PRODUCTIVITY IN PRIVATE PRACTICE: EXPERIENCES AND BEST PRACTICES OF MENTAL HEALTH COUNSELORS

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ABSTRACT

PRODUCTIVITY IN PRIVATE PRACTICE: EXPERIENCES AND BEST PRACTICES OF MENTAL HEALTH COUNSELORS

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The purpose of this study is to understand how mental health counselors in private practice conceptualize, approach, and manage productivity, including key strategies and best practices employed through a qualitative study of lived experience. Inclusion criteria for participant eligibility included being a licensed counselor with a degree from a CACREP-accredited counseling program, working primarily in a private practice setting, and with primarily adult clients. Nineteen participants (N = 19) met these criteria and were included in the study. A thematic analysis was utilized by a team of researchers, which resulted in seven primary themes. The primary themes relate to the meaning of productivity in private counseling practice, thoughts and feelings about productivity, process of productivity, goals and values for productivity, productivity challenges and barriers, resource management, and best practices related to productivity. Ultimately, given the diversity of counselor thoughts, feelings, and perspectives on productivity unearthed in the study—ranging from antipathy to struggle to beneficial embrace, as well as the seeming discomfort of talking about the phenomena—it is recommended dedicated attention, fresh discussion, and further research on the topic be pursued. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: counselor, private practice, productivity, thematic analysis

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CHAPTER I: INTRODUCTION

Statement of the Problem

According to the National Alliance on Mental Illness (NAMI, 2020), there is an increasing demand for timely and effective mental health care in the United States, as one in five adults experience mental health issues. In 2020, 4.9 million adults in the U.S. in need of mental health services were unable to access care. Of those who could see a mental health provider, approximately 17.7 million faced delays or cancellations in service appointments. Following the onset of the COVID-19 pandemic, there were fewer intake appointments, individual and group therapy attendance dropped, and many clients ended treatment prematurely (Erekson et al., 2021). To help address these issues, the availability and use of teletherapy have increased, with 26.3 million adults receiving virtual mental health services in 2020, and the landscape of counseling services continues to evolve to meet the needs of the population (NAMI, 2020). Nevertheless, in many places in the U.S., there are insufficient mental health resources to meet community demand, including access to or availability on the schedules and caseloads of mental health counselors. As the field of counseling moves forward, it is important to get a clearer vision of how we can best meet the demand for counseling services and what inhibits availability, delivery, and effective treatment across different settings (Erekson et al., 2021). The concept of productivity can be a helpful lens through which to view this.

In its simplest form, productivity can be understood as output produced from a given set of inputs. A common value judgment is efficiency is good, or a process is optimized when inputs occur in a way which provide the most amount of beneficial output or *bang for your buck.* Traditionally, productivity in industry emphasizes human capital and labor production and is measured utilizing metrics such as time and financials. Although such a framework is often used

in healthcare, applying more human-centered perspectives on outputs such as services delivered, patient satisfaction, and positive clinical outcomes can be beneficial. For mental health services provided by healthcare corporations or community-based mental health organizations, perspectives, values, approaches, measurements, and goals related to productivity are typically set at organizational and administrative levels, and clinicians are expected to work within and meet those standards. In contrast, mental health providers in private practice largely have the freedom and ability to establish and work from their own views, approaches, and goals for productivity. Nevertheless, they also have to manage the realities of limits on resources such as time and energy, as well as financial pressures (e.g., operating a profitable business and meeting cost of living needs). It is unclear how many licensed mental health counselors practice in a private setting, but a range of 30–60% has been suggested (Harrington, 2013). Even at the lower range, it represents a significant proportion of service provisions. Thus, the productivity of counselors in private practice not only affects counselors' experience in their work and life, but it can also have a meaningful impact on the degree to which mental health care needs are met. Yet little is known about how mental health counselors think about and experience productivity in private practice.

Individual counselors have differences in available inputs towards production considering available time and energy can be influenced by many variables such as life situation, health and wellness, and individual differences. The counseling process can also vary in its resource intensity for the counselor, depending on things such as the type of populations and clinical issues they work with (e.g., need for greater case management support or emotional expenditure from specializing in trauma work), professional experience and approach, and other factors. Such variables may or may not be viewed as within the counselor's control (e.g., fixed constraints) as

related to productivity. To optimize service delivery, it is essential to understand and examine the factors within the clinician's control (Solomon, 1969).

A better understanding of how mental health counselors working in private practice conceptualize, approach, and manage productivity, including strategies for best practices, could be beneficial towards ultimately improving access, availability, and support through services for those who need it. This study aims to illuminate the lived experience of licensed mental health counselors in private practice pertaining to productivity, leading to a greater understanding of what challenges they face and what best practices they have developed.

Theoretical or Conceptual Framework

Phenomenological Lens

Inquiry addressing human experience must have a fundamental understanding of consciousness. Phenomenology offers this lens of understanding in seeing experience as a holistic relationship between self and others, wherein the person encounters and interacts with their environment through meaning-making. Meanings differ for each person, yet they also adopt prevalent sociocultural structures and coalesce around common themes of human experience (e.g., existential concerns). Phenomenological inquiry assumes our knowledge is inadequate or limited and can be a practical approach when research is scarce about the subject, and that which is known needs to be adequately descriptive or grounded in faithful deep description, and having such would further our knowledge. Thus, phenomenological questions are interested in and help illuminate the components, process, and evolution of the meaning and essence of the lived human experience of phenomena. Phenomenological reflection is intuitive, as in directly accessible to consciousness and interrogated to better understand individual moments in relation to the greater whole of experience and meaning. This research asks mental health counselors to

engage in this process through open-ended survey question prompts about the phenomena. The resulting qualitative descriptions analyzed in this way by the researcher, utilizing thematic analysis as the chosen approach, which is largely congruent with the theoretical framework of phenomenology (Churchill & Wertz, 2015; Creswell et al., 2007).

Statement of Purpose

The purpose of this study is to understand how mental health counselors in private practice conceptualize, approach, and manage productivity, including key strategies and best practices employed—by evoking qualitative descriptions of their lived experience, examined through a phenomenological theoretical lens with thematic analysis.

Research Questions

ResQ1: How do mental health counselors working in private practice conceptualize, approach, and manage productivity?

ResQ2: What are the strategies and best practices employed by mental health counselors in private practice?

Significance of the Study

According to recent information from the National Alliance on Mental Illness (NAMI, 2020), one in five U.S. adults experienced a mental illness. In addition, one in 20 experienced a serious mental illness. One in 15 experienced both a substance use disorder and mental illness, and over 12 million had serious thoughts of suicide. It is imperative access to timely and effective care be examined (NAMI, 2020). Private practice is one way care can be provided, and research is necessary to examine the lived experience of current private practice counselors and what recommendations they have as best practices to promote productivity.

Definition of Terms and Operationalized Constructs

For this study, mental health counselors have counseling licensure in their state or are license eligible. A private practice is a professional business not controlled or paid for by the government or a larger company (Merriam-Webster, 2022b). According to Merriam-Webster (2022c), productivity is the quality or state of being productive. Productive can be considered effective in bringing about results or benefits. Clinical productivity is the frequency (and time) of the various clinical activities in your activity mix. Each activity consumes a different amount of time. Thus, evaluate the amount of time you spend on activities which generate specific outcomes such as contact hours, administration of treatment, or income (Stout & Grand, 2004). Best practices are defined as a procedure or process that has been shown by experience to produce optimal results and are recommended or accepted as a standard appropriate for greater adoption (Merriam-Webster, 2022a). Themes are meaning-grounded patterns telling the story of the data, which have been constructed by the researcher from raw data with a systematic and rigorous process (Terry & Hayfield, 2021).

Assumptions and Limitations

It is assumed counselors have knowledge and awareness of what contributes to their productivity. It is also assumed professional counselors will be motivated toward productivity to some degree. Yet, the challenging historical and current social-political context of productivity in a White-Centered, Capitalistic view is acknowledged. It is also noteworthy there is a dearth of research and writing on the topics of productivity and fee-for-service and a disconnect between the real-life challenges counselors face in employment and what is focused on in research and literature (Hatchett & Coaston, 2018). Thus, challenges inherent in studying under-researched phenomena are likely to be faced.

A limitation is the current study largely focuses on clinical productivity, while there may be other valid perspectives or points of focus. There may also be factors contributing to productivity that influence the counselor or exist between the counselor and client which are beyond the scope of this study. This includes different cultural perspectives or approaches to productivity which were not captured. Finally, objective measures of productivity or actual results of reported best practices were not collected or evaluated. As such, self-reported productivity experiences may not match practice data, such as the percentage of clinical hours (e.g., time spent conducting counseling) out of professional hours worked. Recommendations for further study include objective testing of identified best practices.

CHAPTER II: LITERATURE REVIEW

Introduction to the Literature Review

First, phenomenological literature is presented as part of the theoretical lens through which this study has been developed. Next, burnout and dropout are addressed. In addition, client engagement and retention are evaluated. Given the COVID-19 pandemic and expansion of services, telehealth is covered, followed by literature on productivity. Keywords searched include Licensed Mental Health Counselors, Private Practice, Productivity, Mental Health Services, Counselor Lived Experience, Best Practices, Scheduling, Attendance, Participation, Retention, Client Engagement, Drop-out, Ethics, Counselor Burn-out, Administrative Tasks, Billing, Policies, and Business Operations.

Theoretical Orientation

Phenomenology is a natural fit for counseling research, given the nature of the phenomenological inquiry (Schmidt & Adkins, 2012). One study examined student reflective capacities as part of preparing future counselors from the perspective of counselors in training and counselor education professors. The phenomenological inquiry managed to explicate the nature and value of reflection as a fundamental aspect of this training (Schmidt & Adkins, 2012).

In going beyond the experience of counseling coursework, phenomenology has been utilized to examine counselor trainee self-efficacy (Flasch et al., 2016). More specifically, pre-practicum counselor trainee perceptions of self-efficacy related to early clinical work. This study utilized a phenomenological approach with a focus group of six counseling graduate students. The themes identified included counselor fears, coping, motivation, group work, ethical considerations, and multicultural considerations. For instance, the importance of a student-centered approach was emphasized. While the goal of phenomenology is not to

generalize, it can be helpful in understanding lived experience and perspective (Flasch et al., 2016).

Other helping professionals have also benefited from phenomenological inquiry. Music therapists in private practice utilized a qualitative phenomenological study to better understand ethical issues and dilemmas experienced by providers (Wilhelm & Wilhelm, 2021). The researchers considered ethical standards and challenges from the practitioner's perspective of being responsible for a healthcare practice and business. Participants were 21 music therapy business owners (MTBOs) in the U.S., chosen by convenience and snowball sampling. Data was collected via semi-structured interviews and evaluated using a six-phase thematic analysis approach. The themes identified were ethical issues related to client welfare and ethical issues related to business relationships and operations (with nine sub-themes). The theme of strategies to address or avoid ethical dilemmas was identified (with four sub-themes). MTBOs encounter ethical issues applicable to all music therapists, as well as some specific to business operations in private practice. The ethical issues most reported were maintaining confidentiality, marketing services to clients and facilities which already have music therapy, and MTBOs treating independent contractors as employees. Notably, participants shared more ethical challenges related to business operations than clinical practice, which may be due to participants being more trained in ethical issues related to clinical practice than those in business (less clear in this area). It was recommended future studies look at other aspects of private practice (Wilhelm & Wilhelm, 2021).

Review of Research Literature and Synthesis of the Research Findings

A key element of the study at hand includes counselors in private practice. Yet, much can be learned from other disciplines and previous literature.

Private Practice

One study sought to understand the differences in termination criteria between private and public psychotherapy practice (DeBerry & Baskin, 1989). Both clinicians and patients were given questionnaires, with public practice representing community outpatient clinic settings. Responses were sorted into categories of reasons for termination and compared across settings. The results showed significant differences in termination criteria between public and private practice settings. The clinical improvement rating between clinician and patient was quite similar, but the improvement was rated as much higher in private settings. Public clinic patients were seen less often, but the overall length of treatment was longer. When asked if criteria differences existed between public and private settings, 20% of clinicians believed differences existed and 54% believed no differences existed (26% declined to answer the question). Seventy-seven percent of patients in private therapy ended with a notable sense of improvement. Meanwhile, at public clinics, 40% were terminated for reasons not related to clinic outcomes, with 26% terminated due to excessive caseloads and 14% for administrative reasons. Almost no patients in private therapy were terminated for these reasons. Finally, there was generally mutual agreement for termination in private therapy settings, whereas it tended to be a more unilateral decision in public settings (DeBerry & Baskin, 1989). Limitations include being a pilot study, the possibility findings may now be outdated, termination criteria were narrowly defined, and there was a low response rate to the questionnaire. As noted by the authors, further research related to private practice could be useful to consider.

Another publication aimed to cover the dimensions of ethical knowledge as it related to the practice of counselors in private practice, including the foundation of ethical actions, counselors as agents, the need to establish a decision-making process, and the importance of

sustaining ethical practice by keeping current with clinical developments and attending to one's own well-being (Brennan, 2013). Relevant ethical codes and literature were reviewed, explored, and applied. The ability and freedom to have an independent professional life is a clear benefit of working in private practice. However, given there is no oversight or system of checks in this setting, private practice counselors must attend to ethical concerns with heightened attentiveness. Private practice counselors need strong organizational skills and competence in administrative functions, or these areas can lead to ethical issues. For instance, counselors could fail in responsibilities to clients, such as being late to or missing appointments, not completing documentation in a timely or adequate manner, overbilling or not collecting fees according to insurance requirements, or mismanaging various other duties and functions, leading to violating ethical principles of fidelity and beneficence, among others. These issues may also lead to violations of insurance contracts. Problems with disorganization and inconsistency in practices may lead to multiplying negative outcomes. Thus, it is important counselors in private practice honestly assess their competency in practice management and regularly evaluate their effectiveness, including as it relates to ethical responsibilities. When problems are identified, interventions may include scheduling time for tasks, using technology to help organize and manage scheduling and administrative tasks, hiring support staff utilizing outside services (e.g., billing service), or taking a personal or small business course. Counselors in private practice also have an ethical responsibility to monitor and manage their health and well-being and avoid fatigue, burnout, and impairment (Brennan, 2013). Issues in managing organizational and administrative tasks can increase stress, just as effectiveness and efficiency in these areas can be beneficial and help avoid additional stress. A limitation is this article does not reference the most

current version of ethical codes. However, it does highlight administrative challenges for ethical practice.

Harrington (2013) sought to illuminate contemporary issues faced by mental health counselors in private practice, including gaps in understanding due to challenges in reaching and researching this area. The population of focus included licensed mental health counselors working in private practice settings. How many licensed mental health counselors practice in a private setting is unknown, but a range of 30–60% has been suggested. There are many benefits to being in private practice, including freedom in schedule, location, fees, decision-making, theoretical approach, and caseload (number of individuals they choose to work with). However, there are also challenges, including varying income, access to clients, responsibility for infrastructure and costs, management of administrative, billing, and accounting (or paying for these services), and access barriers for prospective clients (e.g., insurance coverage or financial ability). Technology and tele-therapy can potentially bridge gaps between private practice counselors and underserved communities (Harrington, 2013).

In looking further at private practice, one study aimed to provide meaningful guidance for conducting research in private practice settings (Persons et al., 2021). It was suggested mental health practitioners in private practice rarely engage in research activities or contribute to the literature, even though many have research training. Barriers include a lack of guidance on managing legal and ethical issues, not having time or ability to be compensated, and access to key research components such as data collection infrastructure and tools, journals, and other researchers for assistance and collaboration. In addition, private practitioners usually do not have easy access to Institutional Review Boards (IRBs). The author further outlines the specific circumstances when a federally registered IRB is needed and explains very often, private practice

research does not require it but encourages the use of IRB when possible and provides suggestions, including collaborating with university faculty, being adjunct teaching faculty, or hiring a private fee-for-service IRB. To support practitioners, a worksheet to aid in completing an informal ethical review of a research plan is provided. Plus, it is recommended practitioners have training or certification in human subjects research. They also provide guidance on how to engage clients as participants and attain informed consent (Persons et al., 2021). This is important to consider as the study at hand focuses on private practice providers to further draw attention to their lived experiences and add to the empirical base of literature. The representation is important for many reasons, including protective factors to reduce burnout, which is covered in the next section.

Burnout

Burnout has long been a concern for mental health professionals, and one study sought to understand the rates and factors of burnout across different practice settings, including hospitals, clinics, and private practice (Vredenburgh et al., 1999). Another area of interest included the influence of client contact hours and years of experience on burnout rates. The study consisted of 521 participants who were counseling psychologists in the U.S. and members of the American Psychological Association (APA). Regarding the practice work setting, 43% were in private practice, 29% were in a university setting, 10.9% were in hospital inpatient, 7.3% were in community clinics, and 9.8% were in other settings. The Maslach Burnout Inventory (MBI) was used, which assesses three levels of burnout—emotional exhaustion, depersonalization, and sense of personal accomplishment—utilizing a Likert scale of 22 statements of job-related feelings. The MBI was normed on a large population of human service workers across professions and is commonly used in burnout research. Counseling psychologists in private

practice reported the least burnout, and those working in hospital settings experienced the most. The researchers believed greater control of autonomy and income helped to decrease burnout. They also found a positive correlation between hours of client contact and a sense of personal accomplishment in private practice. It was thought clinicians in this setting see an increase in caseload as an opportunity to provide greater help and also earn more income (which may also curb feelings of emotional exhaustion and depersonalization). The results also showed older clinicians had decreased levels of burnout, which may be due to characteristics of older individuals and greater professional experience, resulting in better coping skills, work habits, and expectations. Limitations include focusing on only one type of mental health professional identity, using a specific instrument, focusing on specific factors, and the variables influencing the differences found were inferred or theorized and not directly studied (Vredenburgh et al., 1999). In addition, this study could be replicated to see if changes have occurred since it is 25 years old.

Another study sought to better understand the relationship between burnout and factors such as work setting, demographics, and personality characteristics (Lent & Schwartz, 2012). It addressed a knowledge gap which had yet to be studied among professional counselors, specifically. The participants were 340 licensed professional counselors who were members of the American Counseling Association (ACA) or a Midwestern state counseling association, working in private practice, outpatient community mental health, or an inpatient program. The study utilized a national online survey using the Maslach Burnout Inventory-Human Services Survey (MBI) and the International Personality Item Pool. The research questions focused on potential differences in burnout across settings, sex, race, years of experience, and personality factors. Overall, the study found professional counselors experience high personal

accomplishment, moderate emotional exhaustion, and low depersonalization. Counselors working in outpatient community mental health settings experienced significantly higher burnout of every type compared to those working in private practice. Race, sex, or years of experience did not have a significant effect on burnout. Researchers noted differences between specific identities, suggesting the possibility of complex interactions of personal and environmental factors (such as stressors like sexism or racism in the workplace or protective factors like coping or professional or community support). Amongst personality factors, neuroticism was the most powerful predictor of burnout, including greater depersonalization and emotional exhaustion and less feelings of personal accomplishment. This was consistent with previous research that found neuroticism positively correlated with burnout across various helping professions. Another result of significance was that agreeableness predicted a greater sense of personal accomplishment and less depersonalization. The study highlighted the need for effective interventions that improve counselor experience in their work settings to decrease the risk of burnout and called for counselors to advocate for a work environment that is more favorable for their own mental wellness and productivity. Limitations include a lack of diversity of participants (skewed to those located in the Midwest and 85% White) and that work settings were evaluated generally. Thus, conclusions cannot be made about what specific aspects of any particular work setting influenced the results. Future research could utilize qualitative methods to better identify and understand key factors within each workplace setting (Lent & Schwartz, 2012).

Understanding how new counselors in the field are more susceptible to burnout, given their lack of experience, novice ability, and having to typically manage large caseloads and limited resources for client care while receiving low wages and insufficient supervision was explored by Cook et al. (2021). The study used a mixed methods approach utilizing open-ended

questions and content analysis to review and understand the data related to burnout in a systematic and contextualized manner (through a process of unitizing, sampling, recording, and reducing). Participants were 246 postgraduate counselors pursuing licensure under supervision. Twelve categories of self-reported burnout symptoms emerged, consisting of negative emotional experience, fatigue, and tiredness, unfulfilled in counseling work, unhealthy work environment, physical symptoms, negative impact on personal interest or self-care, self-perceived ineffectiveness as a counselor, cognitive impairment, negative impact on personal relationships, negative coping strategies, questioning of one's career choice, and psychological distress. Novice counselors are faced with self-doubt and demanding work environments and knowing symptoms and experiences of burnout are common and need to be monitored, discussed, and supported by both counselors and supervisors is critical. Limitations of the study are the results may not be generalizable, and participant experience may be affected by factors such as their particular developmental state, environment including region, or other variables not understood by the researchers. Plus, a low response rate of 8.15% with the possibility of self-selection bias (counselors experiencing burnout were more likely to respond). Future research is needed to further understand counselors' experience with burnout (Cook et al., 2021).

Working with clients addressing the effects of trauma is common for mental health professionals and can contribute to burnout through compassion fatigue, secondary traumatic stress, and vicarious trauma (Sutton et al., 2022). Research on these processes has largely focused on factors at the individual level, yet organizational factors may also play a role. Thirty-two studies were analyzed through a process of narrative synthesis. Key findings highlight the importance of support through a diverse and balanced caseload, great peer support networks, and regular supervision within a strong supervisory relationship. Organizational

support is also important and generally means feeling your contributions and well-being are valued by the organization. It also includes inclusion in decision-making, having concerns heard, adequate benefits and pay, and providing opportunities for professional development, including trauma training. Organizational culture was also found to be a significant factor. A limitation of the research is studies were included which utilized measures of direct trauma or PTSD because research using validated measures of compassion fatigue, secondary traumatic stress, and vicarious trauma were limited. Although similar, these are ultimately heterogeneous measurement instruments (Sutton et al., 2022). Future research should look at additional factors that impact the burnout of counselors.

Clients Dropping Out

Another challenging aspect of counseling is when clients drop out, which has long been a concern (Solomon, 1969). One study included an analysis of five family case studies and found across the families, there was resistance against working through marital conflict and change was seen as a threat to greater family stability. Dropping out can signal resistance to change or be factors within the counselor's control. Forms of resistance were organized into themes of resistance to counseling, resistance to interaction, and family-specific resistance. A limitation was a low sample size, and future research should further consider factors within the counselor's control (Solomon, 1969).

Another study suggested clinician and client expectations for treatment likely play a role in premature termination, but very little research exists focusing on clinician attitudes and issues around therapy continuation and dropout, including expectations for content, length, and goals (Pekarik & Finney-Owen, 1987). Therefore, researchers sought to better understand therapists' beliefs and attitudes about aspects of the therapy process pertinent to premature termination. The

study used a 16-item survey completed by 173 therapists working in community mental health across 43 agencies covering several midwestern states (Missouri, Kansas, and Nebraska). Therapist answers were compared to what was known about service delivery and client data. The differences were striking in that therapists favored treatment length was much longer than clients expected, overestimated the actual length of treatment, reported dislike of the therapist or therapy process as less than clients did as the reason for premature termination, and underestimated the actual rate of clients dropping out. While these results are striking, it is important to consider the limitations of the study, including the focus on a specific setting population of therapists (community mental health) and that therapists in private practice, including those with more experience, may have perspectives in line with what is occurring and the views of their clients. Further, this study is almost three decades old, and results may not reflect current therapist perspectives and understandings (Pekarik & Finney-Owen, 1987).

One study sought to understand the role of personality in predicting client dropout from eating disorder treatment (Grave et al., 2008). Participants had been involved in an in-patient program and decided to interrupt treatment, which was classified as dropping out of the program. According to the results, participants with lower levels of persistence in a baseline measure were more likely to drop out of cognitive behavior therapy. Low persistence can be characterized by a low tolerance for frustration and fatigue related to premature treatment discontinuation. Rather, higher levels of perseverance can show a higher likelihood of staying with a program. Once patients are engaged, the treatment might mitigate dysfunctional personality traits and psychopathology. Furthermore, it might also be helpful to engage clients in goal setting and building a trusting relationship between patients and therapists (Grave et al., 2008). It is important to consider factors that mitigate dropout from treatment.

In taking another angle, researchers sought to better understand the predictors of client dropout in teletherapy and tested 25 variables across the areas of socio-demographic, psychological, and treatment-related factors, with participants being 386 Arabic-speaking adults engaged in cognitive behavioral therapy for posttraumatic stress disorder (PTSD; Vöhringer et al., 2020). Three significant variables were marital status, treatment credibility scores, and year of registration. Divorced clients had the highest dropout rate across variables, and this may be due to divorce being viewed as deviant in Arabic society and typically comes with social and psychological consequences, especially for women. Earlier years of registration in the program predicted lower dropout probability, and it was postulated that this was due to program not having updated the information technology to work on smartphones (it only works on PCs), which was a barrier to engagement for more recent participants. Finally, low treatment credibility and expectancy were correlated with higher dropout probability. Overall, the study found an overall dropout rate of 37.3%. Notably, this research was the first of its kind implemented across several countries and found that differences did not exist across countries of residence or origin. Results suggested that it is difficult to predict treatment dropout (only 3 of 25 variables were significant). Divorced Arabic clients may benefit from special attention, and out-of-date technology may hinder treatment engagement. Furthermore, building treatment credibility and expectancy early on is important for avoiding dropout. A limitation of this study and generally for all research on dropout is the absence of post-treatment data for those who drop out. In addition, adverse events and reasons for dropout were not assessed in the study. It should also be noted that the strongest variable, divorced status, represented a small sample size of only 5.2% of participants (Vöhringer et al., 2020).

In considering other factors, researchers sought to better understand what actually happens in the therapy processes that result in drop-out (Kullgard et al., 2022). The research focused on clinician experiences and beliefs and also how common they see it. The method used was to recruit therapists online from a clinical setting in Sweden who completed a survey. On average, therapists rated premature termination in 8.89% of cases. The most frequently reported reasons for premature termination were poor satisfaction with the type (intervention) of treatment and expectations not being met as far as treatment benefits. Therapists reported negative emotional consequences in response to client drop-outs, feeling self-doubt most often, and also powerlessness. Contradicting other perspectives on drop-outs. Therapists in this study considered the therapeutic alliance to have been good during most cases that ultimately ended in drop-out. Possible limitations of the study include the potential for therapist bias in their memory of cases that ended in drop-out or selective reporting of such cases. Per the researchers, it was also unclear if therapist answers were about a particular case or general perspectives about drop-outs. Varying definitions of what constitutes a drop-out across therapists may also be an issue (Kullgard et al., 2022).

Client Engagement

Clients who do not attend scheduled sessions (no-shows) impact treatment and also clinician productivity and clinic workflow. Lacy et al. (2004) sought to better understand the reasons for clients missing sessions. Researchers conducted semi-structured interviews with adult clients at an urban outpatient clinic. Client reports, including reasons for missing appointments without notifying the clinic, were analyzed using the qualitative method of immersion-crystallization organizing style. Results highlighted three reasons for no-shows: not understanding the scheduling system, emotions, and perceived disrespect by the health care

system. Clients also shared their experience of making appointments due to pressing symptoms and interest in self-care, but also experiencing anticipatory anxiety about the appointment. Logistical difficulties in keeping appointments were often mentioned but did not seem to be driving reasons for non-attendance. A limitation of this study is that it was conducted at a clinic that offered diverse services but was largely focused on physical medical care (university-affiliated family practice), so results may not be fully applicable to client behaviors and experiences in seeking mental health treatment (Lacy et al., 2004).

A different study looked at missed appointment rates in a specific setting of ongoing outpatient psychotherapy and sought to better understand provider views of client attendance behavior (DeFife et al., 2010). Clinicians (N = 24) and clients (N = 524) were surveyed in a Boston outpatient program of a public safety-net hospital. Occasional missed appointments (approximately two per month) were the most common, and only a small percentage were missed frequently. The most common reasons for missing appointments were clinical problems (reason for 28% of missed appointments), with physical illness being most common but also including inpatient admittance, oversleeping or fatigue, substance use, and feeling overwhelmed. Practical matters were also often noted (26% of missed appointments), with work conflicts being the most predominant. Other practical matters included other schedule conflicts or issues, being out of town, family issues and responsibilities related to caretaking or childcare, transportation difficulties, and others. Motivation issues were cited by clinicians as the reason for 17% of missed appointments, including poor motivation for treatment, poor attendance history, forgetting the appointment, and struggles in prioritizing self-care and setting boundaries with others. Negative treatment reactions were attributed to 13% of missed appointments, including frame disruption, process reaction, or psychological avoidance. In discussion, the researchers

concluded that physical and emotional problems were responsible for the largest percentage of sessions missed. Issues with managing scheduling conflicts with family commitments or work responsibilities, as well as transportation problems, were also highlighted. Clinical process factors were also found to lead to missed appointments. Limitations include a narrow focus on a specific type of clinical setting, the study spanning only three months, and an occurrence during a cold Boston winter covering the holiday season, which may have influenced the type and frequency of factors. Clinical participation was also low (15%). Finally, information was collected as part of an internal quality review survey where generalizability and empirical rigor were not emphasized. The results suggest that it may be beneficial to focus attendance-related interventions on clients who miss occasionally (about once per month), as they represent a disproportionate number of missed appointments. Greater support in scheduling and managing life obligations, along with better healthcare services and transportation access, may improve attendance consistency and, ultimately, treatment adherence and outcomes (DeFife et al., 2010).

Reviewing relevant literature identified challenges and best practices for using direct digital messaging in private practice (Sude, 2013). Text messaging, or related digital messaging tools, can be useful for mental health counselors in private practice in communicating with clients. However, best practices and ethical concerns are still being understood. Concerns include appropriateness for use, confidentiality, documentation, misrepresentation, and counselor competence. Boundary issues can also be a concern, including those related to availability, multiple relationships, and billing. Scheduling support was the most common use of messaging technology, but it is also used for clinical services—with the latter being most cited for ethical concerns, including privacy. Several studies found that messaging to coordinate and remind about meetings improved attendance by as much as 28%. The advantages of practitioner and

client conversation via messaging are that it is flexible (can be synchronous or asynchronous), may have less stigma and support more candid responses because of distance or anonymity, and may support greater expression of thoughts and feelings through the modality of writing and presence of a slower pace (similar to journaling). Messaging can also support clients in staying connected to therapy, such as reminders to use skills, attending to administrative tasks (e.g., scheduling, billing), and engaging in letter writing, which is common in narrative therapy. It was also suggested that messaging may be helpful in family therapy as a means of communication between members, which can then be referenced objectively by the counselor. Messaging may also be helpful in CBT for self-monitoring, homework, and feedback. Risks include a lack of sense of therapeutic presence, feeling misunderstood, technical issues of messages not being sent or received, and lack of access to or familiarity with technology (Sude, 2013). The limitations of this article are that it is a literature review without a clearly articulated methodology, and information may be outdated as it relates to current research, practices, laws, cultural perspectives, and availability and types of technology.

One study expanded to review the literature methodically on parent participation engagement (PPE) as a factor influencing youth participation in mental health treatment (Haine-Schlagel & Walsh, 2015). Applying what was learned, they sought to articulate a conceptual framework identifying the specific parts of treatment participation and engagement. They also focused on summarizing existing knowledge regarding parent participation engagement to increase attention to efforts to enhance it in child and family therapy. Articles were assessed for relevance to child/family mental health treatment and a focus on parent engagement, with 23 articles meeting final inclusion criteria. The study found an overall moderate rate of parent participation engagement. It appears connected to positive outcomes, and

therapist efforts to improve engagement generally are effective. Strategies to improve parent participation engagement include assessment of treatment barriers, expectation setting, psychoeducation, peer pairing, rapport building, parent coping, problem-solving, provider reinforcement, accessibility promotion, and change talk. A finding and limitation were a wide variability in terms used to refer to parent participation engagement, with involvement and engagement being the most common. There was also a broad range of approaches to measuring PPE, with homework, global measures, and completion-specific measures being the most common. It was also noted that there was a dearth of research, including minorities. Future research is needed focusing on youth, clinician, and organizational factors that may be associated with PPE to understand differences and similarities to factors associated with engagement and the role each stakeholder or level plays in influencing PPE. In addition, looking at the links between attitudinal engagement and PPE will be crucial, as this can help inform future PPE enhancement strategies related to specific attitudes (Haine-Schlagel & Walsh, 2015).

Another crucial factor includes racial and ethnic differences in session attendance. One study looked at the outcomes of 5,472 clients that utilized university counseling services between 2008–2012 (Kim et al., 2016). Asian Indian, Korean, and Vietnamese American clients used significantly fewer counseling sessions than White clients after controlling for initial severity. The severity for White clients was lower than that of Asian American clients, particularly Chinese, Filipino/a, Korean, and Vietnamese American clients. Yet, all racial/ethnic minority groups continued to have clinically significant distress in certain areas, such as social role functioning at counseling termination. Therefore, it was suggested this clientele has clinical needs but may not find office-centric mental health services to be a viable means for addressing needs. There is an urgent need for innovative approaches to provide mental health services that

consider racial and ethnic differences (Kim et al., 2016). This could also be important to consider for research on productivity in private practice.

Researchers conducted a review to understand what is known about practice elements and interventions to enhance engagement by children and adolescents in mental health treatment (Becker et al., 2018). They sought to clarify what works, in what contexts, and for what purpose. They examined 50 randomized controlled trials published between 1974 and 2016 focused on interventions targeting youth engagement in mental health services. Searching relevant databases, inclusion criteria met the standards of a randomized controlled trial (RTC), evaluating an intervention with direct purpose of engagement with the population, and outcome reporting for a measure of engagement. The study used a distillation method, which involves highlighting effective interventions and labeling specific clinical procedures or practice elements inside those interventions. This included the application of a multidimensional measurement framework REACH, representing the five engagement domains of relationship, expectancy, attendance, clarity, and homework. Engagement was most often understood at attendance. Practices that promote engagement in treatment include the use of assessment, accessibility promotion, psychoeducation, goal setting, and addressing barriers to treatment. Clarity about therapy and therapist monitoring to support participation, including homework, should be introduced as needed. Findings offer a descriptive characterization of clinical practices and contextual aspects of effective interventions, clear conclusions about which are best or most effective, or that any practice on its own is necessary "evidence-based." Existing literature overly relies on engagement being operationalized as attendance, likely due to its ease of measurement. Further examination of engagement as a transactional, multidimensional, and dynamic construct is needed (Becker et al., 2018).

Client Retention

In addition to dropout and engagement, it is important to consider client retention. Interestingly, one study sought to understand financial incentives for favorable performance (Shepard et al., 2006). This idea comes from a "pay for performance" approach that offers financial incentives for quality and efficiency standards. As part of this study, substance abuse counselors could earn a bonus of $100 for each client who completed five sessions. The findings revealed an increase in session attendance for those in the incentivized program (from 33% to a 59% increase in retention). In addition, counselors reported feeling pleased with the incentives (Shepard et al., 2006). Further research could focus on the strategies the counselors used to retain clients.

Gearing et al. (2012) sought to better define and understand adolescent adherence to therapy from the views of mental health professionals in community-based clinics, including what promotes and interrupts adherence. The participants were 37 mental health professionals (counselors, social workers, psychologists, and psychiatrists) working for a large outpatient family and youth organization focused on mental health and/or substance use issues with youth from elementary through high school. Researchers utilized a grounded theory approach to gather clinicians' experiences, views, and ideas via focus group interviews that were audio recorded and then qualitatively analyzed with axial and open coding. The study found that clinicians see adherence as both attending sessions and participating in the treatment process. They reported that 27% of voluntary clients ended treatment prematurely, and 45% had attendance issues. For clients mandated to attend treatment, 6% left prematurely, and 10% had attendance issues. Clinicians saw themselves as the source of promoting adherence, with the therapeutic relationship being the most significant promoter. On the other hand, clinicians overwhelmingly

saw clients as the source of barriers to adherence. Client motivation for change was seen as important and could be either a promoter or barrier. Strong motivation for change was seen as supported by positive expectations of treatment. However, expectations for treatment were more frequently commented on as an issue and barrier to adherence. Structural and concrete barriers were also reported, typically related to life circumstances influencing attendance, with scheduling conflict being the most cited. Parental and family factors could be a promoter or barrier, with understanding and agreement with treatment, health and strain (e.g., mental health, substance use, parental skill), concrete barriers (transportation, insurance, financial, socioeconomic, childcare, scheduling), and stigma all being identified as influential. Interestingly, only 5% of coded references related to adherence barriers related to the clinician (with 95% in the clinician domain being promoters). Lastly, organization-level barriers and promoters were found, with barriers including financial, procedural, scheduling, and technology. Promoters were goodness of fit, requiring family involvement, support, available locations, and incentives. Limitations include sampling from only one organization, clinician homogeneity (the vast majority of clinicians were social workers and women), and the study focused solely on clinician perspectives. The researchers recommended that future research focus on client perspectives, family views, or the experiences of mental health professionals with different or more diverse roles and identities than were evaluated in this study (Gearing et al., 2012).

Client adherence and engagement are important factors to study. Unfortunately, the COVID-19 pandemic influenced client retention (Erekson et al., 2021). In looking at three years of data preceding and during the pandemic, a university counseling center showcased the changes in client attendance. According to the results, in the time period following the onset of the pandemic, there were fewer intake appointments, individual and group therapy attendance

dropped, and many clients ended treatment prematurely. Some factors that lead to attrition could include social distance guidelines and the switch from in-person to tele-behavioral health services, access to technology, and the need to relocate off campus. Over time, the use of teletherapy increased following the onset of the pandemic. It was suggested that current teletherapy interventions appear to be equivalent to in-person interventions, which could be useful as clinics plan continued operations. In addition, the findings showed that appointment scheduling was generally lower than in years past and may indicate a need for creative solutions to increase access to therapeutic services. This might include remote individual and group therapy, self-directed therapy, and systemic changes such as flexibility in legal restriction related to practicing outside one's licensed jurisdiction to increase access to services. With the impact of the COVID-19 pandemic, it is important to get a clearer vision of what effective delivery of therapy looks like and what inhibits access to treatment (Erekson et al., 2021).

Telehealth

The use of technology-based counseling services, including video (teletherapy), is increasing and has been shown to be effective (Wootton et al., 2020). Satisfaction has also been highly related to the convenience and control of logistics that it provides. However, technological difficulties for counselors and clients can negatively impact workflow, effectiveness, and satisfaction. These issues lead to stress and frustration, poor therapeutic rapport, and even decreased engagement. For counselors providing video-based services, it is important they are able to address their issues effectively and quickly in the moment. Researchers evaluated the feasibility and acceptability of video counseling via Zoom with young adults living with HIV, with an interest in better understanding technological challenges, their impact on session flow, rapport, and client satisfaction, and best practices to address them.

Participants were 50 young adults ages 18 to 29 living with HIV who participated in 500 counseling sessions via Zoom. Results are summarized as challenges identified and recommendations to help address these challenges: (a) choosing the best videoconferencing platform can be difficult amidst many choices—choose one that works well with your particular site structure, (b) clinician connection or device issues—prior to providing services develop great competency in using the platform, (c) managing client expectations can be difficult —coach clients to satisfaction and success, (d) some clients may not be able to access it initially due device incompatibility or connection issues—start troubleshooting with clients early, (e) client has poor internet reception—ensure clinician and client are in areas with stable internet connections and also have a backup source if possible, (f) video and audio syncing issues during session—use other modes of communication to trouble shoot the issue as it is happening, (g) poor video quality—coach clients in techniques to improve platform performance, (h) are not able to start the session despite troubleshooting efforts—understand when to switch to a backup solution, and (i) clients that regularly have issues using the technology—log issues and follow up to prevent reoccurring issues. The limitations of this study are that findings and recommendations may not be generalizable to other client populations, geographic areas, technology platforms, or other key variables in the situation (Wootton et al., 2020).

McBeath et al. (2020) explored the experiences and challenges of therapists during the coronavirus pandemic, specifically related to the shift to working remotely. The researchers utilized a mixed methods approach, analyzing the qualitative data with a reflexive thematic analysis. Participants were 335 therapists, and most used video teleconferencing platforms and the telephone to provide services. The study illuminated a number of key themes, including that clinicians found the transition to working remotely challenging and that technical difficulties,

diminished personal cues, fatigue, and a sense of isolation were often described. Nonetheless, the majority of therapists found that practicing remotely was effective, and clients adapted to and became comfortable with the process. In fact, two-thirds of therapists reported that teletherapy would be an ongoing and central part of their practice and that it should be taught in graduate training programs. The researchers acknowledged possible limitations such as bias in participant selection as it was not randomized and also could have included non-response bias. It was also noted that very little prior literature existed on the topic, given the rapid onset and novel developments of the pandemic (McBeath et al., 2020). It is recommended more literature explore the changing landscape of counseling post-pandemic and the use of teletherapy.

Productivity

Research has noted the importance of productivity, given the pressures on community mental health centers to serve underserved populations while managing very limited resources (LaGanga & Lawrence, 2007). One clinic looked at reported a 30% no-show rate for psychiatric appointments and that clinician productivity, client satisfaction, and care suffered as a result. The researchers looked at overbooking as a method to reduce the effects of no-shows, including on productivity and access to treatment. They demonstrated several key points. The first is scheduling complexity increases when overbooking is used. Second, they introduced an analytic model which considers the benefits of providing care for more clients against the downside of greater client wait times and provider over time. Lastly, simulation experiments were run, practical administrative experiences in real-world scenarios were explored, and when overbooking was most beneficial or counterproductive. The experimental design was a quantitative full factorial simulation. The results indicated overbooking causes both expected patient wait time and expected clinic overtime to increase as no-show rates increase. Second,

expected provider productivity improves with overbooking as no-show rates increase. Third, overbooking increases expected overbooking for most (but not all) clinics as clinic size increases. The study concluded that overbooking benefits larger clinics with low service variability and high no-show rates. Overbooking may not be appropriate for small clinics with highly variable service times and low no-show rates. Limitations include certain assumptions about clinic and provider processes, including scheduling, such as it is appropriate to ask clients to wait, and certain things about session lengths and provider availability (LaGanga & Lawrence, 2007).

Hatchett and Coaston (2018) sought to clearly describe the phenomena of fee-for-service and productivity standards for mental health counselors working in community agencies, exploring possible negative consequences for stakeholders and identifying helpful strategies for these situations. They investigated mental health counselors working in community agencies that have adopted productivity and fee-for-service practices. Articles were searched for and reviewed, locating only a few specifically focused on the topic. However, numerous relevant studies were found and examined as well. Findings indicated that agencies, including nonprofit community agencies, are increasingly utilizing an independent contractor model and paying clinicians only on billable hours during specific pay periods. This approach is attractive to agencies, as they avoid paying for employee benefits, and clinicians assume the financial risk of missed appointments. Salaried clinicians are also more often being critically evaluated on their number of billable hours or productivity, with standards ranging from 35% to 70%. Missed appointments are a common problem across healthcare, leading to lost human and financial resources. Studies between 2004 and 2014 found no-show rates of 33% to 50% for psychotherapy appointments. Other medical professionals, including psychiatrists, often use a strategy of overbooking and

making patients wait if all show, whereas that is not a feasible or acceptable strategy for counselors. Premature termination or drop-outs also decrease productivity, as the new client who replaces them may be more inconsistent in attendance than an established client. Fee-for-service and productivity pressures can take a toll on a counselor's mental and emotional health, related to feelings of uncertainty and helplessness toward client attendance problems. To boost productivity, counselors may feel it necessary to prioritize or unnecessarily prolong treatment with clients who attend reliably and avoid scheduling clients with or are more likely to have attendance issues, which may further marginalize some populations and run afoul of professional ethics. Several strategies are used or can be helpful in addressing attendance and, thus, productivity issues, including focusing on short-term therapy approaches, utilizing attendance policies or plans for clients with attendance issues such as terminating and requiring reinstatement class attendance to continue, having to attend a no-show group, or being put on a walk-in/drop-in scheduling system. Appointment reminders and home-based approaches can help reduce attendance issues. The use of a group counseling modality can also help to reduce the impact of attendance issues on counselor productivity. Limitations include a dearth of research and writing on the topic and a disconnect between the real-life challenges counselors face in employment and what is focused on in research and literature. More systemic approaches are recommended to researching experiences of fee-for-service and productivity standards, including frequency, nature, correlates, and impact on both counselors and client care (Hatchett & Coaston, 2018).

Presenteeism refers to the loss of productivity that occurs when an individual is not fully functioning in their work due to poor health or well-being (i.e., illness, injury, exhaustion, or other conditions) but continues to work as a performative measure despite decreased

productivity, performance, and the possibility of negative consequences (Ferreira et al., 2019). Researchers examined how engagement may moderate the interaction between negative affect, emotional exhaustion, and productivity loss due to presenteeism. They studied 42 healthcare institution workers through a 10-day diary survey and analyzed the data using quantitative linear modeling, including power analyses. The results showed that emotional exhaustion and negative affect predicted presenteeism productivity loss, whereas work engagement positively correlated with productivity and actually mediated the effects of negative affect and emotional exhaustion on productivity loss. Thus, improving and promoting work engagement can be a protective factor against the impacts of negative affect, emotional exhaustion, and loss of productivity. Limitations of the study noted by the researchers include the brief (two working weeks) length of data collection, use of self-report measures versus observation or specific indicators, small sample size, and that most participants were women (Ferreira et al., 2019).

Privatization of human services has been a growing trend in the U.S. and Europe. This includes an emphasis on managerialism, which incorporates business principles, methods, and goals into public and nonprofit human services organizations (Zelnick & Abramovitz, 2020). There is a lack of research on the impact of market-based managerialism (focused on productivity, accountability, efficiency, and standardization) on social work's mission and the effectiveness of human services workers and organizations. Looking to shed the needed light on this, the study sought to understand the effect of managerial practices in social work for frontline workers and service provision, including the application of performance measures, quantifiable short-term outcomes, and routinized practices. Participants were 3,000 New York City human services workers representing frontline workers, supervisors, program managers, and agency directors employed in different settings and organizations. Data was collected utilizing an

anonymous survey characterizing each of 45 indicators of managerialism as a major problem, a minor problem, not a problem, or not present. The study largely used a quantitative approach, but responses to the open-ended questions were used to illustrate the results. Across different roles, experience levels, and settings, a majority of respondents found that greater focus on traditional managerial goals was problematic. Eighty percent said that greater focus on productivity was problematic as it decreased time for working with clients. Most participants (66–79%) were worried about accountability based on measurement, documentation, and standardization. They reported pressure to do more with less, which negatively impacted the quality of services they could deliver, with 60–70% concerned by a greater push for efficiency. Many participants (50–60%) took issue with a greater focus on standardizing services, seeing it as likely to undermine therapeutic relationship building. Findings indicated that the impact of the current pressures for productivity, efficiency, accountability, and standardization on the quality of human services and the well-being of the human services workforce was more problematic in high than low managerial settings. There appeared to be a conflict between the logic of the market and the logic of social work, as those working in agencies with a high commitment to managerialism found it much more difficult to adhere to social work's mission and fundamental values. On the other hand, this issue and the resulting tension were much less common in agencies with a low commitment to managerialism. The generalizability of the study may be limited from a nonprobability design. One way to limit the impacts of managerialism may be to support more practitioner and agency input into how performance is defined. Further, there is significant evidence that the belief that privatization provides greater quality, accountability, and value in many human service areas is misplaced, and social workers are well-equipped to advocate this point from the perspective of the logic and mission of social work as well as

experience in the field (Zelnick & Abramovitz, 2020). Furthermore, it could be useful to study productivity on the counseling side of human services from a qualitative approach to further explore lived experience.

Rationale

There is an increasing demand for timely and effective mental health care in the United States (NAMI, 2020). But in many places, there are insufficient mental health resources to meet community demand, including access to or availability of mental health counselors. It is important to get a clearer vision of how we can best meet the demand for counseling services and what inhibits availability, delivery, and effective treatment across different settings (Erekson et al., 2021). The concept of productivity can be a helpful lens through which to view this. Counselors in private practice largely have the freedom and ability to establish and work from their own views, approaches, and goals for productivity. Nevertheless, they also must manage the realities of limits on resources such as time and energy, as well as financial pressures. Since counselors in private practice deliver a significant proportion of mental health services, their productivity not only affects their own experience of work and life, but it can have a significant impact on how well mental health care needs are met. Yet, little is known about how mental health counselors in private practice think about and experience productivity, despite how crucial it is crucial to examine and understand the factors that are within the clinician's control towards optimizing service delivery (Solomon, 1969). A better understanding of how mental health counselors working in private practice conceptualize, approach, and manage productivity, including strategies for best practices, can be beneficial towards ultimately improving access, availability, and support through services for those who need it. Lastly, considering that there is a dearth of research and writing on this phenomenon and a disconnect between the real-life

challenges that counselors face in practice and what is focused on in research and literature, a phenomenological and qualitative exploration uncovering the lived experience of counselors is called for (Hatchett & Coaston, 2018).

CHAPTER III: METHOD

Introduction to the Method

This study utilizes a phenomenological framework to unearth the lived experiences of licensed mental health counselors in private practice. It is qualitative in design, with a phenomenological theoretical lens, and uses thematic analysis as an analytic approach. The first research question is: How do mental health counselors working in private practice conceptualize, approach, and manage productivity? The second research question is: What are the strategies and best practices employed by mental health counselors in private practice?

Study Design

A thematic analysis is appropriate for this study because it is a flexible analytical method that enables the researcher to construct themes or meaning-based patterns to interpret a qualitative data set (Terry & Hayfield, 2021). This approach understands the research question as a tool to guide the study design and direction of the analysis. In addition, this approach aligns with the use of qualitative survey responses and is considered a rigorous, powerful, and straightforward data analysis method (Terry & Hayfield, 2021). Reflexive thematic analysis has a number of core values. It has theoretical malleability, process focus on increasingly systematic and rigorous contact with qualitative data, attention to the reflexive participation of the researcher, and understanding themes as conceptual, multifaceted, meaning-grounded patterns (Terry & Hayfield, 2021).

Study Context

This study took place completely online to ensure the anonymity of participants. The informed consent form, demographic questionnaire, and qualitative survey were all administered

through SurveyMonkey. Accordingly, a thematic analysis supports using qualitative survey questions (Terry & Hayfield, 2021).

Participants

It is important to consider the perspective of mental health professionals in research (Gearing et al., 2012). Therefore, the population of focus is clinical mental health counselors who are fully licensed and work primarily in private practice with adults. Even more specifically, counselors who have graduated from a CACREP Accredited Master's program in counseling. The sample was recruited through various means such as ACA Connect, social media, email, and snowball sampling. There was an element of purposeful sampling to focus on different regions of the United States. A thematic analysis recommends 15–30 participants for a qualitative survey, depending on the quality of responses (Terry & Hayfield, 2021).

Data Sources

Demographic questions include the following: (a) Are you a licensed counselor with a degree from a CACREP-accredited program? (b) Do you work primarily in a private practice setting? (c) What client age population do you primarily work with? (d) How many years of licensed counseling experience do you have? (e) Do you primarily practice in-person, via teletherapy, or a combination? (f) How many therapy hours per week do you typically spend with clients?

A thematic analysis recommends having between four and 12 open-ended questions for an online survey (Terry & Hayfield, 2021). Therefore, eight questions were created for qualitative data collection. In designing the survey questions, the focus was on clarity and ease of understanding, as well as encouraging participants to answer fully to support the emergence of rich data (Terry & Hayfield, 2021). The open-ended survey questions include the following: (a)

How would you define and describe productivity as it applies to your work as a counselor in private practice? (b) What are your thoughts and feelings about the concept of productivity in private practice counseling? (c) How do you approach productivity? What is your process? (d) Related to productivity, what are your goals? What outcomes do you value? (e) What are the challenges and barriers to productivity (e.g., scheduling, client attendance, financial)? (f) How do you manage resources (i.e., financial, time, energy)? (g) How have or might challenges and stressors in running your practice impact efforts to meet ethical responsibilities? (h) What strategies or best practices have you learned, developed, or used to enhance productivity in your private practice (i.e., technology)?

Data Collection

Participants were first directed to an informed consent form. After providing consent, they were directed to a demographic questionnaire. After completing the demographic questions, they were directed to the open-ended survey questions. Upon completion, they viewed a debriefing form with the researcher's contact information.

Data Analysis

Descriptive statistics were utilized for demographic questions and six steps of a thematic analysis for qualitative data analysis (Terry & Hayfield, 2021). The first step of thematic analysis was a thorough and ongoing familiarization with the data set. The second step was an open-ended, organic coding process not constrained by concerns about agreement between different coders, nor by delimiting or defining codes. It is noteworthy three coders were involved in the process. The third step included the initial theme generation of tentative prototype themes from codes. The fourth step was developing, reviewing, and testing prototype themes against the data. This resulted in deconstructing and rebuilding new themes. The fifth step was defining and

naming the final themes. The final step was writing and disseminating the findings (Terry & Hayfield, 2021).

Ethical Considerations

The American Counseling Association Code of Ethics (2014) was utilized in the research process. For instance, section G.1.a. on researching to ensure counselors plan, design, conduct, and report research in a manner that is consistent with ethics, laws, Antioch University regulations, and the institutional review board. An online survey was selected to promote confidentiality in research (G.1.b.). In addition, the ultimate responsibility for ethical research practice has been with the principal researcher (G.1.f.).

Positionality

As a counselor researcher, I lean towards a relativist position that accepts diverse and equally valid realities (Ponterotto, 2005). Conducting research framed within a constructivist paradigm supports congruence with my professional orientation, including a phenomenological perspective situated in the constructivist paradigm wherein the meaning of individual and social reality is perceived as created over time within a context of environmental (including social) interaction. This position also accepts the subjective view that there are objects and behaviors external to the individual but understands that they are without intrinsic meaning in isolation from human perception (Churchill & Wertz, 2015).

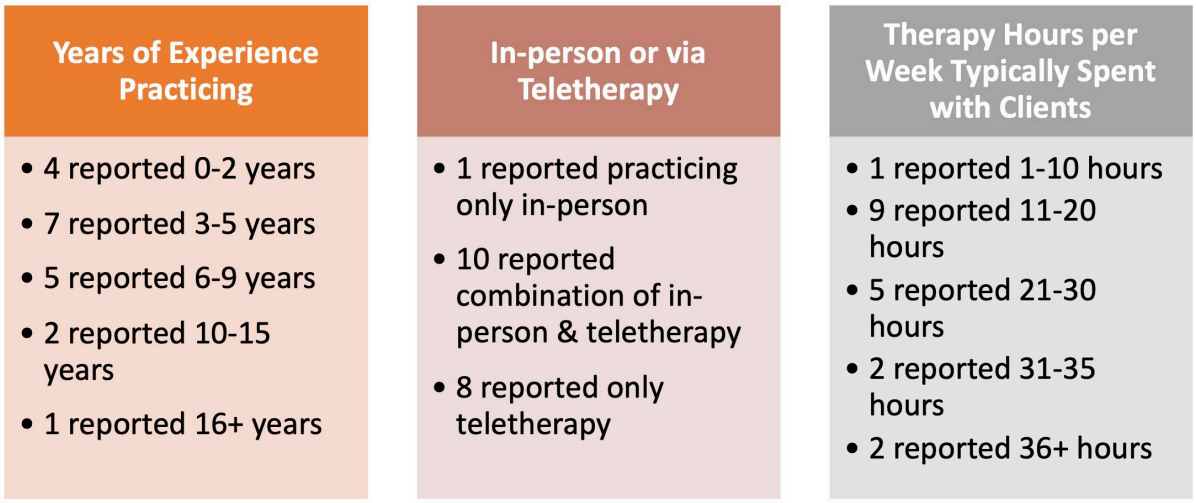
CHAPTER IV: RESULTS

Demographic Information

Inclusion criteria for participant eligibility included being a licensed counselor with a degree from a CACREP-accredited counseling program, working primarily in a private practice setting, and with primarily adult (defined as 18 years and up) clients. Nineteen participants (N = 19) met these criteria, completed the survey, and were included in the study. Regarding years of experience practicing as a licensed counselor, four participants reported 0–2 years of experience, seven participants reported 3–5 years, five participants reported 6–9 years, two reported 10–15 years, and one reported 16+ years of experience. Participants were also asked if their practice was in-person or via teletherapy, and one participant reported practicing only in-person, 10 participant practices were a combination of in-person and teletherapy, and eight participants were only teletherapy. Participants were asked how many therapy hours per week they typically spend with clients, and one participant reported 1–10 hours per week, nine participants reported 11–20 hours per week, five participants reported 21–30 hours per week, two participants reported 31–35 hours per week, and two participants reported 36+ hours per week.

Figure 1

Demographics



Factual Reporting of the Study Results

Following data analysis, seven themes were identified. The primary themes include (a) the meaning of productivity in private counseling practice, (b) thoughts and feelings about productivity, (c) process of productivity, (d) goals and values for productivity, (e) productivity challenges and barriers, (f) resource management, and (g) best practices related to productivity.

Theme One: The Meaning of Productivity in Private Counseling Practice

The first theme is foundational to the research questions, characterized as meaning given to productivity in private practice. Sub-themes are direct service, indirect tasks completed, completing work in general, productivity as clinical outcomes, productivity as a metric or guide, and productivity as income, as identified in Table 1.

Table 1

Theme One

Sub-themes	**Codes**
Direct service	conducting sessions counseling as service productivity as sessions or direct service productivity as quantity of sessions productivity measured in billable hours cancellations and missed appointments impact and lower productivity
Indirect tasks completed (i.e., notes and documentation, scheduling, billing, admin, business, professional)	productivity as completing indirect tasks completing notes or documentation administrative work business tasks completing insurance claims doing research scheduling tasks
Completing work in general	productivity as work completed goal to complete work productivity as completing tasks
Productivity as clinical outcomes	productivity as positive clinical outcomes productivity measured in treatment objectives and goals productivity as client needs met
Productivity as a metric or guide	time as a measure or denominator productivity as ratio of time in sessions versus time in other work productivity as quantity of sessions productivity measured in billable hours productivity measured in income productivity measured in work satisfaction productivity measured in treatment objectives and goals
Productivity as income	productivity as income or living wage productivity in service of income or living wage or financial stability productivity measured in income productivity measured in billable hours

Taking a closer look at some examples of the lived experience participants shared of themes, including supporting sub-themes, can provide greater context. One participant explained, "I define productivity on how much work I get done. I describe productivity as my role as a counselor in doing sessions, getting notes done on time, submitting claims, doing client research, and attending trainings." A different participant described productivity as, "Any time spent client facing or completing admin work related to owning and operating a private practice business." Another participant shared,

> When I think of productivity in the scope of my work with clients I think of two primary areas; are clients experiencing benefit and moving toward short and long term goals and my consistency in managing the paperwork, CEUs, business management, and advertising side of things.

One participant mentioned productivity and income as, "Maintaining the number of clients that allows me to have financial stability."

Theme Two: Thoughts and Feelings About Productivity

The second theme gets at participant conceptualizations and reactions to the phenomena, classified as thoughts and feelings about productivity. Sub-themes are subjectivity, self-based/self-motivated, private practice as a business, difficult to define in private practice versus community-based, and antipathy towards the concept of productivity as listed in Table 2.

Table 2

Theme Two

Sub-themes	**Codes**
Subjectivity	productivity is subjective many things are involved in productivity productivity can be personal overwhelming
Self-based/self-motivated	productivity is self-determined productivity measured in work satisfaction productivity as motivation productivity can be personal
Private practice as a business	private practice and counseling as a business productivity necessary in business productivity in service of income, living wage, or financial stability productivity measured in income productivity measured in billable hours
Difficult to define in private practice versus community-based	being limited in private practice productivity is unknown
Antipathy towards concept of productivity	dislike the idea of productivity productivity creates problems reject idea of productivity reject the practice of productivity productivity related to capitalism do not think about productivity

One participant shared, “It is subjective and hard to quantify since you are self-employed.” Another participant said, “I feel that productivity is very self-based.” A participant further explained, “Since I am a small business owner it is hard to describe productivity because it takes my own motivation. Being productive is me dedicating my time to the business and clients.” A participant also noted, “Necessary to run things with a business model.” Finally, a participant stated,

> Overall, I have very negative feelings towards the word productivity. In my experience in the non-profit world that frequently meant putting the non-profit ahead of the clients. In my private practice I just would never choose to use that word. I feel like asking the question am I supporting my clients and is my caseload reasonable are better questions. Which are all very difficult and qualitative questions.

Theme Three: Process

The third theme is process. Sub-themes are mentality, inconclusive or no clear process, strategies and goals, efficiency, and self-monitoring, as shown in Table 3.

Table 3

Theme Three

Sub-themes	**Codes**
Mentality	be flexible shift priorities as needed try out different strategies embrace process of learning follow clients' lead or need prioritize client needs fast is not better in therapy accept indirect tasks as necessary gamify task completing task completing provides income is motivating self-compassion
Inconclusive / No clear process	productivity is unknown do not think about productivity reject idea of productivity
Strategies and Goals	focus on goals and treatment objectives assess impact and progress with clients balance quantity with quality of services delivered focus on filling schedule maximize direct service time in allotted schedule caseload stability is crucial client commitment to attendance is key create a schedule and dedicated planning plan time for indirect work break tasks into smaller steps consistency find motivation for indirect work maintain motivation ongoing habit of auditing documentation files, billing and financials focus on how indirect work supports direct service focus on how work supports other professional activities include self-care and self-compassion importance of process as sustainable
Efficiency	productivity as efficiency productivity as ratio of time in sessions versus time in other work

Sub-themes	Codes
	maximize direct service time in allotted schedule time as a measure or denominator be intentional with time on non-clinical days develop efficient note taking process complete notes early use open time for small tasks organization is key try out different strategies
Self-monitoring	importance of self-monitoring for burnout avoid caseload getting too high have boundaries with time and organize time adjust workload to capacity across life roles self-manage responsibility for professional development

One participant reported,

> The first and probably main thing for me is the mindset I try to employ: I try to give myself grace, just to acknowledge that this is a learning process and it's going to take time. That helps take some pressure off. Then I experiment with different strategies for time management and see what helps me the most. But at this point, I'm having a difficult time being consistent. So again, I'm just mainly trying to be patient with myself, which does seem to help.

Another participant said,

> When focused on my first definition of productivity above (is client moving toward goals) my mantra is "slow is fast." Pushing or focusing on being "productive" seems agenda driven and potentially unhelpful to the client. Regarding productivity as it relates to me as the therapist taking care of the other aspects of my work (notes etc.), I don't think I have a well thought out approach toward productivity other than "the sooner I finish my notes, the happier I will be."

In addition, a participant explained, "I set 'working hours' for myself, and try to be as productive as possible (i.e., see as many clients) within the given time frame. I have firm boundaries on my not working days, leaving time for admin work, self-care, etc." Finally, a participant shared,

> I approach productivity by understanding what my capacity is. Meaning, if I am going to have a busy week as a student or as a parent, I likely do not have as much time to dedicate to clients. For me, this is about prioritizing different things and being flexible.

Theme Four: Goals and Values

The fourth theme was understood as goals and values. Sub-themes are meeting client needs, completing work efficiently, successful business and making a living, sustainable practice, job and career satisfaction and growth, quality services, and prioritizing ethical responsibilities, as demonstrated in Table 4.

Table 4

Theme Four

Sub-themes	**Codes**
Meeting client needs	goal of meeting and prioritizing client therapeutic needs productivity as client needs met productivity as client satisfaction productivity as positive clinical outcomes productivity measured in treatment objectives and goals productivity as sessions or direct service
Completing work efficiently	productivity as efficiency productivity as work and tasks completed productivity as completing indirect tasks goal of efficiency and completing work on time time as a measure or denominator good enough notes are good enough
Successful business and making a living	successful practice goal of making a living, fair income, financial stability, and maintaining stability productivity in service of stability productivity necessary in business focus on filling schedule productivity measured in income and billable hours
Sustainable practice	sustainability as a goal productivity in service of stability

Sub-themes	Codes
	importance of process as sustainable consistency as a goal successful practice caseload and caseload management caseload stability is crucial accept the unevenness of being a small business engage in financial planning plan for periods of decreased attendance and income focus on how work supports other professional activities
Job/career satisfaction and growth	productivity measured in work satisfaction goal is work satisfaction professional development productivity as professional development goal of professional growth not be beholden to productivity pressures independence
Quality services	doing my best work productivity as quality of work inverse relationship between amount of work and quality of work counseling as service productivity as client needs met productivity as positive clinical outcomes productivity measured in treatment objectives and goals outsourcing business tasks frees up resources for what is most important focus on counselor self-care productivity as quality of work
Prioritize ethical responsibilities	prioritize ethical responsibilities value of ethical accountability

One participant responded,

My goals are if my client feels benefit with working with me in therapy and ultimately work myself out of a job. Of course I always offer them to return as needed . . . many do. I value my clients improving optimal wellness and healing.

Another participant suggested, “Value efficiency—be focused, be clear, understand the need, take action.” Also describing this theme, a participant said, “My goals are to finish trainings to help my clients better. Market myself better. Have a full practice. The outcomes that I value are good client care and making a living.” Another participant explained,

> I believe that time management and scheduling ahead is key to a successful practice, yet I find myself micro-managing my schedule which leads to higher stress. My goals with productivity include not letting productivity define my personal worth, work ethic, and thoughts about my practice.

Another perspective on values and goals was that

> 80/20 ratio of face-to-face and documentation and other client services. I value the time spent with clients as well as the need to support clients with paperwork for disability or other appropriate needs. Also, the importance of continuing education and time dedicated to professional growth.

Also reflecting, a participant shared, “My goals are to have satisfying and meaningful work and focus on the relationship with clients.” Finally, a participant succinctly stated, “I strive to be ethical first.”

Theme Five: Challenges and Barriers

The fifth theme, challenges and barriers, was particularly robust. Sub-themes are managing productivity is challenging, client attendance, caseload management, financial and insurance issues, time management, self-care and work-life boundaries, stress and burnout, resource constraints, tension/conflict between important things, training and continuing education, impact on meeting ethical responsibilities, and private practice is not for everyone, as presented in Table 5.

Table 5

Theme Five

Sub-themes	Codes
Managing productivity is challenging	constraints on productivity managing productivity is challenging
Client attendance	client attendance issues cancellations, missed appointments, and no shows client attendance issues impact and lower productivity stressors around scheduling difficulties holding cancellation policy boundaries schedule management is resource intensive plan and budget for no-shows
Caseload management	caseload caseload variability not having enough clients and difficulties in getting clients seasonal differences in client participation needing to take too high a caseload due to financial necessity client attendance issues are a problem plan and budget for no-shows
Financial and insurance issues	financial issues taking too high a caseload due to financial necessity difficulties meeting profitability for making a living client financial issues or limitations challenges with insurance paneling insurance billing demands insurance denials poor communication by and difficulties with insurers low reimbursement rates from insurers productivity measured in billable hours productivity related to capitalism
Time management	problems with disorganization and time management avoidance or procrastination of tasks getting behind on notes and documentation tasks distracted by social media difficulty of working from home stay up on emails

Sub-themes	Codes
	productivity as ratio of time in sessions versus time in other work
	time as a measure or denominator
Self-care and work-life boundaries	can lose sight of self-care needs
	making time for self-care
	difficulties maintaining work-life boundaries in private practice
	work-life balance as a goal
	maintaining good work-life balance
	managing different life roles
	personal family needs
	personal mental health issues
	poor counselor wellness
Stress and burnout	overwhelming
	burnout
	fatigue
	feelings of isolation impacting work productivity
	feeling overwhelmed by work tasks
	business tasks create stress and pressure
	poor motivation
	personal mental health issues
	demands of running a practice can lead to being compromised
	negatively impacts work with clients
	importance of self-monitoring for burnout
	sustainability as a goal
Resource constraints (i.e., time, energy, money)	lack of resources
	time constraints and time management
	financial constraints
	limitations on capacity
	pro bono work demand exceeds capacity to meet it
	demands of scheduling and billing tasks
	not enough time for professional development
	time as a measure or denominator
	schedule management is resource intensive
	always evolving work demands
	delays in responding to client wants or needs
	offer more than I can deliver
	do not access legal counsel due to cost
	low motivation or energy
	balancing personal resources dedicated to providing

Sub-themes	Codes
	direct services with personal-resources needed for other work tasks productivity necessary in business productivity has limits limitations are a fact of life live intentionally
Tension/conflict between important things	inverse relationship between productivity and quality of work reluctant to challenge clients due to possible financial loss ethical issues take resources and decrease productivity case with ethical issue results in financial loss ethics are personal supporting transfer and continuity of care often requires unpaid work undue influence of paying parents on therapeutic approach with their adolescent children
Training/continuing education	do not know or have best practices gaps in knowledge or ability as a counselor changes within the profession can be stressful adjusting to changes in the profession professional development productivity as professional development hard to make time not enough time for professional development self-manage responsibility for professional development having to create own process and structure for completing administrative tasks
Impact on meeting ethical responsibilities	cause you to miss something important lead to taking shortcuts reacting to deficits and gaps in practices getting behind in documentation problems with poor documentation and records practices
Private practice is not for everyone	private practice is not for everyone

One participant shared, “Can be overwhelming, lots of hats to juggle in private practice.” Another participant put it simply, saying, “Client attendance, lack of clients, and financial.” Yet another participant listed, “Challenges of productivity include drivers such as, making ends meet, making enough money to live comfortably, time management for self-care and other sources of fulfillment, and client attendance.” One more participant said, “Insurance companies denying claims without providing clear reasons, delays in credentialing with insurers, lower reimbursements rates paid by insurers for individual or small practices.” Another participant articulated the challenging dynamics as

> With how I’ve defined productivity, on the client side—attendance and recognizing gaps in learning or awareness that may slow my usefulness to clients; on the business side, my own wellness and attention to burnout/stress, some financial and scheduling constraints that may make it difficult to devote time and other resources to my goals.

A different participant shared, “Being behind on notes and then feeling overwhelmed, being disorganized, no consistent structure for administrative work time.” Whereas, a participant described their experiences as, “Burnout. Aging. Social media. Having a teenager. The always-continuing changes in training, CEU requirements, what clients are dealing with. But mostly just being tired, and possibly a bit of my own mental health stuff.” One more participant was candid in admitting,

> I think good note-taking is probably the #1 for me personally. My notes suck. Really. And my file organization is pitiful. I am often finding I am having to react and catch up on that front when I get some kind of records request.

Finally, about the potential impact on ethical practice a participant stated, “Stressors of running a practice could impact how one shows up with clients, due to minimal time for CE, decompressing, away from work, and scheduling stressors.”

Theme Six: Resource Management

The sixth theme is about resource management. Sub-themes are work-life balance, self-care, boundaries, client and caseload management, organization of time and tasks, management strategies, and financial strategies, as identified in Table 6.

Table 6

Theme Six

Sub-themes	**Codes**
Work-life balance	work-life balance maintaining good work-life balance work-life balance as a goal manage boundaries between work and life difficulties maintaining work-life boundaries in private practice difficulty of working from home managing different life roles personal family needs are given priority time management plan schedule that is right for you schedule time off plan for vacation time
Self-care	attend to self-care focus on self-care prioritize self-care schedule self-care self-care supports having needed energy ongoing self-monitoring awareness of capacity plan for vacation time
Boundaries	maintain boundaries awareness of capacity difficulty of working from home limitations are a fact of life live intentionally
Client and caseload management	caseload caseload management cancellations and missed appointments

Sub-themes	Codes
	cancellations and missed appointments impact and lower productivity track cancellations schedule management is resource intensive focus on client engagement and retention client sessions or direct service is prioritized outsourcing business tasks frees up resources for what is most important ongoing marketing
Organization of time and tasks	organization is key problems with disorganization keep to a schedule schedule time for indirect tasks schedule time for business tasks having to create own process and structure for completing administrative tasks balancing personal resources dedicated to providing direct services with personal resources needed for other work tasks plan for having time to get caught up schedule time for professional development prioritize what is most important prioritize what needs attention
Management strategies	managing resources is challenging outsource business tasks outsourcing business tasks frees up resources for what is most important outsource some tasks utilize help use of software and technology strength of flexibility accept the unevenness of being a small business work at it
Financial strategies	engage in financial planning plan for the course of the year have a budget create savings to manage income variability and cash flow issues detailed accounting understand income and expenses including per session

Sub-themes	Codes
	plan and budget for no-shows productivity in service of stability

One participant said about efforts at managing resources, “Try my best, this is an ongoing struggle.” Another participant shared, “I think the main challenge to productivity for me is having enough bandwidth after being with clients to complete other aspects of productivity in a timeframe that allows for adequate nonproductive time for rest and recuperation through valued activities.” Another participant recommended,

> Self-care for sure. It’s very easy to focus on all the things you have to do so keep the machine running and end up seeing clients in a compromised state due to not taking care of oneself. I have had to learn how to notice when that is happening and identify levers to pull to manage burnout.

A different participant said, “I have a realistic budget and maintain a healthy life-work balance.” Another participant suggested, “Keep caseload to reasonable size, working with clients in longer-termed therapies, developing strong client relationships.” Whereas one participant reflected,

> I try to manage my resources by listing out what needs to be done and only letting myself touch those goals on the list. There is always tomorrow. But oftentimes this can be difficult when there is a lot to do. Also, it can be hard to work at home, as the lines get blurry.

Another participant explained, “I juggle. Really. Things go where they NEED to first (client sessions, my family), and then I use whatever is left over for the rest of the things I need to get done.” About strategies, a participant shared,

> I recently decided to hire a bookkeeper and a tax preparer, which is very helpful on the business end and takes a lot of stress and pressure off and gives me more time to focus on client work and also my personal interests.

Lastly, a participant responded,

> I use a spread sheet to do all my own accounting, which helps me understand how much I'm making and what my income and expenses are per client hour. I also track cancellations. I also calculate based on 4–6 weeks of vacation a year so I get plenty of time off for recovery.

Theme Seven: Best Practices

The seventh theme and final theme is best practices. Sub-themes are Electronic Health Record (EHR), teletherapy, use of technology including integrated software tools, delegation of tasks or contracting/outsourcing, documentation, scheduling and attendance, personal approach, and ongoing development, as shown in Table 7.

Table 7

Theme Seven

Sub-themes	**Codes**
Electronic Health Record (EHR)	use of technology use EHR system productivity measured in treatment objectives and goals
Teletherapy	use of technology utilizing teletherapy teletherapy enhances flexibility teletherapy increases efficiency teletherapy increases productivity
Use of technology including integrated software tools	use of technology integrated software tools use AI
Delegation of tasks or contracting/outsourcing	outsource business tasks outsource accounting partner with a practice service (providing EHR, billing, referrals, etc.) utilize IT support
Documentation	develop efficient process for documentation complete notes soon after session

Sub-themes	Codes
	use EHR system utilize templates note follow-up items
Scheduling and attendance	client commitment is important educate clients on policies (i.e., scheduling, cancellations, fees) hold boundaries over-schedule to offset cancellations plan and budget for no-shows
Personal approach	start with a good process develop effective routine develop good organization skills and practice organize with spreadsheets and lists effective planning daily goals practice effective time management plan time for accounting organize tasks into smaller steps plan ahead for larger tasks or projects entrepreneurial mindset is helpful use thorough intake process
Ongoing development	best practices are always in development keep learning ongoing professional development productivity as professional development improve marketing strategies

One participant shared, “Telehealth has changed productivity and enhanced more flexibility with work hours and no commute time.” Another participant recommended “signing with credentialing agencies that offer EHR and billing services along with client referral. Contracting and developing relationships with county agencies. Training in specialized therapies to enhance client outcomes.” A participant explained, “I use all-inclusive software. I have an IT guy that does contract work for me. When things go wrong. I pay an accountant. I think I

wouldn't be successful if I tried to do these things myself." Another participant reported, "Hiring outside help (bookkeeper, tax preparer), researching/developing more efficient ways to do progress notes and Tx plans." A participant also advised, "Good time management and organization. Learning new marketing strategies." Another participant suggested, "Template emails for quick replies, a thorough intake process, setting boundaries with self and clients, psychoeducation around scheduling, cancelation policies, and fees." Also talking about scheduling and cancellations, a participant stated, "Get commitments from clients up front. Plan ahead. Schedule more clients than I need to account for cancellations." Another participant shared best practices, saying, "I have a firm schedule set, M–Th 7a–7p with an admin day on Fridays. I prioritize sleep, diet, and exercise to maintain appropriate energy levels for the week." Another respondent advised "Maintain flexibility and assess what is needed for my own family and self." A participant also encouraged,

> The first and probably main thing for me is the mindset I try to employ: I try to give myself grace, just to acknowledge that this is a learning process and it's going to take time. That helps take some pressure off. Then I experiment with different strategies for time management and see what helps me the most. But at this point, I'm having a difficult time being consistent. So again, I'm just mainly trying to be patient with myself, which does seem to help.

Reiterating the role of ongoing development, a participant admitted, "I'm still figuring this out."

CHAPTER V: CONCLUSIONS

Interpretation of Data

The study sought to understand how licensed counselors in private practice conceptualize, approach, and manage productivity, as well as what strategies and best practices they employ in response. The primary themes which emerged are the meaning of productivity in private counseling practice, thoughts and feelings about productivity, process of productivity, goals and values for productivity, productivity challenges and barriers, resource management, and best practices related to productivity. Further interpretation of the data is provided in the context of theory and research.

Theory and Research

Theme One: The Meaning of Productivity in Private Counseling Practice

The first theme pertains to the meaning of productivity in private counseling practice. In other literature, it is noteworthy that LaGanga and Lawrence (2007) viewed productivity as a ratio of practitioner time spent providing (and billing) direct services to clients. Furthermore, the primary disrupter was client attendance issues (no-shows). However, they also explained clinician productivity and client satisfaction were interconnected and suffered because of missed services. In a different study, Hatchett and Coaston (2018) noted productivity was defined as billable hours, and standards and expectations for clinicians were set using this definition. They found dropouts, premature termination, and missed appointments were problematic. Plus, concerns about productivity expectations and clinician well-being were negatively impacted through feelings of helplessness and uncertainty around client attendance issues.

An early decision faced during the research design of the study at hand was whether an existing conceptualization or definition of productivity would be provided to participants

responding to survey questions about the phenomena. However, it was decided to follow the spirit of phenomenological inquiry and a constructivist framework and approach the investigation with an open naivety and invitation to counselors in private practice to provide their original voice and narrative of their lived experience with the phenomena, including the essence of what it is, and how they relate to and engage with it. This choice was not without its challenges, including participant reactions to the capitalistic nature of the concept. For instance,

> I feel upset about the concept of productivity. It seems often connected to capitalism rather than helping people and taking care of ourselves as counselors. It also seems to be very entangled in making money to survive at the cost of well-being.

Despite the challenges, in the end, following the phenomenological path proved fruitful in facilitating thoughtful, detailed, and rich responses from participants who provided personal, authentic, and fresh views and opinions of the phenomena. The first theme, the meaning of productivity in private counseling practice, is central to understanding the subsequent themes, yet its development was also advanced through the perspectives those themes offered. As a result, the study supports a greater depth of understanding and respects the interconnected nature of aspects of the phenomena, as shown in Figure 1: Interconnected Themes. The sub-themes of direct service, indirect tasks completed, completing work in general, productivity as clinical outcomes, productivity as a metric or guide, and productivity as income demonstrate how counselors in private practice conceptualize productivity.

Figure 2

Interconnected Themes

Theme Two: Thoughts and Feelings About Productivity

The second theme, thoughts and feelings about productivity, further captures participant reactions and relationships to productivity as a phenomenon. Sub-themes are subjectivity, self-based/self-motivated, private practice as a business, difficult to define in private practice versus community-based settings, and antipathy towards the concept of productivity. Some participants shared perspectives, including comfort with the concept as a part of work and business. Related to this, productivity in service of income, living wage, or financial stability was often noted.

At the other end of the spectrum, participants emphasized negative reactions and feelings towards the idea of productivity, including that the word was triggering or referencing bad past

experiences concerning productivity perspectives, standards, and pressures in other settings or contexts. One participant exemplified this by saying,

> Overall, I have very negative feelings towards the word productivity. In my experience in the non-profit world, that frequently meant putting the non-profit ahead of the clients. In my private practice I just would never choose to use that word.

Some participants emphasized that the concept of productivity was at odds with personal philosophies or values and the ethos of counseling as a helping profession. The sub-theme of antipathy towards the idea of productivity captured these responses. Several participants saw productivity as a very subjective concept in private practice, with one saying, "It is subjective and hard to quantify since you are self-employed." Productivity was also seen as self-based and self-motivated, as one participant explained, "Since I am a small business owner it is hard to describe productivity because it takes my own motivation. Being productive is me dedicating my time to the business and clients." Previous research by Ferreira et al. (2019) suggested that emotional exhaustion and negative affect predicted productivity loss. Whereas work engagement positively correlated with productivity and mediated the effects of negative affect and emotional exhaustion on productivity loss, which could be helpful to consider and is further highlighted in Theme Three.

Theme Three: Process

The third theme, process, explored productivity within a process framework and highlighted participant approaches to productivity. Sub-themes are mentality, inconclusive or unclear processes, strategies, goals, efficiency, and self-monitoring. Participants shared what mentalities they have found helpful, which is highlighted by looking at many of the codes under the sub-theme, including being flexible, shifting priorities as needed, trying out different strategies, embracing the process of learning, following clients' lead or need, prioritize client

needs, fast is not better in therapy, accept indirect tasks as necessary, gamify task completing, task completing that provides income is motivating, and practice self-compassion. Some participants reported they do not think about productivity, whereas others have not developed a working process towards it, with some seeming to prefer that position, whereas others characterized it as a problem or representing struggles within private practice. Efficiency was often highlighted as central to the process of productivity, captured by the participant response, "Value efficiency—be focused, be clear, understand the need, take action." Self-monitoring was mentioned as a key skill within the process, which can help manage burnout, caseload limits, boundaries, organization of time, workload in relation to capacity, and professional development needs.

Theme Four: Goals and Values

The fourth theme, goals and values, is represented by the sub-themes of meeting client needs, completing work efficiently, successful business and making a living, sustainable practice, job and career satisfaction and growth, quality services, and prioritizing ethical responsibilities. Participants placed a high value on meeting client needs, and this usually paired with viewing direct counseling services as an important part of productivity. Meeting client needs encapsulated both client satisfaction and positive clinical outcomes, including those measured by treatment objectives and goals met. Completing work efficiently and on time was seen as a goal by some, as was having a sustainable practice. Having a successful business and making a living was a valuable goal for many, which also intersected with having a sustainable practice. A participant said frankly, "I just want to make enough money to pay the bills." Other participant responses that capture these sub-themes are maintaining stability, being able to anticipate finances, filling slots when clients terminate treatment, and being paid my worth while

providing high-quality services. In fact, the importance of providing quality counseling services as a value and goal in productivity stood out, with respondents emphasizing being the best counselor they can be or doing their best work. Participants also identified job and career satisfaction and growth as values and goals. Ethical responsibility was also noted as a value and goal, captured by this response "I strive to be ethical first."

These findings are interesting to consider in relation to literature. For instance, Brennan (2013) highlighted how an independent professional life is an advantage of private practice but comes with greater responsibility to attentiveness to ethical concerns due to lack of support or oversight. Furthermore, the importance of competence in administrative work, great organizational skills, and the ability to realistically assess competence is ongoing.

Theme Five: Challenges and Barriers

The fifth theme, challenges and barriers, was particularly robust. Sub-themes are managing productivity is challenging, client attendance, caseload management, financial and insurance issues, time management, self-care and work-life boundaries, stress and burnout, resource constraints, tension/conflict between important things, training and continuing education, impact on meeting ethical responsibilities, and private practice is not for everyone. The theme of challenges and barriers to productivity, which in many ways seems to also be a characterization of struggles respondents were experiencing in private practice, standout not only in the number of sub-themes generated but also the emergence of respective codes throughout the participant responses spanning the survey questions (i.e., participants were remarking about this theme either directly or in reference to, without any related question prompts).

Client attendance issues were an often-quoted problem for productivity. This study's results align with LaGanga and Lawrence's (2007) considering productivity as direct service was

a key sub-theme, as was client attendance, with many participants seeing cancellations and attendance issues as a stressor and challenge and negatively impacting productivity. Caseload management challenges, as well as difficulties with financial and insurance matters, were also frequently noted. Specifically describing the difficulties in working with insurers, a participant listed, “Insurance companies denying claims without providing clear reasons, delays in credentialing with insurers, lower reimbursements rates paid by insurers for individual or small practices.”

Time management was described as an important skill in productivity, and difficulties a hindrance captured in the response, “I believe that time management and scheduling ahead is key to a successful practice, yet I find myself micro-managing my schedule, which leads to higher stress.” Most participants referenced self-care and work-life boundaries at some point and were a prominent sub-theme for challenges and barriers to productivity. Related to this, stress and burnout were also a point of concern. Resource constraints were also understood as a sub-theme. Barriers to pursuing training and continuing education were also reported.

An interesting sub-theme emerged as tension/conflict between important things, particularly related to the intersection of challenges faced and efforts to meet ethical responsibilities. The codes organized under this sub-theme provide illustration—inverse relationship between productivity and quality of work, reluctant to challenge clients due to possible financial loss, ethical issues take resources and decrease productivity, cases with ethical issue resulting in financial loss, ethics are personal, supporting transfer and continuity of care often requires unpaid work, undue influence of paying parents on therapeutic approach with their adolescent children. An adjacent sub-theme of impact on meeting ethical responsibilities was plainly summed by a participant’s response, “lead to overwhelm or missing something.” Of the

potential failures to client and ethical responsibilities that Brennan (2013) noted could result from counselors struggling to manage their private practice and fit within a productivity framework described in this research study and highlighted by participants are schedule management issues, not completing documentation in an appropriate or timely manner, and being compromised as a result of the stress and demands of running a practice. Lastly, it is worth noting that counselors in private practice are often navigating these extensive challenges on their own, captured by a participant sharing their experience of "motivation and isolation are the biggest in my opinion."

Theme Six: Resource Management

The sixth theme is classified as resource management. Sub-themes are work-life balance, self-care, boundaries, client and caseload management, organization of time and tasks, management strategies, and financial strategies. Participants often noted multiple sub-themes in their responses about resource management. Overall, participants noted the importance, necessity, and trials of resource management as part of productivity. A number of participants shared recommendations on approaching resource management cutting across a number of sub-themes, saying—"keep caseload to reasonable size, working with clients in longer-termed therapies, developing strong client relationships" and "organization, keep calendar up to date, market myself consistently" and "being flexible and constantly checking in with myself and my capacity" and also "I have a realistic budget and maintain a healthy life-work balance." Looking at the relationship between quantity of work and quality of work, human services workers in a study by Zelnick and Abramovitz (2020) reported a decrease in the quality of services they were able to provide when pressured by productivity standards to do more. Similarly, participants in

the current study shared it was important to balance quantity with quality of services delivered and there is an inverse relationship between amount of work and quality of work.

Theme Seven: Best Practices

The seventh and final theme is best practices. Sub-themes are Electronic Health Record (EHR), teletherapy, use of technology including integrated software tools, delegation of tasks or contracting/outsourcing, documentation, scheduling and attendance, personal approach, and ongoing development. Clearly, the use of technology in various forms was seen as beneficial to practice. Tools such as EHR systems, video-teleconferencing platforms for teletherapy, and integrated software tools, including AI, were used. A participant shared,

> I've started using AI (Copilot, ChatGPT) to help with small research tasks (find this on the web, etc.). It really is helping me right now redesign my website! Zoom—on a home desktop and a mobile iPad, has helped overall scheduling and productivity.

Teletherapy was seen as enhancing flexibility and increasing efficiency and productivity overall.

Delegation of tasks or contracting/outsourcing administrative, billing and accounting, and business tasks was cited as helpful. For notes and documentation, participants recommended counselors in private practice develop an efficient process for documentation, complete notes soon after sessions, use EHR software systems and utilize templates. This is consistent with previous research where Brennan (2013) recommended interventions such as bringing in help in the form of an assistant or outside service (i.e., billing service), using technology to improve organization and task completion, scheduling time for indirect work, or taking a small business class.

Regarding managing scheduling and client attendance, participants emphasized that client commitment is important and suggested counselors educate clients on policies (i.e., scheduling, cancellations, fees), hold related boundaries, over-schedule to offset cancellations, and plan and

budget for some no-shows. A number of participant takes on best practices were categorized under the sub-theme of personal approaches and described by the codes, start with a good process, develop effective routine, develop good organization skills and practice, organize with spreadsheets and lists, utilize effective planning, create daily goals, practice effective time management, plan time for accounting, organize tasks into smaller steps, plan ahead for larger tasks or projects, an entrepreneurial mindset is helpful, and use a thorough intake process. Ongoing development was also seen as key in moving towards improved practices.

Finally, touching on a theme of the importance of counselor wellness and well-being as part of productivity that was woven throughout many of the participant responses in the study, a participant noted their guiding perspective to "Maintain flexibility and assess what is needed for my own family and self." In looking at burnout for practitioners in private practice, Vredenburgh et al. (1999) found that counseling psychologists in private practice reported the least burnout across different practice settings. This was attributed to having greater professional independence, autonomy and control over income, along with viewing a higher caseload and more direct service time and as an opportunity for greater helping and income, resulting in a better sense of personal accomplishment. In a similar but more recent study, Lent and Schwartz (2012) also reported significantly lower burnout of every type for counselors working in private practice, compared to those in community clinics. Therefore, incorporating best practices could further enhance the well-being of counselors in private practice.

Limitations and Recommendations

The limitations of this research study include constraints to the generalizability of findings to the counselor experience considering the subjective nature of the phenomena being studied, methodology used, and use of convenience and snowball sampling. Further, an

anonymous online survey was used, so there was not opportunity to follow up with participants for clarification, further information, or for participant checks of the accuracy and validity of codes and themes attributed to responses. Additionally, the study focused only on a specific swath of professional counselors—licensed mental health counselors who graduated from a CACREP-accredited program and worked primarily with adults (18+ years old) in individual therapy.

New information about the phenomena may be uncovered, and the results of this study supported and made more generalizable if future research included a broader range of the professional counseling population. In particular, it is likely counselors who work with children and adolescents would have some differences in how they experience productivity, including challenges and barriers and recommendations for best practices (i.e., barriers to attendance, engagement dynamics, and interactions with parents/guardians).

Another limitation and shortcoming of this study is that it did not specifically ask about or investigate cultural, multicultural, or identity factors or contexts for participants or the phenomena. Granted, the investigation was approached from a phenomenological position and used broad open-ended questions, allowing participants the opportunity and space to share what was most relevant to them about the phenomena in question. In fact, several participants did share experiences of seeing or associating productivity as an idea or directive to capitalism, exploitation, corporate ideology, and supremacist ideology. As an example, one participant expressed,

> I find the focus on productivity to be harmful in its association with capitalist (and therefore supremacist) ideology. In particular my experiences of productivity in the context of community based practice models that are exploitative set this foundation for me.

Nonetheless, it is recommended that future research explore how counselors with diverse and marginalized identities may experience and relate to productivity in unique ways, including their experience in private practice settings and interactions with systems (i.e., insurance panels/systems, credentialing, and business services) that can impact productivity.

Finally, a goal of the study was to better understand what is known about best practices for productivity from experienced counselors in private practice, and it was successful in eliciting perspectives, opinions, and recommendations from participants. However, more focused research is needed to further develop and understand, add to, corroborate, and confirm the effectiveness of reported best practices. Also, where qualitative research and phenomenological inquiry are well suited with open curiosity and thick descriptions to exploring and illuminating phenomena that are poorly or superficially understood, more quantitative approaches, including direct measurements of the tangible components of productivity (i.e., time spent, frequency of engagement, ratio of tasks, stress level) may be more effective at evaluating the veracity of reported and posited best practices.

Conclusions

Participants spoke of productivity processes and outcomes related to caseload management, client engagement, quality of services, client satisfaction, positive clinical outcomes, balancing quantity and quality of services provided (described as an inverse relationship), ability to invest in professional learning and development, ability to take ethical actions and meet ethical responsibilities, efforts to meet client pro bono needs, and practicing and offering counseling services in an ongoing sustainable way (including avoiding burnout). It is reasonable to presume that these factors can impact both the quality and quantity of services counselors in private practice provide, and thus, productivity is consequential to meeting

community demand for counseling services. Ultimately, the strengths and importance of this research study are that it explored and shed light on an important aspect of clinical practice.

Identifying and beginning to fill gaps in understanding is critical but also challenging. Given the novelty of studying productivity, especially in a private practice setting, it is important to consider that the results of this study are likely only beginning a conversation. Considering the range of responses by participants of this study, it may be necessary to begin with an existential discussion. Is the concept of productivity inherently bad and something to move away from? Or should it be embraced and mastered? If it is the latter, what are best practices, and how will they be learned and passed along? For either course, it is also worth asking to what end—liberation from the machinations of capitalism and worker exploitation, or duty and purpose in doing the most helping we can and harvesting our rewards whether that be money or satisfaction.

In addition, what responsibilities do counseling programs have in preparing counselors in training for private practice—as operator of a small healthcare business trying to balance the immense complexities of it? What role and position should supervisors take, including towards productivity? How do we talk about productivity with trainees? The voices of the participants and results of this study confirm that the different parts of our work as counselors are interconnected and interdependent, yet we seem reticent and uncomfortable talking about workflows, the practice management, money, and the business of counseling. The hope is that this research sparks a fresh discussion, and that counseling can create its own definition and approach to productivity that honors the profession's great values while facing the realities it operates within.

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APPENDIX A: CITI TRAINING

CITI PROGRAM

Completion Date 17-Jan-2024
Expiration Date 17-Jan-2027
Record ID 60546006

This is to certify that:

Mark Pilger

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Human Participants in Research
(Curriculum Group)
AU Seattle - Human Participants in Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Antioch University

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 17-Jan-2024. Verify at www.citiprogram.org/verify/?w4f91dd07-e625-4330-86fd-2ce81f9bc485-60546006

APPENDIX B: PARTICIPANT RECRUITMENT

Productivity in Private Practice – Participant Recruitment

(RECRUITMENT EMAIL)

Study Participation Request - Productivity in Private Practice

Hi there,

You have been identified as a potential participant for a study on productivity in private practice. The purpose of this study is to illuminate the lived experience of licensed mental health counselors in private practice pertaining to productivity, leading to a greater understanding of what challenges they face and what best practices they have developed.

Inclusion criteria:

- You are invited to participate if you are a licensed counselor with a degree from a CACREP-accredited program
- Work primarily in a private practice setting
- Work primarily with adults (clients age 18+)

Qualitative Survey Questions:

- How would you define and describe productivity as it applies to your work as a counselor in private practice?
- What are your thoughts and feelings about the concept of productivity in private practice counseling?
- How do you approach productivity? What is your process?
- Related to productivity, what are your goals? What outcomes do you value?
- Related to productivity, what are your goals? What outcomes do you value?
- How do you manage resources (i.e., financial, time, energy)?
- How have or might challenges and stressors in running your practice impact efforts to meet ethical responsibilities?
- What strategies or best practices have you learned, developed, or used to enhance productivity in your private practice (i.e. technology)?

If you fit the criteria and are interested in participating, these are the next steps:

- Follow this link for the informed consent form:

  https://www.surveymonkey.com/r/counselorproductivity

- Complete the demographic questionnaire and qualitative survey questions.

(ONLINE POST)

Study Participation Request - Productivity in Private Practice

I am looking for individuals who are a licensed counselor with a degree from a CACREP-accredited program and work primarily with adults (18+) in a private practice setting, *to take an online survey* about their experiences with productivity, to better understand what challenges they face and what best practices they have developed. If you fit the criteria, please consider participating – no identifying information will be collected at any time. Those who are interested in learning more can follow this link:

https://www.surveymonkey.com/r/counselorproductivity

(EMAIL TO CESNET)

To Whom It May Concern,

We are investigating the experiences of licensed mental health counselors with a degree from a CACREP-accredited program who work primarily with adults (18+) in private practice, *to take an online survey* about their experiences with productivity, to better understand what challenges they face and what best practices they have developed.

We would like to invite you to participate (if applicable) or to share this with others whom you think might be interested in taking part in this novel research, which seeks to better understand the lived experiences of counselors in private practice pertaining to productivity.

This study is approved by Antioch University's IRB. It involves an estimate time commitment of 5-10 minutes and is completely anonymous. By following this link you can review informed consent and complete demographic questions and eight qualitative survey questions: **https://www.surveymonkey.com/r/counselorproductivity**

Thank you for your time and consideration!

Appreciatively,

Mark Pilger

APPENDIX C: INFORMED CONSENT

Productivity in Private Practice – Informed Consent

You are invited to participate in a research study conducted by Mark Pilger, a doctoral student at Antioch University Seattle. This form describes the study to help you determine if you are comfortable participating.

CRITERIA FOR PARTICIPATION:
You are invited to participate if you meet the following criteria:

- Licensed counselor with a degree from a CACREP-accredited program
- Work primarily in a private practice setting
- Work primarily with adults (clients age 18+)

If you *do not* meet this criteria, thank you for your interest. You do not have to proceed further. You may simply close your browser window.

If you *do* meet this criteria, please continue reading the informed consent form for more information and to participate.

STUDY OVERVIEW AND PROCEDURE:
The goal of this study is to illuminate the lived experience of licensed mental health counselors in private practice pertaining to productivity, leading to a greater understanding of what challenges they face and what best practices they have developed. You will be asked to answer demographic questions and complete qualitative survey questions. This includes an approximate time commitment of 5-10 minutes.

RISKS AND BENEFITS OF PARTICIPATION:
No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. Occasionally, people who participate in counseling research find that they would like to seek out mental health care and/or support. For more information, you may want to contact the National Alliance on Mental Illness (NAMI) at: 1-800-950-NAMI (6263).

You should also be aware that there is a small possibility that unauthorized parties could view responses because it is an online survey (e.g. computer hackers because your responses are being entered and stored on a web server).

In terms of benefits, there are no immediate benefits to you from your participation. However, we anticipate learning more about the experience of licensed mental health counselors in private practice pertaining to productivity, which may lead to a greater understanding of what challenges they face and best practices that have been developed.

DATA PRIVACY:
No identifying information will be asked at any time. IP address collection is turned off and your

name or contact information will not be requested.

YOUR RIGHTS AS A PARTICIPANT:
Your participation in this study is voluntary. You can decide not to be in the study at any time and can simply close the browser window. Only completed surveys will be utilized for data analysis. In addition, it is important for you to know that your decision to participate or not to participate will not affect your relations with Antioch University in any way.

CONTACT INFORMATION:
This study has been approved by the Antioch University Institutional Review Board (IRB). If you have ethical concerns about this study or your treatment as a participant, you may contact the chair of the IRB.

Researcher: Mark Pilger, M.A.
Email:

Faculty Advisor: Stephanie Thorson-Olesen, Ph.D.
Email:

If you have any questions about or do not understand something in this form, please contact the primary researcher for additional information. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

CONSENT TO PARTICIPATION:
By clicking “next” you agree to the following statements:

- I have read this form, and I have been able to ask questions about this study.
- I have not given up any of my legal rights as a research participant.
- I fit the criteria to participate in this study.
- I voluntarily agree to be in this study.

APPENDIX D: DEMOGRAPHIC AND SURVEY QUESTIONS

Productivity in Private Practice – Demographic Questions and Survey Questions

Demographic Questions

1. Are you a licensed counselor with a degree from a CACREP-accredited program?
Yes
No

2. Do you work primarily in a private practice setting?
Yes
No

3. What client age population do you primarily work with?
Children
Adolescents
Adults

4. How many years of licensed counseling experience do you have?
0-2
3-5
6-9
10-15
16+

5. Do you primarily practice in-person, via teletherapy, or a combination?
In-person
Teletherapy
Combination of In-person and Tele-therapy

6. How many therapy hours per week do you typically spend with clients?
1-10
11-20
21-30
31-35
36+

Qualitative Survey Questions

1. How would you define and describe productivity as it applies to your work as a counselor in private practice?
2. What are your thoughts and feelings about the concept of productivity in private practice counseling?
3. How do you approach productivity? What is your process?
4. Related to productivity, what are your goals? What outcomes do you value?
5. What are the challenges and barriers to productivity (e.g., scheduling, client attendance, financial)?

6. How do you manage resources (i.e., financial, time, energy)?
7. How have or might challenges and stressors in running your practice impact efforts to meet ethical responsibilities?
8. What strategies or best practices have you learned, developed, or used to enhance productivity in your private practice (i.e. technology)?

APPENDIX E: DEBRIEFING FORM

Debriefing Form

PURPOSE:
The goal of this study is to illuminate the lived experience of licensed mental health counselors in private practice pertaining to productivity, leading to a greater understanding of what challenges they face and what best practices they have developed.

CONTACT:
Researcher: Mark Pilger, M.A.
Email:
Faculty Advisor: Stephanie Thorson-Olesen, Ph.D.
Email:

FINAL REPORT:
If you are interested in obtaining a copy of the final report of this study you may contact the researcher with the information above.

FOR FURTHER READING AND/OR SUPPORT:
Occasionally, people who participate in counseling related research find that they would like to seek out mental health care and/or support. For more information, you may want to contact the National Alliance on Mental Illness (NAMI) at: 1-800-950-NAMI (6264) for resources available to you. You can also find NAMI at: http://www.nami.org

Thank you for your participation!