

CAREER DEVELOPMENT AND CURRENT WORK EXPERIENCES OF NEW LICENSED
COUNSELORS WORKING IN PRIVATE PRACTICE SETTINGS

by

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ABSTRACT

JENAIS YVONNE MEANS. Career Development and Work Experiences of New Licensed Counselors Who Earned the Required Direct Client and Supervision Hours Working in Private Practice Settings (Under the direction of DR. SEJAL PARIKH FOXX)

Approximately 25% of United States mental health practitioners are employed in private practice settings (BLS Data Viewer, 2021). However, the Council for Accreditation of Counseling and Related Educational Programs, which sets standards for graduate level counseling programs, neither specifies private practice settings as a specialization nor an area for graduate programs to emphasize. In addition, research specific to private practice counselors is limited to the challenges of working in the setting (Harrington, 2013; Legge, 2017). The purpose of this study was to explore the career development and current work experiences of new licensed counselors who earned the required direct client and supervision hours in the private practice setting. Basic qualitative research design, as described by Merriam and Tisdell (2016), was paired with Braun and Clarke's (2021) Reflexive Thematic Analysis for this exploration. Due to the limited empirical research, Krumboltz's (1979) Social Learning Theory of Career Decision Making was used as a theoretical framework. Supporting evidence from eight participants was analyzed and five patterns emerged: (1) Non-Counseling Experience is an Asset, (2) Graduate School Does a Great Job Giving you a Foundation to Build On, (3) Practical Experience Makes Up for Academic Gaps, (4) I'm Going to Start Private Practice and See What I Can Do, and (5) Private Practice Yields for My Career Development. These patterns and the accompanying ten subpatterns are discussed in alignment with extant literature and the theoretical framework. A private practice counselor development model was proposed amongst the other implications of the findings.

DEDICATION

For my grandparents:

Mrs. Hattie Mae Means
August 18, 1921 - July 7, 2015

Mr. James W. Means II
September 25, 1924 - April 9, 1965

Presiding Elder WJ Nelson
May 18, 1927 – February 13, 2009

Mrs. Carrie R. Nelson
August 21, 1927 – March 12, 2020

Your love, light, and wisdom shine through me as I live your wildest dreams.

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TABLE OF CONTENTS

LIST OF TABLES.....	xii
LIST OF ABBREVIATIONS.....	xiii
CHAPTER ONE: INTRODUCTION.....	1
Purpose of the Study	4
Significance of the Study	5
Significance to Mental Health Practice in Private Practice Settings	5
Significance to Counselor Supervision.....	5
Significance to Counselor Education.....	6
Significance to Future Research	6
Theoretical Framework.....	7
Assumptions.....	7
Delimitations.....	8
Limitations	8
Research Design.....	9
Operational Definitions.....	9
New Licensed Counselors.....	9
Clinical Mental Health Counseling.....	9
New South Carolina Licensed Professional Counselors.....	10
Private Practice Settings	10
Earned South Carolina’s Required Licensure Hours through Private Practice Work	10
Summary	10
Organization.....	11

CHAPTER TWO: LITERATURE REVIEW	12
Theoretical Framework	13
Comparing Mental Health, Allied Health, and Clinical Science Professionals.....	17
Mental Health Professionals’ Educational and South Carolina Licensure Requirements	17
Allied Health Professionals’ Educational and South Carolina Licensure Requirements	19
Clinical Science Professionals’ Educational and South Carolina Licensure Requirements.	22
Synthesis of Empirical Research	24
Genetic Endowments and Special Abilities	25
Environmental Conditions and Events.....	31
Learning Experiences.....	34
Task Approach Skills	40
Summary	44
CHAPTER THREE: METHODOLOGY	46
Subjectivity Statement	46
Research Questions	47
Research Design.....	48
Basic Qualitative Research Design.....	48
Methods.....	49
Participant Inclusion Criteria	49
Participant Exclusion Criteria	50
Sampling and Recruitment.....	50
Data Collection Procedures.....	52
Instrumentation	53

Data Analysis	55
Research Ethics and Study Significance	61
Risks, Benefits and Ethical Considerations	61
Significance of the Study	63
Summary	63
CHAPTER FOUR: FINDINGS	65
Participant Descriptions	70
Genetic Endowments and Special Abilities	70
Environmental Conditions and Events	72
Learning Experiences	74
Task Approach Skills	76
Non-Counseling Experience is an Asset	79
Personality Traits as Resources	80
Non-Counseling Work Experiences were Impactful and Shaped Me	84
Graduate School Does a Great Job Giving You a Foundation to Build On	87
Practical Experience Makes Up for Academic Gaps	89
Practicum and Internship	89
Supervisory Relationship	92
I'm Going to Start Private Practice and See What I Can Do	95
Pathways for Learning Private Practice was a Work Setting	96
Motivated to Start Private Practice	98
Challenges of Agency Work Stimulated Efforts to Build the Private Practice	101
Private Practice Yields for My Career Development	104

Acquiring Business Skills	104
The Counselor Ship.....	108
The Professional Ship	113
Summary of the Findings.....	117
CHAPTER FIVE: DISCUSSION.....	118
Discussion of Participants.....	118
Discussion of the Findings.....	121
Non-Counseling Experience is an Asset.....	122
Graduate School Does a Great Job Giving You a Foundation to Build On	126
Practical Experience Makes Up for Academic Gaps	129
I'm Going to Start Private Practice and See What I Can Do	132
Private Practice Yields for My Career Development	135
Implications of the Findings	139
Counselor Education.....	140
Counselor Supervision.....	143
Mental Health Practice in Private Practice Settings	144
Other Health Professionals	145
Private Practice Counselor Development Framework.....	145
Limitations of the Study.....	146
Recommendations for Future Research	147
Conclusion	149
REFERENCES	152
APPENDIX A: RECRUITMENT FLYER.....	166

APPENDIX B: RECRUITMENT QUESTIONNAIRE	167
APPENDIX C: PHONE SCRIPT	169
APPENDIX D: INFORMED CONSENT	172
APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE.....	179
APPENDIX F: SCHEDULE OF INTERVIEW QUESTIONS	180
APPENDIX G: PARTICIPANTS' CAREER DEVELOPMENT STORIES AS INITIAL CODES	183
APPENDIX H: THEMATIC MAP	189
APPENDIX I: STARBURST GRAPHIC ALIGNING PATTERNS, SUBPATTERNS, AND PARTICIPANTS	190
APPENDIX J: PARTICIPANTS' CLIENTELE, PAYMENT FOR COUNSELING SERVICES RENDERED, AND THEIR AVERAGE WEEKLY PRIVATE PRACTICE COUNSELING HOURS.....	191

LIST OF TABLES

TABLE 1: Comparison of Counselors' Education and Licensure Requirements to Other Mental Health Professionals.....	18
TABLE 2: Comparison of Counselors' Education and Licensure Requirements to Allied Health Professionals.....	21
TABLE 3: Comparison of Counselors' Education and Licensure Requirements to Clinical Science Professionals.....	23
TABLE 4: Example Schedule of Interview Questions.....	53
TABLE 5: Alignment of Patterns and Subpatterns with the Research Questions.....	64
TABLE 6: Alignment of Patterns and Subpatterns with the Theoretical Framework.....	66
TABLE 7: Demographic Characteristics.....	69
TABLE 8: Personality Traits and Ability Status.....	69
TABLE 9: Previous Work, Career, and Graduate School Experiences.....	71
TABLE 10: Associate Licensed Professional Counselor Experience.....	72
TABLE 11: Transition from Associate to Full Licensed Professional Counselor.....	74
TABLE 12: Type of Private Practice, Additional Credentials, and Continuing Education.....	75

LIST OF ABBREVIATIONS

ADHD	Attention Deficit/Hyperactivity Disorder (ADHD)
CACREP	Council for the Accreditation of Counseling and Related Educational Programs
LPC	Licensed Professional Counselor
LPCA	Licensed Professional Counselor Associate
RTA	Reflexive Thematic Analysis

CHAPTER ONE: INTRODUCTION

According to the United States Bureau of Statistics, 31,970 substance abuse, behavioral disorder, and mental health counselors were working in offices of mental health practitioners in 2021 (BLS Data Viewer, 2021). This excludes clinicians working in residential mental health and substance abuse facilities (n= 31,310) as well as outpatient mental health and substance abuse centers (n= 66,810). Approximately 25% of persons who reported being employed as mental health practitioners are working in private practice settings (BLS Data Viewer, 2021).

There are multiple steps to becoming a mental health counselor. First, persons must earn a graduate level degree in mental health counseling or a related field. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) sets standards or requirements for these programs. Requirements include eight common core academic areas and three experiential practice areas (Council for Accreditation of Counseling and Related Programs, 2016). The first common core area, Professional Counseling Orientation and Ethical Practice, involves counselor education programs informing students of the “labor market relevant to opportunities for practice within the counseling profession” (Council for Accreditation of Counseling and Related Programs, 2016, para. 2). However, counseling programs are not required to specifically teach students how to work within the private practice setting nor how to establish and maintain a private practice.

The remaining steps to becoming a mental health counselor involve state licensure processes. Although the standards vary across the country, each state requires a minimum amount of direct client and supervision hours be completed within a predetermined period of time and a passing score on a national counseling examination (Bernard & Goodyear, 2018; Overview of State Licensing of Professional Counselors, n.d.). In some states, persons who are

working towards these standards are granted a provisional counseling license. Persons use this provisional license and earn these hours while working in agencies, residential facilities, and private practices. After completing their respective state's licensure process, they earn a full or non-provisional license. These newly licensed counselors are the focus of this study.

As previously mentioned, approximately 25% of United States mental health practitioners work in private practices and counseling programs are not required to specifically teach counseling students how to work within the setting (BLS Data Viewer, 2021). Empirical research specific to the experiences of new licensed counselors working in private practice settings were not found. The career development elements that new licensed counselors consider significant to their work in private practice is also unknown. Due to the lack of empirical research on this populations' career development and current work experiences, empirical research on other mental health practitioners as well as allied health and clinical science professionals were reviewed. Generally, mental health professionals provide evidence-based treatment that alleviates mental health symptoms and concerns while allied health professionals use evidence based treatments and scientific principles to alleviate and prevent illnesses and diseases (Types of Mental Health Professionals, n.d.; "What is Allied health?," n.d.). Most different from mental health professionals, clinical science professionals combine medical research and knowledge of biological functioning to prevent and treat conditions that impact overall wellness ("*What is Clinical Science?*," n.d.). The differing nature of these professions necessitates the use of a theoretical framework. Therefore, Krumboltz's Social Learning Theory of Career Decision Making was employed to guide the review of relevant literature.

There are several factors in the reviewed literature that are aligned with the four influences of Krumboltz's theory, which is summarized later within this chapter and expounded

upon in Chapter Two. The first set of factors considered for their influence on the career development and private practice work experiences of mental health, allied health, and clinical science professionals were (a) race and ethnicity, (b) ability and medical status, (c) gender and sexual orientation, and (d) personality traits and temperaments. Although the impact of these factors on new licensed counselors' current work experiences is unknown, the factors are aligned with Krumboltz's first influence: genetic endowments and special abilities. Details regarding the connection between cross-racial student and educator pairings (Hosford et al., 2019; Henfield et al., 2011) and the selection of counseling specialties based on demographic characteristics and inherent personality traits (Viehl & Dispenza, 2016; Amos et al., 2022; Darr et al., 2023) are needed. Exploring these factors may establish a connection between inherent characteristics and their impact on the career development and work experiences of new licensed counselors.

Limited information is also known about new licensed counselors' (a) awareness of and access to career information, (b) opportunities for career advancement, and (c) workplace satisfaction. According to Krumboltz (1979), these types of environmental conditions and events promote or challenge professionals entering into and remaining in their fields and work settings. Gaps in this empirical research span from factors contributing to new licensed counselors' educational pathways (Baldwin et al., 2022) and collegial support (Wolfe et al., 2009) to feelings of collective self-esteem (Yu et al., 2007) and engagement in employer provided professional development (Ball et al., 2013). This research study will explore these and other environmental factors for their influence on new licensed counselors' career development and experiences working in private practice settings.

Learning experiences, such as (a) motivations for selecting a career and work setting, (b) connections between academic education and private practice work, and (c) practicum,

internship, and mentorship opportunities, contribute to career development and current work experiences (Krumboltz, 1979). Some professionals reported selecting their career due to the influence between their personal experiences and life circumstances (Emanuel et al., 2012; Barton, 2023). However, the reasons for new licensed counselors selecting their work setting is unknown. This may be due to the disconnect between academic curriculums and practicum and internship settings as well as professors encouraging some work settings over others (Brown & Barker, 1995; Green et al., 2007; Turner et al., 2021; Forbes et al., 2022). This study includes the pursuit of new licensed counselors' motives for engaging in private practice work.

The final set of factors considered for their influence on career development and private practice work experiences are (a) managing the business of private practice, (b) enhancing foundational practice knowledge, and (c) handling the effects of working as a private practitioner. These types of factors are considered task approach skills or the union of inherent characteristics, environmental conditions and events, and learning experiences (Krumboltz, 1979). Since CACREP programs are not required to teach students how to establish and maintain private practices, the business training experiences of new licensed counselor are unknown (Reese et al., 2013). Also unknown is how academic learning translates to quality work experiences in private practice settings. Due to this combination of unknown factors, the present study explored how new licensed counselors obtained the skills used for their work in private practice and what they believe are the challenges and success of private practice work.

Purpose of the Study

The purpose of this study was to explore the career development and current work experiences of new licensed counselors who earned their state's required supervision hours through providing counseling services in a private practice setting.

Significance of the Study

Twenty-five percent of mental health counselors reported working in private practice settings (BLS Data Viewer, 2021). However, empirical research regarding these practitioners working in private practice settings is limited. The results of this study may impact multiple fields including, but not limited to, mental health practice in private practice settings, counselor supervision, counselor education, and counseling research.

Significance to Mental Health Practice in Private Practice Settings

Results from this study may include new licensed counselors' perceived successes and challenges working in private practice settings. This information is helpful for current and potential private practice owners because it can provide a baseline for the work elements to engage with or avoid when cultivating a quality work experience. Information may also be used to assist recent provisionally licensed counselors who are beginning to work in the setting. They may use the knowledge gained through this research to cultivate and participate in learning or continuing education opportunities that fill perceived gaps in their graduate training.

Significance to Counselor Supervision

Results from this research are also significant to the supervision of counselors working in private practice settings. Supervisors of this population may use the findings to prepare and assist their supervisees with navigating private practice work. Since the population of focus was recently engaged in the supervision process, findings may include information that supervisors need to reflect upon regarding their influence on the quality of counselors' work experiences in the private practice setting

Significance to Counselor Education

The significant training elements that impact the quality of counselors' work experiences in private practice settings can be included in the explicit and implicit learning opportunities provided through counselor education. These elements can be explicitly emphasized in master and doctoral coursework specific to counselors' career development and clinical practice. Implicit learning can occur through counselor education programs hosting workshops led by private practice counselors and clinical supervisors. Information gained through this research will also assist counselor educators and supervisors who supervise master's students that are completing their clinical coursework in private practice settings.

Significance to Future Research

This foundational research can be expounded upon. First, the study may be replicated with different populations such as counseling students who are completing their clinical requirements in private practice settings and independently licensed counselors who transitioned from other work settings into private practice. Second, an intervention study may be developed based on the training gaps identified. Researchers could design an educational protocol for a participant group and assess any changes in their experiences and perceived competency before and after participation in the intervention. Third, a study may explore or examine the attitudes of counseling faculty members regarding private practice work. A final suggestion is completing a content analysis of Introduction to Professional Counseling course syllabi across CACREP counseling programs to determine if private practice settings are included in sections for the career and professional development opportunities of counseling students.

Theoretical Framework

Empirical research regarding the experiences of counselors working in private practice settings is limited. This includes factors that influenced counselors to work in the setting and factors that impact their work in the setting. Thus, Krumboltz's Social Learning Theory of Career Decision Making was employed to explore the link between new licensed counselors' career development and the quality of their current work experiences. According to Krumboltz's (1979), one's career choices and progressions are created based on four interconnecting influences: (a) Genetic Endowments and Special Abilities, (b) Environmental Conditions and Events, (c) Learning Experiences, and (d) Task Approach Skills. These influences are used to guide the review of relevant literature and the data collection process.

Research Questions

Two research questions were utilized:

1. What are the experiences of new licensed counselors' who earned their required direct client and supervision hours through working in a private practice?
2. How do new licensed counselors evaluate the link between their career development and the quality of their current work experiences in private practice settings?

Assumptions

The assumptions, or things considered true without confirmation, made in this study were as follows:

- The responses of new licensed counselors were based on their experiences as a counselor and not any other professional roles.
- New licensed counselors voluntarily completed the demographic questionnaire and interview processes.

- New licensed counselors earned a portion of their state’s supervised direct client hours through counseling clients in a private practice setting.
- New licensed counselors answered all questions honestly.
- The participant sample was representative of the population, which are new licensed counselors.

Delimitations

Delimitations, or factors the researcher can control within the study, include:

- Participants being new licensed counselors in the state of South Carolina.
- Experts in the field of counseling or qualitative research reviewing the interview protocol.
- The researcher facilitating video and audio recordings and then reviewing transcriptions of all interview sessions.
- Participants being limited to persons who read, comprehend, and respond in English.

Limitations

The following limitations, or factors the researcher cannot control, are associated with this study:

- Participants were limited to new South Carolina Licensed Professional Counselors who earned a portion of their licensure hours through working in the private practice setting. Therefore, results are neither transferable to all licensed mental health counselors nor counselors who earned their direct client and supervision hours in another setting.
- Purposive and snowball techniques, which were used in the recruitment process, may have yield researcher and sampling bias.

- Identifying and recruiting new South Carolina Licensed Professional Counselors who earned the majority of their supervision hours working in a private practice was a time consuming process.

Research Design

Basic Qualitative Research design as described by Merriam and Tisdell (2016) was used to explore the research questions. This general design is helpful when exploring how persons make meaning in their lives and experiences (Merriam & Tisdell, 2016). Braun and Clarke's (2019), Reflexive Thematic Analysis (RTA) was paired with this research design. It is a six phase process that moves from analyzing an individual participant's raw data to identifying patterns amongst participants. These approaches were used to explore the career development and current work experiences of new licensed counselors who earned the required direct client and supervision hours counseling in a South Carolina private practice.

Operational Definitions

The following operational definitions of important terms were used for this study:

New Licensed Counselors

New licensed counselors is a general phrase used to represent a professional that graduated from a counseling or related program and completed their respective state's required counseling licensure requirements no more than seven years ago.

Clinical Mental Health Counseling

Clinical Mental Health Counseling refers to the common academic degree earned by new licensed counselors. This phrase is mostly utilized within the literature review when comparing the educational requirements of mental health, allied health, and clinical science professionals.

New South Carolina Licensed Professional Counselors

New South Carolina Licensed Professional Counselors are persons who graduated from CACREP accredited counseling programs and who completed the state's requirements for full licensure no earlier than 2016. Therefore, these counselors have practiced with their full license for no more than seven years. The researcher will verify the self-report of participants, specifically using South Carolina's licensure board's online databases to view participants' licensure type and status. Due to varying licensure requirements throughout the United States, participant recruitment will only occur in South Carolina.

Private Practice Settings

Private practice settings include businesses with a single owner or multiple owners who employ or contract with South Carolina Licensed Professional Counselors and South Carolina Licensed Professional Counselor Associates (SC LPCA). Private practice settings also include South Carolina Licensed Professional Counselors and SC LPCAs who are self-employed as either sole proprietorships or as limited liability corporations. The primary goal of these businesses and proprietorships is providing counseling services to community members. Nonprofit organizations that provide counseling services are excluded.

Earned South Carolina's Required Licensure Hours through Private Practice Work

Participants earned a portion of South Carolina's required direct client hours by providing counseling services at a private practice. This was self-reported by participants. The researcher did not verify their self-report.

Summary

Empirical research regarding the 25% of mental health counselors who work in private practice settings is limited. In addition to limited research, counselor education programs are not

required to explicitly teach students how to navigate working in private practice settings nor progress in their career. This study aimed to understand the career development and current work experiences of new licensed counselors who earned the required clinical and supervision hours in private practice settings.

Organization

This dissertation is composed of five chapters. Chapter One comprises (a) an argument for and the purpose of the proposed research study, (b) the significance of the study, (c) theoretical framework, (d) the assumptions, delimitations, and limitations of the study, and (e) operationalized definitions of concepts of interests. The second chapter includes a description of the theoretical framework and a review of the relevant literature. Due to the limited research on the topic and population of focus, chapter two contains a comparison of mental health, allied health, and clinical science professionals prior to synthesizing the empirical research. Chapter Three outlines the methodology used in the study, including (a) participation and sampling, (b) data collection and analysis, and (c) addressing trustworthiness and ethical concerns. Two forms of supporting evidence for the findings are presented: (a) details of participants' work experiences and career development, and (b) participant's direct quotes regarding their experience and development are within Chapter Four of this dissertation. The final chapter includes a discussion of the participants and the findings along with implications of the findings and suggestions for future research.

CHAPTER TWO: LITERATURE REVIEW

The following chapter includes a review of existing literature related to the career development and current work experiences of private practice mental health counselors. Published articles specific to licensed mental health counselors working in private practice settings are limited to conceptual articles that include reasons for preparing counseling students how to work in private practice settings (Reese et. al., 2013) and empirical articles that focus on issues working as a private practitioner (Harrington, 2013; Legge, 2017). Due to the lack of empirical research specific to new licensed counselors working in private practice settings, three categories of professionals with similar training and licensure protocols as new licensed counselors and who work in privately owned settings were explored: (a) mental health professionals, (b) allied health professionals, and (c) clinical science professionals.

Mental health professionals' range in type and preparation. They are trained and qualified to provide evidence-based assessment, counseling or therapy, or medication services for the alleviation of mental health symptoms and concerns (Types of Mental Health Professionals, n.d.). This review only presents marriage and family therapists, and clinical practice social workers alongside new licensed counselors. The second field being compared to new licensed counselors are allied health professionals. Allied health professionals use evidence based and scientific principles to assess, evaluate, diagnose, treat, rehabilitate, and prevent illnesses and diseases (*"What is Allied health?"* n.d.). Allied health excludes medicine and nursing professionals. Audiologists, speech-language pathologists, and occupational therapists are the allied health professionals paralleled with new licensed counselors in this review. Clinical science professionals, which are the final comparison with new licensed counselors, combine medical research and biological functioning to investigate, evaluate, and treat conditions that

impact the human body and therefore persons' overall wellness (*"What is Clinical Science?"*, n.d.). This review compares research on dietitians and genetic counselors to research on new licensed counselors. Some of the reviewed mental health and clinical science professionals fit within the allied health category, however the differences between their required career development led to their distinguishment.

Graduate education requirements and South Carolina's Labor, Licensing and Regulation Board (SCLLR) requirements are highlighted for better comparison between the career development pathways of each profession and the population of focus. Three relevant licensure requirements were considered: (a) applicants' matriculation through graduate programs that were accredited by their respective boards, (b) passing scores on a national board examination, and (c) supervised practice hours. Additional relevant requirements beyond these three points are listed within the summary tables.

Due to the lack of research regarding new licensed counselors, a review of relevant empirical literature follows the context and comparison of the mental health, allied health, and clinical science professions. The review encompasses these professionals' career development and work experiences in private practice settings. This chapter begins with an overview of Krumboltz's Social Learning Theory of Career Decision Making and a description of how this theoretical framework guides the reviewed literature and data collection process.

Theoretical Framework

According to Krumboltz's Social Learning Theory of Career Decision Making, the interactions between persons' (a) Genetic Endowments and Special Abilities, (b) Environmental Conditions and Events, (c) Learning Experiences, and (d) Task Approach Skills impacts their selection of and movement through a career path (Krumboltz, 1979). These areas are referred to

as the four influences. The selection and movement through a career is also influenced by internal cognitive and emotional responses to external factors such as career and employment options. Krumboltz's Social Learning Theory of Career Decision Making is appropriate for this research study as it considers multiple elements and dynamics that influence the quality of a career experience.

The first influence, Genetic Endowment and Special Abilities, is the only influence that includes predisposed or inherent qualities of an individual (Krumboltz, 1979). The genetic endowments and special abilities influence involves how one's "educational and occupational preferences and skills" are enhanced or limited by their inherent qualities (Krumboltz, 1979, p. 20). Krumboltz also considers that one's inherent qualities, such as their personality, can be influenced by their environment and impact their learning experiences. This career decision making influence will be utilized when considering how the private practice setting impacts participants' expression of their inherent qualities and vice versa.

Environmental Conditions and Events is the second career decision making influence described by Krumboltz. This career decision making influence considers factors that are outside of one's control, which impacts their engagement in various activities and thus their career planning, preferences, and skills (Krumboltz, 1979). Factors that are outside of an individual's control include, but are not limited to, (a) the educational system, (b) job opportunities and requirements, (c) labor laws, (d) natural disasters' that decimate one's geographical location, (e) neighborhood and community models and values, (f) the number and accessibility of training opportunities, and (g) technological advancements that eliminate jobs. Exploring participants' lives and the available training they engaged in may yield how their environmental conditions and events led them to working as a counselor in a private practice setting.

The third career decision making influence is Learning Experiences. This influence results from the combination of the first two influences. Krumboltz acknowledges that the array of learning experiences produced by “patterns of stimuli and reinforcement” cannot be quantified (Krumboltz, 1979, p. 22). Therefore, Krumboltz qualified two categories of learning experiences: Instrumental Learning Experiences and Associative Learning Experiences. Instrumental Learning Experiences have three components: (a) antecedents, which involve genetic endowment, special abilities, environmental conditions or events, and tasks or problems, (b) covert and overt behavioral responses, such as cognitive, emotional, or physical reactions to antecedents, and (c) consequences, which includes both the direct effects of the initial behavioral responses and the resulting behavioral responses due to the direct effect. In the context of this study, Instrumental Learning Experiences may include how participants’ respond to feelings of competence, burnout, and wellness. Associative Learning Experiences occur when someone observes or “perceives connections between external stimuli” (Krumboltz, 1979, p. 23). An Associative Learning Experiences includes deciding to become an electrician based on hearing the stereotype that electricians earn high wages. It also means persons may be deterred from a career due to an Associative Learning Experience. Understanding the external stimuli that contribute to the quality of new licensed counselors work experiences in private practice settings will begin to fill in the gap of limited empirical knowledge.

Task Approach Skills is the fourth career decision making influence in Krumboltz’s model. This influence is specific to the type of learned and inherent skills one has access to when presented with a problem or new task. Krumboltz lists “performance standards and values, work habits, perceptual and cognitive processes...mental sets, and emotional responses” as skills one can draw upon and modify when needed (Krumboltz, 1979, p. 25). One’s combination of task

approach skills will impact the quality of their work experiences. Participants' perceptions of their skills and how their perceptions influence their work experiences will be explored.

As previously mentioned, there are interactions among the influences that impact career decision making outcomes (Krumboltz, 1979). Persons begin career decision making based on their genetic endowments and special abilities which are enhanced or limited by their environment and learning experiences. These learning experiences and environments in turn propel or hinder one's career choices. Each of these movements occurs through (a) observing one's experiences, (b) comparing one's responses and effects to others, (c) utilizing task approach skills when barriers arise and new experiences materialize, and (d) acting on opportunities that lead to selecting and establishing a career (Krumboltz, 1979).

Krumboltz's Social Learning Theory of Career Decision Making was used to guide the review of relevant literature and to synthesize information that may impact mental health counselors' movement from students to private practice workers. Research specific to (a) race and ethnicity, (b) ability and medical status, (c) gender and sexual orientation, and (d) personality traits and temperaments were reviewed to understand the role genetic endowments and special abilities has on private practice mental health professionals. Reviewed environmental conditions and events include (a) academic programming, (b) availability of mentoring opportunities, (c) burnout due to job requirements and lack of support, and (d) clinical practice placements. Private practice mental health counselors' (a) handling of ethical dilemmas, (b) obtaining management skills, and (c) reasons for declining or leaving private practice were considered learning experiences. Finally, reviewed literature concerning task approach skills encompassed (a) managing the business of private practice, (b) enhancing foundational practice knowledge, and (c) handling the effects of working as a private practitioner.

In addition to guiding the literature review, the interaction of influences will also be used to guide the data collection process. The interview protocol, which is designed to explore the career development and work experiences of participants, includes questions that align with each of the four influences. Example questions are within Table 4 in Chapter 3: Methodology.

Comparing Mental Health, Allied Health, and Clinical Science Professionals

Mental Health Professionals' Educational and South Carolina Licensure Requirements

Educational preparation for mental health counseling, marriage and family therapy, and clinical practice social work includes matriculation through a minimum 60 credit hour graduate degree program. Graduate degree requirements are comprised of core coursework and supervised practical experiences established by each professions' accrediting association (Clinical Social Work Association, 2016; Council for Accreditation of Counseling and Related Programs, 2016; About Marriage and Family Therapists, 2023). Therefore, educational preparation varies across each discipline. Marriage and Family Therapy programs require the least number of supervised practice hours at 500, proceeded by Clinical Mental Health Counseling programs with 700 hours, and Clinical Social Work programs with 900-1,200 hours (Clinical Social Work Association, 2016; Council for Accreditation of Counseling and Related Programs, 2016; About Marriage and Family Therapists, 2023).

The SCLLR Social Work Board requires their clinical practice applicants to graduate from a graduate program accredited by the Council on Social Work Education and to complete the requirements for the Licensed Master Social Work credential (South Carolina Board of Social Work Examiners, 2015). In contrast, South Carolina marriage and family therapy applicants who graduated from a nonaccredited graduate program must provide the board with syllabi from their core courses (South Carolina Board of Social Work Examiners, 2015; South

Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 2019b). South Carolina Licensed Professional Counselor applicants do not have to graduate from a counseling program. Applicants may complete a graduate degree in any mental health field that included the following core courses outlined by the SCLLR board: (a) Appraisal, (b) Diagnostics of Psychopathology, (c) Groups, (d) Human Growth and Development, (e) Lifestyle and Career Development, (f) Professional Orientation, (g) Psychopathology, (h) Research and Evaluation, (i) Social and Cultural Foundations, and (j) Helping Relationships. Regardless of a graduate programs' accreditation status, all South Carolina Licensed Professional Counselor applicants are required to submit core course syllabi (South Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 2019a). Post-graduate supervised practice is required for applicants to earn the full license in counseling, marriage and family theory, and clinical practice social work. South Carolina Licensed Professional Counselors, Marriage and Family Therapists, and Clinical Practice Social Workers are all required to pass a national board examination (South Carolina Board of Social Work Examiners, 2015; South Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 2019a & 2019b).

Table 1

Comparison of Counselors' Education and Licensure Requirements to Other Mental Health Professionals

Requirements		Clinical Mental Health Counseling	Marriage & Family Therapy	Clinical Practice Social Work
Graduate Education	Minimum Credit Hours	60	60	60
	Supervised Practice	700 Hours	500 Hours	900-1,200 Hours
Licensure in South Carolina	Graduate Program Accredited by Professional Board	No	No ^b	Yes
	Board Examination	Yes	Yes	Yes
	Post Graduate Supervised Practice	1380 Direct Client Hours 120 Supervision Hours	1380 Direct Client Hours 120 Supervision Hours	2900 Direct Client Hours 100 Supervision Hours
	Additional Requirements	N/A	N/A	Complete Professional Ethics Course During Supervision

^a Terminal degree program is doctoral.

^b Graduate institution may be regionally accredited; the licensure board requires additional documentation in these cases.

Allied Health Professionals' Educational and South Carolina Licensure Requirements

Occupational therapists, speech-language pathologists, and audiologists' roles do not include mental healthcare. However, they each share similar educational and South Carolina licensure requirements with licensed counselors. As with the reviewed mental health professionals, each allied health profession requires persons matriculate through a graduate degree program (American Occupational Therapy Association, n.d.; American Speech-Language-Hearing Association, 2016; 2018). Sixty is the minimum credit hours needed to earn

either a master's degree in clinical mental health counseling or occupational therapy (About the Profession, n.d.; Council for Accreditation of Counseling and Related Programs, 2016). Speech-Language Pathology master's degree programs are a minimum of 36 hours and the Audiology Doctorate (Au.D.) requires a minimum of 112 credit hours (American Speech-Language-Hearing Association, 2016; 2018). Neither occupational therapy nor audiology programs designate the number of contact and supervision hours students must earn to graduate. Students instead enroll and pass nine graduate credit hours during an occupational therapy program and six to twenty graduate credit hours courses in an audiology program (About the Profession, n.d.; American Speech-Language-Hearing Association, 2016; 2018). The American Speech-Language Hearing Association (ASHA) does not require minimum supervised practice credit hours for Au.D. students, however they do require speech-language pathology students complete at least 400 hours of supervised practice (American Speech-Language-Hearing Association, 2016; 2018).

Speech-Language Pathology and Audiology licensure applicants are required to graduate from a program that meets standards outlined by ASHA (South Carolina Board of Speech-Language Pathology and Audiology, 2014). Similar to the South Carolina Licensed Professional Counselor Associate credential, persons must apply as interns and meet post graduate supervision requirements prior to earning a full license to practice in the state (South Carolina Board of Speech-Language Pathology and Audiology, 2014; 2023). Much shorter than the two year requirements for South Carolina Licensed Professional Counselors, both Speech-Language Pathology and Audiology licensure applicants must complete a supervised clinical externship comprised of a minimum of 30 hours per week for at least nine months (South Carolina Board of Speech-Language Pathology and Audiology, 2014; 2023).

Post graduate supervised practice is optional for Licensed Occupational Therapy applicants. Neither the occupational therapy nor counseling boards required applicants to graduate from a professional accreditation board, however, each of the boards require applicants to pass a national board or praxis examination (South Carolina Board of Occupational Therapy, 2015; South Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 2019a). Allied health professional applicants must also submit additional items with their board application. The occupational therapy board requires students submit documentation of their work experience and the Speech-Language Pathology and Audiology board requires its applicants submit either a Certificate of Clinical Competence as obtained through ASHA or an equivalent competence certificate that is approved by the licensure board (South Carolina Board of Speech-Language Pathology and Audiology, 2014; South Carolina Board of Occupational Therapy, 2015; South Carolina Board of Speech-Language Pathology and Audiology, 2023).

Table 2

Comparison of Counselors' Education and Licensure Requirements to Allied Health

Professionals

Requirements		Clinical Mental Health Counseling	Occupational Therapy	Speech- Language Pathology	Audiology
Graduate Education	Minimum Credit Hours	60	60	36	112 ^a
	Supervised Practice	700 Hours	9 Graduate Credit Hours	400 Hours	6-24 Graduate Credit Hours ^b

Table 2*Comparison of Counselors' Education and Licensure Requirements to Allied Health**Professionals (continued)*

Requirements	Clinical Mental Health Counseling	Occupational Therapy	Speech- Language Pathology	Audiology	
Licensure in South Carolina	Graduate Program Accredited by Professional Board	No	No	Yes	Yes
	Board Examination	Yes	Yes	Yes	Yes
	Post Graduate Supervised Practice	1380 Direct Client Hours 120 Supervision Hours	Optional	Clinical Externship: Minimum of 30 hours per week for 9 months	
	Additional Requirements	N/A	Documentation of Relative Work Experience	Certificate of Clinical Competence or equivalent approved by licensure board	

^a Terminal degree program is doctoral.

^b Accrediting body does not require minimum direct contact and supervision hours.

Clinical Science Professionals' Educational and South Carolina Licensure Requirements

Dietitians and genetic counselors' assessment and treatment processes are akin to that of mental health counselors. The current educational requirement for dietitians includes earning either a bachelor's or master's degree in the field of nutrition and a 12 credit hour post-graduation internship certificate that provides supervised practice (South Carolina Panel for Dietetics, 2019). Bachelor's degree programs have approximately 40 credit hours within the nutrition major and master's degree programs have at least 30 graduate credit hours (Nutritionist

vs. Dietitian: Degree and Careers Comparison, 2021). Genetic counselors must earn an approximately 50 credit hour master's degree that includes approximately 8 credit hours of supervised practice (About Genetic Counselors, n.d.). Unlike counselor education, there is not a standardized hour minimum for client contact during supervised practice.

SCLLR requires dietitian applicants pass a board examination and complete supervised practice hours (South Carolina Panel for Dietetics, 2019). Similar to the 1,380 post-graduate supervised direct client hours required for Licensed Professional Counselors, Registered Dietitians must complete 1,000 to 1,200 post-graduate supervised practice hours to be eligible for the license (South Carolina Panel for Dietetics, 2019). The SCLLR board does not designate the number of hours that are directly with clients and one on one with a supervisor for Registered Dietitian applicants. Neither Licensed Professional Counselor nor Registered Dietitian applicants are required to graduate from a program accredited by their professional associations or boards (South Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, 2019a; South Carolina Panel for Dietetics, 2019). Currently, Registered Dietitian applicants may have a bachelor's or master's degree in the field of nutrition. Regardless of degree level, applicants must complete an internship program specific to dietitians (South Carolina Panel for Dietetics, 2019). Dietitians are not granted provisional, intern, nor associate level licenses in South Carolina. Licensure protocols for genetic counselors in South Carolina are currently in progress and therefore not compared to the licensure process for South Carolina Licensed Professional Counselors.

Table 3*Comparison of Counselors' Education and Licensure Requirements to Clinical Science**Professionals*

Requirements		Clinical Mental Health Counseling	Dietetics	Genetic Counseling
Graduate Education	Minimum Credit Hours	60	30 ^a	50
	Supervised Practice	700 Hours	12 Credit Hours	8 Credit Hours
Licensure in South Carolina	Graduate Program Accredited by Professional Board	No	No	
	Board Examination	Yes	Yes	No
	Post-Graduate Supervised Practice	1380 Direct Client Hours 120 Supervision Hours	1000 -1200 hours	established licensure requirements.
	Additional Requirements	N/A	Documentation of Relative Work Experience	

^a This is the minimum graduate educational hours for dietitians. Bachelor's degree candidates may earn approximately 40 credit hours in nutrition and dietetics.

Synthesis of Empirical Research

Empirical research on the career decision making and work experiences of (a) mental health counselors, (b) marriage and family therapists, (c) clinical practice social workers, (c) audiologists, (d) speech-language pathologists, (e) occupational therapists, (f) dietitians, and (g) genetic counselors was reviewed and described through Krumboltz's four influences. Themes within the literature are designated as subtopics within each influence. Although the presented themes could warrant distinct research studies, their purpose here is to guide the review of this limitedly researched topic and population of focus. Exploring a range of subtopics with

participants may lead to a foundation for future research. Each influence section ends with how the reviewed literature connects to the present study as well as informs the schedule of interview questions and the demographic questionnaire.

In order to increase the context for comparison across these professions, research conducted with similar instruments and qualitative analyses were sought and reviewed. Some of the presented research was published more than ten years ago. Reverse article searchers were conducted in effort to locate more recent studies. Results from successful reverse searches are included in this review. The locations of presented research conducted outside of the United States is noted.

Genetic Endowments and Special Abilities

Krumboltz (1979) described genetic endowments and special abilities as one's inherent qualities, which are sometimes influenced by their environment and may enhance or limit their learning experiences. Additionally, these qualities along with environmental influences impact the individuals' career decision making and work experiences (Krumboltz, 1979). Empirical research specific to (a) race and ethnicity, (b) ability and medical status, (c) gender and sexual orientation, and (d) personality traits and temperaments of the aforementioned mental health, allied health, and clinical science professionals are reviewed.

Race and Ethnicity

An individuals' career development and work experiences are underscored by their inherent qualities of skin color and ethnic background (Krumboltz, 1979). Therefore, the experiences of counseling students in cross-racial educational environments were reviewed. Also reviewed were the barriers to and opportunities for career advancement in racial or ethnic minority genetic counselors.

According to CACREP vital statistics (2022), 65.82% of full-time CACREP faculty members are White, 17.11% are Black, 5.64% are Hispanic, 5.70% are Asian, 2.55% unknown or other, and 2.42% are two or more races or ethnicities. Less than 1% each are American Indian or Alaska Native (0.57%) and Hawaiian Native or Pacific Islander (0.16%). Non-resident Alien faculty members were not included in the 2022 report but were reported as 0.66% of full-time CACREP faculty members in the 2017 CACREP Vital Statistics report. Similar statistics are reflected in CACREP masters and doctoral students. Approximately 55% are White, 16.71% are Black, 9.96% are Hispanic, 2.66% are Asian, 10.52% unknown or other, 3.17% are two or more races or ethnicities, and 1.15% are international students. American Indian or Alaska Native students are 0.56% and Hawaiian Native or Pacific Islander are 0.16% of students enrolled in CACREP programs (CACREP Vital Statistics, 2022).

Counseling students are required to engage in academic coursework and supervision. Due to the demographic composition of counselor education programs, students are often cross-racially paired with supervisors and educators. Researchers identified how this pairing impacts the quality of students' educational experiences. Henfield et al. (2011) reported that students engaging in cross-racial supervision experience additional critical incidents than students who have a same-race supervisor. However, Black doctoral students in Brown and Grothaus (2019) study reported benefiting from the networks of their cross-racial educators and supervisors. They also reported that their relationships allowed them to disconfirm their generalizations of White people. Finally, Hosford et al. (2019) identified four risk factors and four protective factors for cross-racial pairings. The risk factors include (a) student and faculty "position within the program, (b) program environment, (c) interactions with faculty members, and (d) microaggressions" (Hosford et al., 2019, p. 230). The protective factors were described as (a)

becoming invisible, (b) establishing community, (c) positive relationships with some faculty members, and (d) taking time away from campus and school activities.

Ability and Medical Status

The influence of ability and medical status on career development and work experiences were considered because they may impact new licensed counselors' selection of specialties and work environments. Amos et al. (2022) and Darr et al. (2023) explored the impact of genetic counselors' medical history and ability status on their career experiences, respectively. There were 23 participants each having either a "genetic condition, major illness, or genetic predisposition" in the Amos et al. study (2022, p. 665). Researchers found that genetic counselors selected specialty areas related to their medical history or a family member's medical history (Amos et al., 2022). However, Darr et al. (2023) described dissimilar findings in their study of genetic counselors with disabilities. None of the 24 genetic counselors with physical, mental health, learning, or a combination of disabilities participating in the study reported selecting a specialty due to its alignment with their disability. Participants instead reported avoiding these specialties due to the potential for countertransference (Darr et al., 2023).

Current empirical research regarding mental health counselors and ability and medical status is limited to counselors' experiences treating clients with presenting problems associated with their status (Wodzinski et al., 2023). Mental health counselors' selection of a specialty based on family and personal medical history is unknown. Other motivations for selecting the career are described in the Learning Experiences section.

Gender and Sexual Orientation

Participants will also be asked how their gender, gender expression, and sexual orientation impacted their experiences as a licensed counselor working in a private practice.

Viehl and Dispenza (2016) compared burnout between counselors who identified as heterosexual and counselors who identified as a sexual minority. Gender and sexual orientation were implicated with mental health counselor burnout, especially when the counselor's gender expression or sexual orientation is socially stigmatized (Viehl & Dispenza, 2016).

Gender is also associated with career recognition and advancement. Rogus-Pulia et al. (2018) noted that there are more women than men working as speech-language pathologists and audiologists yet a disproportionate number of men winning awards from the national association, ASHA, and advancing in academia. Potential explanations include (a) implicit bias towards men, (b) stereotype threat, and (c) women being socialized away from doctoral work, shamed for promoting themselves, and receiving less funding for research. There were not participants in Rogus-Pulia et al. (2018) document review, therefore women and men are assumed as biological sex.

Personality Traits and Temperaments

Personality inventories measuring five traits, specifically agreeableness, conscientiousness, extroversion, neuroticism, and openness, were used to understand the influence of personality on the career development and work experiences of the presented mental health professionals, speech-language pathologists, and occupational therapists. Lent and Schwartz (2012) studied how personality factors impact burnout in mental health counselors while Byrne (2018) studied the differences in personality of the 2005 and 2016 cohort of speech-language pathology students at the same Australian University. In addition, McCombie et al. (2015) compared the personality traits of occupational therapists and physical therapists.

Three factors were used to describe burnout: emotional exhaustion, depersonalization, and personal accomplishment (Lent & Schwartz, 2012). The strongest predictor of burnout in

mental health counselors was neuroticism, which predicted a decrease sense of personal accomplishment and an increased sense of emotional exhaustion and depersonalization (Lent & Schwartz, 2012). The inverse occurred regarding the agreeableness personality trait.

Agreeableness predicted an increased sense of personal accomplishment and decreased sense of depersonalization (Lent & Schwartz, 2012). When considering burnout, Lent and Schwartz (2012) concluded that the five personality traits contribute to 20% of depersonalization, 23% of personal accomplishment, and 41% of emotional exhaustion.

There were neither statistically significant differences in conscientiousness, neuroticism, nor openness between the 2005 and 2016 speech-language pathology cohorts within the Byrne (2018) study. When compared to the 2005 cohort, the 2016 cohort scored lower in agreeableness and higher in extroversion (Byrne, 2018). Byrne (2018) concluded that students seeking speech-language pathology careers demonstrate similar temperaments such as being calm, professional, and purposeful, and have similar organizational skills and aspirations for new experiences. Participants in the McCombie et al. (2015) study reported these personality traits being present in both occupational therapists and physical therapists. However, occupational therapists scored higher in openness and agreeableness than physical therapists. Researchers further defined these personality traits as organized, empathetic, and warm.

Personality traits or temperaments may also impact the selection of work settings. The Ball et al. (2016) study, which was conducted in Australia, utilized the Temperament and Character Inventory (TCI) to explore the association between dietitians' personalities and their practice areas. The TCI uses cultural, genetic, psychological, social, and spiritual constructs to categorize personality into two categories and seven dimensions (Garcia et al., 2017). The first category is composed of temperament traits: (a) harm avoidance, (b) novelty seeking, (c) reward

dependence, and (d) persistence. The second category is character traits: (a) self-directedness, (b) cooperativeness, and (c) self-transcendence (Garcia et al., 2017). The 346 participants' survey responses were categorized into three profiles based on patterns of personality traits. Profile A participants (n=122) scored the highest in reward dependence and self-transcendence. Profile B participants (n=96) scored the highest in persistence and self-directedness and the lowest in harm avoidance. Finally, Profile C participants (n=103) scored the highest in harm avoidance and the lowest in self-directedness. Ball et al. (2016) conducted a cluster analysis to determine which of the most common work environments were associated with the personality traits. Academic, food service, management, and "food industry/marketing/media" were settings more likely for dietitians in Profile B and least likely for dietitians in Profile C (Ball et al., 2016, p. 5). However, dietitians in Profiles A and C were more likely to work in private practice settings or as private consultants.

Connection to the Present Study

Limited information is known about new licensed counselors and the inherent characteristics that fuel their career and work setting choices. Exploring demographic information, such as (a) age, which was not reviewed here, (b) gender, (c) sexual orientation, (d) race and ethnicity, and (e) ability status and medical status, gives participants the opportunity to consider their perception of these inherent characteristics' influence on their career development and work experiences. Researchers suggest that personality traits and temperaments influence career and work setting choices of allied health and clinical science professionals. However, their influence on new licensed counselors is unknown. Asking new licensed counselors to describe themselves with three to five adjectives and the researcher incorporating them throughout the

interview may yield information that links participant's personality traits to their career development and their work experiences in private practice.

Environmental Conditions and Events

Environmental conditions and events are factors outside of an individual's control that influence their opportunities for and engagement in various activities (Krumboltz, 1979). Often times, one's environmental conditions and events are influenced by their genetic endowments. Subsequently, there is an impact on their career planning, preferences, and skills. Environmental factors such as (a) awareness of and access to career information, (b) opportunities for career advancement, and (c) workplace satisfaction were reviewed across the mental health, allied health, and clinical science professions. Research specific to formal education on careers is within the upcoming Learning Experiences section.

Awareness of and Access to Career Information

Two studies regarding awareness of and access to career information are presented. Both studies consider how college students learn about specific careers. Emanuel et al. (2012) surveyed entering college students on their awareness of audiology as a profession. Over 1,000 surveys were completed and analyzed. Approximately 17% of surveyed students were able to describe the role of an audiologist and approximately 30% reported learning about the career from a family member or friend. Students also reported selecting their majors and being motivated to engage in a career based on their interests and previous experiences in the field. Motivations for mental health counselors entering the field is described in the Learning Experiences section.

The second study reviewed how genetic factors impact environmental conditions and events. Wolfe et al. (2009) considered how race impacts information sharing, specifically

comparing African American and Caucasian college students' awareness and subsequent selection of genetic counseling as a career. Almost 50% of the African American participants (n=247) reported their most prevalent source of career information being media while 63% of the Caucasian participants (n=203) reported college coursework as their primary source for career information. Researchers correlated an increase in participants' awareness of genetic counseling as a career choice with their year in college. Yet, less African American students (29%) learned of genetic counseling from their college professors as compared to their Caucasian (50%) counterparts. Wolfe et al. (2009) reported that learning about genetic counseling later into matriculation decreases opportunities to engage in the educational requirements for the master's degree.

Career Advancement Opportunities

Another example of genetic factors impacting environmental conditions and events is seen through Baldwin et al.'s (2022) study of genetic counselors. Baldwin et al. (2022) explored twenty racial or ethnic minority genetic counselors' views on career advancement barriers and opportunities in their workplaces. The nineteen participants, who worked in either direct (n=11), indirect (n=5), or mixed (n=3) patient care positions, self-reported as African American, Asian, Middle Eastern, and mixed racial backgrounds. Six themes were identified: (a) deficiencies in cultural awareness and understanding, (b) the minimal impact of companywide diversity and inclusion programs, (c) needs for effective diversity and inclusion curriculums, (d) needs for non-minority colleagues to advocate for diversity, (e) presence of affinity groups and celebrations of calendar months that recognize different minority racial and ethnic groups, and (f) various races and ethnicities being grouped together based on facial features or expressions,

which is known as the “Cross-Race Effect”. These factors also played a role in participants’ satisfaction with working in their environment.

Workplace Satisfaction

Factors influencing feelings of satisfaction in work settings are described through research on mental health counselors and dietitians. Another research question within the Lent and Schwartz (2012) study involved how work settings impact burnout in mental health counselors. When compared to mental health counselors working in community outpatient settings, mental health counselors working in private practice settings experience less burnout (Lent & Schwartz, 2012). They instead experienced more personal accomplishment, less emotional exhaustion, and less depersonalization. These feelings, which are considered the opposite of burnout, may be influenced by the collective self-esteem of counselors. Yu et al. (2007) considered collective self-esteem and its association with the therapeutic alliance and job satisfaction among school, mental health, family, college, career, and rehabilitation counselors. Collective self-esteem was defined as the manner counselors evaluate and identify with their profession and their peer group. Approximately 27% of the relationship between job satisfaction and the therapeutic alliance is accounted for by collective self-esteem (Yu et al., 2007). Workplace environments influence feelings of satisfaction for mental health counselors. Workplace satisfaction of dietitians was studied by Ball et al. (2013). They described (a) low patient, referral, and attendance rates, (b) limited paid leave, and (c) lack of professional development, time to conduct administrative tasks, and pay for completing administrative tasks as factors that impact the quality of private practice dietitians’ work experiences. Although participants described multiple challenges, they also cited enjoyment, flexibility, independence,

positive job satisfaction, and self-directed work as motivation for working in private practice settings.

Connection to the Present Study

There are links between (a) knowledge of career choices and career selections, (b) career advancement and genetic endowments, and (c) quality work experiences and work settings.

However, more is known about these factors among allied health and clinical science professionals than with mental health professionals. This study aimed to understand how new licensed counselors (a) learned about private practice counseling work, (b) identified and participated in opportunities for growth in their private practice, and (c) engaged with the challenges and successes of their work in the setting.

Learning Experiences

Instrumental and associate learning experiences are an individual's response to the interactions between their genetic endowments and special abilities and their environmental conditions and events. The learning experiences of occupational therapists, mental health counselors, social workers, and marriage and family therapists were reviewed to understand these interactions and responses. Topics covered include (a) motivations for selecting a career and work setting, (b) the disconnect between academic education and private practice work, (c) the supervisory relationship, and (d) practicum, internship, and mentorship opportunities.

Motivations for Selecting a Career and Work Setting

A 2023 publication by Barton described research on the career motivations of counselors as dated and limited, which motivated their research on the topic. Barton (2023) found three themes when inquiring on British counselors' motivations for becoming a counselor. The first theme, "Desire to become a Counselor" has three subthemes: (a) "counseling in difficult times

helped/may have helped”, (b) “desire to help people and change lives”, and (c) “desire for self-fulfillment” (p. 5). Participants described how a combination of their personal experiences and life circumstances led them to selecting their career. These results are similar to Emanuel et al.’s (2012) findings regarding college students learning about the role of audiologists through interactions with a family member or friend. The second theme in the Barton (2023) study, “Tensions while Trainings” also had three subthemes: (a) “positive aspects of training”, (b) “personal challenges in training” and (c) “determination” (p. 5). This theme encapsulates the participants’ experiences continuing their career journey even when being both academically and emotionally challenged. Barton’s (2023) final theme was “Satisfaction with Qualification”. The two subthemes are “negative aspects resolved” and “personal satisfaction” (p. 5). Participants expressed feeling satisfied with themselves after completing their training, earning their credentials, and performing the work.

Powers et al. (2017) utilized a mix-method approach to explore occupational therapists’ motivations for establishing and maintaining private practices. Three themes were identified from the short-answer surveys completed by occupational therapists who own or co-own a private practice. Motivations include the (a) ability and freedom to address shortages in occupational therapy services, (b) desires to excel, “funding issues, and ethics”, and (c) “family-life balance and job satisfaction” (Powers et al., 2017, para.4). The qualitative interview results from their mixed method study were not found.

Disconnection between Academic Learning and Private Practice Work

Mental health, allied health, and clinical science academic programs are not obligated to instruct students on how to implement their skills across various settings nor how to establish and maintain a private practice. Brown and Barker (1995) asked 34 social work students and 12

full-time social work faculty members about their views on students entering private practice and on the inclusion of academic curriculum specific to private practice work. Over 50% of the students reported planning to enter private practice with 58% of this group expecting to work part-time and 41.6% planning to work full-time in the setting. In addition, 7.7% of the group expected to begin private practice within one year of earning their degree, 13% in 3 years, 7.7% in 4 years, and 58.1% in five or more years (Brown & Barker, 1995).

Students reported not being encouraged to pursue private practice work but recognizing when course curriculums included private practice examples. Faculty members perceived themselves as discouraging of private practice work and reported perceiving less private practice content in their curriculum than what students perceived. Faculty members also expressed feeling unqualified to teach content related to launching and retaining a private practice. In addition, faculty members reported knowing students are interested in learning about working in the setting but believe encouraging them to pursue it was incongruent with the values of their schools. Brown and Barker (1995) shared the feelings of at least one student participant that noticed a different type of incongruency: "I think schools should be honest in providing what students need, not what schools think they need. How do you interpret a faculty full of private practitioners saying we [students] aren't supposed to have that in mind or as a goal when every other class example is drawn from their own practice?" (p. 111).

Similar to the Brown and Barker (1995) study, Green et al. (2007) explored the private practice career intentions of master social work graduate students and the extent they were prepared for private practice work by their academic programs. These participants reported expecting their programs to prepare them for working in the setting. Instructors discouraged the

discussion of private practice as a career and did not teach content specific to private practice employment, yet 66.1% of the 271 participants planned to pursue working in the setting.

Supervisory Relationship

Supervision is a requirement for completing practicum and internship courses in CACREP accredited programs and for earning state licensure (Overview of State Licensing of Professional Counselors, n.d.; Council for Accreditation of Counseling and Related Programs, 2016). Counseling students and associate level counselors engage with a qualified supervisor for support regarding their clientele, counseling skills, and therapeutic relationships (Borders et al., 2014). Savic-Jabrow (2010) conducted a pilot study on how private practice counselors in the United Kingdom receive personal and professional support. One hundred percent (n=31) of the participants reported that their main source of support was their supervisor. This was followed by self-reflection (n=25), peer support from colleagues (n=25), independent learning through reading (n=24), therapeutic methods such as massage (n=16), and individual counseling for themselves (n=8). Not only are supervisors support for counselors, but the relationship between the two is important for the success of supervision outcomes. Ghazlai et al. (2018) reported that supervision outcomes are correlated with the supervisory relationship in their study of counselors in training in Malaysia. Ghazali et al, (2018) included the working alliance, supervision interactions, supervisees' role conflict, and supervisors' attributes as the supervisor relationship. Similarly, DePue et al. (2016) found that counselor supervisees in the United States associated their therapeutic alliances with the supervisory relationship. However, results from the Bell et al. (2016) study were the opposite of DePue et al. (2016) and Ghazlai et al. (2018). Bell et al. (2016) reported a negative correlation between the supervisory relationship and the therapeutic relationship.

Practicum, Internship, and Mentorship Opportunities

In response to mental health professionals pursuing work in private practice with minimal to no academic education on working in the setting, Turner et al. (2021) sought to understand the learning experiences of social workers who completed their practicum and internships in private practice settings. The six authors completed an autoethnographic study where they asked, “What are the field education experiences of [Master Social Work] students placed in an urban, for-profit private practice psychotherapy practicum placement?” (Turner et al., 2021, p. 59). Their inductive analysis yielded six themes: (a) benefits to practicum site, (b) preparation for social work, (c) private practice is social work, (d) balanced picture, (e) practicum landscape, and (f) learning opportunities.

Practicum students, community members, and practice owners benefited from the practicum placements (Turner et al., 2021). Students learned how to perform their learned social work skills in the micro or biopsychosocial manner, community members received reduced to free counseling services, and practice owners were connected to present literature through students sharing their coursework (Turner et al., 2021). In dispute of arguments that social work is not private practice work, study participants expressed how social work principles such as (a) advocacy, (b) connecting clients to resources, (c) person-in-environment approaches, (d) social justice, and (e) strengths perspectives are all suited and needed in the private practice setting. Participants also highlighted the confidence they gained from learning evidence based interventions through observation, practice, and supervision (Turner et al., 2021).

Hicks-Roof et al.’s (2018) study included the interactions between dietitian students and dietitian mentors. Paring undergraduate dietitian students with licensed dietitians for face to face mentorship positively impacted both parties. Students reported increasing their communication

skills and confidence and enlarging their prospective career path (Hicks-Roof et al., 2018). Both students and mentors reported developing and increasing their leadership skills (Hicks-Roof et al., 2018). Students also expressed feeling more confident about sustaining their career with the support of their mentors. Similar results regarding mentoring were reported in a study on speech-language pathology students (Mahendra & Kashinath, 2022). Forty-six underrepresented students, which were described as Black, Indigenous, people of color, persons with disabilities, members of the LGBTQ+ community, and persons having low socioeconomic status participated in a one year paid mentoring program. Students reported benefitting from the stipend, required community or research project, and mentoring that was tailored to their needs (Mahendra & Kashinath, 2022).

Although Forbes et al. (2022) did not include student perspectives in their research, they investigated the hosting and teaching strategies used by Australian private practices that accept allied health practicum students. The focus groups included representatives from physical therapy, audiology, speech-language pathology, and occupational therapy. Physical therapy was not included in this literature review due to the differences in educational and licensure requirements from mental health counselors. The allied health professionals in Forbes et al. (2022) study described the importance of tailoring their strategies for their practicum students. Doing so meant site supervisors needed to review the preparation of trainees and then manage trainee and client expectations. This fostered teamwork and created opportunities for trainees to add value to clients and the function of the site.

Connection to the Present Study

Understanding the connection between new licensed counselors' career development and work experiences in private practice settings was accomplished through exploring their (a)

practicum and internship opportunities (b) mentorship experiences, (c) academic learning, and (c) supervisory relationships. Regardless of their academic preparation, students of mental health professions pursue work in their preferred environment (Brown & Barker, 1995; Green et al., 2007). Therefore, this study aimed to explore new licensed counselors' motivations for selecting their careers and their work settings.

Task Approach Skills

Task Approach Skills is the final career decision making influence in Krumboltz's Social Learning Model of Career Decision Making. This influence involves the application of skills in the presence of a problem or a new experience and the improvements one makes to their basic skills. It also includes the emotional responses to undertaking new experiences. Although a topic for consideration, research specific to the impact of client's presenting concerns on mental health, allied health, and clinical science professionals were limited to compassion fatigue, secondary trauma, and burnout. Empirical research on (a) managing the business of private practice, (b) enhancing foundational practice knowledge, and (c) handling the effects of working as a private practitioner were reviewed.

Private Practice is a Business

Additional skills are needed to own and run a private practice, which are for-profit businesses. Participants in Clark et al.'s 2022 study with dietitians working in private practices reported having no formal business training, seeking business training or mentoring on their own, and wishing their academic programs provided formal training regarding working in the setting. Although academic programs are not required to provide this information to students, Reese et al. (2013) developed a clinical entrepreneurship course for counseling students interested in private practice. The course provides step by step instructions and feedback on how

to establish and maintain a private practice. If not enrolled in an academic course like the one developed by Reese et al. (2013), individuals gain business knowledge through trial and error implementation of their inherent understanding of business, supervision, or published conceptual literature (Kassa, 2019; Legge, 2017; Savic-Jabrow, 2010). If academic programs included business skills in their curriculums, they may be learned and integrated into one's professional skillset.

Enhancing Foundational Practice Knowledge

Genetic counselors described utilizing both formal, such as continuing education coursework, and informal, such as interactions with colleagues, methods for enhancing their knowledge and skills (Baty et al., 2020). Participants in Baty et al. (2020) reported developing advanced genetic counseling skills by synergizing the information they learned in graduate school with the skills they learned while practicing. This workplace learning was also seen with dietitians. Boocock and O'Rourke (2018) conducted focus group research where dietitians in the United Kingdom described workplace learning as changing with their experience level.

Participants in both Baty et al. (2020) and Boocock and O'Rourke (2018) shared their experiences based on skills for general practice in their respective fields. Different results were found with genetic counselors working in specializations. Field et al. (2016) found that genetic counselors working in biotechnology and pharmaceutical industries did not feel adequately prepared for their roles and that the skills learned in their graduate programs did not transfer to their current work. Participants identified the following areas as knowledge deficits (a) business development, (b) drug development, (c) finance and budgeting, (d) organizational leadership, (e) regulatory affairs, and (f) sales and marketing (Field et al., 2016). Some of these skills are also needed for successful private practice work.

Impact of Private Practice Work on the Professional

Burnout is a common factor used to measure the impact of work on professionals. A 2006 study conducted by Rosenberg and Pace addressed the correlation between burnout and work settings of marriage and family therapists. Burnout was measured by emotional exhaustion, depersonalization, and personal accomplishment. The same scale was used in Lent and Schwartz's (2012) study comparing personality traits and burnout. Marriage and family therapists who primarily worked in private practice had lower emotional exhaustion and higher sense of personal accomplishment as compared to those working in community agencies, medical settings, and academia. There were not statistically significant differences in depersonalization across work settings (Rosenberg & Pace, 2006). Similar to the Lent and Schwartz's (2012) results, private practice audiologists in the Severn et al. (2012) study reported higher levels of compassion satisfaction than public practitioners.

Research regarding the influence of client's presenting concerns on burnout were not found. Instead, studies considered compassion fatigue, burnout, and secondary trauma (Hong et al., 2023) and how the professionals' burnout may impact the client (Rosenberg & Pace, 2006). A recent study conducted by Hong et al. (2023) consider compassion fatigue among counselors in private practice settings in China. Hong et al. (2023) used an adapted version of the Compassion Fatigue Short-Scale (CFSS) that also measured job burnout and secondary trauma. Hong et al. (2023) reported that 109 private practice counselors who participated in their study had moderate levels of compassion fatigue and job burnout and low levels of secondary trauma. Giddens et al. (2022) researched compassion satisfaction, resilience, burnout syndrome, and occupational stress levels of audiologists. The audiologists in the study did not have high levels of burnout syndrome and few participants reported a tendency to depersonalize when

experiencing stress. Giddens et al. (2022) also concluded that audiologists continue to work from a place of empathy even when stressed. Comparably, Scanlan and Hazelton (2019) found that mental health occupational therapists who felt valuable to their clients experienced less symptoms of burnout and an increased sense of job satisfaction.

Although a much older study, Jayarante et al. (1991) considered psychological strains, depression, irritation, depersonalization, emotional exhaustion, somatic complaints, performance, and personal accomplishment as factors for health that impact clinical social workers. Private practice social workers scored better than community social workers in each variable. Jayarante et al. (1991) concluded that private practice social workers were in better physical and psychological health than community agency social workers (Jayarante et al., 1991).

A more recent study compared work settings and burnout in 296 eating disorder treatment providers (Warren et al., 2013). Providing professional help to persons with eating disorders requires providers enhance their foundational knowledge (Rittenhouse, 2022). Participant providers with this advanced training included mental health counselors, clinical social workers, marriage and family therapists, medical doctors, dietitians, and nurses (Rittenhouse, 2022). Four settings were considered: (a) private practices (n=172), (b) hospitals or mental health centers (n=82), (c) university counseling centers (n=12), and (d) university departments (n=17). Results were consistent with Rosenberg and Pace (2006) and Jayarante et al. (1991). Participants working in private practice reported experiencing less emotional exhaustion, less cynicism, and more personal accomplishment (Warren et al., 2013).

One qualitative study was found regarding burnout and work settings. Finan et al. (2021) explored experiences of burnout in eight Irish private practice psychotherapists. Opposite results were seen in burnout reported by these participants versus the participants in the previously

described quantitative studies. Finan et al. (2022) identified (a) “professional identity crisis”, (b) “embodiment of burnout”, and (c) “the process of rebalancing” as themes. Participants described engaging in self-criticism in instances where they did not meet their standards, career disillusionment, and shame due to feeling burned out. However, participants also reported that identifying their burnout, specifically noticing the physical symptoms, prompted them to engage in activities that encourage more balance between work and life (Finan et al., 2022).

Connection to Present Study. There are many unknowns regarding the task approach skills of new licensed counselors. Some of these unknowns include the (a) relationship between academic learning and business success, (b) ways counselors enhance and transfer their core skills into various work settings, and (c) connections between burnout and burnout prevention among private practitioners. The scope of this study did not involve clarifying each of these unknowns. Instead, the study aimed to learn how new licensed counselors acquired the skills they use to manage or work in a private practice. This includes their use of business skills, self-care routines, and advanced counseling skills.

Summary

Approximately 25% of United States mental health practitioners are employed in private practices. However, graduate level mental health programs are neither required to teach students how to work within the setting nor how to establish and maintain a private practice. Due to the limited empirical research regarding new licensed counselors working in private practice, Krumboltz’s Social Learning Theory of Career Decision Making was used to guide the review of relevant literature within other mental health professions as well as allied health and clinical science professions. Several gaps in literature specific to new licensed counselors were found: (a) inherent characteristics that influence their career and work setting choices, (b) opportunities for

learning about private practice as a work setting and about growing through the challenges and successes of the work, (c) connections between career development and work experiences with their graduate clinical placements, mentorship experiences, and academic coursework, and (d) acquirement of non-counseling skills used work in the private practice setting and behaviors that lead to burnout and self-care. The researcher explored how these factors influence the career development and current work experiences of new licensed counselors.

CHAPTER THREE: METHODOLOGY

This study aimed to discover and understand the career development and current work experiences of new licensed counselors who earned their required direct client and supervision hours through counseling in a private practice. The basic qualitative research design, which is widely applied when exploring topics that have limited empirical research, was utilized in this study. According to Merriam and Tisdell (2016) the goal of basic qualitative research is to “uncover and interpret” meaning as shared by participants (p. 25). While preserving the exploratory nature of this inquiry, Krumboltz’s Social Learning Theory of Career Decision Making informed the research process as a tool to encapsulate the genetic endowments and special abilities, environmental conditions and events, learning experiences, and task approach skills that led to participants’ experiences.

The following chapter begins with the researcher’s subjectivity and a restatement of the research questions. Also included are the research design and methods, specifically data collection, data analysis, and verification procedures. The chapter ends with ethical considerations and a summary.

Subjectivity Statement

I am currently a Licensed Clinical Mental Health Counselor and Qualified Supervisor in North Carolina and I am a Licensed Professional Counselor and a Licensed Professional Counselor Supervisor in South Carolina. I supervise two Licensed Professional Counselor Associates, one Clinical Mental Health Counselor Associate, and two counseling internship students. I credit much of my success in private practice and my effectiveness as a counselor to my (a) personality traits of extroversion and openness, (b) many external examples of entrepreneurship and my engagement in mentorship, (c) integration of observed business skills

with the knowledge and awareness gained through my academic program, and d) work in a collaborative counseling environment. Although these elements align with Krumboltz's Social Learning Model of Career Decision Making, they are neither universal nor the only manner of perceiving oneself as a confident and effective counselor working in or maintaining a private practice. However, these elements are my preconceptions about what makes working in the private practice setting fruitful and they are also what inspired the research questions.

I am personally, professionally, and civically connected to this subject. These connections mean I must thoughtfully engage with the participants and the information they share with me. This includes remaining curious about participants' experiences and allowing them to state and define their important elements and concepts. As a researcher, counselor, educator, supervisor, and someone who has always worked in private practice, I cannot fully remove my perceptions and experiences from the process. However, I can challenge and more deeply engage with the data in instances where analyses yields results parallel or opposing to my viewpoint and experiences.

Research Questions

The purpose of this study was to explore the current work experiences of new licensed counselors who earned their state's required clinical and supervision hours through counseling in a private practice. This includes exploring how these new licensed counselors evaluate the link between their career development and the quality of their private practice work experiences. Two research questions were used to explore the topic.

1. What are the career development experiences of new licensed counselors' who earned their required direct client and supervision hours through working in a private practice?

2. How do new licensed counselors evaluate the link between their career development and the quality of their current work experiences in private practice settings?

Research Design

Basic Qualitative Research Design

The research questions were explored through the Basic Qualitative Research design as described by Merriam and Tisdell (2016). The purpose of the basic qualitative approach is to understand how participants make meaning in their lives and experiences (Merriam & Tisdell, 2016). This exploration of meaning is aligned with a constructivist epistemology where knowledge is constructed through both the experiences of the participants and the researcher (Mertens, 2019). The researcher does not discover this meaning but instead identifies how participants' construct their meaning through purposeful interview conversations. Researchers may ask probing questions when interviewing participants for their "attitudes, opinions, and experiences" about the topic (Brinkmann & Kvale, 2015, p. 109). Basic Qualitative Research designs and interviews are commonly paired and widely used in counselor education research.

This research design was paired with Reflexive Thematic Analysis (RTA), which is foundationally inductive (Braun & Clarke, 2021). In 2006, Braun and Clarke outlined inductive thematic analysis as a participant up to group identification of themes and patterns that link to one another (Braun & Clarke, 2006). They later clarified their process as Reflexive Thematic Analysis due to the non-linear nature of the data analysis process (Braun & Clarke, 2021). RTA is not attached to a preexisting theoretical framework, which allows the researcher to determine the value and use of a theoretical framework to the research inquiry (Braun & Clarke, 2021). There is value to including a theoretical framework in this proposed study. As described in the literature review, limited research exists regarding the career development of mental health

counselors who work in private practice. Because the experiences of the population were explored, it was important to approach the research through a basic qualitative design paired with a theoretical framework to guide data collection (Braun & Clarke, 2021). Therefore, the four influences of Krumboltz's Social Learning Theory of Career Decision Making was used to design the demographic questionnaire and the schedule of interview questions. However, the theoretical framework was not intentionally used to identify patterns during data analysis.

Methods

Participant Inclusion Criteria

The population of focus for this research study were new South Carolina Licensed Professional Counselors who earned a portion of the state's required counseling hours through working in a private practice. This specific population was selected because new South Carolina Licensed Professional Counselors are typically neither far removed from their training programs nor required licensure supervision, yet have time to engage in some required continuing education coursework. There are three criteria that operationalize the participant population. Participants must (a) hold the South Carolina Licensed Professional Counselor credential for no more than seven (7) years, (b) have completed their respective CACREP accredited school's clinical counseling track, and (c) have accrued a portion of the state's required counseling hours within the private practice setting.

Graduating from a CACREP accredited program means participants met the same minimum requirements for their degree. Persons who completed the school counseling track, substance use counseling track, or a combination of tracks were welcome to participate in this study. Persons who completed multiple academic tracks or earned various credentials engaged in additional academic training that potentially impacted the quality of their experiences as a

private practice counselor. Therefore, the descriptions of participants in Chapter Four: Findings includes participants' educational backgrounds and credentials.

Participant Exclusion Criteria

Associate licensed counselors in South Carolina are permitted to earn their required direct client and supervision hours in multiple settings. Participants with counseling hours in private practice settings may have more applicable and rich descriptions of their work experiences. Therefore, new South Carolina Licensed Professional Counselors without counseling hours in private practice settings were excluded from this study. Any participants providing counseling services in more than one setting were asked how they believe that work impacts their experiences counseling in private practice.

Sampling and Recruitment

Two purposive sampling techniques and snowball sampling techniques were used to recruit study participants. The first form of recruitment was through posts on a counseling listserv, specifically the South Carolina Counseling Association, and through posts on their associated social media platforms.. A copy of the posted recruitment flyer is within Appendix A. The second form of recruitment was through direct contact of persons who met the criteria. The roster list of counselors provided by the South Carolina Board Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists was sorted based on (a) license type and status, (b) private practice as primary location, and (c) geographical location of the private practice. Online directories such as Psychology Today and Google Business searches were used to find the email addresses of potential participants identified after sorting the roster list. Formal letters including (a) a request for participation in the study, (b) details of informed consent, (c) a web link and QR code that

links to the recruitment and demographic questionnaires, (d) the purpose of the study, and (e) a description of the incentive, were developed for recruiting study participants.

The recruitment questionnaire was developed through online survey software, Qualtrics. This questionnaire offered participants the opportunity to (a) give themselves a pseudonym, (b) state the email address they prefer for future communication, (c) share their availability for the qualitative interview through a schedule matrix, and (d) select the type of incentive they prefer. The schedule matrix involved check boxes so participants could select their time zone as well as the best days of the week and times of day to participate in the interview. The approximate time to complete the recruitment questionnaire was 3-5 minutes. A copy of the recruitment questionnaire is within Appendix B.

Formal letters were emailed to approximately 100 email addresses and mailed to 56 physical addresses. This yielded two complete responses to the Qualtrics survey and prompted a change in both recruitment strategy and participant criteria. Addendums were made to the initial Institutional Review Board approved study protocol. Recruitment via phone call was added and the participant criteria was changed from persons (a) having six months to five years of experience to having no more than seven years of experience as a Licensed Professional Counselor, and (b) earning at least 50% of the required direct counseling and supervision hours in the private practice setting to earning a portion of the hours within the setting. The phone script and updated informed consent form are included as Appendices C and D, respectively. Persons who agreed to participate were asked to forward the recruitment information to colleagues that met the participant criteria.

Acting on these protocol changes led to the completion of ten interviews. Two of the participants' data were not analyzed because they did not meet other aspects of the participation

criteria: one earned a degree in Vocational Rehabilitation and the other earned their required direct counseling and supervision hours in another state. Therefore, there were eight participants in this study.

Data Collection Procedures

The primary source of data collection were interviews. All interviews were semi-structured in nature. The secondary source of data collection was the demographic questionnaire. Both sources of data collection were aligned with Krumboltz's Social Learning Model of Career Decision Making. Table 4 includes examples of interview questions and their alignments with the four influences.

There were six steps involved in the interview process: (1) describing the purpose of the study, (2) explaining and obtaining informed consent for participation and for recording the interview, (3) discussing the demographic questionnaire, (4) explaining the organization of the interview questions, (5) video and audio recording responses to the interview questions, and (6) concluding the interview. All interviews were scheduled during a day and time convenient for the researcher and the participant and that allowed at least ninety (90) minutes for completing the process. Interviews were conducted via zoom software, which has video and audio sharing capabilities.

In addition to interviews, data collection occurred when engaging in data analysis processes that increase trustworthiness. This included member checking transcripts and reviewing the findings with participants. Doing so allows participants to clarify their initial interview statements and to agree or disagree with the findings, subsequently providing more rich understandings of their experiences working in a private practice (Braun & Clarke, 2021).

Specifics regarding member checking are within the section of this proposal titled Strategies for Trustworthiness.

The researcher used grant funding to offer incentives for participation. Each participant received a \$20 Target or Amazon gift card for completing the demographic questionnaire and participating in the interview. An additional \$5 Target or Amazon gift card was issued to participants who completed the two opportunities for member checking.

Instrumentation

Demographic Questionnaire

The demographic questionnaire collected personal and professional qualities of participants. Collected personal data includes age, gender, race/ethnicity, sexual orientation, and religious or spiritual orientation. Collected professional qualities include participants' year of graduation from a CACREP accredited counseling program, the state where they earned their degree, and when they earned their full license. The average time to complete the demographic questionnaire was 3-5 minutes. The demographic questionnaire is included in Appendix E.

Semi-Structured Interview Questions

A semi-structured schedule of interview questions was used to explore the two primary research questions. Rapport building interview questions were used to begin the interview protocol (Brinkmann & Kvale, 2021). Participants were prompted to describe themselves using three to five adjectives and to discuss their strengths as a counselor. Probing and fact gathering interview questions were also used. The interview portion of data collection occurred between sixty and one hundred twenty minutes. The full schedule of interview questions is included in Appendix F and Table 4 includes examples of the alignment between the interview questions and Krumboltz's four influences.

Prior to conducting the interviews, the schedule of questions was reviewed by at least three experts in the field (Brinkmann & Kvale, 2015). Types of experts included (a) counselors with five or more years of counseling experience, (b) counselor education and supervision doctorate degree holders who have a supervision license and who are currently supervising associate level counselors, (c) counselor private practice owners, and (d) clinical researchers with qualitative analysis experience. These experts were asked to (a) review each interview question and provide feedback regarding their relevancy, (b) verify that the schedule of interview questions aligned with the purpose of the study and with the research questions, and (c) make suggestions to improve the overall guide (Brinkmann & Kvale, 2015).

Table 4

Example Schedule of Interview Questions

Theoretical Framework	Research Question 1: What are the career development experiences of new licensed counselors' who earned their required direct client and supervision hours through working in a private practice?	Research Question 2: How do new licensed counselors evaluate the link between their career development and the quality of their current work experience in private practice settings?
Genetic Endowments and Special Abilities	<ul style="list-style-type: none"> • What are three adjectives that describe you? • How do these characteristics influence your work experiences in the private practice setting? 	<ul style="list-style-type: none"> • You also described yourself with the following demographic characteristics, <i>state characteristics from their demographic questionnaire.</i> <ul style="list-style-type: none"> ○ How did these characteristics influence your career development?
Environmental Conditions and Events	<ul style="list-style-type: none"> • What are the opportunities for growth in the private practice where you are working? • What are the internal and external indicators of a successful day of counseling? 	<ul style="list-style-type: none"> • Tell me how you learned about private practice counseling work. • Describe your transition from a student counselor to licensed counselor.

Table 4*Example Schedule of Interview Questions (continued)*

Theoretical Framework	Research Question 1: What are the career development experiences of new licensed counselors' who earned their required direct client and supervision hours through working in a private practice?	Research Question 2: How do new licensed counselors evaluate the link between their career development and the quality of their current work experience in private practice settings?
Environmental Conditions and Events	<ul style="list-style-type: none"> • What are the internal and external indicators of an unsuccessful day of counseling? • What are your responsibilities in the private practice? 	<ul style="list-style-type: none"> • Which of the topics or themes that arise during counseling sessions are you most/least interested in • Comfortable with
Learning Experiences	<ul style="list-style-type: none"> • Describe your experiences with ____ working in a private practice <ul style="list-style-type: none"> ○ Counseling ○ Supervision ○ Administrative work 	<ul style="list-style-type: none"> • Describe the connection between the following and your work experiences. <ul style="list-style-type: none"> ○ Practicum and internship ○ Mentorship ○ Academic learning
Task Approach Skills	<ul style="list-style-type: none"> • What business skills do you use in the private practice? How did you acquire these skills? • What comes to mind when you hear these phrases: <ul style="list-style-type: none"> ○ Burnout ○ Self-care ○ What do these look like for you in private practice? 	<ul style="list-style-type: none"> • Tell me about your strengths as a counselor. <ul style="list-style-type: none"> ○ How does this connect to your training? • Tell me about your growing edges as a counselor? <ul style="list-style-type: none"> ○ How does this connect to your training? • What type of continuing education do you engage in?

Data Analysis

Collected data was analyzed through Reflexive Thematic Analysis (RTA) as described by Braun and Clarke (2021). This foundationally inductive approach moves from specific, or raw data from participants, to general, or themes that are linked to the raw data (Ezzy, 2002). RTA

allows the data, specifically participants' direct quotes, to determine themes (Braun & Clarke, 2021). Krumboltz' Social Learning Theory of Career Decision Making is not used as a codebook to identify patterns or themes within the data. Instead, the reflexively identified final patterns were considered for their alignment with one of Krumboltz's four influences. The alignments and anomalies were reported in the findings.

Although described linearly, Braun and Clarke's (2021) six-phase process for Reflexive Thematic Analysis (RTA) is iterative and reflexive. The first step of the data analysis process was becoming familiar with the data (Braun & Clarke, 2021). Transcriptions were reviewed for exactness while listening to each participants' audio recorded interview. The goal was to ensure accuracy of the data to be analyzed and to begin developing an understanding of the work experiences and career development of the new licensed counselors (Braun & Clarke, 2021). The first round of member checking also occurred during this step. New licensed counselors were given their transcripts and offered the opportunity to clarify, expound upon, or correct their statements. No adjustments were made to transcripts as a result of the first member check.

Step two was completed one data set at a time and involved generating initial codes or patterns (Braun & Clarke, 2021). The researcher created a spreadsheet to organize the data. First, each new licensed counselor's direct quotes were collated based on an alignment with the research questions. Quotes specific to new licensed counselors' career decisions that led to selecting private practice as their work setting were categorized as career development, or as potential codes for answering the first research question. Quotes specific to new licensed counselors' current work experiences were categorized as prospective links with their career development, and subsequently designated as potential codes for answering the second research question. Any quotes that seemingly provided information for both research questions were

designated in a separate column. The resulting codes were again reviewed for alignment with the research questions. Codes that no longer seemed to relate to the research questions were placed in a separate column within the spreadsheet and again reviewed at the end of the data analysis process. Also designated separately were (a) adjectives participants used to describe themselves, (b) descriptions of participants' clientele, and (c) descriptions of their clients' presenting concerns. This was done to better facilitate writing the description of participants. Tentative patterns within each unique new licensed counselor's quotes were then identified and collated into their individual career development story. Appendix G contains the codes for each participant.

The third step involved using the entire data set, specifically new licensed counselors' career development stories, to search for patterns that described the groups' work experiences in private practice settings and answered how the quality of their work experiences were influenced by their career development (Braun & Clarke, 2021). The researcher sorted through the direct quotes for patterns among the initial codes of each new licensed counselors' career development story and then organized the patterns based on their relevancy to one another (Braun & Clarke, 2021). Data was designated as a potential pattern or subpattern when initial codes across participants were deemed important in relation to the two research questions. This process of sorting, reviewing, and organizing was reflexive. The researcher revisited direct quotes and transcripts throughout the writing process to ensure new licensed counselors' contexts were accurately represented.

The potential patterns and subpatterns were again reviewed and a tentative thematic map was created in step four of data analysis (Braun & Clarke, 2021). The researcher used a two-step process to consider how each of the patterns or subpatterns related to the (a) initial codes within

the pattern or subpattern, and (b) entire set of data (Braun & Clarke, 2021). First, the direct quotes used to create the initial codes that led to a pattern were reviewed in order to identify which patterns and subpatterns had the most and least data supporting them. Patterns with the most data were reviewed to determine if multiple patterns were being presented as one and if there was enough evidence to make relevant adjustments. Second, the patterns and subpatterns were reviewed for their relevancy to the entire data set and to the research questions, specifically considering the story that patterns tell regarding the data (Braun & Clarke, 2021). Any pattern or subpattern that did not fit the career development and quality work experiences of new licensed counselors were reviewed, discarded, or refined until a relevant thematic map remained. Two visual representations of the data were developed: (a) the thematic map, which is within Appendix H, and (b) a starburst graphic depicting the patterns, subpatterns, and participants, which is within Appendix I.

Step five involved defining and naming the patterns with “concise, punchy” titles (Braun & Clarke, 2006, p. 93). Pattern names were inspired by participants’ direct quotes. The researcher provided context to pattern names by adding words to participants’ direct quotes. Complex patterns include subpatterns to better communicate the depth of the data (Braun & Clarke, 2021). These patterns, subpatterns, and the accompanying thematic map were shared with participants during the second round of member checking. Due to direct quotes being used to create the patterns, the researcher described how each new licensed counselors’ career development and work experiences were used to develop patterns that answer the research questions.

The final step in Braun and Clarke’s (2021) thematic analysis is producing the report. The final report includes (a) the aforementioned description of the iterative and reflexive process,

(b) visual representations, specifically tables and thematic maps of the data analysis process, within the appendices, (c) “vivid, compelling” direct quotes from participant interviews, and (d) the story that each pattern tells, which is within both the findings of Chapter Four and the discussion of Chapter Five (Braun & Clarke, 2006, p. 87). Each of these points are either related to the data analysis process, patterns, research questions, or the existing literature (Braun & Clarke, 2021).

The final patterns produced via Braun and Clarke’s (2021) six step process of open coding were then considered for their alignment with Krumboltz’ Social Learning Theory of Career Decision Making. Alignment was expected due to the data collection instruments being developed based on the theoretical framework. The identified alignments and anomalies are included in Chapters Four and Five as a means for better understanding the experiences of new licensed counselors.

Strategies for Trustworthiness

Rigor in qualitative research is established through researchers’ use of strategies to demonstrate the quality of data collection and analysis. The researcher engaged with one peer debriefer. The tentative patterns and subpatterns were shared along with their relation to the research questions. Written feedback was given by the reviewer and then considered and applied by the researcher.

The researcher engaged in four strategies for ensuring quality of data collection and analysis: (a) appraisal of transcriptions, (b) horizontalization, (c) member checking, and (d) bridling. All interviews were audio recorded, transcribed through the transcription service Temi.com, then checked for accuracy by the researcher (Brinkmann & Kvale, 2021). These appraised transcripts were sent to participants for member checking. Five of the eight

participants responded to the first member check. Participants were asked to review their transcript and were given the opportunity to add to, correct, and clarify their responses (Brinkmann & Kvale, 2021). One correction was made to the demographic characteristics of a participant.

Horizontalization was used when selecting new licensed counselors' direct quotes. This process helps ensure that all initial codes are given equal weight and consideration when looking for patterns and themes (Braun & Clarke, 2021). The thoughts and assumed connections that arose while identifying codes were bulleted and saved in a document as a bridling practice. After analysis was complete, the researcher facilitated the second member check by sharing a description and a table of the findings with participants. They were also offered an opportunity to meet with the researcher about the findings. The researcher described how the specific participants' experiences fit within the overall patterns and gave participants the opportunity to agree or disagree with the patterns. There was limited response to the second member check, therefore, no changes were made to the findings.

Due to the researcher's proximity to the subject, they engaged in bridling instead of bracketing, which involves consistently suspending their experiences and judgments. According to Vagle et al., "choosing a phenomenon of interest is not a neutral decision" (2009, p. 348). This statement is true for the researcher who was inspired by their personal career development and the desire to assist the next generation of private practice counselors. Prior to collecting data, the researcher journaled about their drive for completing the study and what they believe they would learn from participants (Vagle et al., 2009). The researcher also wrote their career development story. Throughout the study, the researcher reviewed their initial statements then intentionally reflected and journaled about the relationship between themselves, participants' experiences, and

the implications of the findings. Other reflexive bridling practices the researched engaged with include purposely scheduling time between participant interviews to reflect on the experiences and scheduling time between analyzing each participant's data (Stutey et al., 2020). Bridling was also necessary due to the combination of an inductive and reflexive data analysis process with a deductive theoretical framework. Bridling preconceived notions helped reduce the likelihood that the researcher's knowledge of the theoretical framework dictated the selection of new licensed counselors' direct quotes and the identification of patterns within the data.

Research Ethics and Study Significance

Risks, Benefits and Ethical Considerations

There are risks and benefits involved when participating in research studies (Ravitch & Carl, 2020). Due to the researcher being a counselor who worked in two private practices as an associate level counselor and who currently owns and manages a private practice, the participants potentially benefitted from the rapport built with the researcher throughout the project. New licensed counselors in this study also likely benefitted from an increase in awareness of their counseling knowledge and skills that emerged while answering reflective style interview questions. The researcher debriefed with each participant after the major findings were identified; therefore, the participants possibly benefitted from learning about the experiences of other new licensed counselors. Another benefit to participation is new licensed counselors' stories being shared and subsequently used to positively impact counselor education and supervision.

Risks included new licensed counselors feeling uncomfortable emotions or self-conscious regarding their knowledge and skills during or after the interview and after the research process ended. The researcher mitigated these risks by informing participants of the potential risks during

the informed consent process, offering breaks during the interview, and by providing the new licensed counselors with national resources for mental health care. Two participants reframed critical incidents that occurred during their career development while sharing the experiences with the researcher. Shared resources include a) a statement about seeking counseling services, b) links to websites for Substance Abuse and Mental Health Services Agency, Mental Health America, and Spiritual Direction International, c) hotline numbers for the National Suicide Prevention Line and the SAMHSA Treatment Referral Hotline, and c) 911 for immediate emergencies.

Ethical considerations included maintaining confidentiality (Ravitch & Carl, 2020). Although the identifying information directly collected was neither shared nor included in this manuscript, it is possible that verbatim quotes within Chapter Four: Findings contains information that a reader may decode. This possibility was explained during the informed consent process. The researcher did not include identifying details about participants' academic programs and private practice sites in this report. All the information was de-identified within the data set.

A final and important ethical consideration was the power differential between the researcher and the participants (Angrosino & Rosenberg, 2011). The researcher arrived at the interview with an agenda: exploring the career development and work experiences of new licensed counselors. This agenda automatically brought the researcher's needs and desires into a space where there was no prior relationship. Prior to the interview, the researcher engaged in email communications and phone calls with participants regarding scheduling and the research process to reduce the impact of this agenda on both data collection and data analysis. As previously mentioned, the researcher's career development led them to become a private practice

owner. The researcher aimed to tell a story based on the experiences of the participants and not based on their personal story. This was safeguarded through the previously described bridling practices.

Significance of the Study

Results from this research may be disseminated throughout various counseling arenas and positively impact counselor education, counseling supervision, and direct client services.

Educators may use the information generated from this research to better understand the needs of counseling students who plan to work in the private practice setting. In addition, the information maybe included when counseling jobs are discussed and students are preparing for the workforce. The results may also be disseminated to private practice site supervisors who work with counseling students as well as to licensed counselor supervisors who work with associate counselors. These professionals may then anticipate and address the patterns from the study if they arise in their counselors. Having more counselors prepared to work in private practices increases the availability of counselors for community members.

Summary

Chapter Three detailed the methodology and procedures directing the study. Utilizing Merriam and Tisdell's (2016) basic qualitative research based on in-depth interviews along with Braun and Clarke's (2021) Reflexive Thematic Analysis created space for the researcher to discover and interpret patterns within and between participants' career development and current work experiences. Bridling practices were employed to limit the influence of the researcher's personal and professional experiences as well as limit the influence of the theoretical framework on data analysis. Demographic and recruitment questionnaires collected qualities of participants and their availability for the interview. Participants meeting the criteria were invited to share

their experiences through a 60-120 minute virtual interview with the researcher. The interview began with participants being prompted to describe themselves through three to five adjectives and then move to semi-structured prompts about their career development and the quality of their experiences working in a private practice as new licensed counselors. Data analysis methods consistent with Reflexive Thematic Analysis were implemented to identify patterns in the data. Patterns aligning with Krumboltz's Social Learning Theory of Career Decision Making are noted within the explanation of the findings in Chapter Four and the discussion of Chapter Five.

CHAPTER FOUR: FINDINGS

The career development and work experiences of new licensed counselors who earned South Carolina's required direct client and supervision hours through providing counseling services in a private practice setting was explored. This exploration, specifically the schedule of interview questions, was guided by Krumboltz's Social Learning Theory of Career Decision Making. Several gaps in literature specific to new licensed counselors were found: (a) personal characteristics, (b) opportunities for learning about private practice work, (c) connections between career development, work experiences, and the transition from layperson to licensed clinician, and (d) acquirement of non-counseling skills used to work in the private practice setting and acquirement of behaviors that lead to burnout and self-care. In effort to fill the gaps in the research and to better understand the population, two research questions were explored: (1) What are the career development experiences of new licensed counselors who earned their required direct client and supervision hours through working in a private practice?, and (2) How do new licensed counselors evaluate the link between their career development and the quality of their current work experiences in private practice settings?

The collection and analysis of data used to answer the research questions occurred through Basic Qualitative Research Design as defined by Merriam and Tisdell (2016) and Reflexive Thematic Analysis as described by Braun and Clarke (2021). The researcher collected demographic and work history data via an online questionnaire and conducted semi-structured interviews with ten participants. Two of the participants did not meet the inclusion criteria, therefore interview data from eight participants was analyzed and reported. Five major patterns and ten subpatterns emerged across the participants through the researcher's engagement with Reflexive Thematic Analysis (2021).

Table 5 depicts the alignment of the five major patterns and ten subpatterns with the two research questions. The order of these major patterns and subpatterns represents the progress or flow of participants' career development. The first major pattern includes supporting evidence for answering both research questions. The second and third major patterns are specific to participants' experiences developing as a counselor in general and the fourth major pattern depicts how participants' general counselor development prompted pursuance of private practice as a work setting. These three major patterns provide evidence for answering the first research question. Although the fifth major pattern includes supporting evidence for answering both research questions, there is emphasis on the link between participants' career development and the quality of their work experiences in the private practice setting. Explanations of these findings, including supporting evidence in the form of participants' direct quotes, are presented later within this chapter.

Table 5

Alignment of Patterns and Subpatterns with the Research Questions

Research Questions	Patterns	Subpatterns
Research Questions One and Two	Non-Counseling Experience is an Asset	Enhances the Therapeutic Relationship and Creates Spatial Ambiance
		Helps Career Progression
		Non-Counseling Work Experiences were Impactful and Shaped Me
Research Question One	Graduate School does a Great Job Giving you a Foundation to Build On	
	Practical Experience Makes Up for Academic Gaps	Practicum & Internship Supervisory Relationship

Table 5*Alignment of Patterns and Subpatterns with the Research Questions (continued)*

Research Questions	Patterns	Subpatterns	
Research Question One	I'm Going to Start Private Practice and See What I Can Do	Pathways for Learning Private Practice was a Work Setting	
		Motivated to Start Private Practice	
		Challenges of Agency Work Stimulated Efforts to Build the Private Practice	
Research Questions One and Two	Private Practice Yields for My Career Development	Acquiring Business Skills	Trial & Error
			Mentoring & Coaching
		The Counselor Ship	Type of Clientele and Caseload Impact the Quality of My Work
			Continuing Education is Geared Towards Interests & Clientele
		The Professional Ship	Connections & Collaboration
			Paying it Forward

After reflexively analyzing the data, the subsequent patterns and subpatterns were reviewed for their alignment with the theoretical framework. Table 6 depicts this alignment between the patterns and the four influences of Krumboltz's Social Learning Theory of Career Decision Making. Although mentioned throughout the explanation of findings, details regarding the alignment between the major patterns and the theoretical framework are within Chapter Five: Discussion. Participants' demographic characteristics, work experiences, and career development as aligned to the four influences are described within the Participant Descriptions section of this chapter.

Table 6*Alignment of Patterns and Subpatterns with the Theoretical Framework*

Patterns	Subpatterns	Krumboltz's Social Learning Theory of Career Decision Making
Non-Counseling Experience is an Asset	Personality Traits as Resources	Enhances the Therapeutic Relationship and Creates Spatial Ambiance
		Genetic Endowments and Special Abilities Environmental Conditions and Events Task Approach Skills
	Helps Career Progression	Genetic Endowments and Special Abilities Learning Experiences Task Approach Skills
	Non-Counseling Work Experiences were Impactful and Shaped Me	Environmental Conditions and Events Learning Experiences Task Approach Skills
Graduate School does a Great Job Giving you a Foundation to Build On		Environmental Conditions and Events Learning Experiences
Practical Experience Makes Up for Academic Gaps	Practicum & Internship	Environmental Conditions and Events Learning Experiences Task Approach Skills
	Supervisory Relationship	Environmental Conditions and Events Learning Experiences Task Approach Skills
I'm Going to Start Private Practice and See What I Can Do	Pathways for Learning Private Practice was a Work Setting	Environmental Conditions and Events Learning Experiences
	Motivated to Start Private Practice	Genetic Endowments and Special Abilities
	Challenges of Agency Work Stimulated Efforts to Build the Private Practice	Environmental Conditions and Events Learning Experiences Task Approach Skills

Table 6

Alignment of Patterns and Subpatterns with the Theoretical Framework (continued)

Patterns	Subpatterns	Krumboltz's Social Learning Theory of Career Decision Making
Private Practice Yields for My Career Development	Acquiring Business Skills	Trial & Error Genetic Endowments and Special Abilities Learning Experiences
		Mentoring & Coaching Learning Experiences
	The Counselor Ship	Type of Clientele and Caseload Impact the Quality of My Work Genetic Endowments and Special Abilities Learning Experiences Task Approach Skills
		Continuing Education is Geared Towards Interests & Clientele Task Approach Skills
	The Professional Ship	Connections & Collaboration Paying it Forward Learning Experiences Task Approach Skills

There are two forms of supporting evidence for the five major patterns and ten subpatterns that emerged. The first form are the details of participants' work experiences and career development. These details, which are considered participant descriptions, provide context for each major pattern and subpattern. This contextual information is presented (a) in alignment with the four influences of Krumboltz's Social Learning Theory of Career Decision Making, (b) both descriptively and within summary tables, and (c) prior to the explanation of the findings. The second form of supporting evidence is participant's direct quotes regarding their work

experiences and career development. The two research questions are answered based on the patterns amongst participants' direct quotes as supported by the context of their work experiences and career development. The answers to the two research questions are presented as the explanation of the findings. The extent of supporting evidence for each pattern varies based on participants' progress within their career development as a private practice counselor. Participants' self-appointed pseudonyms and the direct quotes selected by the researcher are used throughout the participant descriptions section and the explanation of findings.

Participant Descriptions

There are eight participants in this study: Kym, Bernard, Hope, Mary, MBeezy, Kailey, Katie, and AG. They are ordered here, and within the upcoming tables, from least to greatest years of experience, which is as recent as two years and is as much as seven years, as a licensed counselor working in private practice. The following participant descriptions are highlighted: (a) Genetic Endowments and Special Abilities, or participants' demographics, personality traits, and ability status, (b) Environmental Conditions and Events, specifically participant's pre-counseling work experiences and careers, the type of counseling or related degree they earned, and the site type of their practicum and internships, (c) Learning Experiences, including participants' work status, private practice type, other settings where they provided counseling services, and the mode counseling services were delivered as an associate licensed counselor, and (d) Task Approach Skills, or their current private practice type and credentials as well as topics of continuing education courses they engaged while developing their careers.

Genetic Endowments and Special Abilities

Participants' inherent qualities, or their Genetic Endowments and Special Abilities, includes their demographic characteristics, ability status, and personality traits. Four African

American, three Caucasian, and one Latina participant are represented in the sample. Their ages range from 28 years to 49 years old. Seven of the participants reported their gender as female and one participant reported their gender as male. All eight participants reported being heterosexual. Participants' religious and spiritual practices varied from none to being both Christian and spiritual. Table 7 depicts these demographic characteristics utilizing participants' language.

Table 7

Demographic Characteristics

Pseudonym	Age	Gender	Ethnicity or Racial Background	Sexual Orientation	Religion or Spiritual Practices
Kym	28	Female	African American	Heterosexual	Christianity
Bernard	43	Male	African American	Heterosexual	"I believe in God"
Hope	43	Female	Latina	Heterosexual	Christianity
Mary	49	Female	African American	Heterosexual	Christianity
MBeezy	34	Female	Caucasian	Heterosexual	Spiritual, Not Religious
Kailey	30	Cis-gender Female	Caucasian	Heterosexual	None
Katie	35	Cis-gender Female	Caucasian	Heterosexual	Christianity/Spiritualism
AG	35	Female	African American	Heterosexual	Christianity

Table 8 includes participants' descriptions of their personality traits and ability status. With the exceptions of AG and Kailey both using "determined" and Kailey and MBeezy both using "passionate" as descriptors, participants gave distinct answers regarding their personality traits. Two participants reported having a diagnosis specific to their ability status.

Table 8*Personality Traits and Ability Status*

Pseudonym	Personality Traits	Ability Status
Kym	Spunky, Outgoing, Empathetic, and Understanding	“No Disabilities”
Bernard	Patient, Kind, Clean, and Excitable	“I don't have physical or mental disabilities”
Hope	Hardworking, Dedicated, and Caring	“No issues regarding mental and physical health status”
Mary	Motivated, Loyal, Helpful, Giving, and Supportive	“I’m [diagnosed] ADHD”
MBeezy	Curious, Adventurous, and Passionate	“Physically and mentally stable - no disabilities”
Kailey	Determined, Passionate, Stubborn, and Emotionally Aware	“None at this time”
Katie	Driven, Ambitious, and Perfectionist	“Physical and mental ability are both in good condition”
AG	God’s Girl, Purposed, Determined, Authentic, and Visionary	“Diagnosed Attention Deficit/Hyperactivity Disorder, inattentive, with anxiety”

Environmental Conditions and Events

Participants’ Environmental Conditions and Events, or factors that impacts their engagement in various career development activities and subsequently their career planning, preferences, and skills, includes participants’ non-counseling work, academic, and practicum and internship experiences (Krumboltz, 1979). Counseling was a career change for six of the eight participants. Previous non-counseling work experiences ranged from childcare or nursing to military logistics or management. The majority of the participants earned Master of Arts or Science degrees in Clinical Mental Health Counseling. There are three exceptions: (a) Hope earned a Master of Arts in Clinical Mental Health Counseling after earning a Master of Arts in

Psychology, (b) MBeezy earned a Master of Arts in Professional Counseling, and (c) Kailey earned a Master of Science degree and Educational Specialist credential in Counselor Education with a specialization in Clinical Mental Health Counseling. Five of the participants earned their degrees in South Carolina while MBeezy, Kailey, and Katie earned their degrees in Virginia, Florida, and Ohio, respectively. MBeezy is the only participant who completed a hybrid counselor education program where she attended in-person intensives throughout her matriculation. Participants completed practicum, internship, and associate licensure requirements across various settings, including private practices and state and community agencies. Table 9 lists participants' previous work or career experiences, graduate degree, year they graduated from their CACREP program, and the setting for their practicum and internship experiences.

Table 9

Previous Work, Career, and Graduate School Experiences

Pseudonym	Previous Work Experience or Career	Counseling or Related Degree	Setting for Practicum & Internship	Year Graduated from CACREP Program
Kym	Childcare	MS in Clinical Mental Health Counseling	Private Practice	2021
Bernard	Management	MA in Clinical Mental Health Counseling	Private Practice	2019
Hope	Psychology & Direct Sales	MA in Clinical Mental Health Counseling & MA Psychology	Private Practice	2020
Mary	Military & Nursing	MA in Clinical Mental Health Counseling	Group Home	2017
MBeezy	Neurofeedback	MA in Professional Counseling	Private Practice	2016

Table 9*Previous Work, Career, and Graduate School Experiences (continued)*

Pseudonym	Previous Work Experience or Career	Counseling or Related Degree	Setting for Practicum & Internship	Year Graduated from CACREP Program
Kailey	N/A	MS/EdS in Counselor Education, specializing in Clinical Mental Health Counseling	University Counseling Center	2017
Katie	Military Logistics	MA in Clinical Mental Health Counseling	Private Practice	2017
AG	N/A	MA Clinical Mental Health Counseling	State Agency	2013

Learning Experiences

Participants' associate licensure processes involved instrumental and associate Learning Experiences that stimulated their decision to seek or continue private practice as a work setting. Participants earned the required direct client and supervision hours for licensure while working in solo practices, group practices, and in non-private practice counseling settings. This means they were a combination of group private practice contractors, private practice owners, and full-time employees in counseling settings. Finally, participants provided counseling sessions in-person, via telehealth, or both. Table 10 includes the aforementioned information with details specific to each participant.

Table 10*Associate Licensed Professional Counselor Experience*

Pseudonym	Private Practice Type	Work Status	Non-Private Practice Counseling Settings	Manner Counseling Services Provided
Kym	Group	PP Contractor & FTE in Counseling Setting	State Agency	In-person & Tele-health
Bernard	Solo & Group	PP Owner, PP Contractor, & FTE in Non-Counseling Setting	Various Contracts through Supervisor's Private Practice	In-person
Hope	Group	PP Contractor & FTE in Counseling Setting	Nonprofit Agency & Community College	In-person & Tele-health
Mary	Solo	PP Owner & FTE in Counseling Setting	Nonprofit Agency & State Agency	In-person
MBeezy	Solo	PP Owner & PP Contractor	None	In-person & Tele-health
Kailey	Solo & Group	PP Owner, PP Contractor, & FTE in Counseling Setting	Private Agency	In-person
Katie	Group	PP Contractor	None	In-person & Tele-health
AG	Solo	PP Owner & Full-Time Employee in Non-Counseling Setting	None	In-person

Although participants did not earn the entirety of their clinical hours in the private practice setting, all eight participants earned 100% of their supervision hours from a Licensed Professional Counselor Supervisor or Supervisor Candidate who worked in a private practice. Participants used two to four years to earn their full counseling license. As previously mentioned,

participants' experience counseling in the private practice setting ranges from two to seven years.

Table 11 outlines these factors. At the time of data collection, Bernard, Hope, Mary, MBeezy, and AG all worked in and owned solo private practices, Kailey and Katie worked in and owned group private practices, and Kym worked as a contractor in a group private practice.

Table 11

Transition from Associate to Full Licensed Professional Counselor

Pseudonym	Year SC LPCA Credential Earned	Hours Gained in Private Practice Setting		Year SC LPC Credential Earned	Experience Counseling in Private Practice
		Counseling	Supervision		
Kym	2021	15%	100%	2023	2 years
Bernard	2020	100%	100%	2022	3 years
Hope	2019 ^a	100%	100%	2021	5 years
Mary	2017	20%	100%	2019	5 years
MBeezy	2017	20%	100%	2021	5 years
Kailey	2017	15%	100%	2019	6 years
Katie	2017	100%	100%	2019	6 years
AG	2015	100%	100%	2017	7 years

^aHope earned her LPCA credential by utilizing her Psychology master's degree and coursework from her Clinical Mental Health Counseling program to meet the state's educational and clinical requirements.

Task Approach Skills

Participants' Task Approach Skills involve the manner they use their genetic endowments and special abilities, environmental conditions and events, and learning experiences to address new tasks. New tasks for participants include, but are not limited to, (a) adjusting business statuses and strategies, (b) earning additional credentials, and (c) engaging in continuing education. Topics participants choose to engage with for continuing education align with their clientele. Participants business strategies and financial earnings are based on individual and group counseling sessions with clients that are either paid directly by the client or are billed and

reimbursed by Medicaid or private insurance. All participants, regardless of private practice type, have control over their caseloads, days, and time for providing counseling services. Details specific to participants' (a) current private practice type, which changed between some participants earning their associate and full licenses, (b) additional earned credentials, and (c) engagement in continuing education are within Table 12. Information regarding the participants' clientele, payment for counseling services rendered, and the average hours they counsel in the private practice setting are within Appendix J.

Table 12

Type of Private Practice, Additional Credentials, and Continuing Education

Pseudonym	Private Practice Type	Additional Credentials	Engagement in Continuing Education
Kym	Group Contractor	<ul style="list-style-type: none"> • National Certified Counselor 	<ul style="list-style-type: none"> • Adolescent Development • African American Experience • Topics that inform Full Time Employment Workload
Bernard	Solo Owner	N/A	<ul style="list-style-type: none"> • Counseling Children • Trauma
Hope	Solo Owner	<ul style="list-style-type: none"> • Certified Personal Trainer • Certified Trauma Counselor 	<ul style="list-style-type: none"> • Counselor Education & Supervision Doctoral Coursework • Play Therapy • Schema Therapy
Mary	Solo Owner	<ul style="list-style-type: none"> • Certified Clinical Mental Health Counselor • Certified Anxiety Provider • Grief Informed Professional • LPC Supervisor • National Certified Counselor 	<ul style="list-style-type: none"> • ADHD • Free courses through Professional Education Systems Institute & Volunteer Work • Pharmacology • Suicide Assessment & Prevention Trauma

Table 12*Type of Private Practice, Additional Credentials, and Continuing Education (continued)*

Pseudonym	Private Practice Type	Additional Credentials	Engagement in Continuing Education
MBeezy	Solo Owner	<ul style="list-style-type: none"> • BCIA Biofeedback Certification • Quantitative EEG Certification 	<ul style="list-style-type: none"> • Biofeedback • Gut & Brain Connection • Ethics • Enneagram • Neurofeedback • Self-regulation
Kailey	Group Owner	<ul style="list-style-type: none"> • Applied Suicide Intervention Skills Training Certificate 	<ul style="list-style-type: none"> • ADHD • Eating Disorders • Ethics • Gender Exploration • CBT for Insomnia
Katie	Group Co-Owner	<ul style="list-style-type: none"> • Certified Dream Professional • Certified Forensic Mental Health Evaluator • Certified Trauma Professional • LPCS Candidate • Reiki Provider 	<ul style="list-style-type: none"> • Forensic Mental Health • Gottman Method • Psychosis • Supervision
AG	Solo Owner	<ul style="list-style-type: none"> • Approved Clinical Supervisor • LPC (GA, TX, FL) • LPC Supervisor (SC & TX) • National Certified Counselor • Primary and Behavioral Healthcare Integration Certification 	<ul style="list-style-type: none"> • Conducting EMDR Virtually • EMDR for Anxiety & Depression • Ethics • Medication Assisted Treatments • Psychedelics

The remainder of this chapter details the five major patterns and ten subpatterns that emerged through Reflexive Thematic Analysis (2021). As previously mentioned, one African

American man, three African American women, three Caucasian women, and one Latina woman are represented in the sample. Therefore, the patterns and subpatterns are the commonalities among (a) participants from minority and majority ethnic and racial groups, and (b) the seven women participants and the one man participant.

Although experience as a licensed counselor varies from two to seven years, each major pattern includes supporting evidence in the form of direct quotes from all eight participants. In effort to increase clarity, filler words were omitted from direct quotes. The order of these major patterns and subpatterns represents the progress of participants' career development. Participants experiences, as described within the patterns, inspired them to design their personal definition of quality private practice work. As previously mentioned, the extent of supporting evidence for each pattern varies based on participants' progress within their career development as a private practice counselor.

Non-Counseling Experience is an Asset

The Non-Counseling Experiences is an Asset pattern accounts for participants' personality traits and their non-counseling work experiences. This is the first of two major patterns with supporting evidence that aligns with all four influences in Krumboltz's Social Learning Theory of Career Decision Making and also answers both research questions. Personality traits, which are part of participants' Genetic Endowments and Special Abilities, were used as resources for participants (a) throughout the careers and jobs they engaged with prior to graduate counselor education, (b) during their graduate counselor education, and (c) while establishing and maintaining their private practices. The Environmental Conditions and Events of participants' non-counseling work provided Learning Experiences that either led participants towards the counseling field or developed participants' Task Approach Skills, which

they use to regulate the quality of their private practice work experience. All eight participants are represented in both the Personality Traits as Resources and Non-Counseling Experience was Impactful and Shaped Me subpatterns.

Personality Traits as Resources

Participants described themselves using three to five adjectives. They reported recognizing their personality traits as children or adolescents and learning some of their traits through observing behavior modeled by caregivers. Observing and incorporating modeled behaviors is aligned with Genetic Endowments and Special Abilities, Environmental Conditions and Events, and Learning Experiences. Hope best described learning these traits through familial modeling:

Those traits were kind of instilled in me from caregivers and grandparents and just watching them, you know their hard work ethic. So, I feel like everybody in my family really has those traits. It's always been like you don't do anything less than work hard and put your all into it.

Although participants descriptions of their personalities were distinct, there was a pattern in the manner participants utilized their personality traits as an asset for cultivating the therapeutic relationship and therapeutic space as well as for progressing their career. These manners are represented as two sub-subpatterns: Personality Enhances the Therapeutic Relationship and Creates Spatial Ambiance and Personality Helps Career Progression.

Enhances the Therapeutic Relationship and Creates Spatial Ambiance

The enhancement of the therapeutic relationship and the creation of spatial ambiance are part of participants' work experiences. Kym, Bernard, Mary, and Kailey all attributed their personality traits to helping them establish or enhance the therapeutic relationship. Private

practice clients choose their counselors and counselors are paid based on the number of client sessions they complete. Therefore, establishing and sustaining the therapeutic relationship is a task approach skill that is paramount for counselors maintaining their clientele and thus their income.

Kym, Mary, and Kailey expressed how their personality traits help them maintain the therapeutic relationship. Kym, who described herself as spunky, outgoing, empathetic, and understanding, said, “I bring my personality into the counseling setting, especially spunky and outgoing. A lot of my kiddos in the private practice world will be like, ‘Ms. Kym, you’re kind of, you’re crazy!’ or they just laugh with me.” Mary stated that being loyal, helpful, and giving “shows up well because I think that my clients are able to see that I do care. I am supportive of them.” Kailey described her personality traits and being optimal for non-directive counseling sessions. She expressed that being emotionally aware allows her “to recognize once something is important. So, if I’m noticing, let’s say a difficult experience, I can meet [clients] there.”

Katie and Bernard attributed their personality traits to creating spatial ambiance or an environment for both them and their clients to thrive in. Bernard reported being patient, kind, clean, and excitable. Bernard uses his cleanliness to “create an ambiance” in his office. “I’ll burn candles, I’ll keep the floors clean, I’ll vacuum, I’ll dust all that stuff. I remember somebody asked me, ‘Well, why do you do all that?’ and my thing was, people like it.” Bernard also described how being patient allows clients to share their life experiences at their pace and for him to conduct counseling sessions in a non-direct manner. Resembling Bernard’s use of cleanliness to maintain his counseling space, Katie uses her perfectionism to create an ambiance. “I want things to look nice and tidy and clean and like all of the things.”

Helps Career Progression

In addition to creating the therapeutic relationship and spatial ambiance, participants attributed their personality traits to helping their career progression. This progression includes participants' (a) advancing in their pre-counseling careers, (b) moving from their pre-counseling work or careers into counseling, and (c) establishing or maintaining their private practices. The variation in career progression examples is due to participants' range in learning and work experiences as well as range in years of experience counseling in the private practice setting.

Bernard cited how his personality traits helped him advance in a previous career and persevere while moving into his counseling career. He stated that being kind "helped with career progression" while working in management and rallying persons to complete large overwhelming tasks. Bernard also expressed how being patient helped him remain in graduate school when his first child was born prematurely.

I wanted to quit school when my daughter was born. I wanted to quit. That was a really tough time for us. Choking up a little bit now, choking up a little bit now. She was born three months early. I had this plan; I had the thought process of where I was going and [I had] patience in that moment. What could have been a final semester turned [into] three more or two more at least. So, patience there really helped career progression.

MBeezy, Kailey, AG, and Hope gave supporting evidence for attributing the quality of their current private practice work to career decisions made based on their personalities.

MBeezy's recognized her personality traits of curious, adventurous, and passionate as leading her to establish a private practice and to stand out in the counseling field. "Starting your own private practice is an adventure in and of itself." She elaborated that neurofeedback, which was her first career, is "relatively new" and that her curiosity about the field was "a driving force that

helps me stand out from other private practice counselors.” Comparably, Kailey uses her passion to pursue counseling niches. She stated, “Passionate is why [the career is] important to me. Certain areas of focus are heightened because if that’s something that I feel passionate about, I’m probably gonna invest more time into it.”

AG and Hope described how their personality traits assist them with maintaining their private practices. Their experiences are the first instances of participants’ career development being linked to the quality of their work experiences. Hope, who listed her traits as hardworking, dedicated, and caring, stated, “I need the dedication. I need the hard work ethic because I’m a solo practitioner” and “you exercise the determination and the hard work and the motivation that you’re gonna need to run a private practice”. Similarly, Mary stated, “I feel like you have to be motivated and also driven not to give up” in order to maintain the private practice. In addition, Kailey described being stubborn “in a good way. It’s kind of like, ‘No, I’m not gonna give up!’” and “determined really helps with advancing myself and not giving up on things.”

AG described herself as “God’s girl,” “purposed, determined, authentic, and visionary”. She reported that purpose drives her to set boundaries regarding how she runs her practice. AG stated, “I don’t see clients after five o’clock. No, I don’t do weekend appointments” and that she reminds herself that “the people you’re supposed to see, we’ll see you.” These boundaries were inspired by authenticity, which she gives credit to allowing herself to evolve within her career and adjust the quality of her work experiences.

I looked at through a very different lens in terms of recognizing that even though all these things come together, the purpose, the vision, the authenticity that it would play out different in different seasons. So, in one season is great, it aligns perfectly. It’s all the

things you need and the next season is teaching you a lesson so you can be prepared for the time after that.

Non-Counseling Work Experiences were Impactful and Shaped Me

AG and Kailey reported intentionally working towards becoming licensed counselors after high school while Kym, Bernard, Hope, MBeezy, Mary, and Katie graduated high school and began preparing for careers in non-counseling or counseling related fields. Despite the participants' initial career goals, they each engaged in work experiences that impacted their career development and the quality of their current private practice work experiences. This subpattern captures the non-counseling jobs and careers that participants held prior to learning about or selecting counseling as a career and the non-counseling jobs participants held while earning their full counseling license. The decision to pursue a counseling career and the quality of participants' current private practice work experiences are attributable to the learning experiences and task approach skills gained while working in these non-counseling environments.

Kym has two years of experience as a licensed counselor and working in the private practice setting. Kym's career development is an example non-counseling work experiences shaping her work as a counselor. Kym began working in childcare as a junior summer camp counselor while in high school and her initial career goal involved becoming a math teacher. Kym stated, "I changed my major [from math] to family and adolescent studies, which aligns to what I do now, [counseling] families and adolescents" in the private practice.

Mary credits her military career for helping her grow and providing stability for her family, her career as a Licensed Practical Nurse (LPN) for introducing her to the mental health field, and a family mental health concern for moving her towards counseling. She stated, "When

I made the choice to join the military, that's when I started to become more mature and feeling as if I have to do something to kinda help my kids and make sure that they're not where I was" about her tenure in the military. Mary said the following about recognizing that counseling was her next career:

My first job as an LPN was in a mental health secured facility. I was nervous. So, I was passing meds or whatever. I don't even think that, even though it was something in the back of my head, that it was something I always wanted to do, but I don't think that even being there kind of made me feel like, "Yeah, this is what I really wanna do and let me get to it." But I more so think it was when my son got sick and working with those counselors and those mental health professionals [that] showed me that this is what I needed to do.

Mary described the combination of these experiences as highlighting her personal signs of burnout. She now uses those cues to ensure she does not approach burnout in her private practice.

MBeezy had a career development experience similar to Kym and Mary. "I started off as an English major, and then I switched to hotel, restaurant tourism management, and then switching to psychology with a minor in neuroscience." MBeezy's plan was to earn a philosophy doctorate in experimental school psychology. "That didn't work out. So, I met Dr. E and he hired me to work with him under his supervision". It was during MBeezy's work as a neurofeedback technician in Dr. E's private practice that she "started my master's program getting an MA [in] professional counseling." MBeezy cited "recognizing the importance of counseling and learning these skills and understanding how much attachment matters and how that shapes our brain and how we have to [have] a foundation of understanding these combinations [along with] brain

behavior” for her transition into the counseling field. MBeezy also credits her background in neurofeedback to her ability to provide more than counseling services in her private practice.

MBeezy and Kailey are the only two participants who continue to work in the areas that provide non-counseling experience. MBeezy incorporates neurofeedback into her counseling work while Kailey continues to assist a friend who owns a home building company. Kailey uses the skills she learns at the home building company to help her navigate private practice work. Kailey stated, “It’s a different industry, but when it comes to knowing how to handle when a client is frustrated with something or how to network” that experience is a “really big help”.

Resembling MBeezy and Mary, Katie also reported having a career plan that developed in a different direction. She shared, “originally I wanted to be like a social worker, psychiatrist, psychologist, whatever in the military and that just didn’t pan out.” However, she worked “very labor intensive kind of jobs, like groundskeeping,” “outside on farms,” “extra admin jobs,” and in “military logistics.” Katie described absorbing “as much as I can depending on what the settings are and try to apply that for later or just keep it in the back pocket for later”. She credits the skills she learned in these positions for helping her coordinate the clinical side of her group private practice.

Both Bernard and AG had careers in management. Bernard managed a team at multinational technology company while pursuing his counseling master’s degree. Bernard stated, “I tell people all the time, operations at [company]” is where he really learned management which “helped me make a smooth transition from working with people and just being cool with ‘em every day [to] talking to people” in the counseling capacity and managing a counseling private practice. AG worked in program management at a state agency while pursuing her full counseling license. She described not wanting to provide crisis or trauma work

yet she “ended up in the position to roll out the statewide program for mobile crisis response.”

AG credits this work experience for helping her increase her confidence, be more intentional about accomplishing her career goals, and lean into her intrinsic personality traits. AG stated,

“Authenticity was something that I always craved, but didn’t really lean into until I got

comfortable with looking more inside”. Similar to AG, Hope credits her work in direct sales and

as administrative staff in a private practice for helping her with “being confident” while running

her solo practice. When discussing those work experience Hope stated, “I never really realized or considered my experience as an asset, but it is. I guess I am now recognizing that and using it.”

Participants’ use of their genetic endowments and special abilities within the various non-

counseling environments provided learning experiences that produced skills for their desired

functioning within the private practice setting.

Graduate School Does a Great Job Giving You a Foundation to Build On

Supporting evidence for the Graduate School Does a Great Job Giving You a Foundation to Build On pattern highlights participants’ graduate school experiences as an integral part of their career development. The importance is not only because the graduate degree is required for obtaining licensure, but also because the knowledge gained in school is foundational for the practice of counseling. This pattern includes the course topics and content participants were inspired by and it captures participants’ desire for learning additional information during their graduate matriculation. The pattern provides insight for answering the first research question and it aligns with two of the four influences in Krumboltz’s Social Learning Theory of Career Decision Making: Environmental Conditions and Events and Learning Experiences (1979). All eight of the participants are represented in this pattern.

Katie, Bernard, and Hope reported being inspired to learn specifics about foundational topics presented in their academic programs. Katie expressed that coursework was “an inspiration of like, “Oh! I wanna go in that direction”.” In her case, the direction was towards Narrative Therapy. Katie stated,

I had a class on Narrative Therapy in grad school that was the coolest thing I’ve ever seen. Awesome class that really spurred my interest in learning more and incorporating [Narrative Therapy] ‘cause that just like really aligns with how I naturally ask questions and conceptualize clients and life.

Despite the difficulty of coursework such as Research and Statistics Methods, Bernard stated, “Super tough, but it helped me to understand that I wanna do more with that.”. Hope summarized her academic foundation as inspiration:

When you’re going to school, you kind of learn the different tools to start your development. You learn all the different theories and interventions and what the ethics are. You’re kind of getting an overview of all that and then taking what resonates with you, what you like, and then further developing those tenets.

Although inspired by the academic content, Kym, AG, and Kailey expressed their desire for greater depth of information in their graduate programs. Kym declared that the “base level” but “solid academic foundation” gave her “some terminology” and “enough skills to be able to do the job”. AG explained that “everything was relevant” about course content then stated, “I think that some things could have been expounded on a little bit more.” Kailey agreed that core classes were “surface”, “good,” and “helpful”. However, Kailey preferred having “another year of school and really be able to dive into stuff” instead of “just covering our bases”. Despite the differing opinions about the depth and breadth of information that could be covered in their

academic programs, the consensus across the eight participants was that the academic foundation was, as MBeezy described, a “really crucial” part of their career development.

Practical Experience Makes Up for Academic Gaps

The Practical Experience Makes Up for Academic Gaps pattern provides insight for answering the first research question regarding participants’ career development experiences and the pattern is aligned with Krumboltz’s Environmental Conditions and Events, Learning Experiences, and Task Approach Skills (1979). After describing their graduate studies as “solid,” “crucial,” and “foundational,” participants then described ways their academic gaps and curiosities were filled. Participants reported gaining additional counseling related knowledge through their practicum and internship experiences and through their relationships with their associate licensure supervisors. These two types of experiences are designated as subpatterns and they have representation from all eight participants.

Practicum and Internship

Participants completed their practicum and internship experiences in either a private practice or a state or community agency. The practicum and internship experiences assisted participants with filling in the general gaps between their academic or theoretical knowledge and the practical application of that knowledge. This subpattern includes supporting evidence regarding the task approach skills participants developed through their learning experiences in their practicum and internship environments.

Kym stated the following about her practicum and internship experiences: “I don’t know about anybody else, but I was never thrown to the wolves and left to die.” She went on to describe her practicum and internship experiences in the private practice setting as “worth more

than academics” and stated, “I really feel like my setting kind of made up for any gaps that my academics didn’t necessarily hit on or I didn’t feel comfortable with.”

Bernard and Katie’s experiences were dissimilar from Kym, but their perceptions of the outcome of practicum and internship were the same. Specifically, Bernard and Katie credit their practicum and internship experiences as being helpful for their development as a counselor.

Bernard stated, “When you get thrown out there, it’s different.” He went on to say “Nobody can prepare you. Nobody can prepare you for what it really is. I don’t think, I don’t think anybody, you know, [can prepare you]. It’s different.” However, Bernard also definitively stated that his practicum and internship, which were both in the private practice setting, “was helpful” because there was a team of people to interact with when he had questions. Katie also pinpointed what was both helpful and challenging about her experiences completing practicum and internship in a private practice. She reported wishing she “would’ve learned more during it because [the site supervisor] is a wealth of information” but that what she did learn was helpful for determining next steps for filling her knowledge gaps.

MBeezy, and Hope described their practicum and internships as places for implementing their academic skills, identifying areas of improvement, and refining their overall development as counselors. MBeezy reported appreciating the experiences because she “mainly learns through practice.” Hope qualified her practicum and internship experiences as follows:

Kind of putting it into practice, kind of troubleshooting maybe what I thought I liked, you know, as far as theories and modalities. It gives you an opportunity to kind of troubleshoot and like, “Yeah, that aligns with me.” “No, that didn’t really work for me.” So, kind of help me hone down certain things in my development.

AG, Kailey, and Mary completed portions of their practicum and internship experiences in agency or community settings. They each expressed recognizing that their agency experiences provided opportunities that they may not have in other settings. AG stated, “I got access to a lot of opportunities that your average person probably would not have and I would say that that’s where I learned the most.” Both Mary and Kailey described their experiences as most helpful for filling their academic gaps regarding group work. Mary, who gained her hours practicing a group home, stated, “they helped more with a group aspect and not necessarily like the one-on-one” aspect. Kailey completed her practicum at the university counseling department’s counseling center and her internship at an intensive outpatient treatment program. She described the latter experience as follows:

Very impactful from a population standpoint. I feel like I gained a lot of knowledge being in an intensive outpatient program as opposed to just individual counseling. I think it gave me a perspective on if I were to refer someone to [intensive outpatient treatment], this is what it would probably be like. I learned a lot of DBT strategies as well...I learned a lot about the group dynamic. When you work with a client one-on-one, that’s a very different experience than when you’re in a group with them and they’re all working with each other too.

The aforementioned supporting evidence for participants’ fulfillment of academic gaps through practicum and internship experiences is aligned with Environmental Conditions and Events and Learning Experiences (Krumboltz, 1979). Although participants qualified their practicum and internships differently, they each credited the experiences as helping them fill the gaps between theory and practice. This connection impacts the manner approach new tasks, clients, or client concerns.

Supervisory Relationship

Licensure supervision, specifically the supervisory relationship, provided opportunities for participants to (a) practice their skills more independently, (b) further hone areas for growth, and (c) integrate their personality into their counseling work. These career development experiences are aligned with all four of Krumboltz's (1979) career development influences. As previously mentioned, each of the participants received 100% of the associate license supervision from supervisors in private practices. Seven of the eight participants described their associate licensure supervision experiences as helpful or supportive and without critical incidences while one participant reported experiencing critical incidences in the supervisory relationship.

Although MBeezy found her licensure supervision helpful, she reported multiple critical incidences that challenged her ability to feel supported. MBeezy received licensure supervision from multiple supervisors. She stated that the Licensed Professional Counselor Supervisor Candidate she worked with "refused to recommend me [for full licensure]. So, I've spent a large amount of time and money" making up for approximately twenty hours of supervision. She cited differences of opinion regarding her business practices as the reason the candidate would not make her recommendation. However, MBeezy credits licensure supervision process for "realizing how much of an important piece that the counseling part played in the overall way I worked with clients" and helping her integrate neurofeedback into counseling instead of integrating counseling into neurofeedback.

Hope and Mary did not have the critical incidences as described by MBeezy, however they both also worked with more than one supervisor for their associate license. Hope stated,

I had a lot of supervisors. Even in practicum and then during licensure I had two supervisors: one at the office where I'm working at now and one at the group practice. They had different styles, but I think overall I felt like I got what I needed.

Hope described supervision with more than one supervisor being helpful because

I got to see the different styles, different modalities, which encouraged me to [feel] like it's okay if I have my own style aside from that. Part of my style is kind of what I've taken from these other supervisors.

Mary said the following about her experience with two supervisors:

I had two supervisors trying to get my actual license. I had two supervisors. Both had their own practice. One was more...encouraging and things like that. And then the other, he was encouraging too, but he wasn't as hands-on. It's just like, 'Okay, what you doing?' [then] we go over there. 'Let's talk about the client that you're seeing or what you're doing' and things like that.

Similar to Mary's report of the supervisor who focused on client outcomes, both Kailey and Katie described licensure supervision as providing additional "counselor education." Kailey stated,

The supervisor that I had, she did a great job from like the counselor education perspective of teaching me the skills, teaching me how to lead a group and things like that. But also, just her demeanor was very calm, but yet assertive as well. I think I learned a lot from her in that you can get your needs [to feel and be helpful] met, but also not necessarily be very emotionally involved in things.

Katie reported having a licensure supervisor who understood the remaining gaps from Katie's practicum and internship experiences: "She understood exactly where I came from and what

training I didn't get. So, she was really empathetic and understanding to that." Katie said feeling supported led her to "absorbing all of the feedback and stuff from my supervisors and implementing all those changes." Katie's interactions supervisors highlights how her knowledge gaps with counseling intakes and exploring client's symptoms were filled:

I would take note of anything that she shot back at me. Like, 'Well, did you ask about this? Did you ask about that?' Well, I'm gonna ask about it next time. Let me add it to my little list. Soon, I don't know how it came about, but it was like my little list that was the gold standard for intakes. And I paid attention to what the psychiatrist was asking us and then just making sure that I didn't miss it next time. Again, being perfectionism and detail oriented and things like that, I wanted to make sure I didn't miss the question because he very early, my psychiatrist buddy said, 'Well Katie, how do you know this client is anxious?' My mind went completely blank. I had no [evidence], I could not think of any of the anxious symptomology. That clearly was not acceptable. So, we pulled out the DSM and he gave me more checklist.

Kailey also reported learning how to integrate her personality and innate characteristics into counseling sessions through her licensure supervision experiences. Supervision "taught me a lot about how to balance being professional, but also being casual at the same time" and "you can still be funny with your clients. You can still crack jokes while also teaching them, 'here are skills that you can develop to better your life.'" AG shared this experience. She reported receiving the following feedback from her supervisor:

There was something that one of my supervisors told me that always stuck with me. It wasn't like the, 'Oh, I'm this' or 'Oh, I'm that thing.' It was like, 'Oh, wow!' That was very, it was touching to me. So maybe the term would be personable. But, she said,

because I would sit in sessions with her and she'd let me do like co-counseling with her to just kind of see my style. And she said to me one day, 'You know, I think my clients might like you more than me as a therapist.' She said, 'You have this innate ability.' She called it innate, which is the thing that stuck with me. She said, 'You have this innate ability to connect with people very quickly'. I was like, 'Wow! That's big!' because I didn't really necessarily think of myself that way.

Kym and Bernard, each described how the support from and access to their supervisors helped them grow their skills and fill their knowledge gaps. Bernard stated the following about interactions with his supervisor, "I think he was knowledgeable with what I, [and] with what we were seeing." Kym stated,

The first word that really came to mind was supported. At no point did I feel like I was on my own and when I felt like I was lost, I always felt like I had someone that I could learn from and that would help me get corrective criticism. And it always came from a supportive professional space and not an evil judgmental space.

I'm Going to Start Private Practice and See What I Can Do

The I'm Going to Start Private Practice and See What I Can Do pattern links participants' non-counseling skills and experiences, graduate education, and practical learning experiences to their decision to establish or work in the private practice setting. None of the participants' original counseling career plans included establishing a private practice. Instead, a combination of personal factors and work conditions led them to pursue the setting. This progression of career development is directly aligned with Krumboltz's third influence: Learning Experiences (1979). Participants then used their learning experiences to approach the tasks of private practice.

There are three subpatterns here: Pathways for Learning Private Practice was a Work Setting, Motivated to Start Private Practice, and Challenges of Agency Work Stimulated Efforts to Build the Private Practice. Each pattern captures what influenced participants to move towards private practice work. All eight participants are represented in the first and second subpatterns and the six participants who worked in an agency setting are represented in the third subpattern. The following supporting evidence for this subpattern aligns with the first research question and all four of Krumboltz's Social Learning Theory of Career Decision Making influences.

Pathways for Learning Private Practice was a Work Setting

This subpattern highlights how participants learned that private practice was a setting that they could pursue. Some participants were introduced to private practice counseling as a work setting through adolescent life learning experiences while other participants learned about the setting during the learning experiences of their academic and professional purists. Regardless of the origin of their knowledge, each participant was eventually drawn to work in the setting.

Kailey, Bernard, Kym, and Hope described always knowing private practice was a work setting. Kailey stated,

When I was in high school and I was taking my AP psych class, and I was like, 'This is what I wanna do.' I think when I envisioned myself as a counselor, that what I envisioned was private practice.

Hope agreed as seen in this quote:

I think I've always known it was a thing. You know, you learn, like as kids, the different, I mean, not necessarily like the counseling license, but you learn, 'Oh, there's professionals that sit in an office and talk to you about what's going on.' And I've had experience in going to private practice practitioners.

Bernard described just knowing that “that private practice was a thing.” He also described hearing persons discuss various counseling settings when working at a state agency while pursuing his counseling master’s degree.

I guess I just assumed. I’m guessing I heard someone say something. I heard other people talking about getting agency jobs and since I was with the department back then, during the day, I kind of saw what was going on and I knew I didn’t really wanna do that. I knew I didn’t really wanna do that. Obviously I wasn’t a counselor there, but I knew I didn’t wanna do that.

Kym stated the following about her understanding of private practice, “I don’t know if I necessarily had a name for it. I knew people were doing therapy, but I don’t know if I [thought] ‘Oh, private practice’.” She reported learning the terminology and a brief description of the setting through graduate school coursework. “I like the flexibility that we learned about [when] they taught us the brief description of different organizations or settings” to work in.

Mary reported knowing private practice was a work setting, but not knowing that it was a work setting she could pursue.

When [my son] was in Colorado, actually, his therapist was a white male. And so, I knew [private practice] was a thing, but I didn’t necessarily know if it was a thing for me, you know? When I came to South Carolina I seen there was more African American private practices and group practices. So, then I think that I was like, ‘Oh, that is something that I can do!’” And my supervisor, my LPCS, she had a private. Going there and sitting with her week after week after week, and seeing that she was able to do[it] and she always encouraged it. I think that’s when I realized that, you know, I can do it.

Katie, MBeezy, and AG's experiences were different than Kailey, Hope, Kym, Mary, and Bernard. They reported learning about private practice as a work setting through their practical and work experiences. Katie described having an initially negative perception about private practice work due to interactions she overheard at the mental health agency where she worked while pursuing her undergraduate degree.

I started off my psych career being inpatient, being a mental health tech. I actually got a really bad taste for private practice in that setting because the emergency clinicians and stuff kind of talk badly about these therapists. So, I'm like, 'Oh, I never wanna do that!'

MBeezy shared this about learning private practice was a work setting:

My initial mentor in the clinical realm worked in private practice. So, I had a really unusual progression in the whole scheme of things. A lot of times people, when they are starting, they start working for an organization or a company, and then they'll switch to private practice. And I didn't start out [in an] organization. I had a mentor who was in private practice, and so I started out working in a private practice administering neurofeedback under direct supervision, like closely.

AG also described learning private practice work was available for her to pursue through the associate license supervision process. She described her supervisors as her "gateway."

I actually knew of private practice work from some of the supervisors I had. So, I knew about private practice. I learned more during my associate counselor phase. I had supervisors who were in private practice, which gave me exposure to that world.

Motivated to Start Private Practice

Factors outside of participants' work in agency settings that contributed to their decision to pursue working in private practice are captured through this subpattern. These factors involve

environmental conditions and events, such as participants needing employment and licensure hours, and career development learning experiences where participants classified other work settings as unappealing. Also mentioned within this subpattern are participants using their environmental conditions and learning experiences to approach the new task of developing a private practice.

Mary started her private practice out of necessity. She described difficulty gaining full-time employment after graduating with her counseling master's degree. Mary did obtain a part-time job where she went into homes to provide counseling services to children.

That wasn't what I wanted to actually do, but it was [the]only thing that was really biting at the time. So, I was just like...'I'm gonna go ahead and I'm going to just kind of start and see how I can do.' By April I had all the things in place and had found a place and just opened up. Didn't have a client the first, but I was there and available.

Hope and Kailey had similar experiences regarding learning about private practice work and they also started their private practices out of necessity. Hope stated the following as motivation for starting her private practice: "Initially I started it because I wanted to supplement my hours. Then when I started school, I wanted to keep doing private practice because of the flexibility where I can see clients in between classes or before or after." Hope also cited the volume of work in the agency setting as motivation to move towards full-time private practice counseling. "I was very overwhelmed with the caseloads. I mean, it's a lot of work. Obviously the pay is not great in agency work. So yeah, that was another thing that private practice, why I was drawn to it." Kailey stated,

I didn't start it 'cause I felt ready. I didn't start it because I knew what I was doing. I started it because I couldn't find a job. I couldn't find something that I wanted to do. If I

can't find a job, um, let me at least start this business now so that when I'm ready to dive into it more fully, I don't have to worry about the rest of that.

When discussing learning that private practice was a work setting, Bernard reported not remembering the exact moment he decided to pursue working in private practice, but he knew he did not want to work in an agency setting. Bernard stated, "It just seemed like private practice was kind of the way to go. I don't remember when the light bulb went off, I don't remember that." Katie's perception of private practice counselors' reputations shifted after she started her counseling master's degree program. She described pinpointing her shift as follows:

I went to school and talked to different people and learned about like the different agencies, I didn't necessarily want to be put into a community agency, just because of the caseload and everything else. I wasn't sure that I was gonna be able to keep up with that.

Something like a smaller group was actually more alluring to me at that time.

Although Kym does not own a private practice, she reported becoming motivated to work in the setting after learning about a friend's personal experience receiving counseling in the setting and searching for additional information about working in the setting.

Through conversation [with] a friend, she was just talking about her experience and I was like, 'Oh dang, you go to counselor.' That really was my first eye-opener of private practice. I kind of did my own little navigation and interest and then I ended up connecting with an owner of a lovely private practice here in Columbia, South Carolina.

AG reported her licensure supervision experiences where she was able "to see a good bit of the ins and outs" of the setting as motivating her to establish her private practice. She reported thinking to herself "I think I'm supposed to do private practice" when working with her supervisors who also owned their own private practices. AG used these models as motivation to

start her own practice. Similar to AG, MBeezy was also motivated to begin her private practice by interaction with a supervisor. But in MBeezy's case, the motivation was provided by her neurofeedback supervisor and mentor. MBeezy started a neurofeedback private practice five years prior to becoming a fully licensed counselor and she used Task Approach Skills to integrate her two practices.

Challenges of Agency Work Stimulated Efforts to Build the Private Practice

AG, Kym, Hope, Kailey, MBeezy, and Mary are the six participants represented by Agency Work Encouraged Me to Put More into My Practice. Bernard and Katie are not represented here because neither worked in an agency setting prior to opening their private practices. This subpattern emphasizes how the environmental conditions and events of agency work, inspired participants to establish, fully transition to, or increase their clientele within the private practice setting. The pattern also includes learning experiences through participants' work in the agency setting.

MBeezy, Kailey, and Mary described having both "bad" and "good" experiences in the agency setting. MBeezy reported only working at an agency for a "brief period of time" because she was "not be able to do therapy". She stated that the majority of her time was spent completing paperwork. Although an "unsettling" experience, she learned how to complete documentation necessary for meeting various compliance standards, which enhanced her private practice documentation. Kailey described her agency experience as "very bad" yet "more than not, it was good in terms of experience and knowledge and development career-wise." Kailey stated the following about the link between her agency and private practice work:

The job that I was at for a couple of months, the first one, post-grad where I had like one client a week, I do identify as a traumatic experience professionally... That's why I felt

like I had to really lean more into my business and that was around the same time that I was starting the business.

Kailey also stated that agency work “was a great learning experience, a great training experience, not a great financial experience.”

Mary’s agency work “taught me a whole lot”, including how to counsel persons with personality disorders, lead multiple groups, and design programs. However, Mary reported feeling taken advantage of and therefore inspired to start her own private practice:

You know what, it did push [me] more because when they gave [the promotion] to me in June, by then I had [already] decided [to leave] in November. So, when they actually gave me the title the raise with it, I had already started to feel that ‘You know, I’m seeing this’. So, it just kind of encouraged me more to put more into my practice because I’m like, I don’t wanna have to continue to, to see this. I’m working hard, it’s going unseen or unappreciated...They had me as interim for so long”

Hope, Kym, and AG reported dissimilar work experiences from Kailey, MBeezy, and Mary, but similar responses. Hope simultaneously worked in private practice and in counseling agencies. “I’ve had experience already in an agency for a long time and then I’ve had experience at a community college. Prior to starting the PhD program, I worked for the domestic violence shelter.” Hope credits her agency work as providing experiences with populations that she enjoys. “At the domestic violence shelter, I really liked the population that I worked with. I really liked the empowerment piece of counseling that comes [with] that population.” Hope wanted to continue working at the domestic violence shelter while running her private practice and earning her PhD. “I considered keeping my job at the domestic violence shelter, but they

weren't gonna be flexible with me. You know it's like a nine to five, whereas that's the time I'm in school." This inflexibility marked Hope's transition into only working at her private practice.

Similar to Hope, Kym described working in the agency setting as filling her gap in understanding how to apply basic counseling skills across populations. Kym stated, "I'm seeing an array of different people, backgrounds, diagnosis and so I'm getting a lot more of experience and exposure to different things and people." However, Kym reported that her "steadily increasing caseload" at the agency attributes to her risk of burnout, "I don't foresee myself quickly approaching burnout in private practice world as much as I do in agency work." Kym is not yet able to fully transition into private practice. She stated, "the only downfall currently is the lack of my clientele." Kym also reported "having to grow your clientele" as her "only hang-up with [transitioning to] private practice" full-time.

Although AG was not providing counseling services at the state agency, she reported the experience as impacting the quality of her private practice work. AG discussed how balancing a full-time job that required one hour of travel from home to work with counseling 22 hours each week highlighted her capabilities. "Now that I think about that, saying that out loud, I'm like, how was I doing that?". She also described how balancing the roles helped her identify and set boundaries in her private practice and eventually leave the state agency. AG stated, "One of the reasons I wanted to leave state government because I was traveling a lot and I felt like that had a lot to do with my fatigue. My body felt like it was decompensating". Now that she fully transitioned to private practice, AG set boundaries so she can run her practice well, "I don't see clients after five o'clock. No, I don't do weekend appointments. Because I used to be all over the place."

Private Practice Yields for My Career Development

The Private Practice Yields for My Career Development major pattern is the second of the five major patterns with supporting evidence that aligns with all four influences in Krumboltz's Social Learning Theory of Career Decision Making and also answers both research questions. This major pattern links participants' career development experiences to the quality work experiences participants intentionally cultivate in the private practice setting as well as to participants' career development goals. Three subpatterns emerged that describe ways participants promote quality experiences for themselves and others.

A variation of the phrase "being your own boss" was used by the participants with financial ownership in a private practice. One of the responsibilities of being the boss is running the business. Therefore, the first subpattern here is Acquiring Business Skills. Solo practitioner Hope used imagery to describe the dual responsibilities of owning and running a business while also being a counselor. While expressing her feelings about burnout, she stated, "it can kind of be scarier because your clients rely on you. So, you're responsible for your business and you're responsible for your clients. If you're burning out, it's like two ships sinking." This imagery inspired the name of two of the subpatterns here: The Counselor Ship and The Professional Ship. All eight participants are represented within this major pattern.

Acquiring Business Skills

The eight participants have neither educational backgrounds in business nor health care administration. However, they all used task approach skills conduct the business side of private practice. Cancellation policies, documentation, miscellaneous forms, insurance billing, and taxes are some of the business skills participants cited developing through their private practice work experiences. The two ways participants reported acquiring these and other business skills are

detailed here as subpatterns: “Trial and Error” and “Mentoring and Coaching.” All eight participants are represented within this subpattern.

Trial and Error

Bernard, Hope, Mary, MBeezy, Kailey, Katie, and AG are represented in this “Trial and Error” sub-subpattern, which captures these participants experiences making business decisions through experimentation. AG reported that all of her business skills are “Self-taught. That determination inside of me was like, ‘Girl, you gonna figure this out!’.” Mary reported similar:

I just kinda got in there and winged it. Didn’t really know what I was doing when I began. I just researched it and did it. And I do kind of wanna take a business course because I haven’t had any type of business or anything. So, I’ve been looking into that too. Um, but yeah, it is just, I do everything and I kind of just learned.

Kailey stated, “I had no idea what I was doing. I’m just gonna be completely honest. I had no clue what I was doing” regarding handling the business side of private practice. She went on to describe her learning process as follows: “Really trial and error. That’s the only way I can describe it. I would try one thing; I would realize that doesn’t work and try something else.”

Bernard reported making processes out of what he learned through trial and error. “Structure. Trying to make processes so that I don’t fail as a person because you kind of rise and fall to your processes.” The practice of developing processes with the learned information was echoed by MBeezy.

Basically, the trial [and] error. I feel like I’ve got a system down now, but starting out, it would’ve been helpful to have used something like Simple Practice from the start and having like a system or like a platform to help or get things organized. But now I feel like I’ve kind of figured out. I have a system.

Katie reported that she and her business partner were both using trial and error methods to run their solo practices prior to merging.

We're great friends, very similar mindsets, and stuff. And we're like, 'What are we doing? We're constantly in each other's offices like trying to figure out this billing stuff or how to do this or how to do that and do you have this form. Why are we doing all of that?' So, we just had like this thing that we're gonna merge together, which was awesome.

Hope reported learning her business skills through previous work experiences and careers. However, she described recognizing the likelihood of learning to navigate portions of Medicaid billing through trial and error. She stated, "I just am a little nervous about that added extra responsibility of all the paperwork it entails and chancing not getting paid." She also stated that billing is "sometimes difficult to navigate, especially when it comes to insurance stuff. [It's] cumbersome." The aforementioned supporting evidence highlights participants combining their learning experiences to take on the new task of managing the business of private practice.

Mentoring and Coaching

Kym, Bernard, Kailey, Hope, MBeezy, and AG reported applying business skills attained through the learning experiences of mentoring and coaching. Bernard, Kailey, and MBeezy reported using various types of paid coaches to acquire their business skills. Kailey said the following regarding learning the business side of counseling: "I've had some business coaches along the way too. I worked with one woman; I think we did like four sessions. It was like a four session package." MBeezy reported working with a "money coach."

She's been amazing. I've worked with her for I think coming up to maybe three years. I don't see her as often, but that helped tremendously realizing how much of an issue that

was just as a female when you think about money wounds and just value and all that. I mean, there's a lot that goes into it. Being your own boss and how you think about money and how you think about time and identifying your own insecurities surrounding that and being able to address see how they're affecting you in terms of business.

Bernard described engaging with coaches and emphasized the cost effectiveness of mentorship. He described "learning some stuff" from "just running a business before" and "through coaching...Coaching gives you speed and people have mentors. So, if you got a mentor, it's cheaper."

AG and Katie described having mentors they reach out to when needing assistance processing or solving a business issue. Katie stated that she and her business partner "are really quick to reach out to the people that we believe that would know the answer and we're pretty fast to remedy it" regarding business concerns that arise. AG echoed Katie's experience

I've come across some people over time that have been able to help me process through things. I think [it's] one of the things that's so important to keep in mind when you're in business for yourself and maybe you're your own boss.

Kym, who is the only participant that does not have ownership in a private practice, reported that the owner of practice where she is a contractor mentors her regarding the business skills she needs for her role.

I was taught by the lovely owner...She so kindly sat down and kind of step by step helped me understand, we call it service rendered form, how to fill it out, what it looks like, how to tally up. Not to add, but how to distinguish services and things like that. There's also spaces for my taxes and information that she also kindly helped guide me in

the right direction of what that looked like being an independent contractor and filing taxes differently from someone who has taxes taken out.

The mentoring and coaching participants engaged with became part of the task approach skills they use when new tasks arise in their work settings.

The Counselor Ship

The Counselor Ship represents the client focused side of working in the private practice setting. Supporting evidence for this subpattern includes participants' description of their work with clients and how that work influences their selection of continuing education topics. The quality that these factors contribute to participants' work experiences are also mentioned. All eight participants are represented within the two sub-subpatterns: Type of Clientele and Caseload Impact the Quality of My Work and Continuing Education is Geared Towards Interests and Clientele.

Type of Clientele and Caseload Impact the Quality of My Work

The Type of Clientele and Caseload Impact the Quality of My Work sub-subpattern highlights that working in private practice allows participants to choose the scope of their counseling work. It is an example of how private practice work allows participants to cultivate their desired environmental conditions and events. Choice and cultivation extends from participants determining their maximum number of clients and population of focus to the specific days of the week and times of day they counsel clients. This autonomy and flexibility in choosing a caseload and work hours impacts the quality of participants' work experiences.

Bernard, Kailey, and Hope described appreciating having control over their caseloads. Kailey stated, "I really enjoy the flexibility of [private practice]. I can choose my own schedule, I can choose my own caseload, I can choose my clients." Hope echoed Kailey's experience. "In

private practice, I do have more control over my caseload. But it's different because there's more responsibility as far as keeping your job." She also highlighted how control over caseload can yield to increased wellness.

I set my boundaries. I'm not gonna take any more clients right now because I can't meet the needs of other people. I'm not gonna stretch myself thin and do a disservice to the client and do a disservice to me. So doing things like that, really being intentional with my availability. If I really feel like 'I can schedule this person at this time,' but if I don't think that I'm gonna be effective or efficient, then that's just not gonna be a time that I'm gonna offer that availability.

Bernard described being selective about his clientele of focus. "I thought I wanted to work with kids" and "I never thought I would have a cutoff age. Like, 'No, I'll see anybody from three' ... No, no children. They need to be at least middle school." Bernard elaborated on adjusting his clientele of focus by stating that client's presenting concerns have helped him develop a niche.

[It] helped me to niche down a little further. It has helped me to realize if 'I keep seeing the same things, maybe there's a reason you keep seeing the same things.' It gives me something to think about, and it gives me something to focus on. If I see this thing consistently, I know I need to get better at dealing with this thing consistently.

Opposite of Bernard is Kym, whose client focus is children and adolescents. Kym described the challenges to working with her preferred population. "The ability for them to enact and create and maintain a certain space of change is limited because everything they do is centered around the household." She went on to say that working with the population is "kind of

putting a slightly poor taste in my mouth about adolescents just because of all the, again, the lack of control they have over their life.”

Katie reported not expecting “complex” cases, which are her preference, to be part of the private practice experience.

I did not expect that in a private practice to be honest. I had a very bad misconception that everybody coming into a private practice would just be vanilla. Would just be depression and anxiety and stuff and not interesting because I came from a very high acuity, very fast shifting environment and that’s what I like. But then I realized that’s outpatient therapy too, like from one person to another. We’re swinging to the opposite side of the pendulum depending on who’s your lineup

She went on to explain how working in private practice allowed her to see these “complex” persons succeed.

I realized that I could see the kind of patients that I like to see in outpatient and I feel like it made a lot more difference and a lot more impact keeping them out of the hospitals and out of IOP and things like that. Even though I loved the acuity of inpatient, I really loved seeing the other side of that and seeing them succeed as well.

AG described setting expectations with clients as increasing the quality of her work experience and increasing the success of her clients. AG describes telling her clients “I’m not your authority, I have expertise, but that also doesn’t mean that I get it right all the time. This is a process, it’s a collaboration”.

While the majority of the participants have a client focus that they chose, MBeezy described allowing clients to choose her and she either provide recourses, referrals, counseling, or neurofeedback services. She stated, “regardless of whether or not they decide to work with

me, I'm happy to give them information. I feel like people appreciate that." She also stated that "it's more about quality than quantity" when describing her work with clients. Mary had a similar report regarding providing information to clients.

I tell [clients] all the time, I'm a teacher, I give you a bunch of psychoeducation. I say this is the first session, 'I would recommend that you get a folder and bring a notebook with you, because I'm gonna give you a lot of psychoeducation because I want you to use these things on the outside, not just when you're sitting in here with me.'

Continuing Education is Geared Towards Interests and Clientele

Participants described continuing education as more than a necessary step for maintaining their credentials. Mary described the continuing education process as "exciting because I like to get the information...It gives me more knowledge; it helps make me better." Participants intentionally engage with or market to a specific type of clientele. Because of this, continuing education was described as a process for increasing the quality of their interactions with clients because participants intentionally engage with courses that are aligned with their interests and clientele. This alignment is congruent with Krumboltz's Task Approach Skills.

Bernard was the only exception to selecting continuing education based on current clientele. He instead reported engaging in a range of courses that can help him increase his comfort level with populations that he currently shies away from. Bernard specifically cited a continuing education course geared towards "getting comfortable with [counseling] kids."

Katie described shifting from completing any continuing education courses to intentionally selecting programs that reflect her practice.

As an LPCA, I was just getting any and all training that sounded remotely interesting to me, but now it's really geared towards my interests... all of my CEs that I decide on now are specifically geared towards my clinical interests or how to advance the practice.

Kailey, and Kym all gave similar reports. Kailey stated, "The majority of CEUs that I've worked on so far is kind of a little bit eclectic, but also focused on the areas that I work with."

Kym echoed Kailey with:

I have definitely paid attention to some of the ones that deal with populations I experience or work with so I can be more informed to better address them. I definitely pay attention to any of them that are offered [and] directed to the African American population because that's my lived experience and work experience. So, anything that can help inform my current work [and] people I work with.

AG, Hope, and MBeezy each reported selecting continuing education that fuels their interests in advancing their counseling practice as a whole. AG described engaging in continuing education courses geared towards counseling supervision and counselor education and MBeezy reported engaging in continued education that increases her skills for integrating neurofeedback into her counseling work. Hope reported seeking out "trauma trainings and play therapy trainings just 'cause I do see a lot of younger kids." Hope also described the relationship between continuing education and career development.

I don't feel stagnant. I definitely feel like I'm moving in a direction of developing and even being in school, it's like my practice informs what I do in school and my research and my coursework and vice versa. Whatever I learn at school, I apply to my practice. I'm not gonna be in school forever, but I'm gonna be training forever. Like that's not gonna stop.

The Professional Ship

The Professional Ship captures the non-business and non-counseling processes engaged by the participants. It includes leadership, or the manners participants connect and collaborate with one another, and advocacy, or the steps participants take to give back to the counseling field and to developing counselors. The supporting evidence presented for the Professional Ship is aligned with Krumboltz's Learning Experiences and Task Approach Skills (1979). All eight participants are represented in the two sub-subpatterns of Connections and Collaborations and Paying It Forward.

Connections and Collaborations

The Connections & Collaborations sub-subpattern reflects the importance participants placed on working with others instead of in isolation. The supporting evidence ranges from participants recognizing the utility of collaboration and feeling lonely without it to collaborating with others in effort to ease their loneliness, solve a problem, or to develop their careers. Although motivations for connecting and collaborating differ across participants, all eight use their connections as a means of approaching new tasks.

Bernard, Hope, Mary, MBeezy, and AG all work in solo private practices. They connect and collaborate with counselors and related professionals within their communities. Bernard stated, "I just feel kind of disconnected. I feel like when you're connected to more people, you just pass along more ideas and more information." Mary reported "being in solo practice, it can get very lonely." AG also described working in isolation as encouraging loneliness. AG described being intentional about combatting loneliness and isolation. "I started seeking my own connection because it got very lonely and it was different than being in a corporation and in government because [there] you always have the next person up to go to."

Although Hope and MBeezy work in a solo practices, they both reported collaborating with the other mental health practitioners in their office buildings and working with other professionals in the field. MBeezy stated “a lot of networking, and collaborating, getting involved in what’s going on and the new advances” helps her stay connected. Hope reported interacting with “other practitioners that work independently [in the office] that I feel are good to collaborate with or consult with” and working with her professors as sources of connection.

Not all connections and collaborations occur outside of the private practice setting. Kym, Kailey, and Katie work, connect, and collaborate within their group practices. Katie emphasized the importance of having “somebody accessible so I could ask my questions or to get the information that I needed relatively quickly”, which occurs between she and the co-owner of the private practice, while Kailey emphasized the importance of building “good professional relationships” with her contractors. Kym described her sentiments as feeling connected to the private practice owner and being able to collaborate with her as needed.

I have a great mentor, supervisor, all of the above who has been really a great influence in my development. I genuinely feel like I probably wouldn’t be half of the counselor had I not had such an outstanding and knowledgeable counselor, supervisor, mentor to help guide me along this path.

Paying It Forward

Paying it Forward is about creating opportunities to give back to the counseling profession, community members, and developing counselors. Supporting evidence includes participants (a) creating nurturing career development experiences for student and associate level counselors, (b) providing resources so counselors may grow their counseling skills and establish their own private practices, (c) offering low to no cost services for the community members, and

(d) developing continuing education products for counselors. Participants describe utilizing or their desire to utilize their learning experiences to create more optimal environmental conditions and events for counselors developing their careers.

Kym described being the beneficiary of the practice owner paying it forward, specifically that she had “a great mentor supervisor,” and she expressed her desire to do the same for others one day. Kym shared that “the practice is rapidly increasing, so I know there is opportunity for supervision, to take an intern potentially, to even get my supervisory license.”

Katie stated the following regarding training counseling students who use her practice as a practicum and internship site, “I want to give them everything that I didn’t have.” AG reported bringing the following regard working with interns:

It allows me the opportunity for a give back process. So, I provide services for super-duper cheap, less than the cost of a copay, just to cover the administrative cost of what it takes to put an intern to the [electronic health record].

Kailey reported the same sentiment as Katie but regarding the associate licensed counselors within her practice, “I am giving them the experiences that I found valuable and not giving them the experiences that I didn’t appreciate or enjoy.”

Paying it forward also involves helping others establish or progress in their private practices. Kailey reported,

I’ve got one clinician who has her own practice too, and she’s thinking of maybe taking insurance. She sees insurance clients with us, but she’s like, ‘I don’t know how to bill it. I don’t know what to do.’ And you would think, ‘Well, don’t tell her all your secrets.’ But at the same time, I think when you help others, they really wanna help you too. And I

don't want to gate keep things that she's gonna learn either way. I may as well be the one that can kind of help her through it and, and work through it.

Mary repeated, "Everything I learned, I wanna give it away. Everything I learned, I wanna give it away." She then described what giving her knowledge away means. Mary stated, "I recently had a couple people reach out to learn. They wanna start a private practice. So [I'm] trying to provide them with that information, like the ropes, and the things that I did." However, paying it forward for Mary is more than sharing knowledge. She also described allowing counselors "to use the [office] space until they're able to do what it is that they want. Those that I allowed to use the space; it was pretty much for pennies."

Although executed differently, both AG and Hope agreed that paying it forward involves serving the profession. AG reported serving the profession by developing continuing education products. "I'm actually working on developing a learning platform for [Continuing education units] CEUs. I believe soon that I'll kind of be at the mark that I want to be because continuing education is necessary." Hope stated the following about how private practice lends itself to giving back to the profession:

Having a private practice can be very busy, but being cognizant that there are people out there that need the guidance, new professionals, being open to offering some guidance or suggestions, answering questions. I think that that's a way that we can serve our profession.

Sometimes paying it forward also looks like providing free and reduced cost services to community members. MBeezy shared her desire to grow her practice and skills so she is "able to do more community outreach or group work." Bernard stated, "One day I'm going to do it for

free. May not be doing it for everybody, like a lot of people, because still take care of yourself. But, one day I would like to do it for free.”

Summary of the Findings

The purpose of this study was to explore the work experiences and career development of new licensed counselors who earned their required direct client and supervision hours through counseling in the private practice setting. Two research questions were utilized for the exploration. The first question was used to explore participants’ work experiences and the second question was used to explore the link between the quality of those experiences and their career development. Qualitative data collected from semi-structured interviews with eight participants yielded five patterns and ten subpatterns: (1) Non-Counseling Experience is an Asset, (2) Graduate School Does a Great Job Giving you a Foundation to Build On, (3) Practical Experience Makes Up for Academic Gaps, (4) I’m Going to Start Private Practice and See What I Can Do, and (5) Private Practice Yields for My Career Development. The patterns represent participants’ experiences and the order of the patterns represents participants’ career development.

CHAPTER FIVE: DISCUSSION

This study explored the career development and current work experiences of new licensed counselors who earned their licensure requirements through counseling and supervision in the private practice setting. Two forms of supporting evidence were used to reflexively identify the five major patterns and ten subpatterns that emerged: (a) participants' work experiences and career development, which provides context for the patterns, and (b) participants' direct quotes regarding their work experiences and career development, which are the content of the patterns. The five major patterns that emerged through Reflexive Thematic Analysis are as follows: (1) Non-Counseling Experience is an Asset, (2) Graduate School Does a Great Job Giving you a Foundation to Build On, (3) Practical Experience Makes Up for Academic Gaps, (4) I'm Going to Start Private Practice and See What I Can Do, and (5) Private Practice Yields for My Career Development. This chapter includes discussion on the (a) participants' descriptions, including how career progression is phased across the participants, (b) major patterns and subpatterns, (c) implications of the findings, (d) limitations of the research, (e) recommendations for future research, and (f) conclusion.

Discussion of Participants

Kym, Bernard, Hope, Mary, MBeezy, Kailey, Katie, and AG have experience as licensed counselors in private practice settings that ranges from two to seven years. Despite participants' range in experience, there is supporting evidence that aligns with each of the five major patterns, which are ordered to represent the progress or flow of participants' career development. The amount of supporting evidence from each participant is seemingly linked to the amount and extent of work experiences they have as licensed counselors in private practice. This link is

illustrated through both forms of supporting evidence and is then compared to relevant literature and Ronnestad and Skovolt's (2003) established counselor development framework.

The first form of supporting evidence was participants' work experiences and career development. The combination of participants' credentials and engagement in a variety of continuing education coursework increases as participants' experience as a licensed counselor in private practice increases. This is aligned with the findings of Baty et al. (2019) on genetic counselors who stressed the importance of training beyond baseline requirements to expand their roles and their profession.

Participants Kym and Bernard, who have two to three years of experience, also have the least amount of credentials outside of the South Carolina Licensed Professional Counselor credential. Kym earned the National Certified Counselor credential at her former supervisor's suggestion and Bernard reported still deciding which additional licenses and certifications he plans to acquire. Kym and Bernard also have the least variety in continuing education coursework amongst the participants. Hope, Mary, MBeezy, Kailey, and Katie have five to six years of private practice experience. These participants have one to five additional certifications or licenses and three to six different foci for continuing education. AG, who has seven years of experience, also has the most credentials amongst participants. She holds a total of four state counseling licenses and two state supervision licenses in addition to other credentials. AG reported five foci of continuing education engagement. This is congruent with Boocock and O'Rourke's (2018) report of dieticians' workplace learning changing as their experience level increases.

The second form of supporting evidence was participants' descriptions of their work experiences and career development. None of the participants described a desire to perpetually

maintain their current work and career experiences. They instead discussed what they planned to accomplish next and the purpose of their goal. Sharma et al. (2023) found that counselors connect their career development to their life's purpose. Participants Kym and Bernard, who have the least experience as licensed counselors in the private practice setting, described career goals aligned with the current work of the participants with five to six years of experience, while those participants' described career goals aligned with AG, who has the most experience amongst the participants.

Both forms of supporting evidence of these links imply the presence of private practice career development phases, which may be the beginning of a private practice career development framework. Ronnestad and Skovolt (2003) developed a prominent counselor development framework specific to persons transitioning across six phases: lay helper, beginning student, advanced student, novice professional, experienced professional, and senior professional. There are both alignments and differences between Ronnestad and Skovolt's (2003) framework and the career progression of the participants in this study, which is represented as the five major patterns. The most alignment is between the major patterns and Ronnestad and Skovolt's first three phases.

Although both the Non-Counseling Experience is an Asset major pattern and Ronnestad and Skovolt's (2003) lay helper phase account for experiences when persons were not licensed counselors, Ronnestad and Skovolt's framework only considers ways persons are providing help to others. In contrast, Non-Counseling Experience is an Asset accounts for participants as whole persons, from genetic attributes to skills learned through various work and life experiences. Ronnestad and Skovolt's (2003) beginning and advanced student phases are most similar to the supporting evidence within the Graduate School does a Great Job Giving you a Foundation to

Build On and Practical Experience Makes Up for Academic Gaps major patterns. Participants described the influence of obtaining theoretical knowledge with limited practical experience and the influence of supervisory relationships on their work experiences. However, Ronnestad and Skovolt (2003) neither describe the ways counseling students are inspired by the academic coursework nor how the settings of practical experiences influence career development. Ronnestad and Skovolt's (2003) model may not include prior knowledge because best practices in counselor education include intentionally structuring learning experiences that assess and incorporate students' prior knowledge into the active learning process both inside and outside of the classroom (Malott et al., 2014).

The final two major findings, which are specific to participants' transition to counseling in the private practice setting and ways private practice informs their career development, have the least overall alignment with Ronnestad and Skovolt's three professional phases. However, some of the concepts within the three phases, such as (a) integrating personality traits into the therapeutic relationship and space, (a) flexibility in working style, and (c) leadership and advocacy, align with concepts within the major findings of this study. The lack of alignment is potentially due to differences in operational definitions of new licensed counselors and novice, experienced, and senior professionals in addition to this research specifying a setting of focus for participants' work experiences and career development. Although there is not enough information from participants of this study to complete a private practice career development framework, there is enough information to inspire future research that may yield the framework.

Discussion of the Findings

Details regarding the alignment between the major patterns, Krumboltz's Social Learning Theory of Career Decision Making, and the two research questions are within this discussion of

the findings. Non-Counseling Experience is an Asset and Private Practice Yields for My Career Development are the only two major patterns that answer both research questions. These two patterns contain (a) details of participant's career development decisions and experiences and (b) supporting evidence for the link between participants' career development experiences and the quality of their current work experiences. Graduate School does a Great Job Giving you a Foundation to Build On, Practical Experience Makes Up for Academic Gaps, and I'm Going to Start Private Practice and See What I Can Do include supporting evidence for the career development experiences of participants, which contributes to answering the first research question.

The discussion also includes a comparison between the major findings and the existing literature specific to the career development and work experiences of private practice mental health, allied health, and clinical science professionals. This content is organized in alignment with Krumboltz's four influences: Genetic Endowments and Special Abilities, Environmental Conditions and Events, Learning Experiences, and Task Approach Skills. Also highlighted are the findings unique to this study.

Non-Counseling Experience is an Asset

Non-Counseling Experience is an Asset accounts for participants' natural skills and abilities as well as the skills and abilities participants learned from either working in non-counseling jobs or careers prior to engaging in counselor education programs or while they pursued a counseling career. These factors are represented through two subpatterns: Personality traits as Resources and Non-Counseling Work Experiences were Impactful and Shaped Me. Each of Krumboltz's four influences are represented within this major pattern. Participants used their

natural abilities while learning in non-counseling work environments, which later allowed them to approach both counseling and private practice tasks with cumulative knowledge.

Participants' use of non-counseling skills to change and advance their careers is not only aligned with Krumboltz's (1979) task approach skills but is also akin to the psychosocial concept of career adaptability (Savickas, 1997). Wetstone and Rice (2023) conducted an intervention study where they measured the impact of a career adaptability training on United States college students. Instead of participants increasing their career adaptability, they increased their self-efficacy in career decision making. Based on the results from Wetstone and Rice (2023) and this present study, it is possible that transferable or adaptable skills are best learned and integrated through practical experiences in non-experimental environments.

Genetic Endowments and Special Abilities

Race and Ethnicity, Ability and Medical Status, and Personality Traits and Temperaments of participants were compared to the reviewed literature. The race and ethnicity of participants were dissimilar from the Council for Accreditation of Counseling and Related Educational Programs (CACREP) vital statistics reported in 2022. Participants were 50% African American, 37.5% Caucasian, and 12.5% Latina as opposed to the approximately 55% White, 16.71% Black, and 9.96% Hispanic masters and doctoral students reported by CACREP (CACREP Vital Statistics, 2022). Due to the majority of participants identifying as ethnic or racial minorities, the patterns that emerged in this study reflect the commonalties among the represented minority and majority groups.

Ability and Medical status of participants were also considered. Participants neither reported having a physical disability nor a major illness. Two participants reported being diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) as adults and having systems

in place to manage their symptoms. Although, this was not associated with any pattern across participants, participant Mary reported using her experience with ADHD to empathize and share coping strategies with clients diagnosed with ADHD. This is aligned with Wodzinski et al. (2023) research on ability status of mental health counselors and treating clients with presenting problems associated with that status.

Participants reported three to five adjectives that describe their personalities. Determined and passionate were the only two adjectives used by more than one participant. The supporting evidence in this study includes participants use of their individual personality traits to progress their careers and relate to their clients. This is similar to Byrne's (2018) conclusion that speech-language pathology students demonstrated similar temperaments and organizational skills, which they utilize when engaging new experiences.

Environmental Conditions and Events

Literature on workplace satisfaction was compared to the findings of this major pattern. Participants reported dissatisfaction or lack of fulfillment while working in non-counseling environments. This is similar to the response to burnout mental health counselors reported experiencing while working in community outpatient settings (Lent & Schwartz, 2012). The environmental factors outside of participants' control and the experience of burnout while working within the environments motivated participants to consider career or work setting changes. Considering other careers and work is similar to the eight Irish private practice psychotherapists in Finan et al.'s (2021) study. These private practice psychotherapists experiences with burnout prompted them to engage in activities that promote work life balance. The difference between this study and Finan et al. (2021) is that burnout experienced by

participants in this study prompted their engagement in activities that amounted to a career change.

Learning Experiences

The connection between this major pattern and the Learning Experience influence is unique. Work outside of participants' current professions was not considered in the reviewed literature. The common learning experience among participants is their recognition and utilization of the knowledge and skills learned in non-counseling work environments as fuel for developing their careers. Participants associated their wellness to work environments, which either moved them towards developing a career more aligned with their goals and desires or towards a more optimal work environment. Although this finding is unique, the association between wellness and work environments is not. Mental health counselors working in private practice settings reported having more workplace satisfaction and less burnout than mental health counselors working in other settings (Lent & Schwartz, 2012).

Task Approach Skills

Participants combined their personality traits and skills learned through their non-counseling work to help build therapeutic relationships and to create a helpful therapeutic environment. Although this is similar to Baty et al.'s (2020) study where advanced genetic counselors reported synergizing the information they learned in graduate school with the skills they learned while practicing, the reviewed literature does not include the integration of skills and experiences outside of the mental health, allied health, and clinical science professions. As mentioned in the descriptions of participants, Ronnestad and Skovolt's (2003) counselor development framework also does not consider non-counseling work experience as part of one's

career development. Therefore, the influence of work outside of one's current field is a finding unique to this study.

Relationship to the Research Questions

The Non-Counseling Experience is an Asset major pattern provides answers to both research questions. Non-Counseling Experience is an Asset captures how participants used their non-counseling experiences as resources for building, maintaining, and working in therapeutic relationships as well as in the private practice setting. Although personality traits are captured as a subpattern here, participants' accounts of their personality impacting their career development and career decision making are evident and mentioned throughout subsequent major patterns. Ball et al. (2016) found that personality profiles of dietitians are associated with their selection of work settings. Participants in this study shared how their personality traits influence their work setting, specifically the therapeutic relationship and the therapeutic space. This serves as a link between participants career development and the quality of their current work experiences.

A similar link is presented through the Non-Counseling Work Experiences were Impactful and Shaped Me subpattern. The non-counseling jobs and careers participants held provided direction and ultimately learning experiences that participants integrated into task approach skills. This subsequently increased the quality of both participants' counseling skills and their ability to navigate private practice work. For some participants, their non-counseling experiences led them to pursue a counseling career, which is an example of career adaptability (Wetstone & Rice, 2023)

Graduate School Does a Great Job Giving You a Foundation to Build On

The Graduate School Does a Great Job Giving you a Foundation to Build On pattern represents participant's perceptions of knowledge gained during their counseling graduate

studies as introductory. Participants reported that their graduate programs covered theoretical knowledge and utilized experiential requirements, specifically practicum and internship, for converting theoretical knowledge into practical application. None of the participants reported being taught how to work in the private practice setting nor encouraged to pursue private practice work. Although the social work participants in the Green et al. (2007) study expected their graduate programs to prepare them for working in private practice, participants in this study reported that as a desire, but not as an expectation.

The Graduate School Does a Great Job Giving you a Foundation to Build On pattern is an expected finding because participants completed Council for Accreditation of Counseling and Related Educational Programs accredited programs, which all adhere to the same foundational standards. There are no subpatterns within this major pattern and two of Krumboltz's four influences are represented: Environmental Conditions and Events and Learning Experiences. These influences are intertwined because graduate programs are the environments where theoretical counseling-based learning experiences and initial skills development occur. Swank and Houseknecht (2018) conducted a Delphi study which resulted in the identification of over 150 teaching competencies that were categorized into four domains: knowledge, skills, professional behaviors, and dispositions. The skills domain had the most teaching competencies at seventy-eight while the remainder of the domains had less than forty competencies each. This suggests that counselor education curriculums primarily focus on teaching the foundational counseling skills necessary for practicum, internship, and eventually independent practice, which aligns with the graduate school experiences of participants in this study.

Environmental Conditions and Events

Earning a graduate degree in counseling or a related field is a required career development experience for state licensure. The commonality amongst participants regarding this career development influence and major pattern was their completion of a CACREP accredited program, which provided a foundation for participants' development as a mental health counselor. Although participants shared aspects of their graduate programs that they would keep and change, there was not a theme across participants' suggestions that links their graduate school experiences to the quality of their current work experiences. Neither this study nor the reviewed literature considered the literal environment of the graduate program as a career development factor, but instead considered the learning environment as instructor qualities and learning experiences as the process of combining prior knowledge with higher order thinking (Malott et al., 2014).

Learning Experiences

Participants reported learning basic and theoretical concepts during the classroom portions of their graduate programs as necessary for their development as a counselor in general. Genetic counselors in the Field et al. (2016) study expressed feeling adequately prepared for their roles as genetic counselors in general and inadequately prepared for their roles in specialized areas. These genetic counselors also described the skills learned in their graduate programs as not transferable to their current work. However, participants in this study described utilizing their foundational learning experiences in their current work.

Participants in this study also described learning of private practice as a work setting outside of their graduate programs and it being mentioned during at least one of the graduate courses. Participants reported wanting their programs to cover more depth or breadth of

information across multiple topical areas, including work settings. This finding is similar to Green et al.'s (2007) study on master social work graduate students who reported wanting their programs to prepare them for practicing in specific work settings.

Relationship to the Research Questions

This major pattern answers the first research question regarding participants' career development experiences. Participants reported knowing private practice was a work setting prior to engaging in counselor education and none of the participants reported learning how to establish, maintain, or work in a private practice through their graduate counseling programs. Due to these factors, there is not a link between the quality of participants' current work experiences as counselors in private practice settings and their graduate school education. The learning experiences that occurred through the academic environment instead created a baseline for participants to understand their roles as counselors, which is applicable across work settings. This is consistent with counselor educators' expectation of counselor education programs teaching counseling skills that will be practiced outside of the classroom (Swank & Houseknecht, 2018). Some of participants' suggestions for changes in their graduate learning are described within the Curriculum subsection of the Implications of the Findings. Other pertinent information regarding participants' academic learning is described in subsequent major patterns.

Practical Experience Makes Up for Academic Gaps

Practical Experience Makes Up for Academic Gaps encapsulates ways participants supplemented their foundational graduate knowledge. It has two subpatterns: Practicum and Internship and Supervisory Relationships. Similar to Graduate School does a Great Job Giving you a Foundation to Build On, this pattern provides answers to the first research question. The major patterns also represent three of Krumboltz's Four influences: Environmental Conditions

and Events, Learning Experiences, and Task Approach Skills. For this major pattern, the learning environments were (a) community sites where participants integrated their theoretical counseling knowledge with practical counseling skills (Turner et al., 2021) and (b) the relationships between the participants and their supervisors (Hicks-Roof et al., 2018)

Environmental Conditions and Events

Participants' practicum, internship, and associate licensures sites provided (a) an environment for integrating the knowledge required to fulfill the role of a counselor, (b) access to career information, and (c) an opportunity for participants to develop insight on workplace satisfaction. According to Ghazali et al. (2018), the supervisory relationship is important for both the supervisee's learning and the supervisee's relationships with their clients. In addition, the environments and events created by participants' supervisors is an example of how collective self-esteem, as described by Yu et al. (2007), can influence workplace satisfaction. Participants associated their environments to their ability to integrate their knowledge. Similar to the Graduate School Does a Great Job Giving you a Foundation to Build On finding, the reviewed literature does not consider work settings separate from the learning experiences that occur within the settings.

Learning Experiences

Participants reported gaining confidence to practice their skills through their practical experiences. Learning through the supervisory relationship and the workplace are not unique to this study. Participants described their supervisors as providing more than feedback on their counseling skills, but also modeling the integration of personality into sessions and providing mentorship. This is aligned with Savic-Jabrow's (2010) study where 100% of the private practice counselors reported receiving the majority of their professional and personal support from their

counseling supervisor. It is also aligned with the report of social work students who described learning how to perform their theoretical skills during practicum placements (Turner et al., 2021). Hicks-Roof et al. (2018) conducted research on dietitian students who worked face-to-face with a dietitian mentor. The dietitian students reported increasing their communication skills and confidence for practice through this relationship, which is a similar experience to participants in this study.

Task Approach Skills

The premise of this major pattern is that participants develop task approach skills through practical experience and supervision. This workplace learning was also seen in research produced by Baty et al. (2020) and Boocock and O'Rourke (2018). Participants in both studies shared their experiences based on genetic counseling and dietetics, respectively. As mentioned in the discussion of the Non-Counseling Experience is an Asset major pattern, participants in the Baty et al. (2020) study integrated their theoretical and practical knowledge as their careers developed. This major pattern is the beginning of participants developing task approach skills specific to their role as a counselor. Changes in task approach skills are expected as participants gain additional experience throughout their career development. These changes are reflected in upcoming major patterns and are aligned with Boocock and O'Rourke (2018) findings on advanced genetic counselors whose workplace learning adjusted with their experience level.

Relationship to the Research Questions

Participants engaged in practicum, internship, and post-graduate supervision where career development experiences enhanced their foundational knowledge as counselors. These experiences also provided the initial motivation or stimulus for participants to begin considering private practice as a work setting. Both factors are an answer for the first research question.

Participants did not connect this initial motivation to the quality of their current work experiences as private practice counselors, subsequently, the second research question is not answered with the supporting evidence for this major pattern.

I'm Going to Start Private Practice and See What I Can Do

The I'm Going to Start Private Practice and See What I Can Do major pattern has three subpatterns: (a) Pathways for Learning Private Practice was a Work Setting, (b) Motivated to Start Private Practice, and (c) Challenges of Agency Work Stimulated Efforts to Build the Private Practice. This pattern serves as the link between participants' counselor preparation and their roles as licensed professional counselors. All four of Krumboltz's career development influences are represented in this major pattern. Participants used genetic endowments and special abilities, such as their internal drive, and the learning experiences that occurred within agency environments to move them towards or further into private practice work. Utilizing the combination of these aspects yielded the task approach skills necessary for participants to thrive in private practice work.

Genetic Endowments and Special Abilities

Reviewed literature considers how cross-racial pairings impacts supervisory relationships (Brown & Grothaus, 2019; Henfield et al., 2011; Hosford et al., 2019). Participants who mentioned race and ethnicity did so from a place of empowerment. They described feeling inspired to engage in private practice work because other persons who looked like them were doing so successfully.

Participants used personality traits such as understanding, patient, hardworking, motivated, determined, driven, and purposed when deciding to shift towards more private practice work. These different traits provided participants with a baseline for organizing their

skills for private practice work. Byrne's (2018) findings regarding students seeking speech-language pathology careers are the opposite of the findings from this study because each of Byrne's (2018) participants demonstrated similar temperaments. The findings from this study also differ from Garcia et al.'s (2017) study on the temperament profiles of dietitians who work in private practice. In addition, participants in this study did not connect their personality traits to symptoms of burnout as described in the Lent and Schwartz (2012) study. Instead, participants connected the environmental conditions and events of the agency setting with their potential for burnout, which is aligned with Lent and Schwartz (2012) findings regarding burnout of mental health counselors working in community outpatient settings.

Environmental Conditions and Events

Participants who worked in agencies recognized how the environmental conditions and events of the setting neither aligned with their temperaments nor their career goals. Similar to the Baldwin et al. (2022) study, participants identified the events of the environment as barriers to career advancement and opportunities in the workplace. These barriers influenced participants in this study to select private practice as a work setting. Study participants gave similar reports as the dietitian participants in Ball et al.'s (2013) study. Both sets of participants cited limited pay and limited time for completing significant amounts of paperwork as challenges to working in the agency setting. However, both sets of participants also cited their work in agencies as providing great learning experiences.

Participants who worked in private practice settings beginning in practicum and through their associate licensure period recognized how the environmental conditions and events of the private practice setting aligned with their temperaments and their career goals. These participants decided to pursue private practice work based on their practical experiences and despite not

receiving academic training, such as coursework how to work in the setting (Reese et al., 2013). Emanuel et al. (2012) described similar decision making amongst audiology students. These students reported selecting their college majors and intended careers based on their interests and experiences in the field. Participants learned about the existence of private practice as a work setting through various avenues and learned how the setting functioned through their experiences.

Learning Experiences

This major pattern represents the culmination of participants' genetic endowments, special abilities, and environmental conditions and events into the overt behavioral response of establishing a private practice or working to increase clientele in an established private practice. This overt response is aligned with Krumboltz's description of an instrumental learning experience. Participants also perceived connections between stress and agency work or between the absence or reduction of stress and private practice work, which is aligned with Krumboltz's description of an associate learning experience. This is also aligned with research conducted by Rosenberg and Pace (2006) with marriage and family therapists. These therapists primarily worked in private practice, had lower emotional exhaustion, and higher sense of personal accomplishment as compared to those working in community agencies, medical settings, and academia. The remaining reviewed literature does not capture the combination of learning experiences that leads to both a decision and a behavioral response. Therefore, the essence of this finding is unique to this study.

Task Approach Skills

Participants developed task approach skills through their transition into private practice work. The environmental conditions and events and learning experiences of previous work and

counseling settings served as guides for participants. They integrated their non-counseling experience with their counseling skills in order to develop or grow the private practice. They also used their experiences to set boundaries between themselves and clients. The use of any combination of participants' inherent qualities, non-counseling work experiences, and non-private practice work setting experience to approach new tasks is unique to this study.

Relationship to the Research Questions

The I'm Going to Start Private Practice and See What I Can Do major pattern includes information specific to answering the first research question regarding participants' career development experiences. The major pattern represents the link between participants' personal qualities and academic and practical experiences to their decision to work in the private practice setting. However, there was not supporting evidence across the eight participants to link these career development experiences to the quality of their current work experiences.

Private Practice Yields for My Career Development

Private Practice Yields for My Career Development highlights how participants obtained the non-counseling skills needed to establish, maintain, or work in a private practice. It also highlights how a personally designed environment allows participants the flexibility and autonomy to curate quality work experiences for themselves and others. These factors are described throughout the three subpatterns: (a) Acquiring Business Skills, (b) The Counselor Ship, and (c) The Professional Ship, which encapsule the connection between working in the private practice setting and participants' engagement with business skills, counseling skills, and professional development, respectively. This major pattern includes supporting evidence that aligns with all four of Krumboltz's career development influences.

Genetic Endowments and Special Abilities

Participants' personality traits as well as their gender and ethnicity influenced their progress in the private practice setting. Similar to the I'm Going to Start Private Practice and See What I Can Do major pattern, participants personality traits provided a foundation for accomplishing the undertakings for establishing, growing, or maintaining a private practice. This is seen with participants intentionally acquiring business skills through trial and error (Kassa, 2019; Legge, 2017; Savic-Jabrow, 2010), which is also a representation of participants' use of personality traits, such as patient, dedicated, motivated, curious, determined, and driven, to accomplish a goal.

Participants also mentioned how their genetic qualities, such as gender and ethnicity, provide a foundation for the therapeutic relationship and an opportunity for some clients to use them as a mirror. However, participants neither mentioned how cross-racial therapeutic nor cross-racial mentoring and coaching relationships influence their career development experiences and the quality of their current work experiences. Connecting personality traits and genetic qualities to quality work experiences is unique to this study.

Environmental Conditions and Events

Seven of the eight participants either own or co-own the private practice where they provide counseling services. The authority to make decisions and focus on specific demographic characteristics and presenting concerns of clients is associated with the autonomy of private practice. Although Kym does not have ownership in the private practice where she works, Kym establishes her rate for services, sets her own schedule, determines her clientele of focus, and does not have a client caseload or quota to maintain. This autonomy and flexibility is aligned with "being your own boss," which is true for the other participants with practice ownership.

Previous research regarding the impact of client's presenting concerns on mental health, allied health, and clinical science professionals was not found. Instead, researchers considered how these professionals, specifically their stress levels and burnout symptoms, impact their clients (Giddens et al, 2022; Scanlan & Hazelton, 2019).

As previously mentioned, Lent and Schwartz (2012) found that mental health counselors working in private practice settings experience less burnout, less emotional exhaustion, less depersonalization, and more personal accomplishment. In addition, Jayarante et al. (1991) and Warren et al. (2013) found that private practice social workers and eating disorder treatment providers, respectively, scored better across several health factors than those in community settings. Private practice professionals create of an environment more conducive to their needs, which may lead to less burnout and a decreased likelihood that burnout will impact their clients. Based on the supporting evidence from The Counselor Ship and The Professional Ship subpatterns and reviewed relevant literature, participants have quality work experiences because they created or work in an environment that yields for their career development goals and is aligned with their personal preferences.

Learning Experiences

Participants learning experiences include the combination of the experiences that led to establishing or working in a private practice as well as what participants learned while growing and maintaining the private practice. Genetic attributes, foundational knowledge, and practical experiences were used to curate an environment attuned to participants' preferences and goals. This attunement is why the private practice yields to participants' career development.

The quality of participants' work experiences is due to the learning required to maintain the Counselor and Professional Ships. Similar to Forbes et al. (2022), participants tailored their

preparation for maintaining the practice and created opportunities for teamwork through connecting and collaborating with others. Participants in both this and the Forbes et al. (2022) study recognized how opportunities to work with others increases a sense of personal value and increases productivity. Mentoring and coaching was another way participants collaborated with others and acquired business skills. Participants described the benefits of mentorship as interactions tailored to their needs that increase confidence about sustaining their careers (Hicks-Roof et al., 2018; Mahendra and Kashinath, 2022).

Task Approach Skills

Participants' task approach skills developed in tandem with their careers. They used lessons from their (a) non-counseling work and careers, (b) graduate education, and (c) practical experiences to handle the responsibilities associated with clientele and running a business. The quality of private practice work experiences are not only due to learning experiences, but are also due to an environment conducive for utilizing task approach skills when facing challenges or new undertakings. As mentioned in the Description of Participants, each participant described a desire to continue developing their careers. Career development ranges from increasing clientele and earning more certifications to developing ways to be a resource for other counselors' career development. This is similar to Turner et al.'s (2021) research on private practice social workers who described advocacy, connecting clients to resources, and creating space for practicum placements as social work principles suited for private practice.

Relationship to the Research Questions

The Private Practice Yields for My Career Development major pattern answers both research questions. It includes participants' career development experiences and decisions as a direct link to the quality of their current work experiences. This is the only major pattern that

represents a shift between the manner Krumboltz's influences are defined and the manner participants utilize them.

Krumboltz's (1979) defines Environmental Conditions and Events as things outside of one's control that impact their engagement in various activities and thus their career planning, preferences, and skills. Participants in this study used their task approach skills developed through the previous four patterns to establish, maintain, or work in a private practice. This means participants gained control of their environmental conditions and events. More specifically, the private practice setting is the environmental condition and the counseling and professional work occurring in the private practice are the environmental events. By making this shift, participants were able to (a) develop work experiences that align with their genetic endowments and special abilities and (b) engage in learning experiences specific to fulfilling the needs of maintaining their counseling and professional work in the private practice. The intentional utilization of these task approach skills is the link between participants' career development and the quality of their current work experiences.

Implications of the Findings

The findings of this study have implications for (a) counselor education, (b) counselor supervision, (c) counselors working or seeking work in private practice settings, and (d) a private practice counselor development model. Due to the similarities between the education and licensure processes of counselors with other health professions, these findings also provide insight on the career development and work experiences of mental health, allied health, and clinical science professionals who work or are seeking work in private practice settings. The commonality amongst the implications is that quality work experiences and valuable career development experiences are cultivated with intentionality.

Counselor Education

Counselor education includes the structure of academic programs, curriculums within those programs, and continuing education. The findings of this study have implications across each of these areas, which are essential to counselors' career development. The execution of the standards associated with each area impacts the quality of counseling students' and counselors' experiences. Although counseling students learn about the supervision process during graduate school, implications specific to supervision are described within the Counselor Supervision subsection.

Programs

The implications for counselor education programs involve the intentional recruitment of experientially diverse students and faculty members. Counselor education programs may begin considering program applicants' and potential faculty members' previous work and career experiences as assets to the education process and to counseling students' career progression. An experientially diverse counselor education department increases opportunities for students both to comprehensively understand the theoretical material and to apply its concepts. This diversity may also increase the quality of counseling students' education as well as grow empirical knowledge encapsulating diverse perspectives. Each of these may increase the possibility of clients receiving thorough evidence based care.

Curriculums

Another major implication of this study is the need for counselor education curriculums to intentionally delve into the various work settings for counselors and the different ways counselors can use their knowledge for work outside of individual and group counseling. This implication is aligned with the Council for Accreditation of Counseling and Related Educational

Programs' Professional Counseling Orientation and Ethical Practice standard. However, according to participants of this study, various counselor work settings and types of consultation were briefly described in their introductory courses and descriptions of private practice as a work setting were a paragraph within their introductory textbooks. The quality of counseling students' education may be enriched from the incorporation of counselor career development throughout their curriculums.

As proposed by participant Bernard, each semester, counselor education curriculums could include a one credit hour seminar specifically for exploring the various counselor work settings. This exploration may involve students shadowing or interviewing counselors working in the various settings and in different stages of their careers. Other helping professionals incorporate brief job shadowing in their training. A 2017 study by Oswald et al. found that Australian undergraduate rehabilitation counseling students benefitted from brief case management job shadowing. These student participants described both positive and negative aspects of their experiences and highlighted that the negative aspects were overshadowed by the positive aspects or were used as a baseline for improvement.

The course may also create space for students to identify and intentionally develop their task approach skills as they matriculate. Nursing students complete clinical rotations where they are assigned a preceptor who gives feedback on the students' application of skills. The nursing students engaged in a service-learning preceptorships in the Kazemi et al. (2017) study reported that the tasks completed during the learning experiences were essential and the outcome beneficial for both the student and the community they were serving.

Also, curriculums may go beyond the use of personality testing, such as the Myers Briggs Test and the enneagram, for understanding self and clients and towards how counseling students

can use the information for their personal career development. Adjusting to this type of focus on counselor career development may assist counseling students with identifying which settings are most optimal for their wellness and which settings are most aligned with their skills and abilities. This identification is foundational for the development of quality work experiences.

Continuing Education

The National Board of Certified Counselors (NBCC) designates “Career Development and Counseling” as a content area for approved continuing education providers (2015). They list eight topic areas presenters may choose from and then are required to cover within their program or presentation. Five of the eight topics listed within the NBCC Continuing Education Provider Policy are aligned with the major findings of this study. These five topics are: (a) “life-work role transitions,” (b) “career/life planning and decision-making models,” (c) “assessment of workplace environment for purposes of job placement,” (d) “career development program planning, resources, and program evaluation,” and (e) “career avocational, educational, occupational and labor market information, and resources and career information systems” (2015, p. 8). This alignment implies that the findings of this study are directly applicable to continuing education specific to the career development of counselors and therefore integral for the development of quality work experiences.

Other implications of the findings involve the manner continuing education providers market and develop their coursework. Continuing education providers may begin marketing programs to counselors based on their experience level and their desired direction of career development. Continuing education providers may also intentionally align their curriculums with various experience levels and career goals. These two intentional adjustments create space for participants to select content most relevant to their experiences and desired career progression,

which allows for better absorption of the learning experience and increased cultivation task approach skills.

Counselor Supervision

Participants in this study described their supervisors as multifaceted, specifically providing practical knowledge, mentorship, and business advice. However, the South Carolina Board Examiners for Licensure of Professional Counselors and the National Board of Certified Counselors only set practical knowledge and ethical standards for supervisors. Other knowledge and skills supervisors share with supervisees is dependent upon the unique supervisors' work experiences and career development. The findings in this study can be used when training counselor supervisors and when informing counseling students of the importance and scope of counselor supervision. Emphasis may be placed on the use of the Discrimination Model of Supervision, which involves approaching supervision content as either (a) teacher and student, (b) counselor and client, or (c) consultant and consultee (Bernard, 1979). Supervisors may share non-counseling skills and qualities such as their business acumen, community connections, and other required elements for developing and maintaining a private practice through the consultant and consultee approach to supervision.

Borders et al. (2014) developed best practices for clinical supervision that include personality matching between supervisor and supervisee. During counselor supervision training, emphasis can be placed on supervisors integrating their personalities into supervision. This supervision practice can serve as a model for supervisees to do the same with their clients. It is also important for supervisors to share the task approach skills gained throughout their learning experiences. This self-disclosure allows potential supervisees to intentionally select a supervisor who is most aligned with their personal career goals. Boyle and Kenny (2020) completed a study

on the disclosure of supervisor and supervisee psychotherapists. They suggest that self-disclosure relevant to the supervision content is important for both the supervisory relationship and the supervisee's learning. Similar to the informed consent process, the supervision contract needs to include details on personality and the use of self-disclosure alongside the supervisor's work experiences.

The importance and scope of counselor supervision is explained to counseling students during their graduate program. It is suggested that discussions about counselor supervision include (a) benefits of engaging in more than one supervisory relationship, (b) methods for handling critical incidents that occur within the supervisory relationship, and (c) processes for identifying and filling knowledge gaps in supervision. This information, which is akin to best practices for supervision as described by Borders et al. (2014), can empower supervisees to thoughtfully engage in the supervision process, which is an essential for cultivating quality work experiences.

Mental Health Practice in Private Practice Settings

The findings of this study are important for new licensed counselors who are planning to or who are working in the private practice setting. These counselors may use the patterns that emerged to assist in developing quality work experiences. This includes (a) incorporating their personalities into their work, specifically creating therapeutic relationships and the counseling environment, (b) building upon the foundation of their academic learning, and (c) filling their academic gaps. They may also consider bypassing agency work or engaging in agency work with the intent of learning from the unplanned events and workplace satisfaction associated with agency settings (Lent & Schwartz, 2012). This is aligned with the Happenstance Learning Theory, which is based on the intentional engagement with activities and in environments where

curiosity and unpredictability can lead to the creation of new knowledge and opportunities (Krumboltz, 2009). Finally, counselors in private practice settings may use the findings when deciding how to acquire or cultivate business skills and give back to their communities, both of which are contributors to quality private practice work experiences.

Other Health Professionals

Marriage and family therapists, clinical practice social workers, occupational therapists, speech-language pathologists, audiologists, dietitians, and genetic counselors were the populations of focus within the literature reviewed and compared to the findings of this study. As detailed in Chapter Two: Literature Review, each of these health care professionals utilize private practice as a work setting. Because of the alignment between findings and the theoretical framework, the implications described in the aforementioned implications sections may also be applied across each of these professions.

Private Practice Counselor Development Framework

The range of experience seen across participants in this study and the alignment between the goals of participants with the least amount of experience with the current work of participants with the most experience are indications of a career development framework for private practice counselors. In addition, there was a gap in understanding how and why counselors begin with or transition to private practice that the findings of this study fills. Participants in this study began working in private practice settings in practicum and internship, which is aligned with being an advanced student in Ronnestad and Skovolt's (2003) counselor development framework. However, the senior professional phase within Ronnestad and Skovolt's (2003) counselor development framework is the only phase where study participants worked in private practice settings. Due to the differences of when, why, and how counselors pursue private practice work,

the findings of this study may be used to establish a private practice counselor development framework that reflects changes in goals and opportunities for counselors. Similar to Ronnestad and Skovolt (2003), the private practice counselor development framework can begin with pre- and non-counseling work and career experiences and phase into formal academic training and again into independent counseling work.

Limitations of the Study

The previously described findings must be considered within the context of the limitations of the study. The first limitation is the narrow amount of relevant empirical research specific to licensed mental health counselors working in private practice settings. Due to the limited research, findings of this study were applied to empirical research from professionals with similar training and licensure protocols as the population of focus. Therefore, the unique findings of this study are also foundational to the general topic of counselors as practitioners and businesspersons.

The second limitation is the sample size. There were fifteen partial to complete responses to the online Qualtrics survey, ten of the persons who completed the survey were interviewed, and eight of the interviewed participants met the full criteria for the study. Although both (a) rich descriptions of participants' career development and current work experiences, as aligned with the theoretical framework, were summarized, and (b) thematic patterns within participants' verbal accounts of their career development and current work experiences emerged, the small sample size limits the transferability of the findings across the population of focus.

The third limitation is the varying licensure experiences of the participants. Half of the participants earned 20% or less of the required direct counseling hours for full licensure in the private practice setting while the other half earned 100% of required hours in the setting.

Although participants earned 100% of the required supervision hours from supervisors working in the private practice setting, some participants earned more hours than what was required by the state. It is possible that the additional supervision influences their work experiences and the progression of their careers.

Fourth, the researcher's personal experience as a licensed counselor who owns and works in a private practice may also be considered a limitation. Three verification methods were employed to increase trustworthiness: (a) member checking via transcript review, (b) peer reviewing of the findings, (c) member checking via patterns and subpattern review. Finally, only five of the participants completed the member checks.

Recommendations for Future Research

Future studies may be developed based on the findings and implications of this present research. Several replication studies may occur across a variety of experience levels and contexts of counselors who work in private practice settings. This present study included fully licensed counselors with no more than seven (7) years of licensed counseling experience in the private practice setting. Future research could include the same or a similar interview protocol as the present study but with licensed counselors who worked greater than seven years in the private practice setting. Findings from this proposed study may grow the knowledge base needed for developing a private practice career development framework. Seven of the eight participants in the present study were private practice owners or co-owners. Future studies may exclusively sample licensed counselors who are contractors in the private practice setting or licensed counselors who transitioned from a solo practice to a group practice and vice versa. Future studies may also exclusively sample homogenous ethnic and racial groups. Intentionally and thoughtfully conducting thematic analysis with homogenous groups may produce patterns with

specific implications for counselor education and the career development of counselors within the studied group. The career development and work experiences of licensed counselors who no longer counsel in the private practice setting but instead consult, supervise, develop community programs, or other career ventures through the setting, or who work within an agency may also be explored. Further, each of these proposed replication studies may be conducted with the other mental health, allied health, and clinical science professionals.

Participants in this present study mentioned their wellness being associated with the ability to create a work environment that is conducive to their personal and professional needs and goals. Future research can identify the population of focus' definition of professional wellness and how it relates to burnout and burnout prevention. Participants also described how autonomy allows them to give back to the profession. Future research can delve into the amount and types of giving back that occur amongst practicing licensed counselors within various work settings and what induced the counselors to give back.

The influence of participants' personality traits were weaved throughout participant's experiences and thus the major patterns. Therefore, future research may involve identifying the top personality traits of licensed counselors working in private practice settings based on a personality assessment. This knowledge may assist with developing continuing education programs that intentionally build upon licensed counselors' natural personality traits and skills.

Due to this present research being foundational, the implications for counselor education, counselor supervision, and private practice counselors may be explored or examined in depth. Studies on the impact of previously suggested curriculum changes in counselor education programs as well as a comparison of student outcomes before and after those changes are implemented may be conducted. Other considerations are the potential correlations between

counseling program and student outcomes when non-counseling work experiences are highlighted during the program admissions process. Because participants described the supervisory relationship as multifunctional, specifically gaining feedback on clients and learning from supervisors' business acumen, future research may be conducted on the career development experiences of counselor supervisors and how the use of their task approach skills in the supervision process. Finally, research projects may consider private practice counselors' development of task approach skills, specifically the influence of non-counseling work on their career progression. These potential studies will not only contribute to the body of literature but may also be instrumental in establishing a private practice counselor development framework and increase the positive outcomes of counseling students, developing counselors, and subsequently their clients and the communities.

Conclusion

The purpose of this study was to explore the career development and current work experiences of new licensed counselors who earned their state's required clinical and supervision hours through counseling in a private practice. Two research questions guided this exploration: (1) What are the career development experiences of new licensed counselors who earned their required direct client and supervision hours through working in a private practice?, and (2) How do new licensed counselors evaluate the link between their career development and the quality of their current work experiences in private practice settings? Due to limited empirical literature on the topic as well as with the population of focus, empirical research on allied health, clinical science professionals, and other mental health practitioners were reviewed. Several gaps ranging from factors that contribute to new licensed counselors' educational pathways and academic support to burnout and professional development were found.

Basic qualitative research design as described by Merriam and Tisdell (2016) and Reflexive Thematic Analysis as described by Braun and Clarke (2021) guided the preparation for and execution of the research. Krumboltz's Social Learning Theory of Career Development was used to organize the reviewed literature, develop the semi-structured interviews, and describe the relevance of the findings. Two member checks occurred for quality control. The researcher also engaged in bridling practices throughout the research process in order to limit the influence of their personal and professional experiences and limit the influence of the theoretical framework on data analysis.

There were eight participants in the study. One hundred percent of their licensure supervision hours were earned through supervisors who worked in private practices. The direct client hours earned in a private practice setting ranged from 15% to 100%. Another range amongst participants was their years of experience in private practice. Two participants had 2-3 years of experience, five had 5-6 years of experience, and one had 7 years of experience. Although the sample was small and the amount of experience ranged, each participant is represented in the five major patterns that emerged.

Findings of this study suggest that private practice counselors link the quality of their current work experiences to the task approach skills cultivated throughout their career development. These task approach skills are linked to (a) inherent qualities harnessed as resources, (b) non-counseling work and careers utilized as assets, (c) academic knowledge embraced as foundational, (d) practical experience consumed for enrichment, and (e) non-counseling workplace challenges applied as motivation. The result of these task approach skills are private practice counselors developing environmental conditions and events attuned to their career development needs and goals. Because career development is fluid, these links are

consistently evaluated and private practice counselors are challenged to approach the business and clientele of the private practice as well as their professional development accordingly.

The limitations of this study include availability of relevant research for comparison with the findings, sample size, varying percentage of private practice counseling experience, and the researcher's personal and professional experiences, which align with those of the population of focus. Despite these limitations, the findings have implications across (a) counselor education and supervision, (b) counseling and business practices in the private practice setting, (c) private practice counselor development, and (e) other mental health, allied health, and clinical science professionals. These findings can assist with the recruitment of students and faculty members and with preparing persons for roles in work settings most aligned with their skills and goals. Future research can expand upon this foundational study, specifically considering the breadth and depth of each of the major finding regarding the career development of private practice counselors.

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APPENDIX A: RECRUITMENT FLYER

Below is the original recruitment flyer for the study. This flyer reflects the initial participant criteria, which was South Carolina Licensed Professional Counselors with at least 6 months and no more than 5 years of experience as a Licensed Professional Counselor. Due to the recruitment strategy adjusting to phone calls, additional flyers were not made after the change in participant criteria to no more than seven years of experience as a Licensed Professional Counselor.


Figure A1

Recruitment Flyer


South Carolina Licensed Professional Counselors

We are conducting a study exploring the career development & work experiences of counselors who earned their full license by providing counseling services in the private practice setting.


Participation



COMPLETE THE ONLINE
QUESTIONNAIRE
ANYTIME



SCHEDULE THE VIRTUAL
INTERVIEW AT A
CONVENIENT TIME FOR YOU




USE THE LINK OR QR CODE
BELOW TO BEGIN
PARTICIPATING

Participants receive their choice of either a \$20 Target or Amazon e-gift card for completing the online questionnaire & the qualitative interview. An additional \$5 Target or Amazon e-gift card is given to participants that complete the two member checks.


Participant Criteria




AT LEAST 18
YEARS OLD





EARNED AT LEAST 50% OF
SC REQUIRED CLIENT
HOURS IN A PRIVATE
PRACTICE



SC LPC AT LEAST SIX
MONTHS & NO
MORE THAN 5
YEARS



GRADUATED FROM A
CACREP ACCREDITED
COUNSELING
PROGRAM

https://uncc.qualtrics.com/jfe/form/SV_247JmStwjYBxjXE

Participation in this study will add to the limited body of literature related to the career development and work experiences of licensed counselors.

For more information email Jenais Y. Means at jmeans9@uncc.edu
Your participation is valued and greatly appreciated.

APPENDIX B: RECRUITMENT QUESTIONNAIRE

Contact Information

- What pseudonym would you like to be referred to throughout the research process?
- What email address would you like us to use to contact you for the interview and any follow up procedures you decide to participate in?

Availability

This research study includes an approximately 90 minute interview. We want to schedule the interview on a day and time that is convenient for you. Please select the days and times that are best for you.

	Morning	Afternoon	Evening	Late Evening
	9:00am-12pm	12pm-3pm	3pm- 6pm	6pm-9pm
Mondays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which time zone?

- ☐ Eastern
- ☐ Central
- ☐ Mountain Daylight

- ☐ Mountain Standard
- ☐ Pacific Daylight
- ☐ Alaska Daylight
- ☐ Hawaii-Aleutian Standard

Incentive Preference

If you complete the interview protocol, you will receive your choice of either a \$20 Target or Amazon gift card. If you complete the two opportunities for member checking, (1) reviewing your transcript, and (2) reviewing the findings for alignment with your experiences, you will receive one additional \$5 Target or Amazon gift card. What type of gift card would you like to receive?

- ☐ Amazon
- ☐ Target

APPENDIX C: PHONE SCRIPT

Semi-Structured Phone Script

This phone script will be used to contact persons at random on the recruitment list. The recruitment list has 181 counselors who meet the baseline criteria for participation in the study. This list was developed from the master list of licensed counselors provided to the researcher by the SC Board of Examiners for Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists. Baseline criteria: a) reported to the SC licensure board that they earned their licensure hours in the private practice setting and b) possessed their counseling license for no more than 7 years.

Introducing Myself

Hello, my name is Jenais Means and I am a SC licensed counselor and a counselor education and supervision doctoral student. I am calling to speak with *insert potential participant's name* regarding participation in my dissertation research.

Establishing Rapport

Are you available for five minutes to hear about the research topic and how you may participate?...If not, when is a good time to call you back?

Explaining the Research Topic

I am conducting research on the career development and work experiences of SC licensed counselors who earned their direct client and supervision hours while working in the private practice setting. Approximately 25% of persons who are employed as US mental health practitioners work in private practice settings. However, research specific to how and why they decided to pursue private practice work and their experiences working in private practice are limited. The purpose of my dissertation research is to explore the career development and work

experiences of licensed counselors who earned South Carolina's required direct client and supervision hours through providing counseling services in a private practice setting.

Explaining the Research Process

Participating in the study is as simple as completing a virtual interview. We ask that you assign yourself a pseudonym, which will be used throughout the research process to protect your information. You will receive your choice of a \$20 Amazon or Target e-gift card for completing the interview. If you choose, you may also participate in two member checks. The first member check involves reviewing the interview transcript. You have the opportunity to add to or clarify your initial responses. The second member check involves reviewing the overall findings from all study participants. You will have the opportunity to state whether or not you agree or disagree with the findings. An additional \$5 Amazon or Target e-gift card is sent when both member checking opportunities are completed.

Establishing Rapport

What questions do you have this far?

Describing Participant Criteria

If you...

- Are at least 18 years old
- Earned a portion of South Carolina's required direct client hours by counseling in a private practice setting
- Obtained the South Carolina Licensed Professional Counselor credential no more than 7 years ago
- Graduated from a CACREP accredited program

...then you meet the criteria for participating in the study.

Explaining How to Participate

If you would like, we can set up the interview while we are on the call. I will email you a personalized zoom link as confirmation of the day and time for the interview.

Establishing Rapport

What, if any, questions do you have?

Closing

I look forward to meeting with you on *insert date and time*. Feel free to share my contact information with persons who meet the participant criteria. Thank you for your time.

APPENDIX D: INFORMED CONSENT

Career Development and Work Experiences of New Licensed Counselors Who Earned the Required Direct Client and Supervision Hours Working in Private Practice Settings

You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this study is to explore the career development and work experiences of new licensed counselors who earned South Carolina's required supervision hours through providing counseling services in a private practice setting.
- You will be asked to complete a demographic survey and an interview.
- If you choose to participate, it will require approximately 100-200 minutes of your time.
- Risks or discomforts from this research may occur when sharing personal opinions and experiences, however, the risk level is minimal.
- Benefits may include
 - an increase in your awareness of counseling knowledge and skills;
 - learning about the experiences of other research participants;
 - contributing to foundational knowledge on the topic.
- If you choose not to participate, you may withdraw your consent. Any information shared prior to the withdrawal will be discarded.

Please read this form and ask any questions you may have before you decide whether to participate in this study.

Why are we doing this study?

The purpose of this study is to explore the career development and work experiences of new licensed counselors who earned their state's required supervision hours through providing counseling services in a private practice setting. We expect to learn the link between new licensed counselors' career development and the quality of their private practice work experiences. This includes the factors that led new licensed counselors to choose working in the private practice setting.

Why are you being asked to be in this research study?

You are being asked to be in this study because you a) have a counseling master's degree from a CACREP accredited program, b) are a newly licensed counselor, and c) provide counseling services in a private practice.

What will happen if I take part in this study?

If you choose to participate in this study, you will be asked to complete an online demographic survey and an interview via zoom. The online demographic survey, which is completed on your own time, collects the following information:

- Age, gender, race/ethnicity, religious and spiritual affiliation, sexual orientation
- Amount of experience you have working as new licensed counselor in the private practice setting
- Pseudonym you prefer to use during the research process
- Contact information for scheduling the interview
- Preferred days of the week and times of day for scheduling the approximately 90 minute interview
- Consent to participate in this study and consent to be recorded

The researcher will use your provided contact information to schedule the zoom interview during one of your preferred days and times. Once the interview is scheduled, you will receive a personalized Zoom link. At the interview, the researcher will again obtain consent by asking you to verbally agree to participate in the study and to be recorded. Your camera does not have to be on during the interview. The researcher will ask pre-formatted and clarification questions regarding your experiences working in private practice. After the interview, the video portion of the recording will be immediately deleted and the audio portion kept for transcription through Zoom's transcription service. The audio recording will be deleted after the final report is produced.

Your total time commitment is 100-200 minutes. This includes 10 minutes for completing the demographic survey and 90 minutes for completing the interview. The researcher will use a transcription service to transcribe your interview, review it for accuracy, and then send it to you via a confidential mode email for your review. You are welcome to clarify any of your content. This may take 30-50 minutes and is completed on your own time. After all the interviews are completed and the data is analyzed, the researcher will ask if you want to meet via zoom to review the overall results. You are welcome to agree or disagree with the researcher's findings. This review of the findings may take 30-50 minutes. Reviewing your transcript and the overall results are optional. If preferred, you may only participate the demographic survey and the interview.

What are the benefits of this study?

Your participation in this study may increase your awareness of counseling knowledge and skills. If you choose to review the overall results with the researcher, you will also benefit from learning about the experiences of other research participants. Another benefit to

participation are your stories being shared and subsequently used to positively impact counselor education and supervision.

What risks might I experience?

This study has minimal foreseeable risks. Risks include feeling uncomfortable emotions or self-conscious regarding your knowledge and skills during or after the interview and after the research process ends. It is also possible to experience or identify uncomfortable feelings regarding your professional training.

Due to the interview being recorded, there is information risk. You are welcome to keep your camera off and your preferred pseudonym will be used throughout the process. To further minimize risk, the audio recordings and the connection between your contact information and your pseudonym will be stored on a secure UNCC Google Drive that is only accessed via a two-step authentication computer.

How will my information be protected?

Immediately after your interview, the video portion of the recording will be deleted. The audio portion of the recording is kept for transcription through Zoom's transcription service and is deleted after the final report is produced. These audio recordings will be stored on a secure UNCC Google Drive that is only accessed via a two-step authentication computer. Once the final report is completed, the audio files are deleted.

We plan to publish the results of this study. To protect your privacy, we will not include any information that could identify you. We will protect the confidentiality of the research data by utilizing your preferred pseudonym and saving the connection between your contact information and your pseudonym on a secure UNCC Google Drive that is only accessed via a two-step authentication computer. Only the principal investigator and the faculty advisor will

have access to this information. Other people may need to see the transcribed interview, including people who work for UNC Charlotte and other UNC Charlotte researchers.

How will my information be used after the study is over?

After this study is complete, study data may be shared with other researchers for use in other studies without asking for your consent again or as may be needed as part of publishing our results. The data we share will NOT include information that could identify you.

Will I receive an incentive for taking part in this study?

Yes, you will receive a \$20 Target or Amazon gift card for completing the demographic questionnaire and participating in the interview. An additional \$5 Target or Amazon gift card is issued to participants who complete the two opportunities for member checking, specifically reviewing their transcript and reviewing the findings for alignment with their experiences.

What are my rights if I take part in this study?

It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any interview questions you do not want to answer. Any information shared prior to your withdrawal of consent will be discarded by the researcher. Participants who do not complete the demographic survey will not be invited to participate in the interview portion of the study. Partially completed survey responses will be discarded.

Who can answer my questions about this study and my rights as a participant?

For questions about this research, you may contact the principal investigator, Jenais Y. Means, jmeans9@uncc.edu, or the faculty advisor Dr. Sejal Parikh Foxx at sbparikh@uncc.edu.

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researchers, please contact the Office of Research Protections and Integrity at uncc-irb@uncc.edu.

Consent to Participate and be Audio and Visually Recorded

With your permission, you will be audio and video recorded for the interview portion of this study. To assist with accurate recording of participant responses, assessment and follow-up appointments *may* be audio or visual recorded. Immediately after the interview and optional follow up appointments, the video portion of the recording will be deleted and the audio portion kept for transcription. The audio recording will be deleted after the final report is produced.

By Clicking “I Accept”, you are agreeing to be in this study and to be audio and visually recorded. Make sure you understand what the study is about before you sign. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

By Clicking “I Accept”, you acknowledge that you

- are at least 18 years old
- earned at least 50% (690 hours) of South Carolina’s required direct client hours by counseling in a private practice setting
- earned your South Carolina Licensed Professional Counselor credential no more than 7 years ago
- graduated from a CACREP accredited program
- have read this consent form
- have understood the above information
- agree to be audio and visually recorded

- agree to voluntarily participate in this research

If you would like a copy of this form for your reference, you may print this out.

☐ I Accept

☐ I do NOT Accept

APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE

Personal Information

- What is your age?
- Describe your ethnicity and/or racial background.
- Describe your gender and gender expression.
- Describe your sexual orientation.
- What, if any, religion do you belong to or spiritual practices do you hold?
- Describe your ability and medical status.

Professional Information

- What year did you graduate from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program?
- Which state is the university where you earned your counseling graduate degree located?
- When did you receive your South Carolina Licensed Professional Counselor Associate credential?
- When did you receive your South Carolina Licensed Professional Counselor credential?
- How many years and months have you provided counseling services in the private practice setting?
- What is the average number of clients you counsel in the private practice setting each week?
- Do you provide counseling services in a setting other than private practice?
- If yes, what is the average number of clients you counsel in that setting each week?

APPENDIX F: SCHEDULE OF INTERVIEW QUESTIONS

- Let's begin with a little bit about yourself. What are three to five adjectives that describe you?
- You describe yourself as *insert three adjectives*.
 - How do/did these characteristics influence your
 - Career development/progression?
 - Work experiences in the private practice setting?
- You also described yourself with the following demographic characteristics, *state characteristics from their demographic questionnaire*. How do/did these characteristics influence your
 - Transition from a layperson to a licensed counselor?
 - Work experiences in the private practice setting?
- How did you learn about private practice counseling work?
- What led you to select private practice as a setting instead of an agency, hospital, or school?
- Tell me (more) about your strengths as a counselor.
 - How does this connect to your
 - Work experiences?
 - Career development?
- Tell me about your growing edges as a counselor/career development?
 - How does this connect to your
 - Work experiences?
 - Career development?

- What are the internal and external indicators of a successful day of counseling? An unsuccessful day of counseling?
- Some private practice counselors will market to a specific population or have a specific client focus, such as a particular presenting problem or diagnosis.
 - How would you describe the client makeup of your caseload?
 - What topics or themes arise most during counseling sessions?
 - Which of the topics or themes that arise during counseling sessions are you most/least
 - Interested in
 - Comfortable with
- Let's talk about your set up at the private practice.
 - What are your responsibilities?
 - How do you feel about your compensation?
 - Are you a full-time employee or a contractor?
 - Which means do you use to offer services? In person, telehealth, text messaging?
- Describe the connection between the following and your work experiences.
 - Practicum and internship
 - Mentorship
 - Academic learning
- What are the opportunities for growth in the private practice where you are working?
- What type of continuing education do you engage in?
- Describe your experiences with ____ working in a private practice
 - Counseling

- Supervision
- Administrative work
- You described *reflect administrative work described from previous question*. What other business skills do you use in the private practice?
 - How did you acquire these skills?
- Now that you've been practicing *insert amount of time*, what gaps in training have you identified?
- If you could change your (academic, experiential, continuing education, or supervision) training/career development what would the change be?
 - What elements do you wish were better?
 - What elements would you omit?
- What were some specific issues you encountered within your training (mentioned by participant) program?
 - Personal
 - Professional
- This question is a little different. What comes to mind when you hear these phrases:
 - Burnout
 - Self-care
 - What have these looked like on your
 - Career path to private practice work?
 - Currently in private practice?
- What else would you like to add before we wrap up?

APPENDIX G: PARTICIPANTS' CAREER DEVELOPMENT STORIES AS INITIAL CODES

Table G1

Participants' Career Development Stories as Initial Codes

Pseudonym	Patterns Within Participants' Career Development Stories		
	Pattern	Subpattern	Sub-subpattern
Kym	"I Started Out In Childcare"	"It Was Base Level"	
		Practicum & Internship "Was Worth More Than Academics"	
	Graduate School	"It Would've Been Nice To Be Exposed" to More	
		"I Had A Great Mentor & Supervisor"	
	Supervision	Working with Clients	"Being their Saving Grace"
			"We're [Adolescent Clients and the Counselor] Working But No One Else Is"
		Agency	"Given Me Lots of Experience"
			"Very Chaotic at Times"
		Private Practice	"Is A Lot More Rewarding"
			"The Only Downfall"
		"Expansion"	
Bernard	"Really Learning from" Prior Work Experiences	"Academic Learning"	
		"They [the Counselor Program] Were Growing So They Didn't Have It"	
		"Practicum & Internship"	

Table G1*Participants' Career Development Stories as Initial Codes (continued)*

Pseudonym	Patterns Within Participants' Career Development Stories		
	Pattern	Subpattern	Sub-subpattern
Bernard	“Transition From A Lay Person to a Licensed Counselor”	LPCA Supervisor	
		“Like Working at a Mom and Pop”	
		“Self-Development”	
		“Grow [The Private Practice] The Way You Say You Want To Grow”	
		“Counseling is Just Understanding Patterns and Processes”	
		“Building Community With Other Professionals”	
		“I Really Want To Focus On”	
Hope	“I Never Really Realized or Considered My [Pre-Counseling & Psychology] Experience As An Asset, But It, But It Is”	“Academics Was Something That Had To Be Done”	
		Gaps	
		Messages About Private Practice	
	Graduate School	Practicum & Internship	
		Transition from Psychology to Counseling	
		“Get My Associate License”	
	LPCA Process	Supervision	
		Agency Work	
		“In A Group Practice”	

Table G1*Participants' Career Development Stories as Initial Codes (continued)*

Pseudonym	Patterns Within Participants' Career Development Stories		
	Pattern	Subpattern	Sub-subpattern
Hope	Invested in Private Practice	Administrative Work	
		"You're Your Own Boss"	
		"Working With Clients...Boundaries"	
	Mentorship & Collaboration		
	Continuing Education		
	"Give Back To The Profession"		
Mary	Skills From Prior Jobs Translating to Counseling Private Practice		
	Graduate School	"Great To Learn"	
		"Missing"	
		"Practicum & Internship"	
	"Agency Work"		
	"Supervision"		
	Private Practice	"I Knew It Was A Thing, But I Didn't Necessarily Know If It Was A Thing For Me"	
		"Your Own Boss"	
		"Admin is the Hardest"	
		"Working with Clients"	
	"Continuing Education"		
	"Available To Others"		
	"Mentoring"		
	"What's Next"		

Table G1*Participants' Career Development Stories as Initial Codes (continued)*

Pseudonym	Patterns Within Participants' Career Development Stories		
	Pattern	Subpattern	Sub-subpattern
MBeezy	"I Started Doing Neurofeedback in Undergrad"		
	Graduate School	"Just the Foundation"	
		"Gaps in My Training"	
		"The Practicum & Internship Part"	
	"My (Training) Journey [has] Been Pretty Different Than The Norm"	Supervision	"It Took Longer and It Was Much More Expensive"
			"I Felt Very Pressured"
		"That Brief Period of Time I Did Work At [An Agency]"	
		"Integrating Counseling with Neurofeedback"	
		"[Learning was] Basically The Trial [and] Error"	
	"Starting Your Own Practice Is An Adventure"	"You're Your Own Boss"	"A Lot of Freedom"
			"Boundaries, Time Management and Systematic Processes Were a Struggle"
		"Working With Clients Is More About Quality Than Quantity"	
	"Networking"	Reputation "Is Important"	
		"Collaborating With Other Professionals"	

Table G1*Participants' Career Development Stories as Initial Codes (continued)*

Pseudonym	Patterns Within Participants' Career Development Stories		
	Subpattern	Subpattern	Subpattern
MBeezy	"Things That I Would Like To Continue To Work On"	"Getting Involved In The New Advances"	
		"Paying It Forward"	
Kailey	Graduate School	"I Don't Think That My Program Taught Enough About..."	
		[The Practicum & Internship]	
		"Experience was Very Impactful"	
		"You're Not Gonna Be Successful There" In Private Practice	
	LPCA Process: "It Sucks While You're Going Through It"	"I Can't Find A Job, Let Me At Least Start This Business Now"	
		Supervisors	
		Agency Work	
	"Experiences that I Found Valuable"	"Choose My Own Caseload"	
		"Helping My Clinicians"	
	"The Position I'm in Now"	"Build Good Professional Relationships"	
Katie	"Originally I Wanted To Be"		
	Graduate School		
	Support System		
	"I Still Wanna Make A Distinction That I'm Just Not Another Girl Therapist"		

Table G1*Participants' Career Development Stories as Initial Codes (continued)*

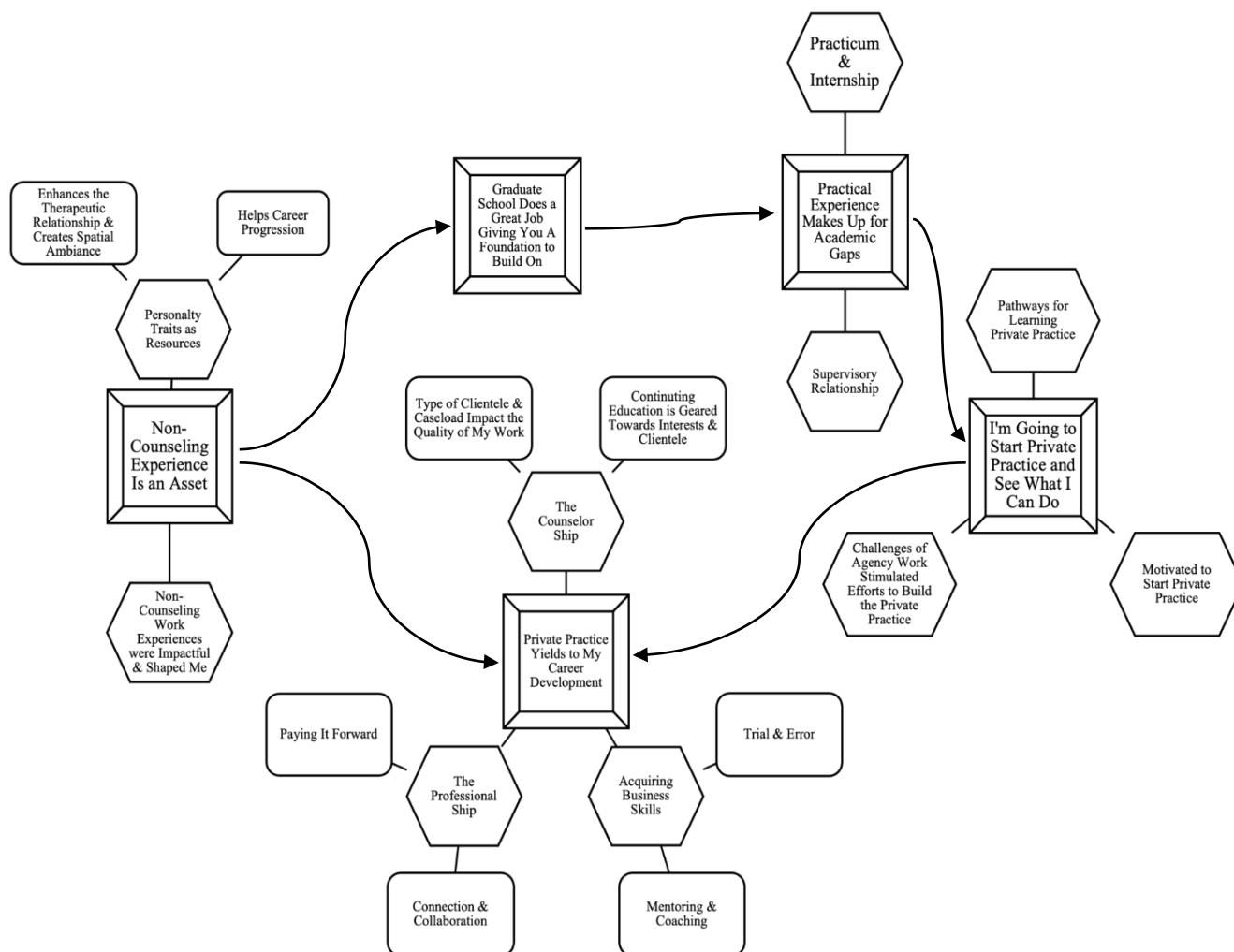
Pseudonym	Patterns Within Participants' Career Development Stories		
	Subpattern	Subpattern	Subpattern
Katie	“I Kind of Married Both of My...Passions, But Like What’s Ideal For Me”		
	“What I Know Right Now”		
AG	Graduate School	“Everything Was Relevant But I Think That Some Things Could Have Been Expounded On”	
		“Trying To Figure Out Where I Fit”	
		“Practicum & Internship”	
	“LPCA Process”		
	“The Way I Function”	“Throughout the Day”	
		“As a Business Owner”	
		“As a Counselor”	
		“As a Supervisor”	
	“New Connections” & “Access to A Lot of Opportunities”		
	“I’m Actually Working On”		

APPENDIX H: THEMATIC MAP

The following thematic map is a depiction of the connection between the major patterns.

Figure H1

Thematic Map



APPENDIX I: STARBURST GRAPHIC ALIGNING PATTERNS, SUBPATTERNS, AND PARTICIPANTS

The following is a starburst graphic. The major patterns are in the center of the starburst and the subpatterns radiate from the respective pattern. Participants' names are color coded and along the outer edge of the starburst. The size of the rectangular sections with participants' names are approximations of the number of codes represented in the subpattern by each individual participant.

Figure I1

Starburst Graphic of the Major Patterns, Subpatterns, and Participants



**APPENDIX J: PARTICIPANTS' CLIENTELE, PAYMENT FOR COUNSELING
SERVICES RENDERED, AND THEIR AVERAGE WEEKLY PRIVATE PRACTICE
COUNSELING HOURS**

Participants' clientele ranges from children to adults. None of the participants reported working with geriatric adults. Although clienteles' presenting concerns range across the eight participants, each participant identified the themes of presenting concerns within their clientele. Kym, who works with adolescence and young adults, described addressing self-harm, self-diagnosing, suicidality, sexual orientation and identity, and interpersonal and work related stress with her clients. Bernard addresses life fulfillment, work stress, self-care, and trauma with his clients. He described the majority of his clients as heterosexual Black men, LGBTQAI+ persons, and women.

The presenting concerns of Hope's adolescent and child clients include anger management and developmental concerns. Hope addresses anxiety and social anxiety with young adult and college student clients. Mary, who primarily works with African American women, counsels around anxiety, boundary setting, depression, self-esteem, and obsessive-compulsive behaviors. MBeezy address learning disorders in children, emotional dysregulation in adolescents, and Post Traumatic Stress disorder with adults. Kailey's assists clients with anxiety and obsessive-compulsive behaviors with balancing their work and homelife and reducing their reactions to triggers. Kailey also facilitates somatic exploration with her gender expressive clients, addresses social dynamics and interpersonal relationships with her LGBTQAI+ clients, and assists with alleviating work and school stress with her general adult clients.

Katie and AG have the most niched clientele base. Katie primarily works with adults diagnosed with chronic mental illness and who are medically complex as well as with couples

who are preparing to enter marriage or who are working through infidelity. AG primarily works with chief executive officers and entrepreneurs. She assists with them handling the high demands and stress from their roles. changed

Table J1

Weekly Counseling Hours, Payment for Services Rendered, and Clientele Base

Pseudonym	Weekly Average Hours Counseling in Private Practice	Payment for Counseling Services Rendered	Clientele	
			Age Range of Clientele	Population & Presenting Concerns
Kym	3 ^a	Self-Pay & Medicaid	Adolescents & Young Adults	Adolescents: Self-Harm, Self-Diagnosing, Suicidality, Sexual Orientation & Identity Young Adults: Interpersonal & Work Related Stress
Bernard	25	Self-Pay	Adults	Heterosexual Men, LGBTQAI+, Women: Life fulfillment, work stress, self-care, trauma
Hope	10	Self-Pay & Private Insurance	Children, Adolescents, & Young Adults	Children: Anger Management Adolescents: Anger Management, Developmental Concerns Young Adults/College Students: Anxiety, Social Anxiety
Mary	25-30	Self-Pay, Medicaid, & Private Insurance	Adults	African American Women: Anxiety, Boundary Setting, Depression, Self-Esteem, Obsessive-Compulsive Behaviors
MBeezy	15	Self-Pay	Children, Adolescents, & Adults	Children: Learning Disorders Adolescents: Emotional Dysregulation Adults: PTSD

Table J1*Weekly Counseling Hours, Payment for Services Rendered, and Clientele Base (continued)*

Pseudonym	Weekly Average Hours Counseling in Private Practice	Payment for Counseling Services Rendered	Clientele	
			Age Range of Clientele	Population & Presenting Concerns
Kailey	10	Self-Pay & Private Insurance	College Students & Young Adults	Anxiety & OCD: Balancing Work, Homelife, Reducing reactions to triggers Gender Expressive: Somatic Exploration LGBTQAI+ Young Adults: Social Dynamics & Interpersonal Relationships Adults: Work & School stress
Katie	24	Self-Pay & Private Insurance	Adults & Couples	Adults: Chronic mental illness; medically complex persons Couples: Infidelity; pre-marital counseling
AG	12-15	Self-Pay & Private Insurance	Adults	CEOs & Entrepreneurs: High demands and high stress from their roles

^aKym works as both a counseling private practice contractor and as a mental health counselor in a state agency. The average number of clients she counsels weekly at the state agency is 23.