He expounded on this saying,

Certainly, when it comes to time management and just burning the candle at both ends.

When I first started my practice, I started practicing before I was licensed, but for a good two years I was working at the Methadone Clinic from 6:00 a.m. to 2:00 p.m. and then I had to go to my office from 3:00 p.m. until 8:00 or 9:00 p.m.. I was not at home at all. It

affected my relationship, it affected my quality time, personal time, down time (Paul, 13-17).

When participants made adjustments to their schedules to create more time for self-care, they identified the importance of taking steps to ensure they followed with the changes. This was true for Laura who shared, “I have learned to start with office hours and sticking to them. Like, these are the hours you deciding to work, stop working after these hours” (128-129). Cara expressed the importance for keeping to a schedule and the challenge with doing it. She said, “I don’t create time in my schedule to do this. I know I should, but I just let things go to the wayside and I’ll do it later, I’ll do it later” (153-154). Victoria also suggested structure could be a protective factor, “Get working on that schedule and keep to it” (265).

Friends and family were a motivator for participants who found it hard to find a work-life balance. These relationships served as a beacon for wellness, reminding participants to make time, set boundaries, and engage in self-care practices. April described how her family helped her reflect and prioritize her self-care.

I guess it’s just a cost, an expenditure, and I don’t, I have to work at reminding myself, and my husband does so lovingly, at times too, that you know, you are burning the candle at both ends again, you need to look at things. And so, he just backs off and I do, and I look at it, and recognize when I need to start taking better care of myself again (April, 227-230).

For Vanessa, having children helped her stick to boundaries related to scheduling. She shared, “I was kind of surprised by this, but having kids reduced my burn out tremendously. I think that they became like a non-negotiable boundary” (241-242).

Finances were both an indicator of success and a source of stress for several participants, especially in the beginning when their practice was first forming. Mandala described how her fears related to finances impacted how she approached scheduling and boundaries.

Sort of social working guilt complex where if people want to come I need to make a spot for them and that is kind of how I operated until the last year, the last six months really. This shift is new for me. Positively is I'm trying to see fewer people per day and just kind of adjust financially (Mandala 219-223).

The pressure to see more clients and the resulting stress had a negative toll on participants who identified they knew they were pushing their boundaries and were not getting enough time to take care of themselves. This was a common experience among participants during the early years of establishing their practice. Paul described his experience during the first two years of developing his practice,

I knew it was too much, but it was also like okay, but I have to keep this business going. This is the only way I am going to make money. So, there was a period there of two years where it's like I am just going to have to suck it up and kind of see whoever is willing to come my way. Now I have been able to be more picky with that (Paul, 103-106).

Divegranny had a similar experience and noted her learning curve occurred around year two or three. It was around then she felt more comfortable setting boundaries in regard to how many and which clients she would work with, without the fear of a negative impact financially.

Then it started to grow and so it probably was year two or three that I was just saying yes all the time and then saying yes and not really doing an online intake where I could see if they were a good fit and then having too many. You know, it's all coming out, it's all

poor boundary. There is a learning curve. So, then I was taking clients when they could come, and I was like working around their schedule and I was taking whoever and if someone called I would take them, especially if they said I heard you were so good. I was like oh well now I have to take them. Flattery will get you everywhere (Divegranny, 117-123).

Some participants continued to struggle with setting financial boundaries as a result of the internal conflict they felt between making money for themselves and making financial accommodations to benefit their clients. For Ajne, the conflict between wanting to help others and the need to financially support herself is something she continued to struggle with after 17 years in private practice. She explained,

The business stuff, you know, I'm a sap, so my billing person will always say, so and so owes you this much money and do you want to stop seeing them and I'll say nope, they need me and I'm going to see them (Ajne, 229-231).

Similarly, April described the tension she experienced between the roles of business owner and counselor and how she made sense of it. She explained,

We are in the business of helping people, but we have to also see what we do as a business and need to do financial planning and so what level of revenue do I have to generate, how many clinical hours does that take to generate, that and have a business plan. And how can I market and develop my practice (April, 292-295).

The juxtaposition of being a helper and being paid to help was felt by other participants as well. Cindy reflected on her experience with learning to place value on her skillset and not feeling guilty for doing so. She explained,

That was kind of an eye opener to me. Then I realized when I pay my \$25 copay to my therapist, and at time when I didn't have insurance I was paying her full fee, I knew I was getting value out of the therapy personally, I was willing to pay my therapist, and I thought to myself, why I am waiving these copays and deductibles. So, I started respecting my work more and also knowing that there was value in it, and then I think people put more value into it, like they are more invested, when they are paying and putting your own money towards it. Then I just thought it's fair, this is a business and it's what I have been trained to do and I am still paying on student loans, so all different angles got me where I no longer felt guilt about it (Cindy, 188-196).

For some, in order to help others, it meant staying in business and working with the financial aspects that came along with operating a practice. Vanessa described how she found balance between her business and personal life by identifying what she needed financially to sustain herself and the practice. Once she identified this amount, she scheduled the number of clients it would take to obtain this amount and no more. This differed from her previous approach of seeing as many clients as possible and scheduling in time off for self-care when she could. She described,

That for me was really helpful in knowing how many clients to see, so that I wasn't burning out, because it's like I don't want to see, of course you could make a ton more money if you are seeing 40 clients a week, but if I really only need to see 20 a week in order to not just pay my bills, but put money in savings, like that's my number (Vanessa 470-473).

Similarly, Laura identified what she needed to be financially secure and then budgeted her time accordingly to allow time for her self-care practices. She further explained,

I make those choices and intentionally put that on my schedule and intentionally stick to my schedule and budget well. About three years ago, it was a decision of okay you would probably make more money if you work more hours, my husband doesn't like how many late nights I work, so I was going to drop into the morning, but that is when I do all my, I'm in the gym two and a half hours every day, Monday through Friday, and if I drop gym hours in the morning I'm going to miss that, so I really had to make that conscious decision to say no, my gym time is worth my mental health and I'm going to keep it (Laura, 148-154).

Paul described how his fear of losing income stopped him from taking more time for himself yet, when he finally did set limits, the fear was needless. He explained,

I feared that the income would be an issue as far as cutting out like a day or cutting out a couple of hours. But really, it had no impact and it allowed me to get to the gym more, it allowed me to enjoy more time with [name], just being at home, focusing on things that I liked to do, hobbies, interests, more energy (Paul, 61-64).

Resilience was defined by participants as an individualized plan for balance between work and personal life. Kristy noted that after a significant life event, she had to reevaluate what her work-life balance looked like. She described,

You really have to figure it out. I sat down, it was probably that May or June last year, and I literally mapped out my schedule. I sat down and said what can I do for self-care each week, what can I plan for myself. I still keep up that same routine (Kristy, 93-94).

Ajne expanded on what contributed to her resilience sharing, "helping with resilience would be scheduling breaks in my schedule. Um, eating properly, spending time with family, having a

better work/life balance, exercising, spending time doing nothing, spending quality time with my husband” (205-207). When participants found balance at work, it freed them to engage more in self-care, which ultimately created a sense of professional contentment and tranquility in their personal life. However, this process takes time. Mandala elaborated, “I would tell people it takes time to get there, to get to a place where you can work a four-day week and see the kind of people you want to see” (455-456). With time, balance can be achieved, and the positive results are worth the time and effort. Eleanor described how her work-life balance has created a sense of peace and calm for her.

Just a feeling of calmness, a feeling of I know I am doing what is best for myself and my child, um, you know, that is really peace to me, and not, yeah, it is really internal, it's not about like peace with other people, because that is never the case for me, so it's just about peace within myself and with my daughter, my biological daughter, who is the number priority over everything else (Eleanor, 51-54).

Professional. The third subtheme in the second theme successes and stressors, described the professional successes and stressors experienced by participants as they established and operated their private practice while continuing to see clients. The majority of participants reported they knew they wanted to go into private practice as captured by Kristy who said, “I knew I wanted to be in private practice. I knew I wanted to help people. I knew that was just what was going to be my life at that point. So, because I was able to see that, I really worked for it. There were no questions in my mind, I started doing it” (229-231). Participants disclosed feeling immense fear when taking the leap into the unknown of private practice reporting fears of failure, a lack of confidence in their ability to succeed, and certainty in their knowledge of what

was needed for their practice to be successful. This was evidenced by Rose when she reflected on what would have been helpful for her during this time stating,

The actual logistics, step by step process of what needs to be done in order to start private practice. It's completely different if you are running your own practice as opposed to if you were going to work in somebody's group practice, obviously you wouldn't need to know as much of these details. That is what I would 've loved from it. That is what I think I would have been able to utilize (Rose, 406-409).

Participants described how the numerous professional unknowns contributed to feelings of uncertainty regarding their ability to succeed. A common experience among participants when first establishing their practice was the fear of failure. Participants' fears oscillated between fears of not obtaining enough clients, not making enough money to sustain their practice and support their family, fears of letting their family down, and not accomplishing their professional vision. Laura expressed her fears of failing and the financial impact it could have on her family when she said, "I felt like this was a bad idea, this was terrible, I'm going to put my family in bankruptcy, we are never going to make it, it's time to change this I have to go back to work for an agency" (84-86).

Unanimously participants shared they did not have enough education, knowledge, and experience in operating a business. They underscored that the absence of this information had a significant negative impact on their experience and was something that when looking back, they would have liked to be different. One of the many examples of this was when Cindy said, "It was all learned as you go, but I wish I knew more about it going into it" (323). Yet, when they did achieve having a successful practice, participants described feeling confident and resilient. This

was captured by Eleanor who shared, “I felt really resilient in that moment because it was very scary to do that, especially given the fear base” (42-43).

The majority of participants worked elsewhere while planning for and starting their own practice. This allowed for a steady paid income while building a private practice caseload. As a result, participants found themselves working later hours, longer weeks, and stretched thin in an effort to grow and sustain their business while maintaining their financial income. Paul described his experience of working two jobs in an effort to build and strengthen his private practice while also maintaining his financial position for himself and his family as particularly difficult. He stated,

Burning the candle at both ends. When I first started my practice, I started practicing before I was licensed, but for a good two years I was working at the Methadone Clinic from 6:00 a.m. to 2:00 p.m. and then I had to go to my office from 3:00 p.m. until 8:00 or 9:00 p.m.. I was not at home at all. It affected my relationship, it affected my quality time, personal time, down time (Paul, 13-17).

The experience of starting a private practice was a difficult process and was draining emotionally and mentally. Being committed to another employer while establishing secure self-employment made time management and self-care practices difficult. Divegranny described the feeling of monotony and the disconnect from the mission of her practice during this time,

I find that I am just in the rat race and that by Friday, I have just gotten done everything I need to get for that week, and I am struggling to grow with any of my other kind of goals that I have (Divegranny, 60-61).

Professional success was defined as being able to foster one's professional mission, to witness the practice grow, and to obtain financial stability. Divegranny shared about this when she said, "It's not even about the money, it's about your vision and what you want to bring to therapy and the practice and the community" (288-289). Many participants noted that in the beginning, when the practice was first established, they felt a fear of failure, pressure, and worry associated with the uncertainty of success. Rose described how establishing her own practice was a combination of excitement and fear. She described,

So, I think just to getting into taking the leap of going from working for somebody else to working for yourself is such a transition. And while I think I thrive on changes, it is incredibly different and it can be very stressful at the same time, even if that is a positive change (Rose, 78-80).

Beyond the launch of a private practice, fear exists. Change in location, scheduling, and type of clients served elicited fear in participants. Paul described how he experienced fear related to making changes with his private practice.

Certainly it could be scary making changes, making decisions, deciding to move to a new location was a scary decision only because I had this belief that even though my old office is only 10 miles away, five miles away, that people are going to be annoyed or not want to follow me or not want to come to this section of town (Paul, 150-152).

Self-doubt was a common experience among participants. Mandala explained how her experience of fear of failure made her question herself and whether she made the right decision.

I did go and interview for a county position, sort of as a back-up. I didn't know if I really wanted it, I just kind of wanted to know that it would be available if I freaked out and got

too scared to maintain the private practice. This was in the very beginning (Mandala, 358-360).

Success was defined by participants as being financially secure, a concept that meant something different to each participant. For Rose, success was about making enough money to cover expenses. She stated, "If I can't pay the bills, if I can't pay the rent, and all the expenses that come along with being in business, I can't be here to help my clients. So, it's important" (154-155). For Paul, financial success was a step beyond that. He described, "I want to help people, but I also want to live a certain type life too" (374). Kristy reflected on the moment she realized she was making more money than she did at her previous job and that this prompted her feelings of satisfaction and successfulness. She recalled,

I think it happened when I realized that I was making more money than I had when I was working with the state. Everybody said to me don't leave the state, you make good money, and you do make good money, and you have benefits, and a pension and all those things, and yeah that's great but I'm not happy. People would tell me that I would regret it, and I think it was maybe my second year when I saw what my income was and I was like Holy Crap, I made more than I did the last year I worked at my job. That felt really good and that is talking about deductions and all those things. I was really proud of myself. I remember feeling yeah this is what I am supposed to be doing and at the time, I could only see getting better (Kristy, 274-381).

Financial success was dependent on consistent, new client referrals and the retainment of active clients. This is a common equation: clients equal money and was discussed in the first subtheme of this section. Victoria described how this perspective created more stress than certainty.

It's very very enticing to make tons and tons of money, it really is, but it gets scary because really to do that you have to work really hard and a lot and all the time. That is what I learned (Victoria, 175-177).

Other participants understood financial success as dependent on a consistent influx of clients which, to them, then translated to financial security. Illustrating this, Vanessa noted,

I sort of get almost like the satisfaction of checking things off the to-do list when I enter a payment and that client is paid off, and my income is higher today than it was yesterday, stuff like that I really enjoy. It energizes me, so that is probably like a resilience factor too (Vanessa, 441-444).

Similarly, Divegranny shared that for her, financial security meant being able to care for her family. She explained,

If I'm going to be honest about, you know I have kids in college and I was trying to contribute so we could afford college and so I think I was putting a lot of pressure on myself to save and contribute. I had been a teacher, but I worked off and on and I didn't really have a consistent income like I did once I opened my private practice (Divegranny, 147-151).

Participants described how they perceived free time in their schedule as a missed opportunity to see a client and generate income. The perspective of free time equals billable hours, was in direct conflict with what prompted participants to start their own private practice in the first place: having autonomy with their schedule which allowed them the flexibility and freedom to engage in self-care. Vanessa explained more about this by saying, "I'm not going to

be annoyed because if she cancels I'm out and I go home. So, it's little things like that that I have been able to tweak so that it works for my clients, it works for me" (63-65).

Participants connected the source of their thought that time equals money to agency work where they were taught that if they had free time, it should be filled with a client hour. Participants were clear in their mindset that time equals money. Laura explained in more detail,

Once you start putting that, my client doesn't show up, and now I can't pay the electric bill, or oh my God I had three no shows and now because I have these three no shows I'm going to not be able to do this, or okay now I'm not going to make rent, you know, and you get into that mindset of every hour as a bill attached to it instead of okay, just get through your clinical day and worry about the business on the other side. They get very enmeshed (Laura, 98-302).

For some participants, this mindset was difficult to overcome, especially in the beginning stages of establishing their practice when finances were not stable. Divegranny described her observation of a colleague who was negatively impacted by the concept of scheduling more clients to make more money. She explained,

Negatively is poor boundaries around what I know need to be, so I think for this clinician that just joined for me, I will say her story, but I'll say how it is to me, she needs money, she has bills to pay and needs money and so that can lead her to make, have poor boundary choices for her, because her motivation is to pay her bills, whereas mine is not that. I don't have that. My desire is to help people, if I can help one person. So, I have to keep myself grounded and when I get caught up, if I derail and I get off on the wrong track, that is where I go wrong. So, for me, it's boundaries (Divegranny, 226-231).

The mindset of time as billable hours was difficult to overcome and added unnecessary pressure and strain to participants. This was made clear when Paul shared that as he looked back on that time, he recognized he put unnecessary pressure on himself and the toll that had on him. He described,

I wish I was more financially stable when I first opened. I was scrambling to try to make the rent, pulling from my other income from my other job, taking cash advances which was crazy. When I look back at that I'm like why would I do that? So, you know having enough money to actually maybe pay for the first few months of rent, five to six months, and any other overhead, whether it be electricity, utilities, bills, fax, phone, computer, all that stuff (Paul, 246-250).

Shifting one's mindset from scheduling billable hours by filling the schedule, to scheduling enough to be financially secure, was a steep learning curve for private practice owners. Vanessa captured this when she explained what this process was like for her,

Another thing I did in the past that was really helpful was I looked at how much money do I need in a month, or in a year, or in a week, break it down different ways, what is my budget, how much money do I need to make, and to kind of play with the numbers of like, I want to be setting aside money for savings, and I want to be able to take off the week, like these days for vacation. I'm not working on Christmas or this week, so like to really look at, if you play with and crunch all of those numbers, and you get an average of what you make per client (Vanessa, 462-470).

Another major source of stress identified by participants was knowing when to keep a task in house and do it themselves versus when to outsource by hiring another professional to

complete the task. Rose explained the various practices stating, "I guess you could, people could outsource, but I definitely didn't outsource anything, I took it all on for myself" (Rose, 127-128). This was another aspect of being in private practice that participants were not prepared for and therefore, had to learn through trial and error. Laura shared this explicitly stating, "The last piece that is difficult in my transition to a group practice owner is when to outsource and to keep it in house. That is my next challenge so I'm not sure I'm very good at it yet" (398-399). Participants described feeling confused and uncertain on how to decide what they should learn to do themselves to save money versus what would make more sense to pay someone else to do.

The last piece that is difficult in my transition to a group practice owner is when to outsource and to keep it in house. That is my next challenge so I'm not sure I'm very good at it yet. Should I hire someone now to run the website, because now I have a second person who is relying on an income, not just me, you know (Laura, 398-399; 405-406).

For Mandala, the cost-benefit analysis suggested it was not worth outsourcing the task of billing, even though she found herself repeatedly putting the task off, resulting in financial strain for her. She described her experience,

Once in a blue moon, if I'm super busy or super exhausted, I will put billing off for a while and then have to scramble because my checking account will get pretty low. Then I will be like oh crap, I need to do some billing. But for the most part my mind set has been I would rather do it myself than give up that income, because I feel like with all the little extra things that a private practice owner could spend their money on, it's a lot of nickels and dimes that effect the bottom line and I would rather not spend that money if I can do it myself (Mandala 314-319).

Kristy felt similarly stating she did not outsource anything due to both the financial commitment of hiring someone to do the work and because she liked having the knowledge and control over the task. She described,

I don't outsource anything. Money. I want to take that back. It's not just money. I really like having my hands in everything. That type A person in me likes to be able to predict and watch the graphs on Simple Practice, see where everything is at. I set a goal each month for myself that I would like to see financially where I would be and how many clients I would like to see that month. I really like having my hands in it. It makes me feel good because I guess it goes back to the successes we talked about, I will have those little successes each month then and I see that. Then I know that the work I am putting in really matters. I feel like if I outsourced that, not just for me in particular, I don't think I would be as aware and so I think I would be constantly maybe wondering what is really happening. So, I kind of like having my hands in everything. It might be a little bit of a control thing, but it doesn't take a lot away from me. I truly enjoy that part of the business (Kristy, 330; 334-341; 344-345).

For some participants, the benefit to having someone else complete a task was that it freed up time for them to do something else such as, scheduling another client, working on administrative tasks, spending time with family, or engaging in self-care practices. Paul shared his experience of outsourcing as a decision based on where his time and energy were best spent.

I'm like I have to free up time, this is taking too much time. You can spend so much time with insurances and trying to figure things out and research things, but that was eating up a lot of time. So, even though it was an expense, it was like this is affording me more

opportunity to focus on what I need to focus on, whether it be myself, or seeing more clients (122-126).

Similarly, for Laura, she weighed cost versus time to decide when to outsource, “At this point, I have always just tried to kind of look over the budget and okay how much would it cost me to outsource that and how much time does it actually cost” (416-417).

Common business practices that elicited the dilemma of whether or not to outsource included: billing and insurance services, answering the phones, web design, branding, marketing, and payroll. Cara shared that hiring someone to answer her office phone allows her to focus her energy on other tasks. As a result, she accomplished more tasks which prevented her from feeling stressed and overwhelmed. She described,

She definitely helps that I don't have to return phone calls and get in conversations with people. I think that is one of the reasons why in the past I would have such a problem, and I still do have a problem calling initial clients back or rescheduling because I know that is time, it usually is not just a two to three minute phone call, it usually turns into 15 minutes or more sometimes (Cara, 36-39).

Victoria echoed statements from other participants and reinforced the importance of discerning where to put one's limited time and energy. She recommended, “Go slow. Decide where you want your energies. It is very difficult to attend to both business and the actual clinical work” (164-165).

Paul expanded on the importance of prioritizing and delegating tasks and emphasized that one person can't do it all. He described his perception of outsourcing versus doing something himself,

I have a hard time giving up that control, but I think once you realize that you cannot do it all, and you do give it up, you just realize how much easier your life can be and that you can still focus and control things that do matter and that you are good at versus try to bang your head against the wall with stuff that is not my forte. I didn't go to school to code and bill and so why should I do it? Or why should I sit at home and redesign my website? Two years ago, I started paying somebody else to do that. That makes it so much easier too (Paul, 140-145).

A particular area of professional stress resulted from the many administrative tasks participants were responsible for as the owner of their private practice. Several participants reported they had no training, knowledge, or experience in specific business tasks such as coding, billing, and insurance reimbursement. As a result, they had to learn how to do these tasks on their own as most participants were not in a position financially to outsource these tasks when they first started their practice. This was true for Rose who shared, "Learning to do the billing and to get credentialed and all the stuff that comes with running your own private practice. You have to do yourself. There is nobody to do that for you" (125-127).

Laura recommended novice business owners maintain alternative employment and slowly transition to private practice to allow time and space to learn and become confident in doing these tasks without undue pressure. "Keep your day job until you know how to bill and how to get insurance companies to pay you. Transition into private practice slowly. Have yourself a one year or two-year plan" (237-238).

Working with insurances was a common area where participants felt a significant lack of knowledge and support. This was especially problematic as insurance companies did not provide adequate training and when mistakes were made in this area, it could result in lasting legal and

financial consequences. This was the case for Laura who described her first experience with being audited by an insurance company and the potential impact it could have had on her practice if she was not appropriately prepared.

The forms. The first time I got audited by Medicaid, my forms held up because they had been proofed by a lawyer. So that is important because if they had not held up, I would have had to pay a whole lot of money back. The accountant because you do not want the tax bill at the end of the year, once suddenly you start making a profit and if you are not paying attention, that tax bill can be killer (Laura, 243-249).

The potential ramifications of doing these tasks correctly elicited significant stress in participants. In some cases, the stress would become so intense, participants would avoid the task entirely which negatively impacted the business therefore compounding what the participant was already feeling. This was the case for Cara who explained the lack of knowing how to do something the way it needed to be done, led to avoidance of the task entirely,

I think again, like the avoidance, avoidance is huge for me. I just will find other things to do. I think that is big for me, is avoid, probably because it is anxiety provoking for me, and I just don't want to feel that anxiety around it, so I just won't do it. I also have a bunch of other things to do so I just for some reason rationalize that this is less important and the other one is, and I will just do the other one (Cara, 327-331).

In some cases, participants were fortunate to learn from a mentor or from working at a private practice prior to starting their own. This was the case for Cindy who had a helpful relationship at the previous practice she worked for prior to starting her own. She expressed how helpful it was to have someone to learn from.

Yes. Just not knowing about insurance credentialing, insurance billing, and because I worked for another group for two years before I started on my own, I learned it under his wing, but doing it on my own, I was learning a lot (Cindy 327-329).

Kristy had a similar experience with a positive mentor and encouraged novice private practice owners to seek out and engage in consultation. She explained,

I don't think I could have ever handled certain clients I have now if I was just out fresh in the field without some guidance, without other therapists to bounce off of or supervisor, or somebody to consult with. I think that would be my biggest piece of advice, which I think covers a lot of other pieces of advice. If you have good mentors, people to consult with, you can't go wrong. Then you have just that guidance and support you really need when we are isolated so much in private practice (Kristy, 259-264).

In cases where business tasks were performed and successfully accomplished, it created a sense of self-confidence and professional autonomy that was invaluable in supporting professional wellness and longevity. And for some, it was what they referred to as an indicator of their resilience. Nora discussed this explicitly when she said,

I am learning this and while it will be hard or frustrating there is also a part of me like you can get this, it will be okay, and that I think helps with getting through it and being resilient (Nora, 225-228).

Similarly, Rose described feelings of resilience resulting from seeing her own growth as a counselor and business owner. She said,

So, I say that is pretty resilient. To me that is resilient. Just continuing to grow in those kind of areas as well as a clinician is pretty cool, pretty empowering and pretty resilient (Rose, 84-85).

With time and experience, participants gained self-confidence in their knowledge and skillset and built an awareness of what they still needed to learn. Cara expressed feeling grateful that she was able to learn and grow from a place of uncertainty. She described the positive impact this had for her,

I guess positively is that thankfully every time I found something difficult, I have been able to overcome it and able to find a way around it so that my needs end up getting met, or whatever I am doing is being completed (Cara 299-300).

For some, the fear of failure was ever present. However, obtaining new referrals and receiving consistent reimbursements for sessions reassured participants, reinforcing the success of the business and functioned as an indicator of the longevity of the business. Rose described this experience stating,

When the first insurance check comes in, you feel like woo hoo, that worked, that was a successful. I can keep doing this. Something worked, just repeat, whatever we did, whatever I did, just continue to repeat that formula because that worked (Rose, 333-335).

Resilience seemed to go hand in hand with being a practice owner for participants and was defined as a quality held by private practice owners measured by their persistence and determination. Mandala described how she viewed herself as resilient through her continued commitment amidst the constant fear of failure.

I guess you have to be pretty resilient to be a business owner. Because you have to constantly face the possibility of failure. Like you could fail at any moment, things could go south, you could stop getting clients, it could all go bad. So, you kind of have to be resilient to keep going. I'm remembering now there was a period where I was doing okay, but I got a little nervous and I thought gosh, am I going to be able to make this sustainable. Should I just go get a job again (Mandala, 349-352; 356-358)?

Even amidst the risks and stressors associated with operating a business combined with the emotional experience of being a counselor, participants persevered. For Victoria, longevity was dependent on resilience. She explained,

If you don't have resiliency, you are not going to make it. So, it's inherently, I don't know if it is a core successful professionals and business owners, it may be, but you need it. Because there are going to be days when you feel like you can never ever do this again and then you power through it and the next day is just, oh, now I know why I do this. So, if you didn't have that, if you didn't know that it exists, I don't think you could do this (Victoria, 192-196).

Participants described that with time and experience they gained a sense of settling into the unpredictability of operating a private practice, feeling less worried and more secure. Nora stated this was true for her, "I think to me it is really a learning curve to get it going, but it is worth it once it finally after a year or so once things are running more stably" (Nora, 329-331). In this place, they found true enjoyment and satisfaction in their work, a sense of accomplishment and purpose despite the stressors. Laura's experience illustrated this. She shared, "I can look at what my life needs to look like as a professional to keep me healthy" (Laura, 68).

Overwhelmingly, participants described the experience of being in private practice as rewarding, gratifying, and exciting. Eleanor reflected on her life before and since establishing her own private practice and shared,

I think where I feel resilient and happy in being a practice owner piece of it, is I am always very cognizant of how I felt throughout my career, working in various settings. And so, I am extremely sensitive to having been on the other side. So, I get a lot of resilience out of taking that burden and/or negatives that I experience away from the people that work with me (Eleanor, 80-83).

Rose reported the interview for this study gave her an opportunity to reflect and consider where she was at in the growth and development of her professional career. She expressed,

I don't know if I ever take the time to sit back and think about it, but now that I am, I think it is really awesome thing to say. It can be a source of my confidence, knowing that I am a successful, private practice owner. I feel like I am successful business wise and clinically. My clients are happy and get results, have good positive results and that is pretty awesome to see (Rose, 143-146).

The message repeated over and over again by participants was a positive one. While difficult, stressful, and having its own unique set of challenges, participants unanimously said the decision to open a private practice had a positive impact on their life and was one they did not regret. Vanessa expressed how much she enjoys her work with clients saying, "I guess that I love it, I love the job. I think I love it because I have gotten it to that happy place, where I really like my clients" (Vanessa, 454-455). This was explicitly expressed by Nora and Victoria who shared, "I definitely, for me personally, being in private practice is very rewarding" (Nora, 327). Victoria

said, "It is extremely rewarding. It is extremely flexible" (Victoria, 243). Mandala described her experience as gratifying saying, "I think it's the best thing ever. It comes with its stressors. But if you are successful and you do well, it's really, really gratifying" (Mandala, 449-450). For Rose, her love for her work was connected to expanding and advancing her skillset, "I absolutely love what I do, I'm happy with it. Love to continue to learn and grow" (Rose, 445). Paul summed up the sentiment expressed by every participant when he said, "I think it's the best decision that I ever made in my life" (Paul, 339). Kristy reflected on the joy she experiences stating, "I just think it's the coolest thing. I do. I could not have asked for a better career, or better opportunities. I think it is one of the best things" (Kristy, 402-403).

Managing the Many Roles. Participants identified a third theme of managing the many roles. In this theme, participants depicted the systemic challenges and difficulties associated with behind-the-scenes processes of operating a private practice. The numerous administrative roles and responsibilities created additional stress for all 14 participants, 13 of whom reported having no additional training, coursework, or mentorship in owning and operating a business. Paul discussed his perspective on the absence of information stating, "They don't teach any of this stuff in school. You just get the clinical part, you don't get the insurance stuff, and liability, and how to run a business and keep books and keep records, accounting" (Paul, 137-139).

Participants spent numerous hours learning techniques to effectively and successfully manage their practice. This resulted in an internal pressure and tension between the two roles of business owner and counselor, both of which function differently and require a significant amount of time and energy. Laura articulately described the dichotomy of the roles when she said,

The business owner piece has to take over and say the clinician is really good and she is good at what she does, but our industry is hugely changing, and you have to keep up (Laura, 446-448).

The third theme of managing the many roles included three subthemes of learning by doing, counselor versus business owner, and trying to find balance while doing it all. The following sections describe each subtheme and provide illustrative examples of participants' excerpts to illustrate participants experiences of a hand on learning style that involve trial and error, the subtle and obvious differences between the role and functions of counselor and business and owner, and finally, the ways participants are trying to attend to their many professional roles while also attending to their personal lives and their own self-care.

Learning By Doing. The first of three subthemes in the theme managing the many roles is learning by doing. This theme reflected participants' report of an absence of training, education, and mentorship in the business aspects associated with operating a business. Kristy explained, "I knew nothing about running a business. Like, nothing" (270). All 14 participants indicated they did not learn basic or advanced business practices as part of their college courses nor did 12 out of the 14 participants engage in any workshops or post-graduate trainings on establishing and operating a private practice. Ajne described how a business component in her coursework would have prepared her for the work ahead with starting her own business. She explained,

I think it would have been helpful to understand the business piece because I think if a counselor should work for agencies understood the business piece, they would be better for the agency as well (Ajne, 296-298).

Yet business practices and logistics were not incorporated in the degree programs of the 14 study participants leaving them inept and unprepared to establish and operate their own private practice business. Frustration was evident in Eleanor's tone when she said, "We could have a three-hour conversation on what I think is lacking in counselor education programs" (166-167). While participants felt competent and prepared to function in their role as counselor, they felt bereft in their role as business owner.

No counselor understands billing. You know, you don't have that business piece, so you are like why are they doing this. This is a dumb decision, and you get mad at where you are working instead of realizing oh this is for that reason (Laura, 327-330).

All 14 participants shared that having business knowledge prior to starting their practice would have been beneficial, as without it, they felt significant worry and stress. Moving forward with their business without the necessary and valuable information resulted in participants having no other option but to learn as they went, making mistakes and learning from them, a practice which was especially stressful and difficult for participants. Participants noted it was particularly difficult to determine what constituted ethical fees for counseling services, how to navigate the bureaucracy of insurance companies, strategies and guidelines for working with the legal system regarding clients and business aspects of the practice, insurance and business credentialing, financial planning, and navigating audits. Vanessa identified some of the logistical procedures that were particularly difficult for her that she would have appreciated help and guidance with.

I think the logistics of like accounting, what you need to know about taxes, what you need to know about paneling, what is required. They did in ethics talk about what is required for paperwork, but kind of understanding from the insurance reimbursement

side, how that works. General overview of these are the costs you are going to occur, like advertising, the malpractice insurance, the general liability insurance in case someone trips and falls in my office, that never occurred to me in school. Phone, HIPPA, HIPPA with emails and all that kind of stuff (Vanessa, 426-431).

Looking back on 17 years of practicing as a counselor, eight of which were in private practice, Ajne also wished she had an opportunity to learn more rather than having to learn on her own, especially in the areas of insurance and credentialing which were particularly difficult to master. She explained,

I would have been a great opportunity to learn more back then instead of all of us learning by doing, or learning by reading, or figuring it out on our own (Ajne, 299-300).

All 14 participants wished they had more training and guidance on how to establish and operate a successful private practice. Laura stated that knowing more information about private practice would have helped her significantly. She said, "It would have just helped me make better decisions" (391-392). Yet, when completing the demographic form, only two participants reported taking a training in operating a business and one participant reported a background in marketing which they reported helped with some business aspects but only minimally. Divegranny reported she took a one-day workshop on establishing a business when she first established her practice. Rose reported taking a couple seminars on running a business and Laura reported she had a background in running a marketing business. When comparing two participants who reported they had business experience with those participants who had no business training or background, there were numerous similarities. Rose completed a webinar on how to run a business when she first opened her practice over eight years ago and Laura, prior to starting her private practice 11 years ago, helped to operate a marketing firm.

A couple participants worked at a group practice, an experience which they noted was minimally helpful with operating their own practice. Kristy shared,

Other than where I was mentored, at the other practice I was at, she gave me some guidance, but she didn't do insurance. She had someone who did it, so I had to learn all that on my own (Kristy, 272-274).

Rose also worked at a group practice prior to starting her own. While at the group practice, she was exposed to some information, but found she needed more, and would have benefitted from a mentor. She shared,

So, when I worked for the group practice, I had to go through the process of, there was a person there actually that I paid to get my CAQH number and just to get me credentialed on insurance companies. But once I left, I had to do the recredentialing all over again, so I had an idea of what needed to be done, but I didn't know how to go about doing it. I just knew of it. If that makes any sense (Rose, 318-322)?

Laura had a similar experience when she started her private practice. Although she was exposed to business practices when operating a marketing firm prior to establishing her practice, looking back, she would have liked more information and a better understanding of the business piece of a private practice so she could have been more prepared to handle to responsibilities, "a business component to my education would have been awesome" (Laura, 331).

Participants identified the helpfulness of having professional connections with colleagues and mentors. This was true for Rose who recalled what was most helpful for her, was having access to colleagues who were in a similar position with starting their business. She explained how these relationships were helpful,

A big help for me was to have some pretty awesome colleagues that we were able to go through that process together individually. We were individually doing our own thing, but we were able to lean on each other for support and answering questions and kind of guiding each other when we needed it, so that was fantastic (Rose, 128-131).

Kristy recounted her experience working at a private practice where the owner was open to mentoring clinicians who wanted to go out on their own. She described how the experience helped her in many ways and was critical to her learning process of being a successful private practice owner.

I was really lucky with the second practice I worked at. The owner was like, yeah, you do you. This is the whole goal of what I want. I want to see people go off and specialize and then we can kind of refer back and forth to each other and support each other's goals as therapists. I think that is huge because I learned so much about insurance, I learned so much about just scheduling myself and having a healthy balance. That is where I started consulting with other therapists because there were five other therapists there, so I started learning other ideas and perceptions and orientations and techniques and all those things. I feel like when I hear that other therapists start on their own pretty early on with their licensure, or even before they are licensed, it makes me feel anxious, because college does not teach us everything. Graduate school does not teach us everything (Kristy 246-254).

Eleanor worked with a mentor and remembered it being a helpful experience. She stated, "I had a great mentor, so if it was not formally addressed, I'm pretty sure he addressed it" (Eleanor, 161). Although Mandala did not have a mentor herself, she noted the value it would have had for her. She shared, "I probably would have liked a mentor. Which is what the young folks are doing.

They are paying people or kind of hooking up with established people and learning from them” (Mandala, 419-420).

Overall, the majority of participants did not feel prepared to effectively and successfully manage business operations. The constant stress and worry stemmed from the concern that they would not be able to recognize what they did not know before it caused irreparable damage to their license or their practice. Compounding this fear was the pressure to learn what they did not know and to effectively and successfully apply the information to their practice. Cara outlined the many tasks she learned through her experience which she pinpointed would have been helpful to know right from the start.

I think again, certainly building, so what would it look like, like scheduling out, and also the realistic I guess business side of it as far as like when your, I guess how to know what return on investments are, not to handle it, but what to know what it is at all, how to do the math on that, how to know like okay, if you take in this many clients, this should be your overhead, just so you don't spend too much, not make enough, just overall budgeting for a business and knowing information on loans even. Information on billing and insurances, that kind of stuff, I think that would be helpful (Cara, 366-371).

Participants spoke of the many roles and functions they held in addition to counselor. Rose described how many things she has to keep track of as a private practice owner noting she hadn't really stopped to think of how many there were prior to the interview. She stated,

When you work for an agency, everything is pretty much done for you on the business end. What you do is mostly work with the clients and the paperwork and stuff on a

clinical end, that is expected, and attend meetings and what not. For private practice, it is, you are doing everything yourself. Everything. (Rose, 101-108).

Further complicating the already challenging task of functioning in multiple areas at a time, Kristy noted the individualized experience of operating a practice. She explained that while she would have liked support and guidance and has offered that herself to novice private practice owners, there was only so much she can teach. Deciding which tasks and functions to take on and how to execute them was determined by the counselor's personal preference.

I think ultimately, when we are a practice owner or business owner of any kind, you are going to do it your own way anyway. You have to find what works for you and I think that is something that I have told a couple of other people who wanted to work in private practice and they asked me, like what do I do, and all that stuff and I say you have to figure it out. I will give you some places to start, but you have to find out ultimately what fits your personality best. I probably run my practice way different than the next person, and that okay (Kristy, 283-289).

Not knowing which tasks to take on and how to properly function in all the roles made the experience of opening and establishing a practice more difficult than participants felt it had to be had they had access to the information they needed. Mandala explained all the areas that if she had more information in, would have made things easier for her,

Probably like really the nitty gritty logistics of getting on insurance panels, what that looks like, how to pay your taxes quarterly, how to budget, all of that sort of stuff would have been helpful. Marketing, how to get clients (Mandala, 426-428).

The multitude of responsibilities associated with operating a private practice while maintaining a caseload of clients contributed to participants' feelings of stress and burnout. Nora distinguished between her experience of burnout resulting from business practices as compared to the feelings of burnout experienced in regard to clients as being different. She explained,

Being a practice owner, the initial phases of building a practice, as far as setting it up and the logistics and mostly learning the insurance game of everything. I don't know, I guess it's a different kind of burnout, but it was sort of this like overwhelmed kind of feeling (Nora, 133-135).

Working with insurance companies was named by almost every participant as a significant source of stress and one of the prime triggers to professional burnout. Victoria succinctly expressed the experience when she said, "What makes it worse is the insurance companies, that is a living nightmare" (124). Participants experienced worry and frustration from the lack of information available regarding how to panel with insurance companies, what questions to ask them to get the information you need, learning the language of insurance billing and coding, and how to decipher the lack of consistent information from insurance company representatives. Mandala described her experience of burnout corresponding to insurance companies,

The practice owner burn out part comes with insurance, dealing with insurance companies. That's probably the most burny-outy part. That's just, you probably already heard this a million times, that's just dealing with insurance companies, and reimbursement rates, and things like that, that made me burn out from Medicaid (Mandala, 139-142).

For some participants, the frustration and negative feelings associated with having to work with insurance companies led to avoidant behaviors. Divegranny described her awareness of ways she tries to evade interacting with insurance companies due to the stress associated with contacting them,

So just kind of fighting through her insurances and billing and calling insurances, and that becomes stressful to me. I can recognize that I put that off. I procrastinate about calling insurance companies just because of it turns into a headache or runaround and have to get back to you (Divegranny, 51-53).

For some participants, a second significant source of stress from working with insurance companies was the documentation requirements for reimbursement. Documentation was such a challenge for Cara she considered working only with private or self-pay clients and not working with insurance companies at all. She stated,

I think that's, paperwork, paperwork is frustrating. Having to call insurance companies is very very frustrating for me. Doing billing, that's really frustrating. That definitely leads to me not wanting to take insurances (Cara, 245-247).

In cases where participants had prior experience working with insurance companies, before entering private practice, they still wished they knew more and were more prepared than they were. Cindy explained,

More about insurance, so in agencies, the paperwork and things like that is done for you, but knowing how to do it when you are in private practice, what is expected of you, what you need to do ethically, for the client and what you need to do for the insurance

companies, because that was all learned as you go, but I wish I knew more about it going into it (Cindy, 320-326).

Some participants had a desire to use their experience to help other novice private practice owners. Nora reported she offered to share her information and experience with other practitioners in her local area. She explained,

But just having to learn the insurance and trying to offer people what I found at least in my local area is that most people did not really know what they were doing or how to do it either, or they were paying an exorbitant amount of money like for billers which I knew I did not want to do (Nora 142-145).

Similarly, Rose reported she shared a message with newer private practice owners in her area,

But at the same time, just letting them know there is going to be some tougher things, like the insurance is always tricky, and steps that need to be taken, so there is definitely things that can help make the process easier (Rose, 304-306).

Counselor Versus Business Owner. The second subtheme in the theme managing the many roles was counselor versus business owner. This subtheme acknowledged the differences and contrasts between the two primary roles participants reported operating in: counselor and business owner. These two roles, each with their own set of demands and responsibilities, pulled participants in different directions. Kristy's statement reflects her awareness of the two active roles, "The business side and the therapist side, they are very much there" (202-203). The strain of trying to attend to both roles simultaneously was difficult for some, while others thrived on being able to shift into various roles and use different skillsets. Cindy described how both roles have led to her growth as a business owner and a counselor.

I guess the change through the years. If I look at how I have grown as a business owner and being a counselor at the same time, because I think being a business owner as a counselor is different than any other business (Cindy, 166-168).

Being a business owner was exceptionally different than being a counselor for participants. While counselors focus on the human aspect of their practice such as their relationships with clients, participants described business owners as focusing on budgets, financial planning, revenue, and operational logistics. Laura described what the business role is like for her. She explained,

The business owner has to look at okay what is your five year plan, who do you want to be in your chair in five years (Laura, 447-448).

Kristy suggested the two roles don't have to be in conflict with each other. She elaborated on her perspective stating,

I guess one of the ways I look at it now is a lot of people make it into something that it doesn't have to be. They put so much emphasis onto making, over stressing about it. I don't think we have to stress so much about the business aspect, or the counselor aspect. I think if you are doing what you should be doing, like training, CEU's, opening your door when you are supposed to be there, that kind of stuff, that is the core of the work. If you are the therapist that you have trained to be, if you are genuinely interested in the types of clients you work with, whether you are outsourcing your work or you are doing it yourself, as long as it is what you want to be doing and need to be doing for yourself, I think that is one of the most important pieces (Kristy, 390-397).

Operating a private practice was viewed by several participants as being primarily a business role. In other words, counseling private practice owners function as a business owner first and a counselor second. Rose stated this explicitly when she said, "Running your own business is really essentially what private practice is" (Rose, 101). Being able to find balance between the two roles and transition between them throughout the day was challenging especially when administrative tasks required a significant amount of time or were frustrating. For Eleanor, the transition was a difficult one. She described, "I think it's hard to transition from clients and seeing clients full time to doing a lot of those administrative tasks and giving yourself the permission, I guess to not see clients" (211-213).

Kristy shared how it has been a learning process for her to move between the roles with ease and to know the timing of doing so. She explained,

I have learned how to manage, I think as best possible, being able to say to yourself throughout the week, okay, this is when I look at work stuff and this is when I don't, unless it is absolutely necessary. This is when I talk about it, this is when I don't talk about it. I think now it has become much more natural to just kind of flip that switch on and off. Not saying that I don't talk about what I do, but I keep it I guess a little less in the fore front and try to focus on more of who I am as a person, especially around people who are not familiar with being a therapist, or at all with that area of helping professions and what not (Kristy, 208-214).

Divegranny highlighted the importance of finding balance amidst the roles and responsibilities and shared how she organized her time so she can attend to her role as business owner, counselor, and administrator.

So that is, again, I go back to that word balance. That is what I am trying to do right now, is I'm trying to take off Monday's and Friday's so I can be there for the other counselors, if they need to meet with me and I can call the insurance agencies and do that while I still carry clients so I'm in but it's manageable where I am having fun if that sounds okay? Cause I do have fun giving therapy, but not when I'm like wishing that person who is sitting on my couch wasn't there (Divegranny 322-327).

Administrative tasks were overwhelming for participants and led to behaviors such as avoidance and ultimately burnout. Every task had a learning curve, taking up more time and energy. Adding to the strain of the experience of learning while doing was that the work and clients did not stop coming. Work continued to pile up and when not attended to, negatively impacted participants and their practice as a whole. Tasks became daunting, taking significant time and energy, draining participants who then had to shift into their role as counselor which required them to be present and attentive to their clients. Mandala described her experience with administrative tasks, particularly billing, and the thought process she goes through to try to keep up with this aspect of business responsibilities. She described,

Most of the time it's fine. Once in a blue moon, if I'm super busy or super exhausted, I will put billing off for a while and then have to scramble because my checking account will get pretty low. Then I will be like oh crap, I need to do some billing. But for the most part my mind set has been I would rather do it myself than give up that income, because I feel like with all the little extra things that a private practice owner could spend their money on, it's a lot of nickels and dimes that effect the bottom line and I would rather not spend that money if I can do it myself. I think I am only one of my friends who still does my own billing (Mandala, 314-320).

Similar to Mandala, Cara experienced frustration and avoidance around billing. She identified the administrative task of website development as a significant source of stress that she then avoids even with knowing the consequences of doing so. She shared, “Creating a website, doing billing, that type of stuff I think creates a lot of frustration for me” (Cara, 12-13).

An area of distinction was between participants who operated a private practice as the sole counselor seeing clients and those who operated a private practice and oversaw multiple counselors who also saw clients. In the latter group, participants functioned as counselor, business owner, and supervisor. Both groups identified several stressors associated specifically with owning and operating a private practice while maintaining their role as counselor including: being available after hours for crisis calls; fielding angry client complaints; the constant pull of administrative tasks that take away from client work and being home with friends and family; and systemic needs such as marketing and advertising, professional networking, website and IT management, financial management, accounting, billing, and compliance with legal and state requirements. Rose summed it up when she said,

Scheduling, taking the calls, marketing, accounting, let’s see, what else do we do, how many hats do we wear? I never really wrote them all down, but if you really stop to think about it, we wear so many different hats when we are in this role (Rose, 108-110).

There were only a couple participants who owned private practices with multiple clinicians. These participants had the added role of supervisor/mentor in addition to the role of counselor and business owner. Divegranny, was one of the participants with a multi-clinician practice. She described the challenge of overseeing other counselors on top of her administrative tasks. In an effort to find balance amidst the multiple roles, she chose to see fewer clients, decreasing her role as counselor to have more time for the other functions.

Then as a practice owner, maybe today, because I have three clinicians and I have one that is full time, just came on full time about a month ago, and I'm the one that does all my billing and I'm a one-man show and so I think I've really feel the urge that I have to slow down on seeing as many clients because I have been feeling a lot of anxiety and working like six days a week, so recently, getting onboard a clinician and getting her up and running, that has been tough (Divegranny, 16-21).

For Mandala, the realization of what it would require to function as both counselor and business owner led to her awareness that being a counselor would come second to being a business owner. This prompted her to decide not to expand by taking on other clinicians as she recognized the business aspects of having a growing practice with multiple clinicians would take away from what she enjoyed about her work in private practice, the clients. She explained,

I was just having a flashback that a long time ago I thought that I was going to try to do a group practice, and run a group practice, but as I got into doing my own practice, I realized I just don't have the personality for that, because of all the moving pieces and all the logistics. I just want to do direct care (Mandala, 305-307).

Cindy felt similarly. She described that while working for another practice, she was able to observe business tasks and the time and energy the owner had to invest into the business. She realized she did not want to know more and did not have an interest in the behind-the-scene operations of running a practice. She described,

I never wanted to learn it. But when I worked for the group practice, they had paper forms at the time, HCFA forms, and I saw what she had to put into it, it looked tedious and I never wanted to learn it. But even that [electronic health records], I never had interest in

wanting to learn, to sit down and do it. It just seemed like it would be too stressful for me (Cindy, 346-351).

This was a similar thought process for Victoria who shared her dislike for the business aspects of being a business owner. She pointed out that it could be difficult for someone to have their own private practice if they were not interested in administrative tasks. She explained, “My personal is I don’t like the business side, I’d rather attend to that, but of course I have to do some of that” (Victoria, 165-166).

For others, administrative tasks were a welcome break from the routine of counseling. In this role, participants were able to access a different skillset and focus on concrete tasks which they felt was productive and re-energizing. Eleanor reported the administrative tasks accessed a different part of her skillset from counseling which she enjoyed. She shared,

I feel like I enjoy the logistical part of the billing, scheduling, and all that stuff, I enjoy that. It’s made me that type A side of my brain that sometimes being a therapist doesn’t meet because we are meeting people where they are at, but, so I think that part of it (Eleanor, 68-70).

Vanessa also enjoyed the structure, organization, and creative outlet administrative work afforded. She suggested there was a connection between her enjoying these tasks and her resilience. She explained,

I guess I didn’t mention this at all, but I really enjoy the business aspect of it. That’s probably relevant. I think I said this where I am a little like Type A, anal, hyper organized, I love the business aspect of it, as far as like creating websites, or creating the templates for my notes, and the spreadsheets of accounting and tracking when I got paid

for who. I know a lot of people can't stand that stuff, but I love it. So that kind of helps, but that is probably related to resiliency too, I find that stuff energizing (Vanessa, 435-440).

Talking about money with clients and wanting to make money seeing clients were business aspects that made some participants uncomfortable to talk about. Yet money was cited by participants as a critical component to what made a practice successful. Rose explained,

It's really something that a lot of helping professionals have a difficult time with, with the own business end of it, and being able to collect payments from clients and what not and wearing that hat when it needs to be worn, but it really is essential in order to be able to be here (Rose, 155-158).

Participants suggested the existence of negative stigmas associated with wanting to be financially successful as a counselor. It was suggested that wanting to make money as a helping professional is selfish. Paul felt different. He expressed that he can both want to help clients and have a financial goal, "I don't think it's selfish to say I want to make money. I want to make a decent amount of money." (Paul, 372-273). Similar to Paul, Laura believed there was nothing wrong with wanting to make money as a business owner. She said, "That mental block of you know you are supposed to be making money, don't spend money, there is some kind of self-care, it's okay to put money in yourself switch, as a business owner" (Laura, 269-271).

While Divegranny said she liked the money she made as a business owner, if she focused too much on the financial aspects, she would lose sight of her role as a counselor and the bigger impact she has with clients. She explained in more detail,

I see private practice and practicing in general, again, I told you I like the money, when I have another clinician on, I do try to keep myself grounded and that I don't do it for the money, I have to do it for a bigger reason because if I only do it for the money, then I get caught up, for me I get caught up and then I am not good to myself and I am not a good therapist (Divegranny, 130-133).

With all the roles and responsibilities, the majority of participants reported feeling positively about operating their own practice. Rose summarized this when she said, "As far as today, I think being in private practice has so many positive attributes, but it does come with its set of disadvantages too, when you are doing everything yourself" (Rose, 52-53).

Trying To Find Balance While Doing It All. The third subtheme in the second theme managing the many roles is trying to find balance while doing it all. In this theme, participants described how functioning and finding balance as both business owner and counselor, roles which required managing a multitude of functions and tasks, was a challenge they had to master through time and experience. Kristy captured this challenge stating,

My life is probably 75% my job because my computer is always out, whether it's at home or at work, and on a Sunday, even if I am not seeing clients, I am still checking on insurance claims, and making sure my notes and treatment plans are caught up and all those things, so it kind of becomes you (Kristy, 199-202).

Participants reported they had a belief they should be able to quickly and successfully find balance amidst the roles of counselor, business owner, friend, family member, etc. An undertaking when done successfully was evidenced by a financially stable practice, a state of personal and professional wellness, healthy, fulfilling connections, and financially supporting

themselves and their families. Ajne questioned what this would look like and expressed that although she recognized it is needed, she wasn't quite sure how to make it happen. She shared,

Not to just mention it, that this may exist, but actually talk about how to manage that. How to have a better work/life balance, how to have wellness inculcated into your life. What it is going to mean for, you know, your family. What it is going to mean, what you have to do to kind of keep all the balls in the air in a healthy way (Ajne, 284-287).

Participants expressed difficulty in shifting between business practices, being a counselor, and their personal lives. Cara described how she is trying to organize and structure her days so she can attend to each function. She shared,

Creating admin time in my days so that I can spend a block of time, like two hours, and I know that those two hours I will be doing invoices, or copays and that kind of stuff is all done. So that is a little bit helpful. I think knowing that I have the time to do it is helpful, but physically doing it is frustrating (Cara, 247-252).

Kristy shared it took her some time to learn how to make adjustments that allowed her to find balance amidst her many responsibilities saying,

I think it took me a good six months to finally get the rhythm down of what I needed to be doing on a regular basis and how I needed to manage my schedule, my everything, everything around myself, like my personal stuff. Even just cleaning the office, all those little things, it was like I had to just figure it out (Kristy, 277-279).

Participants reported a further complication was that they had to function in multiple roles within the same day. These roles included but were not limited to: personal roles of parent, spouse, child, and friend; and professional roles of counselor, office manager, scheduler,

credentialing, marketer, IT troubleshooting, and property maintenance. The resulting stress and pressure, if not addressed, led to burnout. Eleanor provided an example of this noting her experience of not having clear boundaries between work and home. She shared,

I don't feel bothered because I know they would not be contacting me if they didn't need to, I'm lucky to have a team that doesn't do that, but just that kind of like grrrr (Eleanor, 58-62).

Participants spoke about shifting from business to personal and within their practice, from counselor to business owner. Shifting from one role to the next each required different skill sets, a challenge for some participants who felt drained, while other participants felt energized and refreshed. Victoria noted how much more difficult transitioning was for her which she attributed to not enjoying the business side of her job. She explained, "It is hard and I think really if you don't have a business head, it's extremely difficult, it really is" (Victoria, 166-167).

For participants who chose the field of counseling to be able to work with clients, opening their own practice seemed like a good opportunity to have the best of both worlds: to be able to see their choice of clients; to set their schedule; and to have time for friends, family, and self. Yet, the business side of being in private practice was a full-time job in itself. Cara further explained that what was particularly difficult for her was thinking of her "job" as more than just counselor. She explained,

I think with having your own business, it's just a little bit of a different side of it that I guess you really don't think about burn out in relation to creating a business or having a business, you just mainly think about that and like this is my job, and my job is coming to see clients, but I don't think my job is building a website, marketing, I don't really put

that spin on it in my head for some reason, so I don't think that I associate burn out with business owning until maybe now (Cara, 316-322).

Ajne spoke about having to shift roles in and out of the office as well as throughout the day. She explained,

So outside of here, I have to shift gears quickly once I leave to meet the mom demands. so that shifting gears has to happen. Even in sessions, when I have such variety in patients, you have to shift gears every hour, you know, I always write a plan for the next time so I have to review that plan before they even walk in the door, shifting gears to what that means for that patient (Ajne, 199-200; 222-225).

Finding a healthy balance amidst the multiple roles was particularly challenging for several participants as mentioned in previous sections. Vanessa suggested,

You have the ability to just make sure you are setting aside time to take care of all of the business aspects, such as reattestation from Magellan, or completing audits, or filling out different scales for clients, billing, things like that (Vanessa, 225-227).

Participants spoke about learning as they go and the stress associated with this method as opposed to having formal training and knowledge which, if they had, could have made it easier for them to find balance while doing it all. Divegranny described what balance would look like for her,

So it's keeping myself grounded on the balance of getting training that I need, getting supervision that I need, getting clients that I feel comfortable and competent working with, and then always watching my internal world and making sure I am certainly connected (Divegranny, 133-136).

Caring For Self While Caring For Others. The fourth theme identified by participants was caring for self while caring for others. This theme described the process involved with participants being self-aware, actively attending to their own needs, being connected to family and friends, and engagement in social activities and hobbies. Participants described self-care as more than daily action steps; it was an on-going, conscious process that when engaged in consistently, led to a state of wellness. Participants were clear that in order to be present and effective for their clients, they needed to be healthy - mind, body, and spirit a state accomplished by active engagement in self-care practices. Eleanor eloquently described her concept of wellness when she said,

Wellness is honestly not at all physical for me. It is mental, spiritual, emotional wellness, just being in a place where I feel peace. Wellness equals peace for me. It is very simple.

Where I feel peace in my heart, even if there is chaos going on (Eleanor, 47-48).

For Kristy, wellness was a state of being where she felt a sense of self-satisfaction physically, mentally, and spiritually. She described,

I think for me it means me being able to not necessarily always be my best in all aspects of my life, but not being at that burn out point, being well above it. Feeling like physically, mentally, spiritually, I am in a good place. I don't see always being happy and healthy as an ultimate goal because that ebbs and flows, but feeling like there is a sense of contentment in all those areas, where I feel healthy (Kristy, 109-113).

Private practice was appealing because of its flexibility and autonomy which afforded participants the opportunity to flex their schedule to implement self-care in ways that were not

available when they worked in agency settings. Vanessa explained the importance of having and keeping boundaries to foster wellness. She described,

I think they are related to boundaries and how you set them. Because I think if you are able to kind of set those boundaries and take care of yourself, I think you can achieve wellness. You can achieve resiliency as in growing from burn out or negative experiences, and I think you can ward off burn out if you are exercising good boundaries and self-care (Vanessa, 210-213).

Kristy shared that she routinely examined her self-care practices and state of wellness so she could make adjustments as needed; a practice afforded to her by the flexibility of being in private practice and the autonomy of being her own boss. She said,

What is my self-care for this week or today or this month? Is there something major I need to do for myself? Do I have to take another look at my schedule, do I have to look at my finances, what is going to be the thing I need to do to take care of myself to avoid burn out. I think the biggest take away is the awareness piece (Kristy, 321-324).

However, when the demands of running a private practice interfered with self-care, it ultimately led to burnout causing participants to be less able to effectively care for others. Therefore, the fundamental elements of overall wellness involve maintaining awareness by tuning into oneself to identify what is needed, attended to those needs by making time for self-care and burnout prevention, and fostering professional wellness. Ajne described what happens to her when she starts to experience burnout restyling from a lapse in self-care. She shared,

If I allow that to happen, I would not be offering my patients, or my business, the best that I can. I wouldn't be as energized or empowered to help them in the clinical side, and I would become disorganized and apathetic on the business side (Ajne, 263-265).

The fourth theme of caring for self while caring for others included the three subthemes, tuning into oneself, caring the business to care for oneself, and making the for self-care and burnout prevention. The following sections presents a description of each subtheme and provide illustrative examples of participants' excerpts to illustrate how participants are being self-aware and tuning into their needs so they can care for themselves. An action which has a direct impact on the private practice business. Additionally, a description of the ways in which participants make time for self-care and navigate the obstacles to doing so in an effort to support their wellness and mitigate burnout.

Tuning Into Oneself. The first of three subthemes in the fourth theme of caring for self while caring for others is tuning into oneself. This theme was noted by participants as being a critical component to wellness. It is the ability to tune into oneself in the midst of the demands and pressures of operating a business while attending to clients' needs. It is about being self-aware, engaging in practices that foster self-reflection, and doing their best to actively attend to their needs. A concept explicitly described by Victoria and Kristy. Victoria said, "Wellness to me means doing the best you can in all realms of your living; physical, mental, spiritual, social. And attending to those areas as best as you can" (Victoria, 46-47). Kristy elaborated on how tuning into her needs positively contributes to her resilience. She described,

I think also, really sitting with myself in that kind of meditative way where you think about what you want to see for yourself. When I start seeing what I want for myself, I feel like that contributes to my resiliency. Because I know then if I can see it, I can start

working toward it, and for me, personally, it is very hard once I see something to not go for if it is positive and it seems like the right thing for me to do (Kristy, 174-178).

Participants explained that an essential component to maintaining wellness was tuning in and attending to their body, mind, and spirit. Eleanor described what it meant to tune into herself stating,

So just being very highly aware, being self-aware, is important. Yeah, so just knowing, and knowing what helps you be resilient. So, for me, it's all about like what is my own self-awareness and my own you know what I'm, the space that I'm in, definitely predicts how that is going to work (Eleanor, 154-157).

Participants noted the result of tuning into oneself regularly and consistently was feeling healthy emotionally, mentally, and physically. Ajne explained,

It comprises all aspects of life to me. Um, taking care of yourself physically, mentally, spiritually, emotionally, family, so it represents all aspects of what I believe to be important in my life. If you don't have a good wellness plan, you are not going to be as resilient, and you will burn out (Ajne, 65-66; 171-172).

Every participant discussed what wellness meant to them and described their experience of wellness. Across the board it encompassed tuning into and attending to oneself - body, mind, and spirit. A practice that when done routinely, minimizes the risk of burnout. Rose asserted self-care practices need to be proactive, a daily tuning into and attending to one's needs. She explained, "Wellness to me means mind, body, spirit, connection of taking care of each one of those things and not necessarily being reactive, but proactive, when it comes to practicing good habits and outlets for yourself" (Rose, 162-164). How wellness was achieved varied from

participant to participant. Nora spoke about intention, consciously choosing to attend to her needs. She explained,

I think in general when I think of wellness I think of an overall full holistic kind of wellness where striving for trying to be intentionally, or make intentionally healthy choices, or healthy balance in life across kind of all domains. With a big part of that being mental, emotional wellness in addition to physical health (Nora, 102-105).

For Eleanor and Divegranny, wellness went beyond attending to their body, mind, and spirit. It was about alignment and balance in these areas. Eleanor described,

I think if you are well, which in my definition means feeling at peace and mentally, physically emotionally spiritually aligned basically, that you have less probably um chance of getting burned out, and more chance of being resilient and being able to just function within that realm (Eleanor, 94-96).

Divegranny equated wellness with balance and outlined what balance meant to her,

Like equality in that I'm balanced, that's what it is. Like balance in my life, and with my family and with work and with myself and in my community. That's what that means to me, finding that perfect balance (Divegranny, 88-90).

For several participants, the physical component of tuning into oneself for wellness practices was a priority. For Vanessa, health was her primary concern. She defined what health meant to her stating, "Health. I think taking care of yourself physically, emotionally, being well" (Vanessa, 93). Physical wellness was also a primary focus for Laura who concentrated on her physical health and described what constituted physical self-care for her. She detailed,

Physically healthy, getting a good night sleep, eating well, having energy to just go throughout the day and not getting to my day off and just being too exhausted to do anything (Laura, 74-75).

Exercise was a crucial part of Paul's wellness regimen helping him to release negative energy.

He also noted the importance of engaging in spiritual practices. He explained,

Wellness, so physical, mental, spiritual, being physically well, making sure that I exercise, mentally well just in terms of making sure I keep my stress levels down. I have a tendency towards depression, so I have to make sure I manage that. Spiritual practice, meditating, Yoga, being silent (Paul, 76-78).

Similar to Paul, Cindy's wellness routine had a combination of daily exercise and spiritual components. She reported,

Not to cliché, but I guess the word means mental, physical, spiritual, all around. I do walk. I live close to Lake Scranton, so I walk almost every day, even if it's just for a mile, so the physical part of it. I have tons of books and podcasts that I listen to regularly. I journal regularly. I like to cook and eat healthy (Cindy, 127-129).

Wellness was described by participants as tuning into oneself. It was about listening to the individual needs of the body, mind, and spirit and being adaptable and open to ever changing needs. Fostering a healthy foundation was described as being essential to wellness by Cara who further elaborated,

I think having my mind and my body and soul all together, like that whole thought, feeling, behavior idea of how things connect that if I'm really big on eating well, and working toward a plant-based way of life, so like, wellness to me is keeping your

foundation healthy so drinking enough, eating enough, sleeping enough and trying to have a schedule that is able to be obtained, but also have somewhat of flexibility to allow for things that just pop up (Cara, 119-123).

Tuning into oneself lends to self-awareness. Participants identified practices they engaged in to promote self-awareness through self-reflection such as personal therapy, wellness retreats, and other forms of self-work. Self-work and a state of personal wellness was identified by many participants as a significant component to professional wellness and longevity. It is through and with this work that wellness is achieved and sustained. Mandala described how the practice of self-reflection has assisted her with maintaining her own wellness, preventing burnout.

So now that I'm paying attention to it and taking better care of my body, I think that I'm not going to burn out as easily as I have in the past. I go to a therapist who specializes in somatic experiences. I'm going to Yoga. I'm putting better, more healthy things in my body, just doing things so that not just my mind is in therapy, but my body is too (Mandala, 116-120).

Too often, participants noted they overlooked their humanness; ignoring or putting off their personal needs resulting in serious consequences, a point that participants noted they often express to clients, but don't always take to heart themselves. Divegranny further described the humanness of counselors and the importance of attending to personal needs,

You have to really, I think it's underestimated how rough it can be for a human being, especially if you are a feeling human being, which you want your clinician to be a feeling human being. It's quite a task to ask people to feel with other people and then to be able

to show up every day and do that for six, seven, eight clients a day. That's a lot (Divegranny, 192-195).

Counselors experience the highs and lows of life and participants noted that their own personal therapy aided in boosting their personal resiliency. Cindy noted having her own therapist and attending a support group helped her at a point in her life when she needed the extra support,

Personally, being able to seek my own therapist and counseling, and I think going to Alanon at that point, I had attended Alanon years and years ago and I found it really helpful (Cindy, 110-111).

For participants, seeking personal therapy expanded beyond personal work into their professional selves. Mandala stated she actively engaged in her own therapy to help her navigate and work through stressors related to the business. She affirmed that therapy has helped her work through negative perspectives that have interfered with her personal and professional wellness. She described.

Honestly, I've had therapy about it. I've consulted with colleagues about it. I've kind of try to work with why it is that I feel the need to schedule that many people, and just did a lot of reflection and a lot of personal work on why I have this scarcity mind set and the I need to please people mind set. I finally, in the last few months, got to the point where I'm not doing that anymore (Mandala, 236-239).

Participants noted engaging in personal therapy was a benefit to them on many levels. It was as a space to work through personal and professional stressors, challenges related to owning and operating a private practice, and navigating relationships with independent contractors and

employees. For Rose, engaging in her own self-work in therapy was about choosing to take care of herself, to prioritize her self-care, a practice which she attributed to her wellness.

I have my own counselor that I talk to when I need to decompress about things, or process something and that has been super helpful, because if I can't take care of myself and things going on in my life, I can feel it leading to my burn out with what I do as a helping professional, definitely. So that is super helpful (Rose, 184-187).

Participants noted that doing their own work was a reflection of the work they do with their clients. For Divegranny, personal therapy was something she enjoyed, found helpful, and reflected her process with her clients. Noting the power of therapy, she said,

I think for me, what helps me as a therapist, is to do the work, like I really enjoy being in therapy and I have enjoyed personally being in the therapy that I am using with a client, so really living what I believe I guess (Divegranny, 267-269).

Vanessa described how her personal therapy was a place for her to release emotions and parallels what she offered clients in her sessions. She described,

I think also like personal therapy has been super helpful, not just with giving me a place to kind of talk through things that I am struggling with, but also it helps me understand what I am providing to my clients. Sometimes it just feels good to cry and so I think it helps with like, oh, that's why people pay so much for therapy. Sometimes I'm like I don't understand what I am doing or how this is helping anybody, but then I see my therapist and I'm like that's what I'm doing, giving people a place to just let it out. I guess that goes with other things with resilience and wellness (Vanessa, 457-462).

Engaging in therapy and other forms of self-work was an opportunity to role model to clients the benefits of self-care and to ensure that when she was in the role of counselor, she was in a position to be effective. Victoria expressed this sentiment stating,

If you don't put your own oxygen mask on first, you can't help anybody else. Like, that's the truth. Because the longer you push yourself literally to almost the point of where anybody in program, anybody in internship, you are up all hours, you do this, and there is only so long you can do that before your body tells you that you can't do this anymore (Victoria, 251-254).

Similarly, Cindy pointed out the importance of living the life she encouraged clients to live stating, "Probably that we need to walk the talk. As a counselor and how we are seeing the clients, we have to practice ourselves" (Cindy, 273-275).

Divegranny shared that with time and life experience, she was in a place to really know herself which she contributed to her state of resilience and prevention of burnout. She explained,

I mean I am 51. I think age has something to do with it. My kids are grown. This was a career later in life, so I didn't have so much pressure on me, so it's easy for me to say that I have time now to know me and I think helped me remain resilience and out of burn out (Divegranny, 243-246).

Similar to what participants offered to their clients in the role of counselor, being self-aware was about being accepting and non-judgmental of what was needed to support and maintain wellness and balance. Vanessa stressed the responsibility of counselors to take care of themselves. She asserted, "I think it can't be an afterthought. There is a real responsibility I think to ourselves and to our clients that we are monitoring that" (Vanessa, 349-351).

When participants tuned into themselves, suspending judgment, their self-awareness increased, they were more able to meet their own needs, and reported feeling resilient amidst stressors. A state of being that positively impacted professional wellness. Eleanor elaborated on what self-awareness meant to her and how it helped her maintain a state of wellness. She explained,

Um, so just being very highly aware, being self-aware, is important. Yeah, so just knowing, and knowing what helps you be resilient. So, for me, it's all about like what is my own self-awareness and my own you know what I'm, the space that I'm in, definitely predicts how that is going to work (Eleanor, 154-157).

Self-awareness was a learning process for participants. It was about learning to tune into themselves, and to adjust and make accommodations as needed, a critical component to nurturing and sustaining a state of wellness. April went on to describe the learning process in more detail. She described self-awareness as,

Very multi-faceted, mental being, having clarity of thought and direction and being able to be present, emotionally being able to know what I am feeling, process it, learn from it what I need to learn and use it for my safety or well-being (April, 131-133).

Caring For The Business To Care For Oneself. The second subtheme in the fourth theme caring for self while caring for others is caring for the business to care for oneself. In this theme, participants described professional wellness as the result of functioning effectively as a business owner and counselor accomplished through active and frequent self-reflection and engagement in consistent, healthy practices. Through regular, conscious engagement in self-care practices associated with the business, participants worked to foster a state of professional wellness, supporting their completion of tasks while minimizing burnout. Rose explained the

need for this subtheme when she said, “As a practitioner to make sure that you are really taking good care of your own health, well-being and self-care, it's so important to be able to help other people. It's essential” (Rose, 177-179).

For some participants, the demands of starting and operating their private practice made it difficult to consistently and routinely engage in wellness practices. Laura explained the challenges she faced with engaging in wellness practices when she first started her practice. She said,

I think for me that initial time of building up a practice, all that wellness crap just goes out the window and you focus on, okay how do I get my name out there, how do I get people, how do I get connections with referral sources, how do I get people showing up (Laura, 114-116).

Victoria had a similar experience stating she too found it difficult to engage in wellness practices while remaining active with her practice. She described what it was like for her when the demands of the business took her away from her self-care routine. She explained,

What takes away from resilience is the fatigue and demand really of all the stuff we have to do in order to be in this practice and to be in this profession, which I think is fundamentally takes away from our ability to do well and serves no purpose other than to make the time we could be spending face to face with people, but we have to be doing all that, and I'm sure everybody feels the same way about it. It's not getting any better and it just seems to be getting worse (Victoria, 135-140).

Being aware and tuned into the signs and symptoms of burnout are critical to effectively managing it. When participants recognized signs of burnout, they were able to make different

choices that helped them mitigate the effects allowing them to continue to work. Nora discussed the changes she made at work to create more time for self-care. She noted the changes helped her both personally and professionally and taught her more about herself and what she needs to stay well long-term. She explained,

Then also when I recognize, like right now, that I am trying to make sure that I'm working harder to stay focused in session or stay present and do things, like I said, change my schedule, that helped, and right now it is helping from what I can tell It has only been three weeks, but I do feel better, I feel more focused, when that's weighing on my mind when I am going on saying ok one more today that helps a lot. Making those kind of changes. I think for me I am learning how to be flexible my own, be aware of burn out and be flexible with how I approach maybe the last time is not going to work so I may need to try something else (Nora, 370-376).

Professional wellness for several participants was about setting boundaries and maintaining a healthy schedule to prevent burnout which varied depending on the participant's role and function and the personal responsibilities they had. Vanessa learned how to adjust her case load to support her professional wellness. She explained, "I'm pretty self-aware and I know not only what kinds of cases are going to be more energizing versus more draining, but also how to pace it" (Vanessa, 53-54). Yet, participants noted how easy it was to overlook or put off their self-care to focus on the needs of clients and the practice. As Victoria described,

I think it can't be like an afterthought, or if I have time I'm going to practice you know taking care of myself. I think there is a responsibility that you have to sort of guard the things that are going to burn you out and I think you have to take care of yourself (Victoria, 341-345).

The consequences of putting off their wellness were serious. Every participant had an experience with burnout and described their unique experience. Several participants discussed professional burnout, an experience that was directly connected to the business aspects of being a private practice counselor. For Rose burnout, “would be just feeling not successful with what I was doing” (Rose, 36-37). This is a particularly challenging problem as participants noted the state of the practice is a reflection of the counselor and the counselor’s internal state. Furthermore, the condition of both the practice and the counselor impacts clients’ ability to connect. Paul further detailed how the business and the counselor are related. He explained,

As a business owner, I think one kind of feeds into the other. If you are doing good work and you are taking care of yourself as a counselor, then, maybe this is a big assumption, but I would think that the business, at some point should kind of reflect that, just with your own philosophy and model (Paul, 277-280).

Professional burnout also has a negative impact on participants’ families. In previous themes, participants noted that the boundaries between work and home were not always clear. For some, work or the emotional toll from work bled into their personal lives. Vanessa described how business and personal blend into and inform each other. She said,

I think it's like every day I'm kind of hit with the reality that things go horribly wrong in life and so I think that kind of has me scared. It's like every time I say goodbye to my kids, it's not a super intrusive or super pervasive thought, but it's a flash that this could be the last time. You know, because shit happens, and it happens all the time. I think in that way I do worry about the toll that this professional has taken on me because I just know how sad life can be, but at the same token, the opposite of that is that I know how sweet life can be (Vanessa, 294-299).

In Paul's experience, the line between work and home was the most difficult when he first started the practice. He explained how he worked to grow the practice as much as possible which took up a lot of his time, taking time away from his partner and home life. He stated,

On top of having two jobs, it was also a matter of at home, working on a website, working on forms, assessments, advertising, creating everything from scratch and that had to be done on the weekends, at night (Paul, 35-37).

When participants were able to foster and maintain wellness in their personal and professional lives, it had a ripple effect. Professional wellness encompassed both a positive and healthy presence with clients and as a business owner. Mandala noted how work life and professional life were interrelated. For her, finding balance involved both her personal and professional wellness and how she compared to her colleagues. She explained,

I finally have gotten a better grasp of wellness. So I would say that it means overall mental, physical, spiritual, financial, stability and contentment, feeling good about yourself, having a decent work/life balance, feeling like you are getting compensated for what you are worth, not feeling like I'm working harder than my peers for less money or less reward, not working harder than my clients. It means mostly balance to me, but in all areas (Mandala, 106-110).

Divegranny suggested finding balance personally and professionally was a learning process and required patience and time to find the "sweet spot" or optimum place where self-care practices align. She explained,

And what should they do on a daily basis to center themselves, or to make sure that they are present, or that they feel calm, whatever their thing is. And that they, you know, take

a pretty much a regular look at themselves and their business and really determine what their internal world is telling them. Like, do I need to invest more time, do I need to invest less time, am I in a sweet spot right now and I'm just going to keep riding this. I think that is important to take time and to really see how you feel about the whole process before it catches up to you and you are overwhelmed (Divegranny, 304-309).

Making Time For Self-care And Burnout Prevention. The third subtheme in the fourth theme caring for self while caring for others is making time for self-care and burnout prevention. Participants defined this theme as what needed to happen so they could implement self-care practices to foster wellness and minimize potential for burnout. A major attractant to the independence of private practice was having control over the factors that positively and negatively contributed to their quality of life such as control over their schedule, the ability to flex their time around important life activities and events, ability to make time for self-care, and to do all this while financially supporting themselves and their family. Kristy described the importance of making time for self-care and how she utilized the autonomy she had over her schedule to ensure she was taking care of herself in the ways she needed to to continue to do her work. She explained,

I try not to work Saturdays. I try to make sure that I go to Yoga. I do those things that for me, are very important. I am connected with my family. I get a massage every other week because we sit in chairs and it's not comfortable after a while. I really sat down and I figured out what was the right balance for me as a therapist, so then I can come back in every Monday and feel powered up and ready to go and put my personal stuff on the side to know that that goes there, and then I come to work and it's all about my clients. Then at the end of the day, this stuff stays here and I go back to taking care of myself. So

whether it is a Monday night going to Yoga after work, or whatever, just making sure I am more firm with myself on that and setting those boundaries for myself to take care of myself (Kristy, 97-105).

As discussed in previous themes, although the ways in which self-care was employed varied amongst participants, participants unanimously affirmed the importance of self-care practices. Participants repeatedly reinforced the necessity of consistent self-care practices. Vanessa affirmed how important self-care practices were to preventing burnout and supporting personal wellness. She explained, “I think I have learned it is not, I think a lot of people kind of talk self-care. I think it is not something that is, what is the word, I don’t think it should be taken casually” (Vanessa, 341-345).

Rose noted self-care was something readily and consistently discussed with clients and should be an area counselors examine and are familiar with so they can employ the practices that work best for them. She asserted the necessity of a counselor’s personal self-care as helpful to others explaining,

I always, definitely one of the things that are discussed with clients are what does your self-care look like. I think it's definitely a question that has to be asked within yourself as well (Rose 175-177).

A common theme amongst every participant was the challenge of having enough time to engage in self-care practices. This was expressed by Eleanor who wished she had more of an opportunity to practice self-care and described what this would look like for her. She shared,

I think I would feel a little less pressured. So maybe a little more wellness in the sense of more time to do things for myself. Which I do things for myself now, but maybe there

would be more time for that. Which would be nice. More down time, more time to just read, or lay down, or whatever I want to do. Which I don't do now (Eleanor, 235-238).

A risk associated with not making time for self-care was burnout. Mandala described how not engaging in her self-care practices resulted in her experience of burnout.

I feel like I have neglected my own body over all these years and it's finally come to me that all of this therapy and all of this practice and business owning and running that I've been doing and all the trauma has taken a toll on me. I have ignored that until very, very recently (Mandala, 114-116).

April also discussed the challenges she experienced with implementing self-care practices even with knowing the benefits of doing so. She explained,

The challenge is doing it [adjusting schedule] because I do what I do because I do want to help people and if they are wanting to come in, I sometimes have some difficulty saying the schedule is full. But I am getting better at it. It only took me to the age of 66 to get here, but I am getting better at it (April, 23-238).

When participants were in a state of burnout, they struggled with completing business tasks, engaging in their work with clients, being present with their family, and taking care of themselves. Laura recognized how she and her colleagues were not taking care of themselves and was taken aback by the consequences. She described,

Then I looked around at all of my friends and was like oh my God we all have autoimmune diseases. Like my counselor friends, we do not deal with stress very well. So it was really eye opening in 2011 to realize that burn out and a lack of practicing good self-

care can mean you could die. I was septic. So maybe we should look at this whole like put self-care first (Laura, 295-298).

Self-care was especially important when counselors experienced particularly traumatic cases which are draining mentally and physically. April explained the additional steps she needed to take to take care of herself after a particularly difficult case.

I actually took days off that I considered were sick days, because I just wasn't in the space where I could see clients for a while, and that was probably about two weeks after I got the report of the suicide. That's a biggie, I'm sorry, I didn't bring that up. And the other being exposed to all that horror and at ground zero with first responders (April, 64-67).

For some participants, not having clear boundaries blurred the line between personal and professional and made it difficult to find balance amidst all the hats being worn. Kristy described the challenge she faced with maintaining clear boundaries between work and home during her divorce. She was concerned about the impact her personal life would have on her clients if she could not separate the two. She shared,

It was very hard for me at times when I would get the texts from him saying something about the lawyer, or something about this, so I would make a point at that time to ignore all texts, or any communication, whatever it was from him, until the end of the day.

Because I didn't want it to bring me down, I didn't want it to impact how my clients saw me, I didn't want it to impact how my thought processes were in session. I had to make sure I had a boundary set I guess (Kristy, 180-185).

Laura elaborated on her own personal experience of burnout reinforcing that when she did not take care of herself, she was more likely to experience burnout. Laura shared, “I tend to experience burn out when I’m not paying attention to my own boundaries and making choices” (159-160).

For some participants, the pressure to help others led to participants adjusting their boundaries, an act that infringed on the limits they set to support their wellness. Vanessa described her experience with putting her putting her own needs aside to help others.

I know that even though there are a lot of people that need a lot of help, I need to be more specific about what cases I’m going to work well with so that I can do this indefinitely. So I do have some conflicted emotions about it, because I think that there is a lot of people that probably need the most help. I probably have trouble getting help if they are reaching out to seasoned people in private practice because I have a feeling a lot of them get burned, learn their lesson and then get strict about what they take. I don’t know if that is true of other people, but I know that is kind of what I have seen with myself and with friends and consultation groups (150-156).

Kristy noted that when she cancelled out or adjusted her boundaries, it contributed to her stress and put her at risk for burnout as it infringed on her self-care and wellness practices. She explained, “I think what contributes to my burn out specifically is when I have a week where things didn’t go as planned and I feel like I have to add people on a Saturday. When I break those boundaries” (139-141).

Setting and maintaining boundaries was a challenge for several participants who shared that taking care of themselves was difficult due to the many clients who were in need of help and

their desire to be available to help them. Making time for self-care was particularly difficult for Cara who described that she would put off doing something for herself so she could get one more thing done for work, saying,

I just, oh I have to do this, oh I have to do that, so it's difficult for me to find time for self-care because I think it is something I can do in five minutes I'll just do it, and then 20 minutes go by and then I can't go on the bike, or something like that, or have to get the boys up (Cara, 91-94).

Ajne described a similar experience stating it was not uncommon for her to rearrange her schedule to make time for someone who needed to see her. A practice which resulted in her missing lunch and contributed to her burnout. She described,

I try to schedule a lunch and by the end of the week, I don't have a lunch because I have allowed, and this happens currently, I have allowed myself to take on that person that says I need to get in as soon as possible, which means I will go, on a day like today, 10 or 12 hours, and trying to have like a couple of passion cranberry almond mix throughout the day. So, you know, not eating right, not staying hydrated throughout the day, allowing myself to remove those half hour or even hour lunches to get somebody else in that I know needs to get in, so that all contributes to burn out (Ajne, 190-196).

Participants with more years of experience in private practice were more likely to set strong boundaries than those who just started in private practice who would make more accommodations. Cindy reinforced the importance of counselors being role models to clients, mirroring the self-care they teach and encourage their clients to engage in. She explained,

So, I guess it intersects there. So often, I will catch myself saying to clients, things I know I want to be doing more in my own life, but we really need to practice ourselves if we are going to be counseling with it (Cindy, 274-276).

Setting boundaries with scheduling and adjusting to seeing just the number of clients needed to be financially secure, was a different way of thinking about and implementing scheduling. This perspective prioritized self-care over billable hours. Vanessa explained how scheduling for what she needed to meet her budget rather than an arbitrary number helped her make time for her self-care and lowered her stress level. She described,

I want to do this indefinitely and I don't want to burn out and I think it's important to keep that number close to how much money I need in order to do this more sustainably. I do notice if I'm seeing more than 25 clients a week, I start getting like sort of a fatigue, and just walking around shell shocked, like I heard too much this week. But when that number is lower, I'm good, so I think kind of being aware of what is your number and how many do you need to see to not worry about money and to be happy (Vanessa, 473-478).

Cara explained her decision-making process with scheduling and maintaining boundaries as one of her methods of preventing burnout,

How do you know to stop doing something when it just related to you working too much or burn out, is that I stop taking clients after times and if they couldn't make it, I just couldn't see them. That was the end of it. They just got referred out or had to make time in their schedule to meet my schedule. See, I forgot about all this stuff, you know (Cara, 177-180).

Although working fewer hours impacted income, the ability to work less gave participants time to engage in self-care and feel happier and healthier. Laura spoke about how working less has had a positive impact on her life and her children's lives.

I've changed my work hours so that I'm working smarter, not harder, which might mean less money, but at least it means I'm healthier so my kids might have me longer (Laura, 69-70).

Having children was identified by participants as being a catalyst to their setting boundaries around self-care. Their children helped them maintain boundaries that allowed them to engage in self-care practices in a way they could not do for themselves. Vanessa shared, "There was more of a switch like I'm also a mom and a wife" (149). Laura identified her children as being a solid boundary that she did not waiver on. She explained how making time to be with her children keep the relationship strong,

For me, I always make sure, and this is going to sound silly, but I always make sure when my kids have activities, I'm the one running them to and from the activities, regardless if that means I have to change my office hours at the beginning of the school year because of activities, because when you put a teenager in the car, that is when they talk, and maintaining that level of connection with my own children, kind of keeps me resilient in the rest of my life (Laura, 185-189).

It was noted that the ways in which one engages in self-care matters. While it was important to make time for self-care, the kind of activities and actions performed for self-care were important to their effectiveness and lasting effect. Mandala explained her perspective that quality of quantity matters when it comes to self-care. She explained,

Well, and I know everybody talks about this and it's kind of cliché, but just really engaging in a lot of self-care, but like meaningful self-care, not just drinking wine, which I do, but like meaningful connection with other people and really disconnecting from the business for certain periods during the year (Mandala, 461-464).

Making time for self-care was imperative to stave off burnout and foster wellness. How and what constitutes self-care was viewed as an individualized decision. As Divegranny detailed, in order for self-care to be effective, it needs to be a priority and implemented consistently.

I think that wellness, and resiliency, is all a balancing act when you do this profession more than maybe, well, with any caring profession, like nursing, or I don't know, I can't think of any other caring profession, but teachers, childcare, where the point is to be emotionally with another person, you've got to be well aware of who you are and doing things to take care of yourself actively. That can't be on the back burner, that has to be part of, because of your job, that has to be part of it on a daily basis I think, would be my belief (Divegranny 217-222).

The Business Beyond The Clients. The fifth and final theme of the study is the business beyond the clients. This theme had three subthemes, personal growth, professional growth, and business growth and described the experience of learning and managing the behind-the-scenes operations of running a private practice while maintaining a caseload of clients. The unique challenges associated with being both a counselor and business owner pushed clients to the edge of their comfort zone and necessitated a learn-by-doing approach. An experience which contributed to their growth and development on a personal, professional, and business level. April described that as a private practice owner, she was always learning. She explained,

I think that's the most important thing I would want them to remember getting started.

Because if you are going into private practice, they have the basic clinical skills, and their licensed, and of course always be the perennial student (April, 295-297).

This was a particularly challenging as the majority of participants reported their degree program offered no training in establishing and operating a business. Eleven out of 14 participants reported they did not receive, nor did they engage in any classes or trainings that would have aided them in functioning as a business owner. Ajne captured the wishes of all 14 participants who wanted a class in their training program on how to function in private practice when she said,

That would have been helpful to just have that as a class in and of itself. To know what, you know, as far as insurance has changed dramatically over the last 25 years, but to at least know more about insurances and billing and coding and you know everything that we have to do in the private practice world (Ajne, 296-299).

Therefore, the following sections present a description of each subtheme and provide illustrative examples of participants' excerpts to illustrate the initiative participants had to take to learn and implement the business aspects of being a private practice owner and the growth that accompanied this learning process in the areas of personal, professional, and business.

Personal Growth. The first subtheme, personal growth, is the first of three subthemes in the theme the business beyond the clients. In this theme, participants described their experience of personal growth resulting from hands on learning and the trial and error approach. Vanessa reported her first year was all about trial and error. She shared, "My first year in private practice I was like obsessive with playing with those numbers. I think because I was growing the practice,

but it has been trial and error, and the numbers are always changing” (482-483). This method of learning challenged participants, pushing them beyond their comfort zone, to try new things, and to increase their self-confidence by taking risks. Professional and personal growth went hand in hand, each influencing the other. Nora described that she had to learn how to be self-aware and adjust to what she needed in the moment. She shared, “I think for me I am learning how to be flexible my own, be aware of burn out and be flexible with how I approach maybe the last time is not going to work so I may need to try something else” (370-376).

Participants described their experiences of personal growth as being a major part of their experience with wellness, resilience, and burnout. Nora went on to describe that she learned how to be aware of burnout and how it affected her,

I think in that way, right now, right now it’s kind of a learning curve for me because I guess what I was always taught in school was watch for burn out, watch for burn out, to make sure you takes breaks, or build in vacation time. But I find it does relate (362-366).

Similarly, Divegranny believed it was important to consistently check in with herself and to make adjustments to address her needs in the moment. She explained,

Doing a lot of checking in with myself. I think you practice what you preach and making sure I am connected to myself and what my morals are and what my goals are and if I’m feeling overwhelmed, listening to that, and cutting back, and taking breaks where I need to (Divegranny 94-96).

The majority of participants reported some information on wellness, resilience, and burnout was covered in their degree program. Every participant denied having a course specifically dedicated to wellness and/or burnout. Rather, they stated it was something that was

embedded in the curriculum and was covered in several courses. Cindy reflected on how wellness and burnout was covered in her program. She described, "Just in the one class, I think it was the trauma class, and child sexual abuse. She talked about self-care in working with those populations, but there was not specific entire class dedicated to it, no" (Cindy, 294-295). Cara described a similar experience. She remembered it was covered at some point but could not remember the exact details of what was taught. She shared,

Yeah, I'm sure that they did. I feel like I do remember a conversation. I don't think there was an actual course on that, or like a class that was specific to that, but I'm sure, I know I've heard of it in college (Cara, 348-350).

For those participants who reported self-care was incorporated into their curriculum, they still felt it was lacking in capturing the bigger picture. Of the information they did learn, participants shared they either did not remember the material or it did not feel applicable. Although Eleanor remembered the topic being covered and found it helpful, she noted it did not give her everything she needed and that it was up to her to advance her learning to fill those gaps. She said, "I thought it was helpful, you know. Did it give you everything you needed? No, but I think grad school does that, you have to educate yourself" (Eleanor, 198-200).

Many participants felt the classes were irrelevant as at the time, they did not have a point of reference to assimilate the information. What knowledge they did have led to their thinking that the information provided in the classes were lacking. Paul detailed his experience of this stating,

I feel like they [degree program] addressed it, but they didn't necessarily know the reality of it and how it actually does effect people, or they didn't communicate it appropriately.

You know, take care of yourself, make sure you take care of yourself, what does that mean, like it was never specific. Meditate, take care of yourself, okay, but why, what's going to happen (Paul, 287-291).

Vanessa had a similar experience. She remembered hearing, reading, and talking about the concept of self-care but was more focused on the irony that it was being taught in the midst of her being inundated with course work, research papers, and reading. She shared,

I know that they did, but honestly, it was laughable. I just remember in grad school kind of like rolling my eyes that it was like, they always talk about self-care, but how do you practice self-care when you have 600 pages of reading, and this hanging over your head, or that, and you have to do three reports. It was just insane how much work was required but they were also like and take care of yourself. I just thought like in what world is that possible. So I think it was addressed but it didn't seem like it was addressed seriously. It was almost like it is a talking point, but I didn't see anybody around me practicing it, because I didn't know how it was logistically possible (Vanessa, 389-396).

As a result, concepts regarding self-care and burnout did not stay with participants into their professional careers. Rose explicitly recounted her experience with this stating,

Like I said, I don't remember everything, there could have been more, but it didn't stick with me and it never rang a bell when I got into what I'm doing now. I was hearing about it for the first time when I was actually doing it, you know what I'm saying (Rose, 399-401)?

Eleanor shared a similar experience,

I think in ethics class there was a little section on it, like hey, if you dread seeing a client you're getting burned out. You know, like that kind of stuff. But on a higher level, like systems level, no I don't think there was ever really anything (Eleanor, 164-166).

Participants expressed what would have been helpful would have been real life applications of the information. To do this, participants suggested hearing from current practicing clinicians. Nora described this in more detail stating,

With burnout particularly, I think it would have been really helpful to hear from actual clinicians being able to admit like I've gotten burned out on this and here is what I did, or this is a very real thing and that people experience it and their own experiences of that (Nora, 401-403).

Several participants expressed they would have liked an experiential component when learning about running a business and navigating burnout and self-care so they could be prepared for what could possibly happen and how to effectively respond. Cara described what would have been helpful for her learning process,

I think the biggest thing, I don't remember exactly what it was in school, but I think I would have liked to hear things that were about setting limits and setting timelines would be helpful and realistic expectations and then what may those realistic expectations be based on what your ultimate goal is (Cara, 355-357).

April believed if the classes had more hands-on, real life learning opportunities, the information would have been more relevant and would have made more sense to students. She described,

I think an experiential component to a class would be helpful. Because I think that again you keep it on a knowledge level and you don't, from my own use, having an experiential component, which everybody hates doing in classes, but everybody, no, a large percentage of people report to me, that as much as they hate doing it, it brings it to a level of understanding that they would not have gotten otherwise, just sitting in a lecture (April, 321-325).

For Paul, having concrete discussions and examples of what could happen from counselors who were actively practicing would have made the concepts easier for him to understand and to apply when he started his own practice. He explained,

Practical takeaways were also I think I would have liked to have had, and not in a scary way, but just the more realistic understanding of what could happen, either in a clinic setting, or in private practice, as far as the toll that working with people can take on you, physically and emotionally, and how to overcome that, how to combat that and take care of yourself (Paul, 296-299).

Several participants were aware they did not know enough going into their own private practice. Mandala confirmed this was her experience stating, "I didn't really have anybody to learn from so I just sort of figured it out on my" (Mandala, 420). Yet for some participants, the experience of learning by doing was unexpected. Rose explained, "I had an idea of what needed to be done, but I didn't know how to go about doing it. I just knew of it. If that makes any sense" (321-322).

A positive outcome of this hands-on approach was that it increased participants confidence and aided in their feeling more certain and secure in their abilities. Victoria

described, “I feel more powerful and confident. It’s a good feeling and I know it won’t last but I ride it as long as you can” (35-36). For Nora, the experience of learning by doing increased her confidence resulting in feelings of personal and professional success suggesting,

I know how to deal with it now and I feel much better on the phone because I know exactly what to ask for, or how to ask for it. I know all the codes and all that so I feel much more successful with that (Nora, 205-207).

Rose also attributed the increase in her confidence personally and professionally to her learning tasks firsthand. She expressed,

I don’t know if I ever take the time to sit back and think about it, but now that I am, I think it is really awesome thing to say. It can be a source of my confidence, knowing that I am a successful, private practice owner (Rose, 143-144).

Overall, the process of hands-on learning was both beneficial and stressful. Rose described, “I think teaching yourself and learning all the skills that it takes to run your own practice is really empowering. It’s really empowering” (80-81). Vanessa shared that as a result of all she has learned, she was in the best position she has ever been. She shared, “Like right now I feel very good about work and where I am at and where I am set up, but that was not always the case” (Vanessa, 11-12).

Professional Growth. The second of the three subthemes in the fifth theme the business beyond the clients, is professional growth. In this subtheme, participants detailed professional growth as encompassing multiple concepts including their skill level and competency as a counselor, their competency as a mentor and supervisor, and for some participants, their

competency as a boss. For Divegranny, feeling professionally competent was the result of attending to her professional wellness with a variety of approaches. She detailed,

So it's keeping myself grounded on the balance of getting training that I need, getting supervision that I need, getting clients that I feel comfortable and competent working with, and then always watching my internal world and making sure I am certainly connected (Divegranny, 133-136).

In addition to a sense of competency in their abilities, professional growth encompassed how participants viewed themselves in their multiple administrative roles, their feelings of confidence and self-efficacy in these roles, and how they found balance amidst them to maintain wellness and foster professional longevity. Eleanor described her professional growth as a private practice business owner as the result of experiences she had in other practices. It was there she learned what she did and did not want to carry over into her private practice. She explained,

I feel I think where I feel resilient and happy in being a practice owner piece of it, is I am always very cognizant of how I felt throughout my career, working in various settings. And so I am extremely sensitive to having been on the other side. So it's very important to me that I learned so much being an associate in a group practice, or being an employee in an agency, that you don't do, I try to then provide that, and I think it is why it has been as successful as it has been (Eleanor, 80-83; 8-90).

Vanessa discussed how she grew into her role as a counselor, learning from difficult client experiences and using them to inform the next experience. She provided more detail stating,

I would handle it differently now than I did then. I think I just kept trying to fix it. It took a major toll on me. I think at that point I said I just need to make some changes in my business and I'm not going to let this type of thing happen again. I started screening more, referring out. I have specialized more in women's issues (Vanessa,133-136; 140).

Several participants ascertained their professional wellness and growth involved continuing education. Through the attendance of conferences, workshops, trainings, supervision, and consultation, participants reported feeling re-energized in their work. By learning new concepts and approaches, participants viewed clients through a different lens, breathing new life into their work together. Nora shared how trainings got her excited about her work with clients. She shared,

I do enjoy getting additional trainings and things and those kind of bring a new perspective or breathe new life into something. One positive for me personally with burn out would be it usually motivates me to try something new or look into something new. Yeah, a new way of looking of some kind of training I want to do or haven't done or something like that can kind of add to what I do (Nora 69-70; 260-261).

Being able to access online trainings are particularly helpful for participants who are trying to balance their work and home life while continuing to grow as a professional. Rose listened to educational materials at home which allowed her to be with her children while expanding her professional mind. She described,

So listening to webinars when I can be at home with the kids, which has been great, so I can get ready in the morning, I can put on and listen to a podcast or webinar and get the education and growth I am looking for to stimulate my mind, but at the same time, I am

able to do it while I'm still watching the kids and be able to multitask in that way which has been really helpful (Rose, 65-68).

Cara listened to podcasts and reported they stimulated her professional mind and got her excited about her work with clients. She explained,

I think another thing that kind of helps me or lifts me up from things, like to reduce burn out, is also listening to podcasts that are business related, but then also like related to things that are aligned with my values and things as a person, and family. That type of stuff, almost hits the reset button for me and gets me fired up and excited about things and motivated (Cara, 232-235)

Workshops and trainings on operating a successful business was a common choice amongst participants to address what they did not learn in school. Ultimately, when it came time to operate the business, they expressed they needed more information. Cara explained that not having access to this information caused her significant discomfort that leads to avoidance of necessary tasks. She shared, "Then I end up not even doing it or putting it off and finding other things to do except what my main goal is doing. I'm currently experiencing that now actually" (Cara, 14-15).

Therefore, being able to access educational materials such as a workshops, trainings, conferences, or podcasts, lowered participants' stress levels and created positive feelings about their professional identity. April explained how she uses educational venues to stay up to date on important material that have a direct impact on her practice. She described,

From my personal experience, go to the workshops and trainings you need to be compliant with your state and federal regulations, your state licensure guidelines and

laws, go to a workshop on how to open a business successfully, remember that you are in business, you know (April, 290-292).

Another way the participants addressed educational gaps was by working in a private practice with other people which provided them with access to colleagues to consult with. Being able to consult and talk regularly with colleagues fostered professional growth and wellness and was missed by participants who were in solo practices. Rose described how her experience in a private practice with other professionals had a positive impact on her professional wellness. She shared,

A big help for me was to have some pretty awesome colleagues that we were able to go through that process together individually. We were individually doing our own thing, but we were able to lean on each other for support and answering questions and kind of guiding each other when we needed it, so that was fantastic (Rose, 128-131).

Lastly, another method to address educational gaps and to promote professional growth was finding a consultant, mentor, or supervisor. Kristy reflected on the positive support she received from her supervisor stating, “My supervisor was awesome, I couldn’t have asked for a better person to guide me through just becoming a counselor in general” (46-48). Laura shared how her wellness increased when she obtained a supervisor. Having that professional connection shifted her mindset from a place of stress and potential burnout to a place of resilience. She described,

Probably my most resilient has come since I became EMDR certified. The support of having a consultant or supervisor through that whole two year process, the seeing a set of cases with a fresh set of eyes, and realize, oh these times you are not a failure, these are

dissociative cases, or these are really difficult cases, and stop seeing that stuff as my failure but start seeing it as a way to oh, this is another level of training, and this is another level of okay you can help your clients with that stuff has really provided me that opportunity to, ok, I think I can actually retire doing this stuff now (Laura, 52-58).

Rose's also noted that her work with her supervisor has had a positive impact on her professional wellness as it created space for her to focus on growing as a professional. She explained,

Lets see, I have a supervisor that I started working with who has been awesome for my certified eating disorder specialist credential, so having a supervisor is something that I have not had in years, but it's so awesome to be able to take the time to really focus on and have the time to focus on supervision. Whatever that might bring up, client concerns, or case studies, or just being able to have a place where I could talk about anything with her (Rose, 189-194).

Trying to function successfully in unknown territory was another area of professional growth. Participants echoed the uncertainty and discomfort they experienced trying to learn new tasks and how to navigate new roles and make decisions without having the knowledge and information that could potentially help them. Nora shared her frustration with not having the information she needs making it an especially difficult learning process. She expressed, "I'm pretty good at figuring that stuff out, but it's also frustrating that there is not really a good, accessible, easy way to learn that stuff on your own" (Nora 138-139).

Several participants spoke about the multiple tasks they were juggling and their hesitancy to outsource jobs as being a learning process. For example, Mandala reported she does everything herself. A stance she noted is different than what she perceives as common among her

colleagues. She shared, “I do my own billing, I do everything myself. I do my own scheduling, all of the paperwork of course. I don’t hire out for any of that stuff which most people these days do” (Mandala, 308-310).

The decision to outsource was based on what would help lower participants’ stress level. Figuring out what triggered their stress was a learning process. For some participants, having more time or more money or handing off a task that they did not enjoy helped to decrease their stress. Laura and Cara explained how their financial position played a part in their decision to outsource or do a task themselves. Laura explained she was hesitant to outsource because it meant she would be responsible for supporting someone else’s income. A role that would cause her worry and stress. She explained, “Should I hire someone now to run the website, because now I have a second person who is relying on an income, not just me, you know” (Laura, 405-406). Cara thought about the return investment with hiring someone and if it would make more sense for her to keep who she had and expand her hours, or hire someone else and pay them differently. She shared her thoughts about the dilemma, “I haven’t decided or not if I have enough or I guess if I have information to discover what a return on investment would be if I hired her for more hours or if I got a different person” (Cara, 41-43).

When participants did not know how to do something or did not have an interest in learning how, it would have caused them more stress to be responsible for the task, rather than hire someone else to do it. This was the case for Paul who explained his decision to outsource billing for his practice was the result of his not knowing how to do it and not having the time or the inclination to use the time he did have to learn how. He explained his thought process, “I couldn’t figure out how to do the billing so I had to hire someone to do that, how am I going to pay that person” (Paul, 112-113).

Cara expressed appreciation for the person she hired to answer her phones. Delegating this task freed her up to do other things and to focus her energy where it was needed without worrying about returning calls, a task that is both time sensitive and consuming. She provided more detail,

She for sure helps with that. I don't have as much frustration or anxious feelings related to that anymore. That's the biggest thing she helps me out with. I have much less stress related to that (Cara, 39-41).

Participants described their growth as a professional as ever evolving noting that where they were in regard to their personal growth at the time of the study was not the same place they were in when they first started their private practice. Vanessa explained, "It was definitely a learning process of getting to this point, um, but I didn't know this at the outset" (13).

Laura had a similar experience as she described feeling lost when she first started her practice transitioning to feeling better but still a bit unsure. She explained,

It has been really difficult for me to tread those waters, so I guess I have a little tiny piece of it figured out and I figured if you have a bunch of people who have tiny pieces figured out, maybe you could put together something that could help all of us (Laura, 8-10).

Kristy described how the concept of success has shifted for her into challenging her professional growth through education. She described,

Now, successes are a little bit different because I am where I wanted to be and now it is about kind of re-evaluating what other avenues I want to see, where I want to see myself succeed. Now it's okay, do I want to start specializing in other areas, do I want more certifications, do I want to grow my business, do I want to do something other than this.

Do I want to find another passion that I can grow in that area and have a different creative

flow or have my brain working in other ways. It's interesting because now I find myself very content, so it's not all about reaching success, because I am happy where I am at (Kristy, 231-237).

For some participants, their experience of learning on their own inspired them to add the role of supervisor or mentor to their professional identity. Eleanor and Laura shared that they use what they have learned from their past experiences and actively shared these lessons with others. Eleanor explained, "I think I took away from it that you need to have someone like that in your life. So, I think I try to do that for others as well" (178-179). Laura stated, "I always try to be that affordable supervisor for other counselors" (370). In the same way, Nora tried to share information she has acquired as a private practice owner by reaching out to new practitioners in her area to answer questions, provide advice, and words of wisdom. She said,

I think when I hear somebody is new in the area I usually try to reach out to see what they need, and sometimes people don't need help, but I definitely respond to it and ask me insurance questions and stuff like that. I like answering because I know if I had that, it would have been nice to even have the support of somebody (Nora, 175-179).

Several participants were hopeful that by participating in the study they could further their growth as professional. Cara was hopeful that by participating she would get a better understanding of the professional aspects of her practice while also helping other practitioners feel more certain in what they are doing. She expressed her hope stating,

I guess probably a little more insight into where I'm at with my business and my own personal life, just to help too with understanding more about what we are doing and understanding more about what everybody else is doing, to get a general idea (Cara, 3-5).

Business Growth. The last of the three subthemes in the fifth theme, business beyond the clients is business growth. This theme described participants' experiences with growing and developing as a business professional. Establishing a private practice can be stressful and daunting, especially when an individual has no experience or training in operating a business. Kristy shared, "It's almost like a crash course when you go into private practice. You have to really feel it out" (276-277). Participants experienced tremendous growth and feelings of personal reward resulting from the challenges and obstacles they surmounted. Rose explained, "But in terms of going off on my own and doing private practice solely on my own, it was jumping in feet first" (Rose, 124-125). Overwhelmingly participants said they wanted more education, offering that they would have like a training component in their terminal degree program, or to have a mentor, or access to post-graduate training options. April discussed the need for additional training and what are some options for education. She described,

And in addition to that, some support that if you are having an interest in going into private practice, it's doable and I don't think they will ever get to doing the business component of it, but I think there are enough people in the field who are doing those trainings that you get out of graduate school and you can go to a class or get a consultant to work with that can help you build it that gives you the best chance for success (April 363-367).

Tasks participants would have liked more knowledge and training in included: financial planning, employee/staff management, customer service, navigating insurance, billing practices, tax information, accounting practices, social media, marketing and advertising, branding, website design and development, how to write a business plan, creating ethical and legal clinical documents, state licensure guidelines and laws, and miscellaneous administrative tasks. Rose

captured the frustration expressed by participants with not having a solid educational foundation in business. She said, “We don’t go to school for business and we didn’t learn any of this stuff, the majority of the stuff, you know like dealing with insurance and billing and this and that that comes along with running your own business” (82-84). Similarly, Eleanor expressed, “We could have a three-hour conversation on what I think is lacking in counselor education programs” (166-167).

Due to the lack of training and education, participants described their experience as a learning by doing approach, an often frustrating and uncertain method. Mandala described, “I did not really have anybody to learn from so I just sort of figured it out on my own” (420). Not having the knowledge, training, or mentorship in the business aspects of owning and operating a practice was a significant source of stress for participants. This resulted in their applying significant time and energy to figure out these areas on their own, to make and repair mistakes, and to forge ahead into the unknown to do it all over again. Stressors, daily tasks, and indicators of success are multi-faceted and require a different perspective than those whose sole function is counseling. Paul shared,

I guess if there was a way where I could not have felt like I was always flying by the seat of my pants for a period of time, that would have been great. I don’t know if that is avoidable, but having a better sense of certainty in terms of where things are headed in the beginning (Paul. 349-35).

Participants unanimously expressed the need for a formal education component to prepare them for the work required to be successful in their business which would ultimately have a positive impact on their clients, the community they work in, and their personal feelings

of success and competency. Rose stated she would have liked to have learned concrete, applicable information that she could have used to operate her practice:

Like getting a CAQH number, and an NPI number, all of those kinds of details that go along with getting started in private practice, that nobody knows about unless you get started with it. It really is helpful for someone to tell you that you need to do those things. The actual logistics, step by step process of what needs to be done in order to start private practice. It's completely different if you are running your own practice as opposed to if you were going to work in somebody's group practice, obviously you wouldn't need to know as much of these details. That is what I would loved from it. That is what I think I would have been able to utilize (Rose, 311-314; 406-409).

Divegranny shared her wish for more information as a formal component in her degree program,

You know, I think private practice 101 would have been great. Just to kind of, the insides of accounting and record keeping and ethical, legal and ethical issues that arise in a business and growing a business. I think that would have been great to give some sort of foundation (Divegranny, 387-389).

Similarly, Paul expressed a need for having classes that address the various components of being in private practice and operating a business. He described,

I also wished there could be a component with accounting, maybe just half a semester devoted to accounting, marketing, CPT codes. You get classes on the DSM but then the CPT codes can be, now they are kind of similar, but they weren't for a bit. Just understanding what those mean and working with insurances, insurance fraud, how to bill. I think that could have easily been covered in half a semester, or even like three or

four classes, a quarter of semester. Marketing, financial management, accounting, and the insurance side of it. Just understanding the basics of insurance (Paul, 324-329; 333).

Cindy shared her wish that she had a class that offered her the information she needed. She said, “It would have been great to have been able to take a class and understand how to grow your own business, when it comes to insurance companies” (330-331). Vanessa also felt like she needed more information and provided examples of what she would have liked to have known prior to starting her business,

I think the logistics of like accounting, what you need to know about taxes, what you need to know about paneling, what is required. They did in ethics talk about what is required for paperwork, but kind of understanding from the insurance reimbursement side, how that works. General overview of these are the costs you are going to occur, like advertising, the malpractice insurance, the general liability insurance in case someone trips and falls in my office, that never occurred to me in school. Phone, HIPPA, HIPPA with emails and all that kind of stuff (Vanessa, 426-431).

Due to the lack of formal education and training in degree programs leaving participants searching for more information, participants pursued from other opportunities to garner knowledge through training and education programs they paid for themselves, networking, mentoring, supervision, and consultation from other experiences private practice business owners. Cara shared that she learned from her first experience working for someone else’s private practice then bought into an online program to learn even more and used this experience when opening her own practice, indicating,

I bought an online coaching type thing to help with that, to help with writing copy, to help with the marketing and where to focus on that, but it was a self-study program. My first private practice experience was good. I learned a lot from that person. Then I went on my own, with the knowledge I gained from that person, and kind of put it into my own way I guess of doing things (Cara, 20-21; 57-59).

Eleanor did something similar using a hybrid learning approach combining an online coaching program and joined a social media group for practice owners where information was shared. This combination was helpful to her:

It's a national group practice owners page. There is just a lot of really good, you said do I take any business classes, or anything, I didn't formally, but I did subscribe to her packet and that was super helpful and I did a call with her which was super helpful, and just kind of like getting some basics, um, on business type of stuff. I thought that was very helpful. Um, and I think that reading stuff on there has been helpful, like little information that maybe I didn't realize, like sometimes billing codes that I didn't even realize you could use, things like that (Eleanor, 261-266).

Additionally, participants found ways to learn that worked for their schedule. Rose explained,

So listening to webinars when I can be at home with the kids, which has been great, so I can get ready in the morning, I can put on and listen to a podcast or webinar and get the education and growth I am looking for to stimulate my mind, but at the same time, I am able to do it while I'm still watching the kids and be able to multitask in that way which has been really helpful (Rose, 65-68).

Having access to supportive colleagues was identified by multiple participants as an essential part of their feeling connected and competent with their practice. Kristy shared, “My friends, who were my coworkers, were super supportive and helpful. If I had a question I could go to anybody” (7-8). Rose went on to describe that she had several colleagues in similar positions of just starting out with a private practice which allowed them to learn and share information together,

A big help for me was to have some pretty awesome colleagues that we were able to go through that process together individually. We were individually doing our own thing, but we were able to lean on each other for support and answering questions and kind of guiding each other when we needed it, so that was fantastic (Rose, 128-131).

Cindy also had colleagues who served as resources for her. She shared how beneficial these relationships were for her learning process, offering, “Thank goodness the same biller that worked for him, she continued to bill for me, and she walked me through the process” (Cindy, 329-330).

Some participants had a mentor, someone they found with experience in operating a successful practice. When discussing contributing factors to her professional resilience, Kristy said, “Consultation with the mentors that I worked with, that is certainly helpful” (135-136). For those participants who had a mentor, access to their knowledge and having their support was invaluable. Being able to connect with a mentor and serve as a mentor was an area of professional and personal growth for participants. Eleanor described the positive experience she had with her mentor and how it inspired her to do the same for others. She said, “I had a great mentor. I think I took away from it that you need to have someone like that in your life. So I think I try to do that for others as well” (Eleanor, 178-179). Laura also serves as a mentor for

others in the field, being sure to make the service financially accessible. She explained, “I always try to be that affordable supervisor for other counselors, but I was really blessed in that where I worked, I found supervision at work and that is not the case anymore very often” (Laura, 370-371).

For those who did not have a mentor in person or through their program, they found other ways of receiving guidance from more experience private practice owners in the field. Paul found a program online specifically targeted to counselors who are looking to start their own practice. He detailed his experience,

I know there is a lot of business coaches out there online, locally, people that have actually made a business out of teaching other counselors how to run a private practice. Some of it is free, some of it you have to pay for. The podcasts can be great. I have learned a lot through podcasts that I wish I had heard or learned prior to actually opening up. I just didn't realize that was out there, or if those podcasts have come along since I have opened. I know there are some great coaches out there, it's expensive from what I understand. I think if you have the money to pay for that, it could certainly be helpful (Paul, 357-363).

Not everyone in the study received mentorship. For those who did not have a mentor, they acknowledged they were aware of the mentorship process and felt it would have been helpful for them. Mandala noted that she would have liked to have had a mentor herself stating, “I probably would have liked a mentor. Which is what the young folks are doing. They are paying people or kind of hooking up with established people and learning from them” (Mandala, 419-420). Similarly, Kristy offered advice for future private practice owners recommending they find and learn from other private practice owners,

I think the first thing I would tell someone is to work at another practice, and to work at a practice where it's okay for them to leave, it's okay for them to grow. Whoever owns the practice is supportive and wants to be able to put the little birdie out to the world kind of thing (Kristy, 243-246).

For some, the pressure to keep learning in the midst of running a practice and maintaining their own wellness was noted as an exhausting task. Mandala explained how her exhaustion interfered with her finding the motivation to learn something new. She explained, "Partly the price. And partly laziness on my part. Partly, laziness in that I don't know if I have the energy right now to learn it all" (Mandala, 325-326). For Cara, the lack of accountability interfered with her learning new tasks. She shared, "I just don't necessarily have someone keeping me accountable. Like I said earlier, I had the self-study thing that I bought online, and again, no one is keeping me accountable, so I'm just not doing it" (Cara, 342-343).

Engaging in risks, facing challenges, managing fears and worries, and the hands-on learning process with a trial by error approach were all aspects of operating a private practice for participants who felt the day-to-day functions of the business took away from their work with clients. Laura noted that as a counselor, she is not proficient in business practices. A fact that particularly distressing for her. She shared, "Those of us who are really good counselors suck at being business owners. That's what I find, that we suck at the business end of it" (Laura, 3-4).

While all the participants indicated the desire to work in private practice, they expressed worry and anxiety about the risk they had to assume to start the business and the impact it could have on them and their family financially. Paul explained what this felt like for him when he first started his private practice,

Worrying about am I going to have enough money to pay the rent, am I going to have enough money for the electricity.....How many people do I need to see in a week just to break even, not even necessarily make a profit because I was still working full time at that point, but just so that the business was not losing money (Paul, 111-115).

April described how difficult it was for her to try to separate her personal and professional stress and shared how the stress made it difficult for her to function well, a state that put her at high risk for burnout. She described,

Because you know it's really hard to separate that from coming to the office. And I have to. I had missed work at times because I was not able to, because I couldn't be here and really fully present psychologically and emotionally when I was in a session with a client, because my stuff was hanging out from it all. That caused more and I think adds to the risk of burn out (April, 261-265).

It takes time to become financially secure and to have certainty that client referrals will continue to come. Mandala explained that it took her two years to get to the point where she started to feel more certainty in her case load and to not panic when her referral numbers decreased, noting,

I think it is honestly only the last two years that I have not freaked out when the daily caseload is low. So like, during the summer, pretty much notoriously people are on vacation, caseload is down, and every summer, for eight or nine years I would freak out. The last two years I have not freaked out really hardly at all. I have been able to just enjoy the extra time to read and study and breathe and know that everything is going to be just fine as soon as school starts again (Mandala 377-381).

Kristy shared that the past year she made the most money she had ever made. She perceived this achievement as reinforcement that she was successful as a private practice owner. She shared,

So I had to kind of find that resiliency in myself to be like, okay, I can do this. I can handle this, and I did. Being able to keep running a business at the level I was, and then I came out this year making the most money I had ever made, because I kicked my butt. It really proved to me that I have it in me to do what I do, do it well, manage my business and manage my personal life in ways I never would have thought possible (Kristy, 155-157; 159-161).

Learning limits, innate interests, and not feeling bad or guilty about indulging in those areas was also a growing edge for participants. Participants described feeling pressure to be competent and proficient in everything business related. Paul explained the pressure he felt when he first started, “I think when we first start doing this, I think most people feel or believe like okay I have to do everything, I have to know how to do everything” (Paul, 137-138). For some participants, not outsourcing and doing tasks themselves led to participants feeling more connected to business operations although it made the opportunity to disconnect for self-care more difficult. Laura explained how doing the tasks herself gave her the control that she wanted over those aspects of the business. She stated, “I do all my own billing, I run my own website, I’m a little bit of a control freak. I also really want control of that stuff” (Laura, 399-400). Cindy chose to do almost all the business tasks herself as well stating,

I definitely outsource billing. I never ever attempted to do billing on my own, from day one I have outsourced that. I guess everything else I do on my own. As far as my website, yeah, everything else is done on my own, just billing is the only thing I have outsourced (Cindy, 336-338).

For Paul, even with working multiple positions and having limited time, he too chose to do almost all the business takes himself rather than outsource, a time he looked back on as taking too much of his time.

Maybe I took it a little too far wanting everything to be perfect, but it certainly, that was another component that just ate up a lot of time, especially in the beginning (Paul, 37-38).

Participants described experiencing a learning curve with setting boundaries and feeling comfortable that they had a right to do so. Kristy shared that her wellness was maintained through establishing and maintaining boundaries and not expecting herself to do it all. She explained,

What helps is definitely me setting boundaries for myself. Whether it's saying no or just not doing things that I feel pressured to do, not allowing myself to feel guilty if I cannot juggle everything. Making choices that are sometimes difficult, but necessary. Making sure I have a plan in place (Kristy, 131-133).

Cindy spoke about the learning curve she experienced related to finances and having to enforce financial boundaries with clients, a task she felt guilty about and had to gain experience and confidence with. She described,

That was a definite growing curve, to be okay with knowing, this is a business, and I could stand firm with deductibles and copays, and don't do pro bono work but have it be a percentage that I formerly set up as far as the percentage of clients that I would see during the week on a pro-bono basis, that was a big difference. That was difficult to do, because there was guilt involved that I needed to process out, when I'm letting someone know this is your deductible, this is what we need to collect. I've definitely got better

with that through the years. But that was stressful in the beginning and I realized I needed to do that if I was going to be successful about the business (Cindy 173-179).

With experience, participants became more comfortable setting limits on what they do themselves versus outsource and find themselves feeling more comfortable focusing on their areas of interest and delegating tasks they are not interested in or perhaps do not have experience or training such as web design and development. April explained,

You never know all there is to know. Know that as you go, your interests will define your practice and just make sure that you are well versed in your scope of practice. That takes ongoing education. I'm adamant about that (April, 297-300).

Conclusion

This chapter summarized study findings and themes, introduced participants, and presented findings in more depth and detail using the words of the participants directly from their transcribed interviews. Fourteen participants were interviewed for this qualitative study which investigated the lived experiences of wellness, burnout, and resilience in independently licensed private practice counselors who operated their own practice while they maintained a caseload of clients. Husserl's descriptive phenomenology and Colazzi's (1978) method was implemented to capture the essence of each participant's experience of wellness, burnout, and resilience within the context of establishing and operating a private practice while maintaining a caseload of clients. Participants' transcripts were summarized and presented to create a rich, textual description of their lived experience.

Through transcription and analysis of interviews, five themes emerged, each with three subthemes. Participants detailed positive and negative experiences of functioning as both a

private practice business owner and professional counselor. They described their experience with establishing, building, and sustaining their practice, and the impact each of these stages had on them and their families. They identified what constituted success, the contributing factors to their stress level, and what helped mitigate burnout. They reflected on their years of experience, what they learned, what they wish they would have known, offered recommendations for master's degree training programs, and offered words of wisdom to future private practice owners.

The need to stay connected personally and professionally was echoed by every participant. Connections with other professionals, as well as family and friends, served a vital role that assisted them with engaging in self-care practices fostering personal and professional growth and reinforced personal and professional wellness and resiliency. These relationships assisted participants with finding balance amidst the many roles and functions they had and aided them with establishing and maintaining healthy boundaries. Differences between novice and more experienced private practice owners were noted as participants in practice longer reported a stronger sense of professional and personal stability. Additionally, participants with more experience felt more competent, capable, and equipped to sustain their practice long-term and to consistently implement action steps to foster wellness and professional longevity.

Perceptions of what constituted personal and professional success were explored in the context of work with the clients, the business, the ability to maintain wellness and self-care practices, being aware of and avoiding burnout, and finding balance while remaining financially stable. When participants were in a healthy place of wellness, defined as balance in mind, body, and spirit, it was reflected in their work with clients, and in their practice. Participants felt more prepared and able to accomplish tasks and be present with clients when they were actively and

consistently engaging in self-care practices and when connected professionally with colleagues, training programs, and/or consultants.

Participants revealed how their role as business owner was comprised of both independence and autonomy and served as both an opportunity and an obstacle to their participating in wellness practices. Setting boundaries and limits with scheduling was critical to prioritizing time for self-care. Participants' wellness practices included, but were not limited to, being connected with other professionals, spending time with loved ones, engaging in hobbies and other personal interests., engaging in personal therapy and consultation, mentoring, and continuing to learn through regular trainings and workshops. These outlets re-energized participants who reported they felt supported, heard, understood, and connected as a result of regular and consistent engagement in these areas.

Personal and professional growth was experienced by all participants through the evolution of their experience in private practice. Fear and uncertainty was associated with the initial risk of leaving an employer to start a private practice. The lack of formal training and access to information related to operating a successful business was a significant source of stress and pressure. Participants were afraid of failure explained as letting down their clients, not being able to financial support or contribute to their family, and not seeing their professional vision realized. Participants felt guilt surrounding the sacrifices their family had to make as they became financially unstable, worked long hours, brought work home, were less or completely unavailable compared to what they were prior. Although these feelings were intense and painful for participants in the study, participants overwhelmingly reported a love for their work and feelings of satisfaction in having a practice that reflected their professional vision. With time, experience, and for some, professional guidance, participants reported they found their

professional footing, gained confidence in their ability as both a counselor and business owner, and had feelings of satisfaction and fulfillment as they found themselves engaging in their true-life purpose in a setting they created.

Chapter Five

Discussion

Introduction

This current study was an initial phenomenological exploration into the lived experiences of private practice counselors who operate their own practice while maintaining a caseload of clients. This chapter provides a discussion of the findings for this dissertation study in the context of the current literature on burnout, wellness, resilience, and private practice counselors. This chapter begins with a summary of the results of the study, followed by an explanation of how the findings relate to the current literature on wellness, resilience, and burnout in private practice counselors. Study strengths and limitations are discussed next, with a review of the implications of the findings for counseling training and practice of counseling and for private practice counselors. Finally, recommendations for future research are provided.

Overview of Findings

In the field of counseling, there is limited research devoted to the experience of the private practice counselor, as both business owner and practitioner. While the field has given significant attention to counselors' experiences of stress, burnout, wellness, and resilience, there is a shortage of studies that specifically investigate private practice counselors. Therefore, this study adds to the current literature base and expands the knowledge base of private practice counselors.

Using an inductive qualitative research design, based on Husserl's phenomenological approach, data was collected through telephone interviews with 14 independently licensed private practice counselors who owned their own business, while maintaining a caseload of at

least 15 clients per week. After the data from telephone interviews was recorded and transcribed, it was analyzed using the guidelines proposed by Colaizzi's seven step method (1978).

When sharing their lived experiences of burnout, wellness, and resilience with operating a private practice counseling business while continuing to see at least 15 clients per week, all participants described advantages and disadvantages to being both counselor practitioner and business owner. Every participant reported feeling underprepared for establishing and growing their private practice business and reflected on what they wish they knew when they first started out. Surprisingly, working with clients was not identified by participants as the primary source of their stress level or a significant contributing factor to their burnout. Rather, the demands and uncertainties related to business aspects and functions were identified as significant sources of stress and burnout as well as the main obstacle to engaging in self-care practices. Five themes, each with three sub themes, were identified during the data analysis and reviewed in detail in the previous chapter including: (a) being independent but needing connection; (b) successes and stressors; (c) managing the many roles; (d) caring for self while caring for others; and (e) the business beyond the clients. The following section compares and contrasts these themes against what is known in the literature about wellness, burnout, and resilience in private practice counselors. This study suggests there are unique and specific challenges to counselors who function both as business owner and practitioner which directly impact their experience of burnout, wellness, and resilience—an area that has not been directly addressed in the literature. Therefore, recommendations for education, training, wellness practices, and future research are identified to address these specific and distinct needs.

Relating Findings to the Literature

Participants described their lived experiences of burnout, wellness, and resilience with being both business owner and private practice counselor as rewarding and challenging resulting from a culmination of positive and negative factors associated with the many roles and responsibilities unique to being both business owner and practitioner. Study findings suggest that while there is an overlap with the current literature and participants' experiences, a gap exists that directly targets participants' unique experiences, highlighting areas for future investigation.

Support for Study in the Current Literature

Participants disclosed feeling immense fear when taking the leap into the unknown of private practice, reporting fears of failure, a lack of confidence in their ability to succeed, and uncertainty in their knowledge of what was needed for their practice to be successful. This mirrored Brennan's study (2013) which noted that new practice owners who experience financial pressures, are often tempted to accept clients outside their area of training, a practice they deemed as unethical without the appropriate level of supervision or consultation. The majority of participants reported that when they first established their practice they accepted clients regardless of availability, demographics, or mental health issue to ensure the business would remain open and that they would be able to financially support themselves and their family. This practice negatively contributed to participant stress levels, similar to what has been described elsewhere in the literature (Brennan, 2013; Coker & Dixon-Saxon, 2013).

Consistent with earlier literature, participants in this study also reported experiencing stress and burnout as a direct result of operating and maintaining the business as opposed to it being the result of their work with clients (Jenaro et al., 2007; Lambert & Lawson, 2013;

Reynolds, 2010). Coker and Dixon-Saxon (2013) asserted private practice owners have additional systemic stressors in their role as a business owner. This was echoed by every participant who described the immense pressures resulting from the many business functions they had to learn and be proficient in to ensure the success of their practice. Functioning as a counselor and a business owner comes with its own set of demands and responsibilities leading to marked differences in stress and burnout among agency, community, and private practice counselors (Coker & Dixon-Saxon, 2013; Gladding, 2007; Vredenburgh et al., 1999). Supporting earlier literature, the strain of trying to attend to both roles simultaneously was difficult for some participants to balance, while others thrived on being able to shift into various roles, using different skill sets, and attending to added responsibilities (Brennan, 2013; Coker & Dixon-Saxon, 2013; Gladding, 2004).

Learning and managing the behind-the-scenes operations of running a private practice while maintaining a caseload of clients was a process that directly contributed to participants' growth personally and professionally. Aligned with the literature, participants in this study described these difficult tasks as the following: branding (Cohn & Hastings, 2013), billing practices (Brennan, 2013), tailoring ethical documents (e.g. informed consent, privacy statement, HIPAA), and meeting insurance and professional legal standards geared toward private practice (Brennan, 2013; Hedberg, 2010; Wiger, 2010; Zuckerman et al., 2008). Additionally, participants echoed the literature when they reported that managed care (universally named by participants) was a major trigger to their stress and burnout (Gladding, 2007; Richards, 1990; Rittenhouse, 2005).

Study participants noted their growth encompassed multiple concepts including skill level and competency as a counselor, competency as a mentor and supervisor, and for some

participants, competency as a boss. Study participants reported that a Type-A personality — a personality with traits that include competitiveness, a time-focused propensity, and a tendency towards workaholism— was an asset by study participants (Brennan, 2013; Coker & Dixon-Saxon, 2013; Grodzki, 2000; Stout, 2012). Finances were another indicator of success. This corresponds with Harrington's (2013) study which named the power of choice over location, hours, fees, projects, theory, and client referral as an advantage to being in private practice. Participants in this study agreed.

Paralleling earlier literature, being able to effectively manage and find balance as both business owner and counselor was identified by participants as imperative to their feelings of professional satisfaction (Coker & Dixon-Saxon, 2013) and self-efficacy (Bandura, 1997). Participants' experiences reflected studies where counselors with more years of experience in private practice reported stronger feelings of self-efficacy and less stress than those counselors with less experience (Lightsey, 1997; Lightsey & Christopher, 1997). In previous studies, commonalities among experienced participants included setting and maintaining boundaries with scheduling; taking breaks during the day; establishing boundaries between work and home; setting realistic, achievable goals; and regular, consistent engagement in self-care practices; and a professional support network (Cerney, 1995; Clark, 2009; Cummins, Massey, & Jones, 2007; Figley, 2002; Grosch & Olsen, 1994; Maslach, 2003; Skovholt & Trotter-Matthison, 2016; Venart et al., 2007). These practices were similar to those named by study participants who reported feelings of professional satisfaction, self-efficacy, and wellness.

All 14 participants described being drawn to private practice for the independence and autonomy it afforded, a benefit noted in the literature on counseling private practices (Gladding, 2007; Richards, 1990). Harrington (2013) noted an advantage to private practice counseling as

having “choice,” a factor reflected by study participants as being critical to their wellness. Participants echoed the positive impact of choice as they described their stress levels being directly impacted by the level of control they had over their professional environment and other professional factors. Echoing the literature, having autonomy over their schedule and professional environment and being able to make choices and decisions regarding personal and professional factors were critical to participants initial choice to establish their own practice as well as their reported perceptions of professional wellness and success (Brennan, 2013; Harrington, 2013). Cecile Brennan (2013) discussed the benefit of being in private practice as “the freedom to conduct an independent professional life” (p.##) and Judith Harrington (2013) noted the vantage to being in private practice as having “freedom to be the primary decision-maker” (p. 192). Participants described similar feelings.

As found in the literature on self-care and wellness, participants reported work-related obstacles directly and indirectly interfere with their engagement in self-care practices which directly impact their experience of wellness (Cummins et al., 2007; Figley, 1995; O’Halloran & Linton, 2000). Participants described the existing systemic challenges and difficulties associated with the behind-the-scenes processes of operating a private practice while working as a counselor—also an existing concept in the literature (Coker & Dixon-Saxon, 2013). The numerous administrative roles and responsibilities were identified by participants as creating additional stress due to their lack of training, coursework, or mentorship in owning and operating a business. This challenge was made more difficult as participants had to continue to function as counselors, attending to their clients and generating income to sustain the business. Similar to the Reynold’s (2010) findings, participants in this study identified that the business demands took away from time spent with clients, a source of satisfaction for counselors (Reynolds, 2010).

Participants in this study who reported they went into private practice to be able to work with clients on their own terms, not to be a business owner supported earlier studies, thus suggesting similarities (Drug Week, 2009; Pro, 2010).

Furthermore, several studies have suggested that it is the counselor's responsibility to ensure they are capable and effective to perform as a counselor (Baer, 2005; Burke et al., 2007; Tjeltveit & Cottlieb, 2010). Brennan (2013) expanded this to include ethical functioning as a counselor in private practice having stated, "the goal of this self-examination is to identify areas of ethical vulnerability" (p. 251). For this reason, participants in this study sought out educational opportunities including mentorship and consultation, an action similar to the findings of Bernstein and Hartsell (2004) and Brennan (2013). Brennan (2013) asserted the importance of incorporating supervision and consultation to support the counselor and to ensure ethical guidelines are being met. Participants in this study reiterated this, stating they either had sought out or were seeking out professional connections or opportunities for individual and group consultation, and had concerns about how to practice responsibly and ethically while on their own. This reflected the 2007 findings of Cummins et al.

Similar to what is found in the literature, a complicating factor to participants' engagement in consultation was the isolating nature of being in a solo private practice. The experience of loneliness and isolation among private practice counselors has been identified in the literature as a contributing factor to burnout (Brennan, 2013; Harrison & Westwood, 200; Lawson, 2007; Venart et al., 2007). Compared to study participants who did not have professional connections, participants who actively and regularly engaged in consultation either individually or in a group, formally or informally with colleagues, reported increased feelings of professional self-confidence and satisfaction, an experience named in extant literature (Coker &

Dixon-Saxon, 2013; Rupert & Morgan, 2005; Skovholt & Trotter-Mathison, 2016; Sterner, 2009). This was confirmed by four study participants who engaged in consultation and reported positive effects that directly influenced their personal and professional wellness and professional satisfaction and self-efficacy.

Similar to earlier work, the process of self-care was described by participants in this study as being self-aware, actively attending to their own needs, being connected to family and friends, and engagement in social activities and hobbies (Figley, 2002; Grosch & Olsen, 1994; Holahan et al., 1996; Kearney & Weininger, 2011; Pierce et al., 1996; Williams & Sommer, 1995). Study participants reinforced that tuning into one's self was a critical component to their personal and professional wellness and professional longevity and efficacy, like other scholars have reported (Grosch & Olsen, 1994; Williams & Sommer, 1995.) In order to be present and effective for their clients, study participants asserted they needed to be healthy in mind, body, and spirit, a state described in the literature as being accomplished by active engagement in self-care practices (Jenaro et al., 2007; Lawson, 2007; Skovholt, 2005; Skovholt & Trotter-Mathison, 2016; Thompson et al., 2011; Venart et al., 2007). Connections with family, friends, and colleagues served multiple purposes and were used to establish a support system that participants relied on to help them process the challenges associated with their work as well as to maintain their wellness. This is consistent with the literature which supported that having limited social connections and relationships with colleagues has been strongly correlated with burnout (Cohn & Hastings, 2013; Hastings & Cohn, 2013; Kee et al., 2002).

Literature has documented that making time for self-care and burnout prevention is imperative to foster wellness and minimize potential for burnout (Sadler-Gerhardt & Stevenson, 2012; Skovholt, 2001, 2005; Witmer & Young, 1996). A major attractant to the independence of

private practice was having control over the factors that positively and negatively contributed to quality of life such as control over scheduling, the ability to flex time around important life activities and events, and the ability to make time for self-care, all while financially supporting self and family. This is consistent with the literature on resilience which has asserted that resilient counselors are effective with managing their stress levels and engage in consistent, regular self-care practices (Cummins et al., 2007; Lawson & Myers, 2011; Sadler-Gerhardt & Stevenson, 2012; Skovholt, 2001, 2005).

Participants summarized being resilient as the ability to tune into one's self in the midst of the demands and pressures of operating a business while attending to clients' needs. Like noted in the overall literature on resilience, participants described resilience as being self-aware, engaging in practices that foster self-reflection, and actively attending to their own needs (Figley, 2002; Kearney & Weininger, 2011; Trippany et al., 2004). In earlier studies investigating burnout, participants spoke about the negative impact burnout can have on the counselor and the client (Kottler & Hazier, 1996; Lawson, 2007; Sherman & Thelen, 1998; Young & Lambie, 2007) and the need for counselors to promote their own well-being (Cummins et al., 2007; Lawson, 2007; Skovholt, 2005; Thompson et al., 2011; Witmer & Young, 1996). Study participants agreed describing their self-care practices and the opportunities and obstacles to resiliency created by systemic factors of operating a private practice.

Several study participants confirmed extant findings in the literature indicating private practice can be isolating (Brennan, 2013; Lawson, 2007; Venart et al., 2007) and that networking, consultation, supervision, and other forms of interactions with colleagues resolve these feelings and foster professional connection (Clark, 2009; Coker & Dixon-Saxon, 2013; Grosch & Olsen, 1994; Sommer & Cox, 2005; Sterner, 2009; Trippany et al., 2004). However,

study participants reported competitive dynamics amongst colleagues, a concept discussed in the literature that asserted competitiveness and territorial perspectives can make it difficult to find a professional network where counselors feel supported and appropriately challenged (Floyd et al., 1998; Good et al., 1995). Participants agreed.

Participants echoed previous literature findings which established the importance of developing a professional identity (Gale & Austin, 2003; Hanna & Bemak, 1997; Mellin et al., 2011). In line with the review of existing literature by Cureton et al (2019), additional research is needed to clearly define best practices for developing professional identity. Several study participants noted the important connection between developing a clear professional identity and their professional wellness, a concept that appeared in the literature as crucial to wellness and professional longevity (Skovholt & Ronnestad, 2003).

Overwhelmingly, participants reported their experience as a private practice owner as rewarding and worthwhile. Similar to what has been reported by researchers of wellness and resilience, study participants noted feelings of personal and professional satisfaction as a direct result of their autonomy, ability to regulate their schedule, finding meaning in their work, their personal and professional investment in the growth of their practice, commitment to their clients, and growth as a professional reflecting their professional vision (Clark, 2009; Clemons, 2017; King et al., 1998; Lambert & Lawson, 2013; Rupert & Kent, 2007; Skovholt & Ronnestad, 2003; Zander et al., 2013).

Six Pillars of Resilience.

The experiences of study participants mirrored the six pillars of resilience (Schwartz, 2016). Dr. Schwartz (2016) asserted that resilience is not a character trait. Rather, it is a set of

behaviors that can be learned and implemented to support a state of resilience. Through her research on resilience, Dr. Schwartz (2016) identified six behaviors that build and foster resilience: growth mindset, emotional intelligence, community connections, self-expression, embodiment, choice and control. Themes from this study reflect the concepts of each of the six pillars.

The first of the six pillars is Growth Mindset which adopts the perspective that life, whether positive or negative, is an opportunity to learn something new (Schwartz, 2016). People who identify as resilient have the belief that they can learn, grow, and gain a new understanding or way of looking at things from difficult and challenging experiences (Schwartz, 2016). Several participants in the fifth theme of this study, Business Beyond the Clients, reflected on their personal, professional, and growth as a business person identifying that learning something new via trainings, attending conferences, or participating in individual or group consultation as a contributing factor to their state of resilience.

The second pillar is Emotional Intelligence, defined as the ability to experience a wide range of feelings without judgment, and to process and learn from the feelings that arise. Through their own self-reflection, study participants demonstrated how being in tune with their feelings throughout the experiences they identified as positive and negative, created opportunity to develop a deeper understanding of themselves. Schwartz (2016) described that through attending to the feelings, a resilient state ensued (Schwartz, 2016). Study participants spoke in more detail about this in the first subtheme, Tuning Into Oneself, of the fourth theme, Caring For Self While Caring For Others.

The third of the six pillars of resilience is Community Connections (Schwartz, 2016). It is well established in the literature that having connections to other people is crucial and resilient

people are connected socially and avoid isolation (Schwartz, 2016). The importance of maintaining connections was echoed throughout this study's five themes, but was especially noted in the first of the five themes, Being Independent But Needing Connection.

The fourth of six pillars is Self-Expression, findings ways to explore and process emotions resulting in self-compassion, acceptance, and resilience. This is an individualized process that is about each person finding what works for them (Schwartz, 2016). In the third subtheme, Making Time for Self-Care & Burnout Prevention, in the fourth of the five themes, Caring For Self While Caring for Others, study participants discuss the many ways they each attend to their own experience. Participants discussed the evolution of their self-care, citing the learning experience that is based on experience, trial and error, and a on-going commitment to themselves to find and engage in what works.

Embodiment, the fifth of the six pillars of resilience is about fostering a connection between the mind and the body to embrace how the body experiences, responds to, and processes emotion (Schwartz, 2016). Study participants discussed engaging in self-care activities in the fourth theme, Caring For Self While Caring For Others. Activities such as yoga, walking, running, meditation, resting and being silent, talking to a therapist, and being in the moment were examples of how participants cared for themselves through attending to their mind-body wellness.

The final pillar in the six pillars of resilience is Choice and Control (Schwartz, 2016). Study participants repeatedly identified that having control and freedom of choice is directly related to their decision to start a private practice. Furthermore, the ability to choose and control their environment were named by participants having a significantly positive impact on their

personal and professional satisfaction. Upon looking deeper, participants who reported feeling in control over their work and life factors also reported stronger feelings of resilience.

While Dr. Schwartz notes there are a wide range of behaviors that foster resilience, she asserts resilience is the result of actively and consistently engaging in those activities and adopting a mindset of growth and learning.

Findings That Challenge Extant Literature

Working with insurance companies for reimbursement, referred to as managed care, was indicated by every participant as a significant source of stress. While Brennan (2013) noted the influence of insurance companies, she contended their influence did not directly impact one's practice. Participants in this study, however, described a direct negative impact resulting from insurance company regulations and guidelines. Managed care negatively impacted their financial status as well as how they operated their business as insurance guidelines often dictate and direct the frequency clients are able to be seen, the length of sessions, and the counselor's ability to select the types of interventions used in sessions. For example, Cognitive Behavioral Therapy is the preferred standard set forth by insurance companies, which has been noted to limit counselors who practice from other professional theories (Hayes & Hoffman, 2018). Participants described a marked decrease in professional satisfaction resulting from insurance mandates dictating their practice operations.

Literature on counselors' professional satisfaction has established a link to client progress and outcomes in treatment (Thompson et al., 2011). Although a few participants in this study made connections between their wellness and their clients' progress, success, and outcomes in treatment, the majority of participants explained their perception of stress and success regarding

clients was related to finances. For example, client obtainment, client retention, and the counselor feeling pressured to work outside of his or her scope to obtain financial stability were identified by multiple participants as their primary sources of stress related to clients. The majority of study participants in this study did not rely on client outcomes as an indicator of professional success—which challenges literature on best practice (Mullenbach & Skovholt, 2000; Sapienza & Bugental, 2000; Thompson et al., 2011). Rather, participants defined success as having choice and control over environmental factors: demographics of the clients they work with, the number of clients they see per week, their schedule, and the ability to choose theoretical approaches in sessions.

Contrary to the literature base which has attributed counselor stress and burnout to the frequent and consistent exposure to the distress of clients (Cocker & Joss, 2016; Cummins et al., 2007; Jenaro et al., 2007; Lambert & Lawson, 2013; Perlman & Hartman, 1982; Thompson et al., 2011; Witmer & Young, 1996), participants in this study credited client-related stress to feelings of guilt related to scheduling. This difference suggests counselors in private practice may experience burnout related to clients differently than counselors in agency and community settings—suggesting more research needs to be done. Only one article was found that discussed the concept of choice and its relationship to burnout. Cohn and Hastings (2013) asserted that practitioners must be aware of their wants, needs, and limits in regard to their clinical practice. They highlighted the importance of not just making money but also in establishing a professional identity, which were both connected to job satisfaction and either wellness or burnout (Cohn & Hastings, 2013; Cureton et al., 2019; Gale & Austin, 2003; Hanna & Bemak, 1997; Mellin et al., 2011; Skovholt & Ronnestad, 2003). Yet, this does not capture the conflict participants in this

study reported feeling when they described taking on clients outside of their expertise due to the financial pressures of sustaining their new practice and supporting themselves and their family.

Burnout has been defined in the literature by the symptoms counselors experience through their work with clients (Lawson, 2007), an experience of prolonged stress resulting from working as a helper with human suffering and pain (Cocker & Joss, 2016; Perlman & Hartman, 1982). Contrary to this, participants in this study reported burnout as resulting from having to function as a business owner, managing business aspects, combined with the pressure they felt to be ever present for clients (due to client needs or financial pressures), even when they needed time away from their work.

The unique challenges associated with being both a counselor and business owner pushed participants to the edge of their comfort zone and necessitated a learn-by-doing approach. Every participant indicated a lack of knowledge, absence of training, and minimal access to information targeting private practice owners contributed to their experience of stress and burnout. Having access to this information would have mitigated their experiences of isolation, uncertainty, and trial-and-error learning, creating additional time and opportunity for engagement in self-care practices to support wellness and longevity. The effects of a lack of education and training as a business owner on burnout and wellness are absent in the current literature base.

Although one can speculate that many things have changed as a result of the impact of the COVID-19 pandemic, certain challenges and benefits to owning and operating a private practice remain the same, such as control and autonomy over one's schedule, business ownership responsibilities, and the need for self-care and wellness practices to support resilience and mitigate burnout. Therefore, even though this study's findings would potentially exist in a very

context had data collection been done post-COVID, many of the findings are still relevant and provide important and applicable information to counseling private practice business ownership.

Strengths and Limitations

A significant strength of this study was its contribution to the small body of research on independently licensed private practice therapists who operate their own business while maintaining a client case load. The information collected in this qualitative study could offer support, validation, and assistance to current practice owners as well as provide information to counselors who are deciding to start their own private practice. Multiple methods were used to ensure credibility and rigor. An outside auditor, skilled in Husserl's methodology, was used at several points throughout data analysis to support theme and subtheme development and refinement; to establish consensus on the themes and sub themes; to ensure there was a clear relationship between themes, subthemes and their meanings, with no redundancy or misrepresentation of participants' intended meanings; to review and validate that the exhaustive description represented participants' experiences as closely as possible; and to confirm data saturation was met and that the data was capture in the extant themes and subthemes, with no new data emerging. Secondly, the researcher had ongoing discussions with the dissertation chair throughout data collection and analysis. Finally, member checks were conducted, where participants were provided with themes, subthemes, definitions, and corresponding quotes and were given two weeks to review to verify their experience was accurately represented without any misunderstanding or misrepresentation. Each of these steps is outlined in more detail in chapter three of this document.

This study contributes to the literature base and serves as an entry point for future studies with different demographics, geographical areas, races, ages, years in practice, and years of

experience and training. Study findings also offer support, validation, and information to current private practice owners, and those counselors who are considering going into private practice by offering information from current counseling private practice owners. Future studies could review the literature related to motivation, entrepreneurialism, and business to identify how other fields have conceptualized burnout, wellness, and resilience to inform data collection and analysis. The literature base could benefit from discovering what would draw someone to the business aspects of owning and operating a practice and the impact business ownership has on counseling skills and the client relationship.

Like all research studies, this study has limitations. The primary limitation is that the lack of cultural diversity limits any transferability of findings. Although no qualitative research is generalizable, this study's results may not be transferable beyond the context of the present sample as it speaks to the experience of only the participants who have been interviewed for this particular study and do not apply outside of that. For example, this study does not describe the experiences of male, black counselors, or counselors in different geographical areas, of different ages, races, or years in practice. Therefore, it is possible individuals who identify with a different background and life experience may not fully identify with the results of this study. This limitation is likely due to aspects of the recruitment protocol which would be addressed in a future study. According to the United States Census (2017), roughly 62% of counselors are White and about 73% are female. In this way, demographics of the study participants are not entirely surprising, however, the study protocol did nothing to disrupt this. Future studies would address this limitation by changing the sampling method and

This study used purposive and snowball sampling which resulted in multiple participants being located in Pennsylvania limiting diversity of the sample to reflect that in NorthEastern

Pennsylvania. Geographically, 11 out of the 14 participants were practicing in Pennsylvania. This could have been the result of individuals responding to a recruitment post on a Facebook group for therapists in Northeastern, Pennsylvania where the study researcher practices. Therapists in this particular social media group were familiar with the researcher and her practice and may have been more inclined to participate due to their familiarity and professional relationship, thereby limiting the diversity of the sample. Experiences can be unique to the region where a participant is practicing. For example, one participant described experiences with self-care unique to practicing in a rural setting. Another example is that every participant reported working with insurance companies as opposed to private pay or grant funding. Therefore, the participants in this study did not represent private practice owners as a whole, and the study did not capture differences in the experiences of operating a counseling private practice in different regions and with different operational practices, which could greatly impact their experience of the investigated phenomenon.

Phenomenological studies are commonly comprised of smaller sample sizes. This study had a sample of 14 participants. Participants self-nominated for study involvement in response to a recruitment strategy outlined in chapter three. This sampling strategy had assumptions in that it asked for counselors who had an experience with burnout and/or resilience. While the study is not grounded in the assumption that every human being has had an experience with burnout, wellness, or resilience, study recruitment methods sought participants who had these experiences. These assumptions could have contributed to the lack of sample diversity, which was instead limited geographically, racially, and ethnically. It is possible individuals who did not elect to participate would have had different experiences than those captured in this study. Potentially, participants who did not self-nominate had different experiences, and due to

circumstances that could have been relevant to the study, were not in a position to participate in the study either logistically or mentally. For example, counselors who were overwhelmed with their responsibilities, in a current state of stress or burnout, or who had experiences that may have made it difficult for them to participate, may have had experiences that would have added different information to the study findings.

Additionally, 10 out of 14 participants were not employed outside of their practice. In addition, participants were solo private practice owners meaning they did not have other counselors working at their practice, nor did they supervise student interns of master's degree counseling programs. Therefore, there could be significant and meaningful difference in the experiences of those counselors who have additional employment beyond practice owner and counselor (e.g. mentor, supervisor, consultant, professor) and for those who have other clinicians working at their practice. Counselors who are employed in addition to their private practice may have additional demands on their time that directly impact their experiences of burnout and wellness and make it difficult for them to engage in self-care practices. Similarly, counselors who employ other clinicians or who supervise interns may have different demands and responsibilities than their colleagues who do not. These demands and responsibilities could add another layer of information that the field would benefit from understanding. Future research is, therefore, recommended in this area.

Another limitation was the varied educational and training background among participants. The sample was not homogenous in training program background, region, or demographics. It is for this reason study findings cannot fully capture or represent the experiences of all licensed counselors, especially CACREP-trained counselors. In regard to other demographic information that was gathered from participants, information regarding their

experience with mentorship, supervision, and number of employees or clinicians working at their practice, if any, was not collected. Had these questions been asked, a more full, rich description could have been presented. Individuals who have experience and/or training in business practices (e.g. marketing, branding, website design, accounting) could have practice advantages compared to their less prepared counterparts. Another advantage that was not explored was participants' connections with their community. For example, one participant, Laura, spoke about relocating as a result of her husband's job change and having to rebuild her practice, an experience which she reported was particularly demanding and stressful. Laura noted that she told her husband they could not relocate again outside of a 15-mile radius of her current practice because she could not go through the stress and demands of building another practice from scratch. This suggests individuals who grow up or have live long-term in their community could have advantages over colleagues who are new to an area, such as knowing more people and having more connections, which make the experience of establishing a practice, managing the business aspects, and client recruitment different.

Additionally, due to study exclusion criteria, several individuals who owned their practice but saw less than 15 clients per week, were excluded from the study. This was a practice which appeared to be common among business owners potentially as a strategy to find balance between clinical and administrative tasks. This suggested that findings could vary significantly among business owners with various hours of client contact. Future studies could investigate the differences between private practice owners who see less than 15 clients per week compared to those who see more or no clients at all. Additional areas of investigation include private practices with just the counselor as business owner seeing clients, and group practices which have one or more counselors besides the practice owner seeing clients; the various and differing

responsibilities of private practice business owners; and the impact of various demographics on counselors' experiences of burnout, wellness, and resilience, such as marital status, socioeconomic status, age, race, and sexuality.

Like all research, there is a potential for the biases of the researcher to influence study results which could include gender, age, race, ethnicity, culture, socioeconomic status, personal and professional experience, and perceptions of the concepts of burnout, wellness, resilience, and operating a private practice. These issues were described in detail in chapter three, and every effort was made to account for biases to ensure trustworthiness and to increase credibility of findings. However, as the primary researcher is a Caucasian female who owns and operates a private practice while maintaining a case load of more than 25 clients per week, the lens through which data collection and analysis was completed may have influenced results. Although there is no evidence of such, this limitation should be considered when interpreting or applying study results.

Implications

To the best of my knowledge at the time of this manuscript, the current study offers the first empirical investigation exploring the experiences of burnout, wellness, and resilience among independently licensed private practice counselors functioning as the business owner while maintaining a caseload of clients. Although extensive articles have been published in the area of burnout, wellness, and resilience, they sample and address agency and community counselors, focusing on the counselor's work with clients as opposed to management and engagement in the business aspects of the practice (Clark, 2009; Freudenberger, 1986; Grosch & Olsen, 1994; Lee et al., 2019; Mullenbach & Skovholt, 2000; Schaufeli et al., 1993; Skovholt, 2001; Skovholt et al., 2001). Due to the lack of information regarding the experiences of this population there is a

need for further research to increase the availability of information, to provide feedback regarding current training programs, and to suggest a reevaluation and reassessment of training program preparedness.

This study introduces practical contributions for education, training, and professional longevity practices for private practice business owners and counselors. Participants shared information and strategies for fostering and sustaining wellness that are not being taught in graduate programs or found in existing literature. These strategies for building a practice and maintaining wellness could offer significant support and guidance to counselors who are just starting their private practice career, an area that Brennan (2013) and Cohn and Hastings (2013) note is needed. For example, study participants described information that should be taught, learned, and implemented prior to establishing a private practice and leaving other employment. Furthermore, as study participants gained experience as business owners, their awareness of how to organize and attend to business and professional factors became clearer and concrete. Although the five themes and corresponding sub themes described in chapter four paralleled the extant literature on counselor burnout, wellness, and resilience, new information unique to counselors who operate their own private practice was discovered (Cohn & Hastings, 2013; Cureton et al., 2019; Mellin et al., 2011; Remley & Herlihy, 2010; Skovholt & Ronnestad, 2003). This new information can contribute to the existing literature base by offering areas for further research, can offer validation and normalization of the experiences of current private practice business owners, and advice and guidance for counselors who want to start their own practice and establish their professional identity.

The majority of participants identified a significant lack in their training program to effectively and sufficiently prepare them to function as a private practice business owner. A

review of several CACREP accredited programs and ethical codes confirmed the absence of procedural steps and business courses in counselor training programs (CACREP, 2016). This is especially problematic as business-related mistakes and errors resulting from a lack of education and training could have serious and lasting consequences as discovered in previous studies (Bernstein & Hartsell, 2004; Coker & Dixon-Saxon, 2013). These findings suggest it could be helpful to have CACREP standards that address the needs of counselors-in-training who may be considering operating a private practice to see clients. Participants in this study urged educators to incorporate such information into their training programs, covering topics such as working with insurance companies, billing, documentation, legal matters, etc. If counselors are to be prepared to offer counseling in private practice settings, future studies ascertaining the experiences unique to private practice counselors and private practice counseling business owners are needed.

Furthermore, the absence or inclusion of business courses into counselor training programs would be of interest. The CACREP 2016 standards outlines course content that should be included in every counselor training program. Of the eight common core areas every newly trained counselor should have knowledge of, business practices are absent. A brief review of CACREP-accredited programs reflects the lack of core courses or electives being offered to counselors-in-training. Future research could support the implementation of electives or a business certification to decrease angst, burnout, and the risk of businesses failing due to lack of knowledge and training (CACREP, 2016). Study findings could begin to inform CACREP guidelines and standards such as the addition of recommendations and strategies for educators, training programs, and post-graduate practicing counselors. Areas of focus could include standards for the operation of a private practice, ethical guidelines for consultation of private

practice business owners, and standards and strategies tailored to the multiple roles private practice counselors navigate. For example, recommendations for the discussion of money with clients, establishing and enforcing practice financial standards, and ethical guidelines in regard to marketing, networking, and management of dual relationships unique to private practice ownership while continuing to see clients.

Perhaps study participants felt more prepared to work with clients and less so to manage their business which made them more susceptible to experiencing stress and burnout with business ownership thereby prompting them to speak more about this experience. Almost every participant confirmed they had a class on wellness and self-care in school in regard to being a counselor, but nothing on business ownership and management. Future studies would benefit from looking into the extant literature in other fields, such as business and other helping professions, regarding risk taking and other personality characteristics related to business ownership to inform study foci.

Every participant spoke about burnout, wellness, and resilience in the context of being a business owner. Although experiences with clients were briefly touched upon, the main focus for the 14 participants was their experience as a business owner. Perhaps a study limitation was that the study was framed in a certain way that it limited access to their experiences as a counselor. For example, recruitment and sampling strategies targeted private practice business owners. Participants knew when they consented to the study that it was about business ownership. This could speak to the isolation named by participants and their desire to connect that the study became a space for them to talk about their experiences while also sharing their story in hopes it would help others which several participants identified as a motivating factor to their participation.

The concept of developing a niche practice, specializing in a particular area where one has significant training and experience, is an area for additional research as this was a professional strategy named by experienced study participants. Developing one's professional identity and establishing a niche was recommended by some consultant programs that offer business advice to counselors who are starting their own private practice. This aligns with extant literature which asserted having a solid, clear professional identity is correlated to wellness and professional longevity (Cureton et al., 2019; Gale & Austin, 2003; Hanna & Bemak, 1997; Mellin et al., 2011; Skovholt & Ronnestad, 2003).

A 1999 study asserted there is a difference in stress and burnout when comparing agency, community, and private practice counselors (Vredenburg et al., 1999). Additionally, a link has been established between the business aspects of operating a practice and stress levels and burnout in counselors (Coker & Dixon-Saxon, 2013; Gladding, 2004). More research needs to be done to clarify if private practice owners with business knowledge in their background have similar or different experiences compared to those who do not. Studies could explore the relationship between burnout, stressors leading to burnout, and whether there would be a reduction in failed private practice businesses or professional burnout if counselors have the knowledge of private practice business operations and practices.

An additional interpretation of study findings suggest that there could be a tension between business owner and counselor components that could result in changes for a counselor, their professional identity, and their work with clients. Research being conducted by Darcy Haag Granello (2010) has found that counselors with more years of experience have higher levels of cognitive complexity. Similarly, Ronnestad & Skovholt (2003) assert that senior therapists report higher levels of wellness and resilience. Therefore, it could be beneficial to explore how business

owners balance being a counselor, being present and empathetic with their clients, and how they effectively navigate challenges that could present as a threat to the counseling relationship and working alliance.

Additionally, another area of investigation is whether there is a difference in the experience of solo practitioners versus those who either share space with or operate a practice with multiple clinicians (group practices). A strong correlation between professional and systemic factors and burnout has been proven; a concept echoed by participants (Coker & Dixon-Saxon, 2013; Figley, 1995). Although this study did not differentiate between solo and group practice owners, future studies could explore how different types of practice owners experience self-care and wellness. Future studies may also investigate their relationship with self-care depending on the type and quantity of demands that come along with a group practice, such as wearing multiple hats, having the sole responsibility, or sharing responsibilities for the operation of the practice. For example, a potential area for investigation is counselors and practice owners who work with independent contractors versus employees. The responsibilities, type of supervision and oversight, and liability differ significantly between the two. This was mentioned by study participant, Eleanor, who spoke about the demands on her time in regard to supporting staff and being their resource.

Schauben and Frazier's (1995) study found a positive relationship between low levels of burnout and four coping strategies, one of which was organization. Several participants mentioned having a type-A personality, enjoying versus dreading paperwork and business aspects, indicating these tasks either connected participants to their practice or caused them to feel overwhelmed and avoidant. Thus, further exploration of the personalities drawn to the role

of both business owner and therapist could be helpful in identifying strategies to mitigate and preventing burnout.

The literature repeatedly reinforced the importance of counselors' consistent and regular engagement in self-care practices to foster wellness and mitigate burnout (Barnett et al., 2007; Cummins et al., 2007; Figley, 1982; Mullenbach & Skovholt, 2000; Skovholt, 2001, 2005; Skovholt & Trotter-Mathison, 2014). All 14 participants reported being very busy, not having enough time to do everything they would like to do personally and professionally. Yet, each participant made time to participate in the study stating they wanted to help their colleagues. They hoped to receive help in return, through information sharing and experience-related knowledge. Therefore, further exploration of the inherent nature of individuals who identify as being overwhelmed but continue to want to help others is warranted.

Having a well-developed base of resilience will assist the counselor in recognizing and working through professional issues that arise while working with clients thus providing personal and professional support and increased longevity as previously document (Lawson & Myers, 2011). Some participants easily provided a definition of resilience but struggled with how to apply their concept of resilience to themselves. These same participants were also readily able to provide a definition of wellness. Areas for future investigation could include further clarification of the definition of resilience, how private practice counselors conceptualize resilience, how they apply resilience to their personal and professional selves, and an investigation into the noted difficulty some participants had in defining what resilience means and how it related to them and their experience.

According to Forbes (2012), most small businesses took two to three years to become profitable, a measure of success as a business. Startups.com (2020) asserted that small businesses

have a similar pattern of growth, experiencing similar challenges and successes. A few participants provided a timeframe of two to three years when talking about finding their rhythm, establishing and implementing a business operation plan and routine, and reaching financial security. Future studies could investigate the progress and evolution of operating a practice, offer insight and knowledge into the phases and stages of establishing a practice and reaching professional security, offer guidance and information for future and current practice owners. Reflecting on what was discovered in this study, future studies could investigate the experience of counseling private practice owners and clinicians in the following ways: Did they notice a change in experiences with burnout from when they first started their business to present time? When did that switch occur? When do feelings of contentment and self-confidence surface, if at all? Does more experience translate into less stress and an increase in wellness? Finally, if they had not started their own business, do they believe they would still be practicing counseling, and if so, what would be different?

Furthermore, future research could focus on examining the differences of private practice counselors related to gender and marital status; does having children, either in or out of the home, versus no children, play a role in the reported feelings of conflict between being with family and operating the business; and what, if any, personal factors, such as children, home ownership, having a partner, etc. contribute to study participants' report of feelings of financial pressure, and how their perception of financial pressure contributes to the decision to practice outside of his or her area of expertise, and to the decision to alter boundaries related to scheduling. Additionally, do demographic factors or geographic location play a role in regard to operating the business, dealing with behind the scene tasks, and engagement in self-care and wellness practices.

This study's participants indicated that practice owners should have a high level of awareness about themselves in regard to self-care and wellness. Literature on wellness and resilience asserted the importance of self-care practices (Figley, 2002; Grosch & Olsen, 1994; Holahan et al., 1996; Kearney & Weininger, 2011; Pierce et al., 1996; Williams & Sommer, 1995). Future studies could explore differences among people who have been in business for less than 6 months, more than 1 year, 3 years, etc. and if there is a change over time in areas of imposter syndrome, pressure, burnout, level of awareness and insight into experience, professional identity and self-confidence, and practice operations. For example, are solo practitioners more tuned into self-care because they are not pressured by group practice demands?

Finally, participants indicated a desire for consultation for support and to facilitate growth. The benefits of consultation are clearly established in the literature (Clark, 2009; Coker & Dixon-Saxon, 2013; Grosch & Olsen, 1994; Rupert & Morgan, 2005; Skovholt & Trotter-Mathison, 2016; Sommer & Cox, 2005; Sterner, 2009; Trippany et al., 2004;). Yet, little is known about how often private practice counselors are engaging in consultation, who they acquire as a consultant, and the benefits it has on addressing burnout and wellness and mitigating professional impairment. Furthermore, there is a lack of information about mentorship in the business areas of operating a practice. At the time of this manuscript, no articles were found that addressed private practice counselors and business mentors. Yet, all 14 participants expressed a need and desire for help and guidance with the business aspects of operating a private practice, some even seeking out a mentor with minimal to no success. Additional investigations could look into the types of business consultation being offered (in-person, online, etc.), their

effectiveness, and the experience of practitioners who are involved as compared to those who are not.

As data collection occurred before the COVID-19 crisis, replication of this study using similar methodology and data collection could develop new and different understandings of private practice counselors' experiences. The number of confirmed COVID-19 cases globally continues to grow and expected to increase over time (Al Kasab et al., 2020). In response to the COVID-19 crisis, the addition of CACREP standards, ethical guidelines, and best practices for telehealth would be beneficial. Over the last ten years, counselors have been introduced to technological platforms such as videoconferencing and text messages (Dinesen et al., 2015) and the use of technology is growing at a rapid pace (McCord et al., 2015). Most recently, in response to COVID-19, counseling practices are shifting to solely virtual, never seeing clients in person. These technology platforms present with unique challenges for counseling that can be disruptive to the process (Myers & Turvey, 2013). Technological issues such as a poor connection can have a negative impact on client satisfaction (Luxton et al., 2014), the counselor-client relationship, negatively impact client engagement (Henry et al., 2017; Myers & Turvey, 2013), and increase frustration for both the client and counselor (Luxton et al., 2014). Future research could begin to explore private practice counselors' experiences with telehealth, the differences and specific needs of hybrid practices, those that see clients in-person and virtually, compared to practices that are entirely virtual, and the impact telehealth has had on these practices and client care. For example, Stephen Kennedy (2014) has developed an assessment called the TechnoWellness Inventory (TWI) to explore the relationship between individuals' technowellness and their holistic wellness. Future studies could review this research and use findings to inform study protocols.

Conclusion

There is a shortage of research devoted to the study of private practice counselors who also function as business owners (Coker & Dixon-Saxon, 2013; Cureton et al., 2019; Gladding, 2004; Lawson & Myers, 2011; Vredenburg et al., 1999). As a result, there is limited knowledge regarding the experience of independently licensed private practice counselors with a caseload of clients who are also functioning as business owners. This study sought to address this gap and add to the extant literature base to develop a starting point for additional research and investigations. Findings of this study suggested that counselors who own and operate their private practice while continuing to see clients have experiences that are unique when compared to their colleagues who work in agency, community, or other settings where they do not have primary control over the business aspects of their practice.

Similar to the existing literature investigating factors impacting wellness and resilience in counselors, study participants reported a strong need to have autonomy and flexibility in their professional life, to feel in control of professional factors while maintaining balance between work and home (Cohn & Hastings, 2013; Gladding, 2007; Harrington, 2013; Richards, 1990). Having the ability to manage their business and personal life allowed study participants to make adjustments so they could maintain connections with colleagues for support and guidance and engage in personal relationships, their primary identified method of self-care. Engaging in formal and informal consultation and networking with colleagues is a well-established practice in the literature that has been shown to significantly mitigate stress and support professional longevity (Bernstein & Hartsell, 2004; Brennan, 2013; Coker & Dixon-Saxon, 2013; Cummins et al., 2007; Rupert & Morgan, 2005; Skovholt & Trotter-Mathison, 2016; Sterner, 2009).

All 14 participants mentioned at some point during their interview how helpful it was to have someone to talk with about their experiences and expressed hope that by having access to this study's results, they will find a source of support or guidance. This suggested to the researcher that study participants continue to feel professionally isolated and uncertain that they are doing everything they can to succeed, to maintain the longevity of their practice, and to ensure their personal and professional wellness. This phenomenological investigation described participants' experience as practice owners and counselors and from this, proposed ideas for education and training programs and potential areas of focus for future research. While the findings of this study do not represent all private practice counselors and business owners, it served as the first step in beginning to describe and develop an understanding of the lived experience of this subject of counselors. In spite of the challenges and stressors associated with operating a counseling private practice while continuing to see clients, the resulting opportunities and experiences are profoundly rewarding personally and professionally.

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Appendix A: Recruitment Email

Hello!

My name is Sara Thaxton and I am conducting a research study for my dissertation examining the experience of burnout and resilience among independently licensed private practice counselors who operate their own practice while still seeing clients.

Participation in the research study will consist of a one-time, one-to-one interview with me via the telephone. The interview will take approximately 90 minutes and will be conducted at a time that is most convenient for you. Information will be used for research purposes for my dissertation. All participants must be 18 years of age or older.

If you have any questions about the research study, would like more information, or if you would like to participate, please let me know. I can be reached via email as slthaxto@syr.edu or by phone at 570-904-3699.

Thank you for your time and consideration!

Sara Thaxton, MA, LPC

Appendix B: Recruitment Social Media Post

Participants needed for a research study investigating
The Lived Experiences of Workplace Burnout and Resiliency in Independently Licensed Private
Practice Counselors Who Operate Their Own Practice.

I am looking for private practice counselors who operate their own business while still seeing
clients and are willing to be interviewed about their experiences for research purposes.

Phone interviews will be arranged between the participant and the investigator and will take
approximately 90 minutes.

Experiences and information will be used for research purposes. All participants must be 18
years of age or older.

If you are interested in participating or have any questions, please contact

Sara Thaxton, LPC at 570-904-3699 or

slthaxto@syr.edu

Appendix C: Informed Consent

COUNSELING AND HUMAN SERVICES

Protocol Title:

A Phenomenological Investigation of the Lived Experiences of Workplace Burnout and Resiliency in Private Practice Independently Licensed Counselors Who Operate Their Own Practice

Principal Investigator/Key Research Personnel:

Principal Investigator/Key Research Personnel: Melissa Luke, PhD, LMHC, NCC, ACS

Email: mmluke@syr.edu

Phone: 315-443-5265

Student Researcher: Sara Thaxton, LPC

Email: slthaxto@syr.edu

Phone: 570-904-3699

Introduction:

The purpose of this form is to provide you with information about participation in a research study and offer you the opportunity to decide whether you wish to participate. You can take as much time as you wish to decide and can ask any questions you may have now, during, or after

the research is complete. Your participation is voluntary, and you can stop your participation and leave the study at any time, without penalty.

As a participant, your information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

What is the purpose for the research study?

- The purpose for this research study is to explore the experience of burnout and resilience among independently licensed counselors who operate their own private practice while continuing to see clients. This study will add to the existing literature on burnout and resilience in counselors and will expand the knowledge base by providing information on the experience of private practice counselors who operate their own practice. Additionally, as this is not yet a well-researched area, information gained from this study will lead to recommendations for future research.

What will I be asked to do?

- You will be asked to engage in an interview with the student researcher, Sara Thaxton, to talk about your experiences with burnout and resilience in the context of operating your own private practice. You will be encouraged to elaborate on how you make sense and meaning of the concepts of resilience, wellness, and burnout, and how these concepts interrelate to the business aspects of owning and operating a private practice while maintaining a caseload of clients.
- You will be interviewed only once, and the interview will take approximately 90 minutes. The interview will be conducted via telephone and will be scheduled at a time convenient for you.
- Upon receipt of the signed consent to participate form, but prior to the interview, you will be emailed a demographic form for you to review, complete and send back. When returned, forms will be reviewed for completion, and if any additional information is needed on the document, you will be asked prior to the start of your interview.
- Following the interview, you will be contacted by email to provide feedback to ensure accuracy of your statements and their meanings compared with study findings.

- First, you will be emailed themes resulting from interviews for your review and feedback. You will have two weeks to share your comments and reactions to ensure accuracy of extracted themes.
- Lastly, you will be emailed study findings and invited to comment on whether or not they accurately represent your experience of burnout and resilience. You will have two weeks to provide feedback.

What are the possible risks of participation in this research study?

- The possible risks of participation in this research study are possible stress or emotional discomfort that may arise during the interview process when you are asked to recall your experience(s) with burnout and stressors in the workplace. These risks are minimized by your ability to stop the interview at any time, to take breaks as needed, and your ability to withdraw from the study at any time without penalty. The student researcher and principal investigator are trained counselors and will be sensitive and aware of the effects the interview content may have on you as a participant.

What are the possible benefits of participation in this research study?

- There are no direct benefits to you as a participant.
- Possible indirect benefits of participation in this research study include, helping to further the understanding of burnout and resilience in private practice business owners and counselors. The information gained in this study can help the profession, counselors, and private practice business owners increase their awareness and understanding of resilience and resiliency practices which can help with professional longevity, counselor wellness, and effective client care.
-

How will my privacy be protected?

- Your privacy will be protected by ensuring all information be kept confidential, and, in the case where study participants' identities need to be retained or can be associated with their responses, you will be asked to create a pseudonym that will be used for identification. Only the student researcher, Sara Thaxton, LPC, and the principal investigator, Dr. Melissa Luke, will have access to the key to indicate which pseudonym belongs to which participant.
- Additionally, your interview will be conducted via telephone in a private office located in the student researcher's private practice or private home office. The student researcher will be using her personal laptop and phone which are both password protected as well as audio recording equipment. You are encouraged to complete the interview in a private setting as well to maintain confidentiality on your end.

- Interviews will be transcribed by a hired transcriptionist with experience in medical transcription, Kris Ann Blaine. Ms. Blaine has agreed to maintain your confidentiality. Interviews will be hand delivered to the transcriptionist for her transcription and will be returned with the transcript interview. Ms. Blaine will not retain any copies or information related to study.
- Transcribed interviews will be shared with study auditor, Teresa Conte, PhD, CPNP, whose purpose is to review study data to evaluate its accuracy in depicting the phenomenon under investigation and to confirm data saturation has been met.

How will my data be maintained to ensure confidentiality?

- Your data will be maintained to ensure confidentiality by your creation of a pseudonym which you will be referred to throughout the study to ensure confidentiality. Additionally, any identifying information, such as practice name, will be removed in analysis of data and the final writeup. Your information, collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.
- The list of participants, their pseudonyms, audiotapes of interviews, and transcribed interviews will be stored on a password protected computer accessed only by the student researcher. Access to this information will be used only for research purposes and available only to the student researcher and the principal investigator and will be destroyed upon completion of the study and write-up.
- Data being transferred for transcription and auditing will be done so on a password protected memory stick and will be hand delivered to and from the transcriptionist and the auditor. When not in use, the memory stick will be stored in a locked filing cabinet.

Will photographs, audio, video, or film recording be used?

- Interviews will be audiotaped and those recordings will be stored in a secure location to maintain confidentiality.
- Using a transcription service, the audiotapes will be used to transcribe the interviews in an effort to develop themes across study participants.
- Audio tapes will be used for data analysis purposes only. Only the student researcher, Sara Thaxton and the Principal Investigator, Dr. Melissa Luke, will have access to the recordings. Audio tapes will be retained until data collection and analysis is completed. Tapes will be destroyed when active research phase has ended, and data analysis is complete.

Will I receive compensation for participation?

- There is no compensation for participation in this study.

Will clinically relevant research results will be returned to the participants?

- At your request, research results may be emailed to you upon completion of the study.

What are my rights as a research participant?

- Your participation is voluntary.
- You may skip and/or refuse to answer any question, for any reason.
- You are free to withdraw from this research study at any time without penalty.

Whom may I contact with questions?

- For questions, concerns, or more information regarding this research, you may contact the student researcher, Sara Thaxton, LPC, at 570-904-3699 or slthaxto@syr.edu. You may also contact the Principal Investigator, Melissa Luke, PhD LMHC, NCC, ACS at 315-443-5265 or mmluke@syr.edu.
- If you have questions or concerns about your rights as a research participant, you may contact the Syracuse University Institutional Review Board at (315) 443-3013.

All of my questions have been answered, I am 18 years of age or older, and by signing this consent form, I agree to participate in this research study. I have received a copy of this form for my personal records. We have not set aside money to pay for related injuries. Signing this form does not waive any legal rights.

_____ I agree to be audio recorded.

_____ I do not agree to be audio recorded.

Date: _____

Printed Name of the Participant

Signature of the Participant

Date: _____

Printed Name of the Researcher

Signature of the Researcher

Appendix D: Demographic Survey**PSEUDONYM:**

1. What year were you born? (YYYY)
2. With what gender do you identify?
3. With what race/ethnicity do you identify? Please circle all that apply.

American Indian or Alaska Native

Hawaiian or Pacific Islander

Black or African American

Asian or Asian American

Hispanic or Latino

Non-Hispanic White

Other _____

4. Marital Status:

Single

Married/Partnered

Divorced

Widowed

Other _____

5. Do you have any children?

If yes, how many?

How old?

6. What is the highest degree you have obtained?
7. In what discipline is your highest degree?
8. How many years has it been since completion of your highest attained degree?
9. What is your license?
10. In what state are you licensed?
11. How long have you been practicing as a licensed counselor?
12. Are you employed outside of your private practice?
 - 12a. If yes, what is your position?
13. How long have you been in private practice?
14. About how many clients do you see per week?
15. About how many clients are on your caseload?
16. What are the demographics of the clients you work with?
17. Have you had any additional training in burnout, resilience, or running a business?

If yes, what was it?

How has it helped you in your position and job function?

Appendix E: Interview Questions

Interview Protocol and Research Questions

To allow time for participants to answer questions fully and to their satisfaction, the semi-structured interviews will be scheduled for ninety minutes. Participants will not be compensated for their time, but will be advised that they can stop the study and discontinue participation at any time, without penalty.

This study attempts to address the lived experience of private practice counselors who are also business owners and what their experiences mean to them. Each participant interview will begin the same, by asking:

1. Tell me a bit about what you were expecting when you first learned of this study.
2. What is your interest in the study? What brought you here?

The following broader sample interview questions may be asked in varied order and will be modified to be more responsive to participant statements and, depending on what participants express, the student researcher will be responsive to what comes up and follow a line of information that is being expressed.

1. Tell me about a time when you experienced burnout as a helping professional and/or practice owner?
2. Tell me about a time when you experienced resilience as a helping professional and/or practice owner?
3. What does the word wellness mean to you?

4. Tell me about a time that stands out to you because it shows what it was like to experience burnout as a private practice helping professional and practice owner.
5. Tell me about a time that stands out to you because it reflects what it was like to experience resilience as a private practice helping professional and practice owner.
6. What, if any, relationship do you believe wellness, resiliency, and burnout have?
7. Tell me what you think positively and negatively contributes to your experience of burnout.
8. Tell me what you think positively and negatively contributes to your experience of resilience.
9. What is something from your experience that you would share with someone who is going into private practice as a business owner and clinician?
10. What meaning does burnout and resilience have to you in role as a counselor and private practice business owner?
11. Did your counseling education program address the issue of burnout and resilience?
 - 11a. If yes, what was provided?
 - 11b. What did you take away from it?
12. Did your counseling education program offer any training in establishing and running a private practice?
 - 12a. If yes, what was provided?
 - 12b. What did you take away from it?

A final follow-up question will be asked of all participants:

1. Is there anything else about your experiences that you think I should know?

Additional responses and affirmations will be used to add richness and depth to the interview and to provide supportive and encouraging responses to participants. Furthermore, probes will be used if participants' descriptions are abstract or too general as the descriptive method of inquiry requires sufficient detail so the researcher can consider them in the analysis (Kleiman, 2004).

Sara Thaxton-Wilson, LPC

228 South Main Avenue, Scranton, Pennsylvania 18504

◇ (570) 904-7363 ◇ Fax (570) 348-4079 ◇ Sara@ThaxtonWellness.com

Education

Syracuse University

Syracuse, New York

- **Doctor of Philosophy** in Counseling and Counselor Education Doctoral Candidate
- CACREP accredited
- GPA 3.897

Saint Joseph College

West Hartford, Connecticut

- **Master of Arts**, Community Counseling, GPA 3.7 2010
 - **Bachelor of Arts**, Psychology; **Bachelor of Science**, Biology, GPA 3.5 2005
-

Professional Credentials

Pennsylvania Licensed Professional Counselor

2015-present

New York State Mental Health Counselor

2015-present

National Certified Counselor

2014-present

EMDR Certified Clinician

2017-present

Work and Clinical Experience

Thaxton Holistic Wellness Center, LLC Scranton, Pennsylvania

2016-present

Owner/Clinician/Trainer

- Operate and manage 4 mental health practice locations and one wellness center
- Oversee and manage business aspects of practice
- Oversee 22 clinicians, 6 wellness providers, and graduate counseling interns
- Provide counseling for children, couples, families, and adults with diverse diagnoses with specialization in trauma, mood disorders, and personality disorders
- Provide case management services to clients based on their specific needs
- Conduct intakes to assess, diagnose and determine appropriateness of treatment for new clients interested in services, and assign cases to therapists based on clinical needs
- Develop comprehensive treatment plans
- Facilitate groups (meditation, art therapy, etc.) for children and adults

- S. Thaxton, P. 2

- Provide weekly consultation to staff members and licensed counselors
- Provide consultation to therapists and interns to facilitate their professional growth

Bloomsburg Psychological Center Bloomsburg, Pennsylvania 2015-2016

Clinician

- Provide counseling for children, couples, families, and adults with diverse diagnoses with specialization in trauma, mood disorders, and personality disorders
- Provide case management services to clients based on their specific needs
- Conduct intakes to assess, diagnose and determine appropriateness of treatment for new clients interested in services, and assign cases to therapists based on clinical needs
- Facilitate art therapy trauma group for adult women

Brownell Center for Behavioral Health Syracuse, New York 2012-2015

Clinician

- Provide counseling for adults with diverse diagnoses with specialization in trauma, sexual offending and personality disorders
- Facilitate two weekly groups for adults who sexually offend using a CBT model and holistic approach for treatment
- Provide services for offenders on SIST (Strict and Intense Supervision and Treatment – Article 10) and coordinate collaboration with the Office of Mental Health in Albany and other collaterals
- Facilitate two weekly DBT groups for adults based on Marsha Linehan's model for treatment
- Provide case management services to clients based on their specific needs
- Conduct weekly intakes to assess, diagnose and determine appropriateness of treatment for new clients interested in services, present cases at weekly intake meeting, and assist in assignment of cases to therapist
- Serve as a mentor to incoming practicum and internship students completing their requirements at the agency
- Receive weekly consultation related to personality, mood, and sexual disorders

Graduate Assistantship Syracuse, New York 2011-2014

- Assist with research of assigned principal investigator

- **S. Thaxton, P. 3**

- Assist with course preparation, teaching, student evaluation and grading
- Coordinate and complete special projects assigned based on individual instructor's needs

Wheeler Clinic Plainville, Connecticut 2011

Multisystemic Therapy Clinician

- Provided intensive in-home multi-systemic therapy (MST) treatment to adolescents and their families following specified practice guidelines
- Functioned as part of an MST team and participated in weekly team supervision and consultation
- Served as a liaison and support between families and collaterals and attended appointments with families such as court, school, medical, and probation appointments

Connecticut Sexual Assault Crisis Services East Hartford, Connecticut 2009-2011

Victim Advocate

- Assisted in the develop and implementation of a tertiary support group which provided monthly support services to sexual offenders' family members and loved ones. Group members were able to receive services allowing them to express and process experiences related to having someone they care about on parole for a sexual offense, the impact this has on them and their family and the stigma related to the label
- Ensured that victims were fully informed of their rights; the options, benefits, and resources available to them; and the potential risks of all options. Supported and advocated for victims in these decisions by providing information, referrals, accompaniment, advocacy, and other services
- Remained aware of current laws, statutes, and regulations related to victims' right to privacy and protections afforded to victims in local state/territory statutes
- Served as a spokesperson and liaison with other law enforcement staff, allied with professional agencies, community groups, and the community at large to carry out the purpose of the program.
- Conducted research and remained aware of developments and national trends in the area of victim service delivery
- Fostered a victim spirit of cooperation and communication among law enforcement staff, courthouse staff, prosecutors, and community agencies in an effort to enhance the delivery of services and information to crime victims
- Monitored case management: submitted monthly reports, contacted victims, developed an action plan with the victim, and monitored case progression through the Judicial System

- S. Thaxton, P. 4

- Provided assistance/referral to crime victim's compensation program; assisted in establishing financial losses for restitution purposes; provided crisis intervention, assisted in preparing victim impact statements, assisted with court preparation, accompanied victims to court hearings, provided referral and assistance on domestic restraining orders, notified victims of case disposition and sentences, and provided referrals to appropriate services as needed

Wheeler Clinic, Inc.

Plainville, Connecticut

2006-2011

Direct Care Counselor

- Functioned as a direct care counselor of a multi-disciplinary team to provide a safe, therapeutic milieu to adolescent boys/young adult males (ages 14 to 21) with problem sexual behaviors (PSBs) and complex trauma issues residing in a Level II group home. The group home served as one of the first of its kind in CT, and was considered a significant phase of treatment for clients transitioning back home or into independent living
- Assisted clinicians in the formulation of behavior plans and therapeutic interventions as needed to address specific problems/escalating behavior
- Interfaced with family members, Department of Children and Families (DCF), medical providers, law enforcement and community agencies involved in clients' treatment
- Participated in weekly rounds with supervisors and clinicians and attended monthly congregate care trainings
- Taught self-support skills, implemented and supported use of DBT skills, oversaw daily living activities to ensure proper care of residents
- Wrote individualized reports for each resident and recorded events in log book

Yale University

New Haven, Connecticut

2007-2008

Research Assistant

- Recruited and screened potential subjects for research protocols. Contacted and scheduled participants in studies
- Conducted intake assessments and determined eligibility. Referred ineligible individuals to appropriate services as indicated
- Accompanied subjects to sites of research studies and monitor subjects; conducted behavioral ratings during the studies
- Performed diagnostic interviews. Distributed, monitored and collected the subjects' self-report data. Alerted the Principal Investigator in case of deterioration of any of the subjects
- Assisted with testing participants, explained instructions, ran computer programs, administered questionnaires, computer-based tasks and backed up saved data

- S. Thaxton, P. 5

- Coordinated referrals for subjects completing or withdrawing from the protocols
- Collected, analyzed and logged toxicology screens, blood work results and behavioral data. Scored/coded data and entered into computer, prepared summaries (e.g. using Excel)
- Maintained lab files and participating records
- Under the direct supervision of the Principal Investigator, coordinated the organization of the hard data. Entered the data into programs for statistical analyses
- Participated in weekly staff meetings to review the progress of the research study and status of subjects
- Assisted with manuscript and grant proposal preparation (e.g. proofreading, writing summary of methods)

Connecticut Children's Medical Center Hartford, Connecticut 2006 - 2007

Visitor Access Associate

- Performed a range of administrative and operational support duties
- Ensured a welcoming, safe and secure environment in the unit by collaborating with unit and security staff
- Provided quality customer service in accordance with HIPAA, CCMC and unit policy

Connecticut Children's Medical Center Hartford, Connecticut 2006 - 2007

Quality Improvement Patient Representative

- Represented and interpreted the mission, policies, procedures and services of CCMC to patients and family members in support of Service Excellence
- Functioned as a resource and a liaison between the patient, the hospital, and the community
- Ensured patients' rights were respected; provided a channel for problem mediation and resolution; promoted the highest level of quality of care and patient satisfaction

Supervision Experience

Thaxton Holistic Wellness Center, LLC Scranton, Pennsylvania 2017-
present

Supervisor of Graduate Students in their Masters Practicum and Internship

Consultant to Licensed Professional Counselors

S. Thaxton, P. 6

Syracuse University

Syracuse, New York

2011-2014

Supervisor of Graduate Students in their Masters Practicum and Internship

- Provide weekly supervision for master students in their practicum and internship placement
- Complete weekly supervision notes summarizing students' progress, areas for growth and areas of focus in supervision session
- Review and provide feedback on videotaped sessions and written case notes
- Facilitate students' learning, assist in expanding students' case conceptualization, understanding of multiculturalism, intentionality, ethics and development of professional identity
- Conduct on-going and formal mid-term and final evaluations and submit to course instructors

Professional and Pedagogical Experience

Adjunct Professor at the University of Scranton

2015

Counseling and Human Services Department

CHS341 Group Dynamics

Instructor at Syracuse University

2013-2014

Counseling and Human Services Department

COU614 Group Work in Counseling

Coordinator for Master Students' Practicum and Internship Placement

2012-2014

- Research and recruit new sites to secure placements for master students
- Dissemination of information to prospective counseling students regarding sites, placement process, paperwork and program requirements
- Foster and maintain relationships and communication with sites and site supervisors
- Management of placement process for master students entering their practicum and internship courses
- Monitoring and maintenance of paperwork for students in the placement process

Teaching Assistant at Syracuse University

2011-2014

Counseling and Human Services Department

Courses have included:

COU614 Group Work in Counseling (two semesters)

EDU221 Introduction to Education for Cultural and Social Transformation

COU651 Crisis in Counseling (two semesters)

COU727 Foundation for Mental Health Counseling

COU645 Counseling Pre-Practicum II: Advanced Multicultural Skills

Certifications and Trainings

- Flash Technique (EMDR) 2018
- Child Abuse Identification and Reporting 2018
- Depression and Suicide 2018
- Online Professionalism and Ethics 2018
- Image Transformation Therapy 2015
- EMDR trained 2014
- DBT Trained 2013
- Future Professoriate Program – Certificate in University Teaching 2012-2015
- Multisystemic Therapy Trained 2011
- Certified Sexual Assault Counselor 2009
- American Heart Association First Aid and CPR Certified 2007
- DCF Medication Administration Certified Staff 2007

Consultation, Community and other Clinical Experience

Thaxton Holistic Wellness Center, LLC Scranton, Pennsylvania 2017-present

EMDR and Clinical Consultant

- Provide consultation to licensed clinicians who would like to advance and strengthen their professional skillset
- Provide consultation to trained EMDR clinicians who are seeking certification

S. Thaxton, P. 8

Community based group for people who sexually offend Syracuse, New York 2011-2012

Reflecting Team Member

- Using narrative theory as a foundation, offered reflections and asked questions of individual members and the group as a whole based on themes that appeared within the group or an individual's presentation
- Functioned as co-therapist when one of the two group leaders was unable to attend the group

Council for Responsible Genetics Hartford, Connecticut 2008

Coordinator for Two Day Conference on Responsible Genetics at New York University

- Coordinated and organized conference which brought together professors and doctors interested in fostering public debate about the social, ethical and environmental implications of genetic technologies
- Created conference name tags, binders for conference attendants, pamphlets and other documents to support the council's mission and to educate the public
- Set up art event depicting a local painter's murals representing the Genetic Bill of Rights
- Acted as a liaison between the executive director and the local businesses supporting the event, interfacing with the public, conference presenters and attendees
- Aided in publicity for the event

CTNOW Hartford, Connecticut 2005–2006

Inter, Board Member and Coordinator for Task Force against Human Trafficking and other Women's Issues

- Developed and organized conferences on human trafficking to provide awareness and education to the community
- Ensured that statistics on human trafficking were up to date for reference and educational purposes
- Created and implemented a task force against human trafficking
- Worked within CTNOW database, organized mass mailings, performed administrative duties
- Planned and organized conferences, silent auctions and annual awards dinner for over 300 members and colleagues

S. Thaxton, P. 9

Hartford Hospital Hartford, Connecticut 2003 - 2006

Mentorship in Women's Clinic/ObGyn

- Performed research and analysis of data with medical students and residents
- Observed and interacted with doctors in various departments of the hospital – ObGyn/Women's Clinic, Emergency Room, Labor and Delivery, Radiology, High Risk Pregnancies, Operating Unit

Internship Experience

Brownell Center for Behavioral Health Syracuse, New York 2011-2012

Intern Therapist

- Provided counseling for adults with diverse diagnoses with specialization in trauma, sexual offending and personality disorders
- Facilitated weekly groups for adults who sexually offend using CBT and Good Lives model for treatment
- Provided case management services to clients based on their needs
- Conducted weekly intakes to assess, diagnose and determine appropriateness of treatment for new clients interested in services
- Served as a mentor to incoming practicum and internship students completing their requirements at the agency

The Bridge Family Center West Hartford, Connecticut 2010 - 2011

Intern

- Provided in-home counseling for the elderly to assist individuals in developing effective coping skills, to provide support and encouragement during last stages of life and to teach skills for coping with life events and stressors
 - Conducted mental health assessments and evaluations, customizing therapeutic interventions to meet the needs of the client
 - Assisted clients in maintaining maximum independence and dignity in a home environment, encouraging economic, social and personal independence by providing opportunities for benefit assistance, socialization, and volunteer activities in the community
 - Acted as a liaison between the client, social worker and other agencies to ensure the client's needs were being met
-

Research and Publication

- Dissertation 2018
- Phenomenological Investigation of the Lived Experiences of Workplace Stressors and Resiliency in Professional Counselors Working in Private Practice
- Research Apprenticeship Project (RAP) 2017
- Consensual Qualitative Research Analysis of Critical Incidents in Counselor Educators' Experience of Research Collaboration and Mentorship
- ACA VISTAS 2013
- Preparing Counselors-in-training for Multidisciplinary Collaboration: Lessons Learned from a Pilot Program
- Hartford Hospital – Hartford, Connecticut
- Breast Arterial Calcification, 2004-2005
 - Primary Hyperparathyroidism in the Third Trimester, Obstetrical & Gynecological Survey 2005
- Saint Joseph College - West Hartford, Connecticut, 2007
- Stress and Cigarette Smoking in Female College Students, 2003-2006

Community Activities

Friend to Friend Hartford, Connecticut
2009-2011

Coordinator and Volunteer

- Recruit community volunteers for the program through advertisements, flyers, visiting local churches and community service organizations
- Train new volunteers – introduce them to the program including the mission of the program, provide overview of fundamentals of mental health and substance abuse recovery
- Weekly meetings with mental health client assisting with social/recreational activities in the community

Junior League of Greater New Britain New Britain, Connecticut
2008-2011

Community Service Volunteer

- Planned, organized and executed “Stuff the Bus” fundraiser to collect grocery and toiletry donations for four local food pantries
- In charge of publicity for the event – contacting local radio stations, news stations and newspapers

- S. Thaxton, P. 11

- Assist and participate in planning and execution of various community volunteer projects including, making blankets for abused children and the local pediatric emergency unit, conducting food drives, a Halloween trick or treating children's activity in local public library, etc.

Prudence Crandall New Britain, Connecticut 2004 - 2006

Counselor to Victims of Domestic Violence

- Mediate, counsel, advocate and refer women and families of women who are victims of domestic violence
- Counsel, encourage and support women and children in domestic violence shelter

Guyana Immersion Experience Guyana, South America 2005

Volunteer Associated with the Sisters of Mercy

- Developed and implemented art therapy program for the men and women in the psychiatric units at Georgetown Hospital
- Maintained contact with doctors and nurses on unit to send them information about art therapy and its advantages
- Assisted and observed in the chest clinic as well as the clinic for AIDS and other sexually transmitted diseases
- Developed and implemented learning activities and games for children in two orphanages in Guyana

Professional Presentations, Awards and Honors

Lead Trainer/Presenter

- | | | |
|---|------------------|------|
| • DBT Module 1-4 Training | Scranton, PA | 2019 |
| • DBT Mindfulness Module | Scranton, PA | 2018 |
| • DBT Basic Training: Content and Application | Scranton, PA | 2017 |
| • Empower NEPA Women's Leadership Conference | Wilkes-Barre, PA | 2018 |

Emerging Professionals

Burnout and Resilience in the Professional World

- | | | |
|------------------|-------------------|------|
| • PCA Conference | State College, PA | 2014 |
|------------------|-------------------|------|

Empowering the Right to Love: A Call for Professional Collaboration in the Field of People with Developmental Disabilities

- | | | |
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| • NARACES | Providence, RI | 2014 |
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- S. Thaxton, P. 12

Counselor Educators Promoting Research Identity through Collaboration and Mentorship: Training and Experience

- ACES Conference Denver, CO 2013
- Affirming Diversity of Perspective and Unity of Purpose: Reflecting Team Supervision in Action*
- Ninth International Interdisciplinary Conference on Clinical Supervision Garden City, NY 2012

Exploring the “Multiverse”: Reflecting Team Supervision in Action

- NARACES Conference Niagara Falls, NY 2012

Giving Students the Edge: Preparing Counselors- in-Training for a Multidisciplinary Workplace

- Sybil Ludington Young Feminist Award 2006
- Official Recognition and Congratulations from Susan Bysiewicz, Secretary of the State of Connecticut 2006
- Official Citation from Richard Blumenthal, Attorney General State of Connecticut 2006
- Official Recognition and Congratulations from Denise Nappier, State of Connecticut Treasurer 2006
- Nominated to become a Member of Sigma Xi: The Scientific Research Society 2005
- Two Awards of Excellence for Research Presented at the Sigma XI Student Research Conference 2004 & 2005
- Sigma Xi Student Research Conference Los Angeles, California & Montreal, Quebec, Canada 2004 & 2005
- USA Funds Scholarship Recipient 2004
- New England Honors Conference Hartford, Connecticut 2004
- Symposium Day West Hartford, Connecticut 2004
- Sister Mary Consuela Mulcahy Founders’ Award for academic achievement in the field of Medical Technology 2004
- North East – National Collegiate Honors Conference Hartford, Connecticut 2004
- Induction into Psi Chi Honor Society 2003

Professional Affiliations

American Counseling Association (ACA)
 Association for Counselor Educators and Supervisors (ACES)
 EMDR International Association (EMDRIA)
 Association for the Treatment of Sexual Abusers (ATSA)
 Pennsylvania Counseling Association (PCA)
 Pennsylvania Psychological Association (PPA)
 Scranton Chamber of Commerce
 Chi Sigma Iota (CSI)
