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The Lived Experiences of Group Practice Ownership by Female Licensed Professional Counselors

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

The Lived Experiences of Group Practice Ownership

by Female Licensed Professional Counselors

by

Ashley Lynn Garrett

MS, Jacksonville State University, 2004

BS, Samford University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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Abstract

The U.S. counseling profession is mostly female, with many practitioners interested in starting their own business. However, little is known about women's lived experiences of owning a group counseling practice. An interpretative phenomenological analysis approach was used to explore the lived experiences of six female licensed professional counselors who have owned a group counseling practice for at least 5 years. Phenomenology and feminist theory provided a framework for the study. Eight themes emerged from the study: (a) factors associated with the decision to create a group practice, (b) a continuum of preparatory engagement for group practice ownership, (c) the influence of gender in ongoing perception of self and others, (d) group practice owners' adaptability to a global pandemic, (e) owners' attitudes and perceptions about group practice ownership, (f) group practice as a conduit for owners' personal growth, (g) factors that include use of their clinical training in varied contexts, and (h) owners' experiences in meeting administrative and business challenges. These findings offer counselor educators, supervisors, and group and solo practitioners insight into expanding their current business practices. Study findings could contribute to positive social change by helping owners to be more efficient, thereby allowing them to reallocate time, energy, and financial resources to advocacy at the local level. In addition, the results of this study may help counseling associations to better allocate resources to respond to members' increasing interest in business ownership.

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Chapter 1: Introduction to the Study

Although some researchers have examined the concept of private practice in related health services fields such as psychology and social work (e.g., Bandini, 2011; Buckner, 1992; Cunningham et al., 2014; Harrington, 2013; Jones 1996; Magnavita, 2018; Reese et al., 2013; Reynolds, 2010; Richards, 1990; Young & Weishaar, 1997), few have focused on licensed professional counselors' (LPCs') experience of private practice ownership in the field of counseling. Research that specifically focuses on the phenomenon of private practice in the counseling profession is needed as part of the larger effort of those in the field to continually develop a professional identity from those of other mental health professions (MacLeod et al., 2016; Remley & Herlihy, 2021). Without exploring LPC' practice ownership, it is unclear whether counselors' experiences differ from those of other mental health professionals such as psychologists and social workers.

Additionally, exploring lived experiences through the lens of female counselors may provide insight as to whether gender affects business practices or needs. Male dominance in the realm of business, as well as in the social sciences as a larger field, has meant more support for male business owners through higher investment dollars for male-led projects and more opportunities for advancement outside their company as well as potential expansion (Durbin & Lopes, 2017; Fackelmann & De Concini, 2020; Feeney & Fusi, 2021; Gurber et al., 2021; Kanze et al., 2020; Martin & Barnard, 2013; Mousa et al., 2021; Staker, 2020). The individual experiences of women who own group counseling practices, in which they own the practice and employ or contract with

multiple mental health professionals, have not been explored in the literature. Although many of the business ownership and management elements in related fields may be the same, there may be insights that are specific to counselors.

This was a phenomenological study to understand the potentially unique needs of female-owned group counseling practices. Using an interpretative phenomenological analytic design, I sought to uncover themes encompassing participants' lived experiences and how, if at all, being female contributed to their businesses. The purpose of this interpretative phenomenological analytic qualitative study was to contribute to the body of research in counseling by gaining insight and understanding of the lived experiences of female LPCs who own a group counseling practice. In addition, knowledge of participants' experiences may provide female clinicians with a realistic view of the typical business functions required to be a successful group practice owner (Bandini, 2011; Jones, 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990).

In this chapter, I provide the background supporting an examination of female group ownership in the counseling profession. I also include the problem statement for this study, the purpose of the study, research question, and theoretical and conceptual framework. In addition, I discuss the nature of the study; define key terms; and discuss the assumptions, scope and delimitations, and limitations of the study. I conclude the chapter with a discussion of the significance and social implications of the study.

Background

Articles by Centore (2019), Meyers (2019), and Shallcross (2016) in *Counseling Today*; the monthly newsletter published for the 55,000 + counselor members of the

American Counseling Association (ACA), reflect interest in group practice ownership in the counseling profession. The articles support that the topic of group practice ownership in the profession of counseling is merits research. With monthly articles on issues related to the business of private practice ownership, *Counseling Today* authors such as Centore, Meyers, and Shallcross have addressed the practical aspects of solo and group practices. These articles, written by practicing counselors, provide a plethora of advice on topics ranging from increasing effectiveness to finding professional balance, but the newsletter articles generally lack scholarly research and relied heavily on the authors' personal business ownership experiences.

Privately owned group practices compete against solo practitioners, corporate mental health companies, and government-funded mental health centers for clinicians, referrals, and funding. Budman and Steenbarger (1997), Grodzki (2015), Hartsell and Bernstein (2013), and Walfish et al. (2017) have focused on the advantages of a group practice business model in a competitive market. Additionally, these authors reported that group practice owners continually make decisions about the practice's financial aspects and consider the types of roles and responsibilities owners undertook while they followed the ethics of the counseling profession. Counselors typically develop solid clinical skills but lack the confidence and competence to run a successful practice, research indicates (Walsh & Dasenbrook, 2007).

There is scholarly research on the business aspects of private practice in other mental health professions. Scholars in social work and psychology have conducted extensive research on the business details of running a private practice and group

collaboration (e.g., Buckner, 1992; Cunningham et al., 2014; Harrington, 2013; Reese et al., 2013; Young & Weishaar, 1997). However, there was a gap in scholarly evidence-based contributions in the field of professional counseling. As the field of counseling continues to grow and practitioners strive to differentiate their profession from social work and psychology, it is crucial to create a body of literature on the profession's business aspects (MacLeod et al., 2016; Remley & Herlihy, 2021). Researchers such as Bandini (2011), Jones (1996), Magnavita (2018), Reynolds (2010), and Richards (1990) have identified a need for scholarly research in the areas of business and counseling.

Research on the experiences of women, a historically marginalized group, is particularly needed (Gruber et al., 2021; Mousa et al., 2021; Staker, 2020). Most salient to this research was I wanted to examine the impact, if any, of female business ownership on the implementation of counseling services from a broader perspective. Although the ACA (2019) has tracked the type of careers held by its members, it has not tracked the gender of its members, thus requiring that this information be obtained from outside of the organization. Business Wire (2018) reported that women started more small businesses in the United States than men and that those female-owned businesses were profitable. In fact, the revenue that women brought into communities overall had a notable impact on the economy at the local and national economy levels (Business Wire, 2018). In 2017, Data USA found that over 70% of the 805,000 individuals who worked in counseling professions identified as female. Pertinent to the counseling field, ACA reported in 2019 that 20.8% of its more than 55,000+ members worked in some form of private practice. Using the Data USA report showing that the counseling profession is

70% female, I extrapolated that 20.8% of the approximately 38,500 female members of the ACA in 2019 were working in a private practice setting. This high number further supports the need for this study.

In this study, I addressed the lack of scholarly research on the business of counseling. My specific focus was on female group practice ownership. I heeded Smith et al.'s (2012) research method, which was aligned with phenomenology and feminist theory. By using this research method, I was able to allow participants to reflect on the significance of their experiences through descriptive and interpretive examination, thus, making sense of their reflections. As leaders in the counseling profession have worked to differentiate the field from other mental health professionals, they have noted a need for more in-depth, counseling-specific research to provide meaningful insight and business acumen framework for counseling supervisors and counselors-in-training about these experiences. Knowledge of the lived experiences of group practice ownership may provide insights that stakeholders can use to reduce burnout.

Problem Statement

Most (70%) counselors in the United States in 2017 were female (Data USA, 2017). A sizable percentage (20.8% of ACA's 55,000 members worked in private practices in 2019 (ACA, 2019). There has been growth in the number of startups of female-owned enterprises in the United States (Business Wire 2018). However, there continues to be a lack of research on the experiences of female owners of group counseling practices.

A group counseling practice typically consists of two or more mental health professionals who come together contractually to manage and share clients, or a counselor who owns the practice and employs or contracts with other mental health clinicians to provide services to clients (Stout & Grand, 2005).The group practice model helps solo practice owners by merging to cut costs and expand services; this helps them to compete in managed care contracts (Budman & Steenbarger, 1997; Grodzki, 2015; Hartsell & Bernstein, 2013; Walfish et al., 2017). Centore (2019), Meyers (2019), and Shallcross (2016) described some of the difficulties in creating and running group practices. These include a lack of formal business training, low tolerance of risk, the imperative to balance the needs of the community with the needs of the business, personal values related to income and profit, the need to establish a balance between clinical and business duties, and the requirement to expand administrative and clinical staff. Still, the overall counseling literature has provided minimal information on developing or launching group practices in the counseling profession. The lack of research-driven resources for counseling professionals seeking to open a group practice has made the task of starting and managing such a practice potentially overwhelming. Many clinicians have entered the business of counseling without a realistic view of the business functions required to succeed (Bandini, 2011; Jones, 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990).

The business of beginning, managing, and providing clinical care while growing and maintaining legal and ethical aspects of a business is complex. Recent studies have focused on the business of mental health in the professions of psychology and social

work but have not explored the practices of LPCs (Buckner, 1992; Cunningham et al., 2014; Harrington, 2013; Reese et al., 2013; Young & Weishaar, 1997). There is a plethora of self-help, mastermind groups, consultants, and business workshops related to private practice; however, these resources are practice informed, not research informed (Harrington, 2013; Reese et al., 2013). The lack of research on establishing and maintaining private practices has left counselor educators and aspiring clinicians to seek information that is not specific to their profession and is not based on research. There was a meaningful gap in the current research literature and a need for more information and research related to group private counseling practices.

Data USA (2017) reported that 73.3% of the 805,000 U.S. workforce in the counseling profession identified as female. Statistics as recent as 2018 showed a dramatic increase in the number of female-owned businesses; in 2017-2018, an average of 1,821 new companies a day were started by women. In the post-recession period between 2012-2017, the daily average was 952 (Business Wire, 2018). Although men and women have both launched private practices, there are more women than men in the profession, and thus more women may need this information. Women may need the information from this research not just because, as a group, they are increasingly launching a business, wanting to increase revenue, having ethical practices, and possibly wanting to have an impact on a local level but because they are also marginalized and underrepresented in the business field (Staker, 2020). Providing counseling supervisors and counselors-in-training with scholarly data about business experiences may provide a framework for

private group practice ownership among women that may promote sustainability and help prevent burnout and provided a framework for private group practice ownership.

Purpose of the Study

The purpose of this qualitative phenomenological study was to understand the lived experiences of female LPCs who are group practice owners specifically in the field of counseling. I conducted in-depth interviews to explore the experiences, including both the potential successes and failures, of female group counseling practice owners. With a high percentage of women in counseling (Data USA, 2017) and an increase in startups of female-owned businesses in general (Business Wire, 2018), there was a need for increased understanding of group practice experiences among women. Though this research may benefit male group practice owners, the focus of this study was on the experiences of female group practice owners.

Research Question

What are the lived the experiences of licensed female group owners in the profession of counseling?

Theoretical and Conceptual Framework

Husserl, Heidegger, Merleau-Ponty, and Sartre, the four significant phenomenological philosophers, valued the core concepts of phenomenology while creating their distinct understanding of experience (Smith et al., 2009). Finding value in what the experience of being human is, what things matter to humans, and what makes up the lived world were common interests of these phenomenological philosophers (Smith et

al., 2009). Heidegger, a former Husserl student, developed hermeneutics. He differed

from his mentor in that he did not believe that a researcher could fully bracket one's lived

experiences from their research (Heidegger 1962/1927).

Hermeneutic theorists are concerned with the methods and purpose of

interpretation of a text. Heidegger (1962/1927) discussed how the concept of fore-

conception limits individuals' ability to achieve complete bracketing. Gadamer

(1998/1960) focused on the importance of historical and literary texts and asked readers

to bring openness to a text.

The hermeneutic circle focuses on the relationship between the part and whole,

rather than linear thinking. The hermeneutic circle is a concept in which meaning is

considered holistic and not just defined by each of its parts. The meaning of the whole is

not just a sum of the parts; instead, the whole is different depending on the context

(Smith et al., 2009). The hermeneutic circle is a process of interpretation that requires

that a researcher continually move between smaller and larger units of meaning to

determine the meaning of both (Smith et al., 2009). This concept of being is key in

interpretative phenomenological analysis (IPA) research (Smith et al., 2009).

In addition to phenomenology, I used a second theoretical lens of feminism in this

study. Feminist researchers have called for an examination of overall structures from the

perspective of critical thinking. hooks's (1981) view of feminism was one of the

intentional commitments to end "all forms of domination, oppression, and privilege that

interact with sexism and gender bias" (p. 8). When utilizing a feminist framework,

researchers have expanded knowledge by focusing on womens' experiences to empower

and highlight issues that are important to them. This importance extends beyond gender-specific issues (Harding, 1988; Hesse-Biber, 2007). By using this approach, I was able to integrate my personal experiences in exploring which characteristics, context, theory, and experiences have contributed to the success of female group practice owners (Patton, 2015; Smith et al., 2012; van Manen, 1990). Additionally, this framework allowed me to capture the essence of both the immediacy and the content of the lived experiences of the participants; it called on me to be transparent through the use of reflexive journaling (Ortlipp, 2008; Patton, 2015). Seeking to understand the phenomenon of female group practice ownership through the feminist lens has demonstrated my goal to align a business owner's innovation with that of the methodology, discipline, and research question (Renate et al., 2014).

Nature of the Study

The nature of this study was a qualitative interpretative analysis (Smith et al., 2009). Interpretative phenomenological analysis (IPA) was well matched with the topic of group practice ownership in female LPCs. Phenomenological researchers engage in qualitative inquiry where they focus on describing the meaning found in the participants' experiences (Heidegger, 1962). I intentionally selected participants from a homogenous sample to explore the experiences of female LPCs who have owned a group counseling practice for at least five years. I used IPA qualitative data collection methods to promote flexibility in the questions asked during the interviews. Components of data collection and analysis for the semi structured interviews interview questions, memos, and codes and coding sheets.

Definitions

In this section, I provide the definitions of words or phrases as they are used in this study.

Council for Accreditation of Counseling and Related Educational Programs (*CACREP*): An entity that accredits master's and doctoral degree programs in the U.S. counseling profession (CACREP, 2016).

Contract worker: A self-employed person who is paid based only the result of the work, not on how the work was accomplished (Internal Revenue Service, 2020).

Employee: A worker for whom an employer has the legal right to control the details of how services were performed (Internal Revenue Service, 2021).

For-profit: A tax status other than 501c3 status (Internal Revenue Services, 2019).

Group practice owner: A counselor who owns their practice and employs or contracts with multiple mental health professionals having varying credentials and qualifications (Centore, 2015; Meyers, 2014).

Licensed professional counselor (*LPC*): "Graduate level (either master's or doctoral degree) mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders" (ACA, 2020, para 1). For this study, an LPC was defined as a fully licensed counselor in the state where they practiced as specified by the governing body that issues the licenses.

Mental health service provider: A professional who can diagnose mental health conditions and provide treatment (National Alliance on Mental Illness, 2020). Research for this study includes studies focusing on LPCs, social workers, and psychologists.

Private practice: Sole ownership, either in the form of a limited liability company (LLC) or sole proprietor ownership. In a company with LLC status, there are no other financial partners in the business and no board of directors who provide oversight (Internal Revenue Services, 2018).

Small business: An independent, for profit business that is privately owned with fewer than 500 full-time equivalent employees (Internal Revenue Service, 2021).

Assumptions

Assumptions for this study were those things that I believed but could not demonstrate to be true. These included that the participants would be honest in telling me their experiences as group counseling practice owners. I also assumed that the experiences of female group counseling practice owners were different from the experiences of male group counseling practice owners. This assumption was why I focused only on female group practice owners in this study. However, a follow-up study on men is needed to compare the experiences.

Scope and Delimitations

Data for the study included interviews with female license professional counselors who were sole owners of their group practice. A delimitation of the study was the sample size. Smith et al. (2009) suggested approximately 5-10 participants for IPA. Smith and Osborn (2003) stated that generalization is theoretical, not empirical in the IPA approach.

Requiring that participants identified as female and had experience as a group practice owner for five or more years was also a delimiting factor. This study explored six individual's experience which raised concerns for transferability and generalization. IPA focused on a specific population within their settings. In this study the target specific population was both a female LPC and an owner in a group practice setting.

Limitations

Within the context of IPA, there has been debate as to how to obtain a homogenous sample and at the same time conduct a transferable study. Smith et al. (2012) appeared to have a response for every limitation that critics identified. The tension seemed to lie within the idea that the IPA proponents prided themselves on the sample size being homogeneous and yet transferable compared to other similar studies. A lack of previously published research on group practice ownership by females in the field of counseling was a limitation. I may have been biased because I was a female owner of a group practice. To enhance validity and provide sufficient detail, I used member checks and sought to elicit thick descriptions (Birt et al., 2016; Lincoln & Guba, 1985). I communicated my biases through reflexive journaling and peer debriefing. Transparency of identified limitations and provision of rich data are two ways to overcome transferability limitations and limited scholarly research (Smith et al. 2012). I ensured validity through triangulation by collecting data from participants and allowed them to share their personal lived experiences.

Significance

This research project may help to fill a gap in understanding of the business of counseling, focusing specifically on female group practice owners' experiences. This topic warranted attention because of the lack of the scientific literature. This study was unique because it addressed an under researched area of the counseling profession. Recently, women in the United States have been more likely than men to open a small business (see Business Wire, 2018). The professional literature surrounding counseling group practice ownership of men and women is limited (Bandini, 2011; Jones, 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990). Because most counselors in the United States are female, I focused on the experiences of this population.

Insights from this study may aid counselor educators, supervisors, group counseling practice owners, and solo practitioners interested in expanding their current practices. I hope that the examination of this research question has provided much-needed insight and has bridged the gap between experiences of other mental health professions and the field of counseling while providing gender-specific data. More detailed data about female counselors' experience as group practice owners may potentially be translatable across disciplines, including psychological and social work endeavors. This research may address the paucity of information currently provided by ACA and perhaps provide direction regarding resource allocation by associations related to this field. Stakeholders may be able to integrate this information into the formation of new practices.

The results of this study may contribute to positive social change by helping owners be more efficient in business practices and thereby allow counselors to potentially reallocate time, energy, and financial resources to areas of advocacy at the local level. Locally owned group practice owners have significantly impacted the communities they serve by the provision of services to the underserved, advocacy for local politicians to address social inequities, and the provision of community education based on the profession's wellness model (Greenwood et al., 2005). The study's other implications for positive social change include increasing the success of these female business owners by providing knowledge specifically on group practices that may stimulate local economies through job opportunities and by expanding individuals' access to mental health services and ability to engage in job opportunities in their communities.

Summary

In this chapter, I provided the background supporting an examination of female group ownership in the counseling profession. I also included the study's problem statement, the purpose of the study, research question, and theoretical and conceptual frameworks. The nature of the study; definitions of key terms; and assumptions, scope and delimitations, and limitations were outlined. I concluded the chapter with an overview of the significance of the study. In this study, I explored how licensed females in the counseling profession could better understand the experience of owning a group practice. Stakeholders in the counseling profession could use such data to guide counseling supervisors and develop business strategies to increase the success of practices, thus expanding the services offered to communities. In Chapter 2, I provide a

literature review of the available research on the business of counseling and the role of

women in the profession of counseling.

Chapter 2: Literature Review

Introduction

Research on the experiences of female-owned group counseling practices was minimal. However, research was common in business management of private practice and group practice in related professional fields such as psychology and social work. With 20.8% (ACA, 2019) of ACA members working in private practice and 70% of counselors being female (Data USA, 2017), there was a need for scholarly research to inform best practice. Additionally, differentiation from social work and psychology was crucial to creating a body of literature specific to professional counselors (MacLeod et al., 2016; Remley & Herlihy, 2021). Cunningham et al. (2014) reported that due to factors such as lower caseloads, greater autonomy, and increased job satisfaction, counselors were more drawn to private practice over agency settings. Wolper (2013) reported that the failure rate for mental health care businesses could be attributed to a lack of business and finance training. According to the U.S. Bureau of Labor Statistics (2016), the failure rate in 2016 was 30% at Year 1, 60% at Year 5, and 70% after a decade.

I provide a comprehensive review of the literature in this chapter that supports the study's importance. In this chapter, I discuss the literature search strategies I utilized. Next, I discuss the interpretive approach and the second theoretical lens of feminism that I used in conducting the study. Following the literature review process discussion, I review the databases and search engines that I employed. Chapter 2 continues with an examination of the present study's conceptual framework; career options for professional

counselors, the CACREP Standards and coursework used in preparing students for private practice; business aspects of private practice; models of private practice issues and challenges related to group private practice; small business aspects for women and challenges specific to women in private practice. The chapter ends with a review of work-life balance related to counselor as self. In reviewing the literature, I found some non-peer-reviewed literature consisting of "how-to" manuals and textbooks available to counselors in private practice. I found limited research in the scholarly literature.

Literature Search Strategy

Using databases of the Walden University Library and the search engine Google Scholar, I searched for scholarly journal articles with terms related to the business of counseling and other mental health professions from the past 5 years. I utilized databases in both humanities and business, including ERIC (EBSCO), MEDLINE (EBSCO), MEDLINE (Ovid), Psychiatry Online, PsycINFO, Dissertations and Theses Online, ProQuest Central, Project Muse, SAGE Journals, Social Work Abstracts, SocINDEX with Full Text, and Taylor and Francis Online. For the business aspect of my topic, I searched Business Source Premier, NetAdvantage (Standard & Poor's), Small Business Reference Center, Entrepreneurial Studies Source, and ABI/INFORM Global. Search terms included *business, counselor, therapist, private practice, business, gender, and group practice, financial profit, financial success,* and *monetary profit*. My searches yielded approximately 220 titles. Of these, I reviewed about 200 abstracts and books and selected 28 for this chapter. There was limited current research, including dissertations, from the past 5 years specifically related to the topic of group practice. Therefore, I

expanded my research to include professional books and articles trending in the *Counseling Today* publication despite its not being a peer-reviewed source.

Theoretical Foundation

Phenomenology

Phenomenology focuses on how people have experienced a phenomenon (Smith et al., 2009; van Manen, 2014). For those in the field of counseling, it has provided a "rich source of ideas about how to examine and comprehend lived experience" (Smith et al., 2009, p. 11). The four major phenomenological philosophers, Husserl, Heidegger, Merleau-Ponty, and Sartre, valued the core concepts of the phenomenological philosophy while creating their distinct understanding of experience (Smith et al., 2009). Husserl (1931) embraced the concept of bracketing, putting aside the current view of order. Epoché, also referred to as *bracketing*, refers to observing a concept as an experience, thus attempting to remove any judgments about the concept itself (Bednall, 2016).

Heidegger, a student of Husserl, viewed his teacher's work as too theoretical in that it focused on perception, awareness, and consciousness. Heidegger (1962/1927) considered existence itself and where individuals find meaning concerning the world around them. Merleau-Ponty (1962) focused on how each person could observe but not experience another position, and that the body is a crucial part of the experience. Sartre (1956/1943) viewed the self as continually developing and unfolding, not something to be discovered. Furthermore, Sartre viewed experiences as presences and lacks presences concerning others. Heidegger, Merleau-Ponty, and Sartre all focused on

understanding the perspectival directness of our involvement in the lived world

something which is personal to each of us, but which is a property of our

relationships to the world and others, rather than to us as creatures in isolation.

(Smith et al., 2009, p. 21)

Hermeneutics

Hermeneutic theorists Heidegger and Gadamer focused on the methods and

purpose of interpretation of a text. Heidegger (1962/1927) focused on the concept of fore-

conception and limitations to bracketing completely. Gadamer (1960/1998) considered

the process of interpretation like a horizon in that the searcher has a specific viewpoint.

Finally, the concept of the hermeneutic circle focuses on the relationship between the part

and whole of a text.

Heidegger challenged researchers to consider the dasein of participants

concerning how their existence impacts their interpretation of those lived experiences

(Horrigan-Kelly et al., 2016). Fore-sight and fore-conception challenge researchers to

continually consider their preunderstandings and ongoing interactions with participants

and the concepts being researched. Gadamer (1976) stated that the researcher's

understanding and interpretation were constantly evolving and played a positive role in

finding meaning.

Regarding the hermeneutic circle, researchers have continually revised the

interpretation of a whole text as they obtained new interpretations of smaller parts of a

text. This continual revision of smaller units of meaning was based on one current

interpretation of larger units of meaning. Because the researcher moved back and forth

between smaller and larger units of text, they gained an increased understanding of both small and large text. Each of these reflections impacted the meaning of the other in a circular interpretation. Through the concept of the hermeneutic circle, the meaning of individual lived experiences was considered not only as unique experiences but also within their cultural context (Suddick et al., 2020). These concepts of iteration were key in IPA research.

Interpretive Phenomenological Analysis

Phenomenological research has allowed researchers to understand the essence of participants' experience with a given phenomenon (Creswell, 2013). Conversely, idiography was concerned with the depth of analysis and understanding how a specific phenomenon has been understood. This idiographic approach required that researchers consider each particular context before moving toward more general claims (Smith et al., 2009). The double hermeneutic aspect was evident in that the researcher made sense of the participant, who made sense of their experience (Smith et al., 2009) Additionally, regarding the interpretation, the researcher must have embodied both a researcher's mind of empathy and suspicion while they made sense of data (Ricoeur, 1970). Husserlian phenomenology attempted to identify meaning from statements and themes (Husserl, 1931). Focusing on the essence of experience, Husserl taught researchers to bracket their judgments and preconceived ideas to identify the meaning of the individual participant's experience. Heidegger (1962) approached individual's understanding through the concept of Dasein, being-in-the-world. His approach to qualitative inquiry required that researchers examine the descriptions to identify meaningful themes.

IPA is a phenomenological analysis derived from the work of Husserl and Heidegger that focused on meaning of experiences including essences and themes. Smith et al. (2009) focused on meaning-making and the interpretations individuals construct of their lived experiences. According to Smith and Osborn (2003) through double hermeneutics, "two stage interpretation," the researcher worked to make sense of how the participants interpreted their lived experiences (p. 53). Smith et al. (2009) reported that IPA's purpose was to focus "upon people's experience and/or understandings of particular phenomena" and the meaning they attached to them (p. 46). According to Smith and Pietkiewicz (2014), analyzing each individual personal account, discussing general themes, followed by the researcher's professional interpretation has provided research steeped in double hermeneutics. van Manen (1990) reported that lived experiences were ever shifting even after examination and further recollection. This continual shift of experience transformed occurrences into the lived experience; the essences of an individual's experience.

Feminist Theory

Judith Butler (gender issues), Bracha Ettinger (matrixial theory), Avital Ronell (continental and analytical philosopher), Simone de Beauvoir (pioneering figure of contemporary philosophical feminism), and Mary Wollstonecraft (one of the founding *feminist* philosophers) helped shape current feminist philosophy with their different philosophical orientations, ontological commitments, and the focus of political and moral efforts with the rights of women and other oppressed groups interest at the forefront. I used a second theoretical lens of feminism to examine the overall patterns

with the system and how they influenced counselors in the roles as both clinical and critical problem solvers. Feminist theories have strived to focus not only on gender but on "multiple intersectionalities of identity" (Marshall & Rossman, 2010, p. 27). Feminist philosophy has strived to challenge the dichotomy of Western philosophy. Concentrating on removing sexist bias and representing women's voices, researchers utilized feminist theories and focused on the day-to-day messiness of lived experiences (Spencer et al., 2014). Feminists and those who embraced the core aspects of feminist theory injected their perspective into basic philosophical questions long debated. Issues related to the body, classism, disability, sex work, reproduction, and sexuality have appeared in analytic (emphasis on language), continental (thinkers outside of analytic movement), and pragmatist (reasonable and logical approach of doing things) philosophy with a feminist lens. Furthermore, these theorists brought fresh perspectives to issues related to race and racism (hooks, 1981), science (Solomon, 2001), and human rights (Harris, 1990).

Feminist Theory in Counseling

Feminist counseling developed from women-formed groups whose goal was consciousness raising (Herlihy & Park, 2016). Current day feminist counselors practice in many ways and have used a variety of approaches but with a shared set of principles: the personal was political, there was a commitment to social change, relationships were egalitarian, to honor women's voices and ways of knowing, and the importance of recognizing all types of oppression (Herlihy & Park, 2016). Herlihy and Park (2016) reported that one limitation with feminist counseling approaches was that it lacked the

clarity that more traditional models such as person-centered, cognitive behavioral, and psychoanalytic provided. Within the field of counseling research, feminist theory and practice have grown at such accelerated rates that counselor researchers had to continue to work to produce empirical support (Herlihy & Park, 2016; Remer et al., 2001; Worell & Johnson, 2001).

Feminist Theory in Research

A feminist framework allowed researchers to expand knowledge by focusing on the experiences of women in a manner that empowered and highlighted issues that were important to women, beyond those that were gender specific. hooks defined feminism as "the movement to end sexism, sexist exploitation, and oppression" (hooks, 2000, p. viii). However, feminism was not just about gender or specifically women's issues, rather it was a political movement that focused on the freedom of all oppressed people (Biana, 2020, Degges et al., 2013). According to Degges et al. (2013), feminist theorists prioritized gender issues with race, class, sexual orientation, and other sociological constructs.

Creating an environment between researcher and interviewee that focused on collaboration, empowerment, strengths, trust, equality, and open disclosure was reflective of feminist theory (Pack, 2009; Worell & Remer, 2003). Reinharz and Davidman (1992) stated that "new relationships, better laws, and improved institutions" were the goals of feminist grounded research (p. 175). Additionally, Olesen (2003) said that feminist research that was qualitative could be subjective through personal narrative, analysis of systems, and social policy.

Literature Review Related to Key Variables and/or Concepts

Careers in Counseling

In my literature review, I focused on CACREP standards regarding private practice, career options for counselors, motivations for choosing a career in private practice, job satisfaction, employment options, and barriers to employment in a private practice setting. Addiction Counseling, Career Counseling, Clinical Mental Health or Community Agency Counseling, Marriage, Couple and Family Counseling, School Counseling, Student Affairs and College Counseling, and Gerontological Counseling, are all areas that the CACREP offered accreditation for in master's degree programs in the field of counseling (ACA, 2020, paras. 2-3). According to ACA (2020), in addition to completion of graduate-level coursework, to find meaningful employment, professional counselors had the option(s) to become a national certified counselor, certified rehabilitation counselor, and/or an LPC. Furthermore, ACA (2020) noted that a doctoral degree was for professionals who want to become research experts, educate, supervise, or consult. Counselors' work settings were diverse and have expanded from school systems to Veteran Affairs, hospitals, educational settings, inpatient and outpatient settings, private practice, in-home, and nature camps (Blocher, 2000; Capuzzi & Gross, 2017; Cunningham et al., 2014; Gambrell et al., 2011).

Clark and Sims (2014), Reynolds (2010), and Shallcross (2016) indicated that business knowledge and skill were needed for counselors to succeed in private practice. Magnavita (2018), Remley and Herlihy (2020), and Reynolds (2010) reported that most counselors did not have specific business training or experience in running a business but

did not address why business training was lacking in masters-level training programs. Reese et al. (2013) designed an elective course for both masters and doctoral level students to help prepare counselors for private practice. When teaching a course, they suggested that counselor educators with no private practice experience needed a co-instructor to assist with the business concepts (p. 3). This course was designed for one specific university (and is not currently) a required CACREP coursework. However, the course met the standard that students understand "record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling" aspects of counseling (CACREP, 2016, Code C.3.m.). Reese et al. (2013) stated that discussions of the business aspect of counseling in graduate-level programs was limited. The developed course required students to create a business plan for their ideal private practice while increasing confidence and clarity. Kapasi and Davis (2017) reported how the case-based analysis of Harvard Business School cases from a variety of industries was implemented to teach business disciplines and promote innovative thinking in a health care industry (physical therapy) and found that the course was effective in instilling an "innovative mindset" (p. 47). Cunningham (2014) found that counselors had an overarching identity no matter the job setting, but that job satisfaction was higher for counselors who worked in a private practice setting. Higher levels of job satisfaction were related to the level in which counselors made choices and exercised control over issues related to scheduling, paperwork, and caseload and therapeutic interventions. McBride (2020) examined the differences in preparedness to manage the business of private practice between pre-clinical and clinical fellows in marriage and

family therapy. Focusing on four variables, practice setting, record-keeping, clinical ethics, and financial management, McBride found that experience between graduating and the survey time did not increase perceptions of preparedness for private practice in the four variables. McBride's research did not indicate what did increase perceptions of preparedness.

Counseling Standards

CACREP has provided accreditation for counseling programs throughout the United States. The 2016 CACREP Standard 2.F.1.h required that counseling programs provide counselors in training with relevant information related to the current labor market (p. 10). Additionally, accredited programs were required to ensure that students grasp topics which were directly related to private practice and group practice settings, such as reimbursement regulations and documentation, but did not specify how standards be implemented in entry-level specialty areas of addiction counseling, clinical rehabilitation counseling, clinical mental health counseling, and marriage, couple, and family counseling (Standard 5.A, 5.C, 5.D, 5.F., pp. 19-31).

Small Businesses in the United States

Entrepreneurs are vital to the local economies because they have provided growth and development and increased the quality of life for the communities they serve (Conroy & Weiler, 2015; Rey-Marti et al., 2016; Wellalage & Locke, 2017). The Small Business Association (SBA) defined a small business as an independent business with fewer than 500 employees (Small Business Association, 2016). Small companies comprised a vital portion of the United States economy (Banham & He, 2014). Stewart (2018) stated that

professionals, such as architects, attorneys, counselors, and physicians, had higher startup rates than most other occupations but did not report the reasons for the high startup rates in this population. Greenwood et al. (2005) found that professional service firms (such as architects, attorneys, counselors, and physicians) significantly impacted local economies, specifically job growth. According to the U.S. Bureau of Labor Statistics (2016), firm startups (including architects, attorneys, counselors, and physicians) were 2 to 5 times the average of other startup company types.

Greenwood et al. (2005) found that professional service firms represented a significant portion of economic growth in more rural areas and 3 to 4 times that of other businesses. Professional service firms engaged in activities consistent with their professional roles and activities compatible with entrepreneurship (Stewart, 2018). Stewart (2018) stated that there may be a conflict between the professional knowledge and goals of a counselor and those of an entrepreneur. For example, it was found that professional firm practices "encourage adherence to norms and codes of ethics that discourage many forms of entrepreneurial action" (Stewart, 2018, p. 616). Peterson (2020) reported that traits and skills made an individual entrepreneur successful, while the people's abilities at a firm made the business successful.

Women in Business

The SBA defined a woman-owned small business as a business in which a female had 51% management and ownership of a company (U.S. Small Business Association, n.d.). Peterson (2020) conducted a qualitative multiple case study that explored what strategies female business owners used to succeed in small businesses beyond five years

in which themes related to personality, specifically the business persona, along with education, quality of product or service, and financial management emerged. Peterson (2020) found that a business persona, creativity, and passion drove a female entrepreneur's success. These characteristics were unlikely to be taught in a course such as Reese et al. discussed.

Sharafizad (2018) found that women small business owners had a strong preference for informal style learning, relied on personal contacts within their professional and personal network to gain the knowledge needed, or hired professionals who had the skills. Rozier and Thompson (1998) conducted unstructured and in-depth interviews with female entrepreneurs in the field of physical therapy. They found that social relationships such as family, role models, mentors, the American Physical Therapy Association (APTA), and peers predominated external drivers in becoming a business owner. Orlandi (2017) found that women developed businesses to meet personal and family needs. Women were more likely to own a business and have more successful outcomes if they had a partner who provides financial support or family support (Guo & Werner, 2016; Welsh et al., 2018). Foley et al. (2018) found that women who were mothers were motivated to start their own business because it offered independence. Furthermore, Conroy and Weiler (2015) found that family and children influenced women to pursue business opportunities.

Success and Barriers for Women

The SBA reported that almost half of new small businesses did not survive beyond five years (2016). High rates of mental illness and low levels of self-care were

common reasons businesses failed (Franz, 2011; Freeman et al., 2018). According to the

SBA, in 2012, 36% of small businesses in the U.S. were owned by women. In 2018, 42%

of small businesses in the U.S. were owned by women (Business Wire, 2018). Yang and

del Carmen Triana (2017) found that female-owned businesses failed more than men-

owned businesses. According to Yang and del Carmen Triana, "by the 5th year since the

founding date, 26% of businesses led by women have been terminated, whereas 15% of

businesses led by men have been terminated" (p.939). Al-Mannai et al. reported that

women-owned small businesses failed 11% more than those owned by men (2013).

Barriers for female business owners included limited education about running a business,

skill-building, access to start-up capital, and lack of access to working capital (Barr,

2015; Bates & Tuck, 2014; Dyer, 2019). Brush et al. (2018) found that women faced

more significant barriers to obtaining finance for their small businesses than men. Some

researchers reported that women-owned small businesses had an advantage in obtaining

government-funded loans and contracts because money was earmarked specifically for

women as there were fewer applicants for these funds (Graff, 2016; Koprince &

Schoonover, 2015), but other research stated that a lack of knowledge of resources and

support in long-term financial planning were significant barriers (Dyer, 2019). Dyer

(2019) found that despite the success of women business owners strengthening local

economies, female owners with similar business profiles faced greater challenges

financing their business long-term than similar male counterparts. Though women-owned

small businesses only accounted for a small percentage of total national revenue, this was

due to concentration in specific sectors. For example, 19.4% of women-owned firms concentrated in the health care and social assistance sector in 2018 (Hait, 2021).

      Sharafizad and Coetzer (2017) reported that literature indicated that women small business owners had poorer outcomes than males in survival, annual sales and profits, and the number of employees. According to the Census Bureau's Annual Business Survey, in 2018, women reportedly owned 19.9% of small business firms that employed people within the United States, up to 1.1 million firms (a 0.6% increase from the previous year) (Hait, 2021). Hait (2021) reported that despite this increase women owned firms continued to be lower than annual payroll for all firms. Women tended to be more cautious when making personal business investments due to having fewer resources to invest (Aggarwal & Singh, 2019). Sharafizad and Coetzer (2017) highlighted a strong reliance on personal networks and the lack of mentorship as two critical areas related to women. Women-owned businesses had a lower percentage of success than male-owned businesses regarding measurements such as annual sales, the number of employees, and remaining open (Justo, et al., 2015; Sharafized, 2018). Female small business owners faced obstacles related to their gender such as: under-appreciation and lack confidence in themselves, had less free time, and found that business interfered with their family duties (Ceptureanu & Ceptureanu, 2016). Dyer (2019) found that more women borrowed start up and operating capital from family due to a lack of knowledge about financial resources and that resources were essential for long-term success.

Business Considerations for Counseling Practices

The need for integration of healthcare services has continued to grow. Ossege and Sears (2017) stated that behavioral health practitioners must be aware of how treatment was more effective when they utilized an inter-professional approach (p. 106). Due to third-party reimbursements, healthcare providers were required by more third-party payers to show effectiveness in approach and practice (Ossege & Sears, 2017). Every practice setting came with challenges and depending on the personal and professional goals of each owner, it varied in structure and execution. For example, governance dealt with the management of the practice, including the decision-making process. Simultaneously, the level of risk everyone was willing to take depended on the business's structure (Walfish et al., 2017).

Formation of a Legal Entity

Franklin (2016) reported that the first step in business formation was deciding the business's legal entity. Business incorporation options for registering a business ranged from a sole proprietorship to a partnership, with many choices in between (IRS, 2020). Remley and Herlihy (2020) indicated that a sole proprietorship was the most straightforward business arrangement. Additionally, Remley and Herlihy (2020), reported that in a sole proprietorship the counselor was the only person responsible for the company, including all assets and liabilities, and that this was the most used business status in counseling. Matheson (2002) reported that a partnership was a joint commitment with equal personal liability. Aronoff (2017) defined an LLC as a business form that protected individual liability while offering some tax benefits. Similar to an LLC, a

corporation provided the group practice some personal liability protection from business debts and claims in the event of a lawsuit; however, revenues may be shareholders. Specifically, S- Corporations (S-Corp) taxed the practitioner only personally, which helped when the owner has employees. S-Corp came with benefits if the owner made above a certain amount and was the second most common among private practitioners and avoided double taxation. C-Corporation (C-Corp) was more complex and typically utilized in larger companies. Finally, a nonprofit organization was mainly defined by having no owners but had a board of directors and typically day to day operations were overseen by an executive director (employee of the organization).

Group Practices

"A group practice is the organization of a group of practitioners as a private partnership, limited liability company, or corporation; participating practitioners share facilities and personnel as well as earnings from their practice. The provider comprising the practice may represent either a single specialty or a range of behavioral health specialties" (American Psychological Association, 1995, p. viii). Grodzki (2015) found that a group practice model had moderate to high risk for the owner. Despite all these discussed models, there were a wide variety of formats in the group practice structure. In 2017, in a survey of psychologists who worked in a group practice setting, 74% were full-time, and 26% were part-time (American Psychological Association, 2016).

Types of Group Practice

Though limited in the scholarly counseling research, professional literature has provided various structures for setting up group practice. Steps to forming a group

practice were not sequential and required abstract problem-solving skills (American Psychological Association, 1995). An anchor group, also known as a networking group, was typically owned by one individual with diverse specialties and many locations (Stout & Grand, 2005). A retail clinic was a basic counseling clinic staffed by counselors to stay open extended hours and weekends. A retail clinic focused on "reaching people who need less costly services and want to be seen quickly" (Grodzki, 2015). The retail clinic's focus was the volume of sessions, required administrative support that is focused and efficient, and was a high marketing investment. Typically using brief solution-focused models, they operated with few amenities and sterile environments (Grodzki, 2015).

Issues of Group Private Practices

According to Ossege and Sears (2017), a common mistake occurred when group practice owners "focus all their efforts on clinical work within the practice and neglect business duties" (p. 67). Raphael (2017) suggested that a lack of specific business planning is a barrier to successfully implementing successful medical business models. A steady stream of referrals that were diverse (Bavonese, 2007; Ossege & Sears, 2017; Sneeden, 2014), a consistent online presence (Franz, 2011; Ossege & Sears, 2017; Sneeden, 2014), efficient internal business systems (American Psychological Association, 1995; Groduzki, 2015; Ossege & Sears, 2017; Truffo, 2015), and owners who worked on the business aspects of the counseling practice (Bavonese, 2007, Meyers, 2019) were needed to maintain a thriving practice.

Counselors as Employers. Centore (2016), Grodzki (2015), Ossege and Sears (2017), and Remley and Herlihy (2020) suggested that group practice owners had to

decide the type of tax structure, hire employees (W-2) versus independent contractors (1099), and other day-to-day considerations such as state licensure laws and regulations. Contractor status was sometimes challenging to establish. The Internal Revenue Service had a set of common law principles that outlined an contractor's status criteria. Contractors generally provided their own supplies, offered a specialized and licensed skill set, worked project to project with payments varying according to how much work was completed, decided their own hours, and worked for several companies (Centore, 2016; Grodzki, 2015). Other considerations for employee or contractor models included calculating pay rate (Groduzki, 2015; Ossege & Sears, 2017; Truffo 2015; Walfish, et al., 2017; Wise 2017), counselor retention (Centore, 2016; Grodzki, 2015); non-compete agreements (Ossege & Sears, 2017; Remley & Herlihy, 2020; Truffo, 2015; Wyatt et al., 2000), and steps to success (Aronoff, 2017; Centore, 2016; Franz, 2011; Ossege & Sears, 2017; Sneeden, 2014; Truffo, 2015).

Challenges Specific to Private Practice. Business aspects of private practice were a challenge for most counselors (Barker, 1982; Barry, 2005; Hillman, 2006). Ossege and Sears (2017) reported that most group practice owners did not receive training that was specific to practice development. Truffo (2015) reported a lack of training was a significant challenge for counselors and could be emotionally stressful due to decisions impacting the business, the counselors, and the clients. Notably, it was a challenge for counselors to shift their thinking from a clinical to a business frame of mind (Harrington, 2013; Sneeden, 2014). Specific areas of challenges included a lack of business training in educational programs (Reese et al., 2013); and the stress of third-party reimbursements

while they managed the constant shifts in the healthcare regulations (Aronoff, 2017;

Green, 2021; Remley & Herlihy, 2020; Sneeden, 2014; Stout & Grand, 2005). Brennan

(2013) reported that the added responsibilities of ethical practice, and the need to

establish a support system that provided peer-to-peer ethical consultation. Furthermore,

Carney and Jefferson (2014) reported that consultation between professionals in private

practice was needed. Research differed on if counselors in private practice should

diversify services (Colburn, 2013) or establish a niche (Truffo, 2015). Economic changes,

areas that had a variety of needs, and the personal preference of the counselor could have

driven demands for diversifying services (Colburn, 2013). Colburn (2013) recommended

strategies for diversifying that included creative marketing, the addition of additional

services that required little investment, the training and supervision of other counselors,

and consulting for other businesses. When a counselor established a niche, they were able

to channel resources into one area of marketing by building a referral base for one area of

expertise (Truffo, 2015).

Defining Success in Private Practice. American Psychological Association

(1995) defined success as managing a balance between clinical services and business

management. Franz (2011) defined success as a level of comfort and abundance in an

individual business owner's life. Others identified success in monetary terms, such as a

"Six Figure Success" (Franz, 2011; Sneeden, 2014, p. 4). Finally, Truffo (2015) viewed

success as personal, in that each practitioner had their personal definition.

Counselor as the Self

Practice owners were more successful when they were able to balance between running a business and being a counselor in an authentic way (American Psychological Association, 1995; Franz, 2011). When counselors worked in their area of expertise and passion, and maintained a healthy balance, they not only thrived personally, but the therapeutic benefits impacted the counselor-client relationship in a positive way (Franz, 2011; Lawson, 2007; O'Sullivan & Bates, 2014; Yang & Hayes, 2020). Benefits for the counselor included authenticity and reduction in burnout when working with a population they cultivated (Franz, 2011; Lawson, 2007). O'Sullivan and Bates found that lower burnout among counselors increased client satisfaction (2014). Yang and Haynes (2020) connected lower burnout rates to better client outcomes and therapeutic engagement. Additionally, when counselors bridged the gap between their feelings about therapy and their feelings about business, they were more successful in running their practices (Goldman, 2009; Grodzki, 2015). Groduzki (2015) reported that practice owners told themselves that caring about the company, not focused on clients, was apathetic. However, Groduzki (2015) stated there were benefits to clients and employees when business owners maintained personal and professional wellness. These benefits included in-crease in self-assurance and calm that transfer into clinical skills.

Work-Life Balance

Acker (2010), Dorociak et al. (2017), Fachilla (2020), and Simionato and Simpson (2018), found that mental health professionals who were more experienced and older (older was not clarified by authors) reported lower levels of exhaustion, lower

reports of devaluing clients, and higher levels of competence in self. Cunningham et al. (2014) conducted a descriptive correlation study on job satisfaction and counselors' values in private practice and agency settings and found that values to helping others were strong in both environments. Themes that emerged, specifically that allowing practitioners to make independent choices regarding treatment planning and documentation methods, were essential to increasing satisfaction no matter the setting. Rupert et al. (2012) reported that psychologists reported higher work satisfaction when they maintained a work-life balance. Furthermore, those mental health professionals who had healthy relationships with their partners reported less burnout and more work engagement.

Walfish et al. (2017) reported that practice owners should consider personal life situations, including relationships and financials. Truffo (2015) encouraged practice owners to consider their definition of success, and the personal skills and resources needed to reach that success. Learning from failures was experiential and data, not defeat (Sneeden, 2014). Finding work balance included being confident in yourself as a person, a counselor, and a business owner, and reduced self-doubt, while the fear of failure was decreased, and the need for approval from others was diminished (Legg, 2020; Sneeden, 2014).

Practical aspects of how practice owners increased a healthy work-life balance were numerous. A short commute helped many entrepreneurs reduce burnout (Franz, 2011; Kluger, 1998; Nivens & Nordstrom, 2012). Having agency over one's professional setting was often the initial prompt to start a small business, including private practice

(Ossege & Sears, 2017; Otto et al., 2020; Robak et al., 2016). Grodzki (2015) reported that when an owner has internal and external support those benefits overflows to better business practices.

Entrepreneurial Spirit

Counselors were equipped with skills that helped them grow into effective business owners, including the creativity needed to be a successful entrepreneur (Franz, 2011). Business owners should have considered the emotional, spiritual, cognitive, strategic, and creative aspects of being entrepreneurs (Grodzki, 2015). Whether solo or group, private practice took an "entrepreneurial spirit, and a tolerance for risk and uncertainty" (Ossege & Sears, 2017, p. 2). Legge (2020) identified two of the most common categories of mind traps as "I'm not enough" and the "I'm scared". The level of comfort a business owner had with risk impacted practice growth (Truffo, 2015). When decision making was autonomous, there was an increase of both security risks and potential earnings (Walfish et al., 2017). However, developing a sense of entrepreneurship could be energizing and brought increased mental wellness (Stephan, 2018; Wiklund et al., 2019).

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Summary and Conclusions

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Chapter 2 examined how the study's literature review process was conducted and described the library databases and search engines utilized. Next, IPA and feminism, the study's conceptual frameworks, were identified as the structures that connected the relevant concepts from the literature review, the study's methodology, and conceptualized the study's focus. Following the discussion regarding the study's conceptual framework,

counselors' career options, specific issues related to small business and women, and barriers in private practices were explored. I concluded Chapter 2 concluded by examining the literature on how finding meaning in work contributed to meaning in life and better clinical care.

Chapter 3: Research Method

Introduction

In qualitative research studies, researchers seek to understand participants' perspectives by engaging in semistructured interviews and observations and by relying on those participants' feedback to increase trustworthiness. Phenomenology has been widely used in the social sciences. Researchers using this design seek to understand the lived experiences of the study population (Smith et al., 2009). The study topic of group practice ownership by female LPCs was well-suited to the qualitative approach of IPA.

Female group practice ownership in general, lent itself to an interpretative phenomenological inquiry if the goal of the research was to capture the lived experiences of female professional counselors who owned a group practice. The concept of group practice ownership was limited in scholarly research, but was a popular topic in *Counseling Today*, professional blogs, and mainstream counseling books. Bandini (2011), Jones (1996), Reynolds (2010), Richards (1990), and Magnavita (2018) discussed the need for further research on the business of counseling and suggested that such research may increase success among professionals in the field of counseling. The IPA approach was a suitable methodology that revealed the complex issues associated with female group practice ownership because it enabled rich data collection and interpretation (see Smith & Pietkiewicz, 2014). Additionally, Smith and Osborn (2015) stated that this approach is useful when topics are multifaceted, abstruse, and inspire a high level of emotions.

In Chapters 1 and 2, I discussed the concepts of female group practice ownership and the need to support this population to grow our profession. In this chapter, I discuss the research design and rationale, the researcher's role, methodology, issues of trustworthiness, ethical procedures, and data analysis. In the conclusion of this chapter, I provide a summary.

Research Design and Rationale

Using IPA allowed me to expand on the limited research of group practice ownership in counseling by representing the viewpoints of the women who have experienced the phenomenon. Researchers who have used IPA interviewing have striven to obtain information-rich understanding while promoting meaning-making and interpretations of experiences (Matua & Van Der Wal, 2015, Smith et al., 2009, van Manen, 2016). Furthermore, they have used IPA to develop understanding of under researched topics, as in this case with female group practice ownership. Female group ownership in private practice aligned with the qualitative method of IPA because of the exploration of the phenomenon of women's personal experiences and understanding of business ownership. Interviews for the study consisted of open-ended questions; I strove to not make assumptions, but instead allow participants to share their experiences (see Smith et al., 2009). IPA focuses on participants' perceptions more than their actual situations. Interviewers are able to collect rich data when they use empathy, therapeutic alliance, and strong interview skills (Rubin & Rubin, 2012).

In concurrence with Smith et al.'s (2009) semi structured research protocol, I focused on using a preestablished list of questions and follow-up questions. I focused on

group practice ownership experience; I encouraged participants to reflect on events,

processes, and how they made the business decision to launch. I intentionally selected

participants from a homogenous purposive sample to explore female LPCs' experiences

in group practice ownership. I utilized informed consent via email invitations to assess

participants' experiences with group practice ownership. Inclusion criteria specified that

participants be LPCs with 5 or more years of owning a group practice who identified as

female. I conducted semi structured, face-to-face interviews using the Zoom platform.

The interviews lasted up to 60 minutes.

Role of the Researcher

As the researcher in this study, I served as the main instrument for data collection

and analysis. By using the interview guide, questions, and memos (Rubin & Rubin, 2012;

Smith et al., 2009), I actively engaged with the participants and encouraged them to share

their experiences as female group practice owners. The interview guide provided a clear

outline of open-ended questions that I covered during the semi structured interview (see

Cohen & Crabtree, 2006). Though it was challenging at times because it required

ongoing self-questioning and self-understanding, reflexivity increased insight and al-

lowed for more accurate data (Patton, 2015). Researchers must continually challenge

their attitudes, thoughts, and reactions by having a systematic reflection process (Clancy,

2013; Morrow, 2005; Patton, 2015; Watt, 2007). Patton (2015) stated that the researcher

should have been "attentive to and conscious of the cultural, political, social, linguistic,

and economic origins of one's perspective and voice as well as the perspective and voices

of those one interviews" (p. 70). I used reflexive questions through triangulated inquiry to

bring awareness to reflective screens (culture, age, gender, class, social status, education, family, political praxis, language, values) while I used mindful-ness to reflect on my understanding, the understanding of the research participants, and those who read the study (Patton, 2015). Additionally, I reflected on my researcher role through reflexive journaling (Butler-Kisber, 2018; Clancy, 2013; Darawsheh. 2014; Ortlipp, 2008; Shepherd, 2004).

I had no previous relationships with any participants, including supervisory or instructor relationships. Also, the therapeutic alliance between myself and the research participants was vital to this process to communicate respect to the practice owners' lived experiences. I worked to establish a therapeutic alliance by building open and trusting relationships through a conversational partnership where respect for the individual interviewee was acknowledged because that they had a "distinct experience, knowledge, and perspective not interchangeable with anyone else" (Rubin & Rubin, 2012, p. 7). Trust was established by reviewing informed consent and clearly communicating what they should expect as a participant of this study (Smith et al., 2009). Lastly, my role as the interviewer required me to conduct interviews, code and analyze the data, and to accurately report findings. According to Patton (2015), analysis and reporting of data requires reflexivity and voice more than during any other aspect of the research process. I asked three sets of questions while extracting findings to allow for triangulated reflexive inquiry. These questions were (a) "the self-reflexivity question," (b) "reflexivity questions about those studied," and (c) "reflexivity about the audience" (Patton, 2015, pp. 604-605).

Positionality

Deconstructing my own positionalities helped me identify how my biases and preferences would impact the research plan and outcomes (Berger, 2015; Riach, 2009; Sultana 2007; Thurairajah, 2019). I was a female LPC who had been the sole owner of a group practice for over a decade. As a practice owner, I had often wondered if my experience as a female was like others. For example, I would like to know if other female group owners had difficulty obtaining business loans with-out their marital partner cosigning loan and financial documents with them. Additionally, I was interested if they found it challenging to balance the demands of professional duties with the needs of personal roles and expectations. I explored this topic to educate other professional counselors, licensure supervisors, and counseling educators about what they could expect from group practice ownership. While exploring this topic, constant consideration was given regarding disclosure of social locations, power differentials, and positionality as a group practice owner, licensed clinician, and a doctoral level researcher (Thurairajah, 2019).

Methodology

Participant Selection Logic

I purposely selected participants from a homogenous sample to explore the experiences of female LPCs who owned a group practice. My research participants were LPCs who have owned a group practice for five or more years. Participants were recruited through a professional listservs and online social media platforms from group practice owners. I contacted these practice owners via email with a follow-up phone call

to potential participants. I used a snowball strategy to obtain more participants (Alase, 2017; Patton, 2015; Smith et al., 2009). I interviewed group practice owners with five or more years of experience because they have displayed longevity in business practice. As a result, the experiences of these female group practice owners were relevant to the study.

Instrumentation

Employing semi-structured interviews, I reviewed videos of interviews done using the secure Zoom platform, collected data through coding, memos, interview questions, and coding sheets. I utilized qualitative data collection methods to promote flexibility. Smith et al. (2009) recommended that questions at the start of the interview focus on descriptive experiences and then become more analytical as the participant's comfort level increases. The construction of a schedule provided structure, meaning order in which questions were asked, to ensure the research question was addressed (Rubin & Rubin, 2012; Smith et al., 2009). First, I developed and refined the interview questions. Second, my dissertation committee members reviewed the questions and prompts and provided feedback before I began the interview process (Smith et al., 2009). Finally, Smith et al. (2009) reported that the interview process was iterative in that the structure and questions developed and changed throughout the data collection process.

Procedures for Recruitment, Participation, and Data Collection

I recruited participants from the Alabama Counseling Association (ALCA) listserv using email invitations. I also recruited by posting a flyer (see Appendix A) on websites of professional counseling social media communities. Once participants were selected, I conducted an audio recorded Zoom interviews with each one. The inclusion

criteria were outlined in the informed consent, and I asked that each participant respond via e-mail with "I consent" in lieu of a signature. The Walden University Institutional Review Board's approval number for this study was 01-25-22-0978476.

I facilitated semi-structured interviews by being mindful not to rush participants, allowing space to answer one question before advancing to the next, and observing non-verbal cues to ensure that the participant was comfortable (Rubin & Rubin, 2012; Smith et al. 2009). Patton (2015) stated that the researcher must pay constant attention to the balance of content and process, which allowed both participants' and researcher's styles to create a unique dialogue. The researcher should be prepared but flexible in their interview approach when they use IPA (Smith et al. 2009). The questions (see Appendix B) focused on female group practice owners' individual experiences as LPCs. The questions were open-ended and designed to avoid leading the interviewee (Smith et al., 2009).

I conducted an initial 60-minute interview, followed by an interview that was less than 30 minutes in duration to take care of member checks and obtain clarification. I created an interview schedule (see Appendix C). I conducted interviews using Smith and Pietkiewicz 's (2012) three-stage process of immersion, transformation, and connection. Stage 1, immersion, involved listening to each completed interview to review the content and record any additional insights in my memos (see also Smith & Osborn, 2003). This stage provided me with new observations that were logged in the reflexivity journal. Stage 2 involved transforming the data from transcripts and journals into themes (Smith

& Osborn, 2003). Stage 3, connection, included building a narrative from themes that included direct quotes from the interview content.

Participant's information and identity were kept confident using a pseudonym, randomly assigned name. The code book and interview data will be stored on a password protected and encrypted portable drive for a period of five years stored in a lockbox that only the researcher has access to. At the end of five years all data will be erased using commercial software applications designed to remove all secure data.

Data Analysis Plan

Smith et al. (2009) created the IPA approach that consisted of six steps for data analysis. Step 1 involved reading and rereading the original data. Step 2 was the initial analysis. It was the most time-consuming step because it involved documenting anything interesting found in the transcript. Consideration for context, specific language choices, and abstract concepts helped make sense of content. Step 3 focused on developing emergent themes by reducing content while keeping meaning. Step 4 considered themes within the transcript and how they fit together. Step 5 involved moving to the next participants' transcript and following steps 1 through 4 while being open to new emergent themes. Step 6 consisted of looking for patterns across each case.

Transcribing and Coding Interviews

IPA transcription was an intensive process where I transcribed the entire inter-view, including semantics, spoken words, and body language. Each interview took up to eight hours per interview hour to transcribe and review (Smith et al., 2009; Smith & Osborn, 2009). IPA utilized a summative transcription approach using keywords to

explore the underlying context (Smith et al., 2009). In qualitative research coding is typically a word or short phrase that figuratively assigned a summative, relevant, essence capturing, meaning-making for data (Saldaña, 2016; Smith et al., 2009). Transcribing involved both judgment and interpretation to capture the participants' meaning and intent (Marshall & Rossman, 2016). I used Kristin Muller Transcription Services (KMTS) who had experience in transcribing for academic research. I analyzed each line of the transcript, identifying themes introduced by the research participants. Themes from their lived experiences, as well as meaning-making, emerged (Smith et al., 2009). Interview questions are listed in Appendix B.

  Coding Methods. The initial phase of coding involved reading interview transcripts and listening to the recordings while making notes of my thoughts and observations, while reflecting on any feelings that arose within myself. Next, I developed emerging themes from my data collection and created phrases from the participants' descriptions of their lived experiences. Finally, I looked for relationships between each theme, creating clusters of connected themes (Smith et al., 2009). I generated a list of themes, subthemes, direct quotes from the transcripts, and my researchers' notes.

  I used Google Documents for hand-coding, where I identified codes, categories, and themes. It was vital to identify codes that were specific to the research problem. In reviewing interviews and examining my participants' responses, I identified codes with associated supporting statements to develop categories and themes.

Issues of Trustworthiness

Trustworthiness was a process that started at the design phase and moved with the researcher each step of the way through member checks, triangulation, and publishing (Hays & Singh, 2012; Ravitch & Carl, 2016; Rubin & Rubin, 2012; Saldaña, 2016). My research project integrated Guba's (1981) standards for trustworthiness: (a) credibility; (b) transferability; (c) dependability; and (d) confirmability. Operationalization of each was discussed in detail.

Credibility

Credibility was operationalized extensive engagement with each participant along with an established interview process, required knowledge and research skills of the interviewer, and peer debriefing (Forero et al., 2018). Through reflexive journaling and comprehensive descriptions, I sought to increase credibility and transferability (Clancy, 2013; Maxwell, 1996; Miles & Huberman, 1994). Using Ravitch and Carl's (2016) questions regarding credibility, I reflected on real-life complexities, and alignment between methods and problems, while being aware of how my assumptions about group ownership were being challenged. Transparency increased credibility (Hiles, 2008). Transparency was accomplished throughout this study by asking each participant to review their transcript, thereby ensuring it was an accurate reflection of the information they provided (Alase, 2017). Additionally, authenticity and creditability were increased when the researcher provided a narrative of the research journey (Alase, 2017; Creswell, 2013).

Transferability

Transferability was similar to the quantitative concept of external validity. The goal of transferability was to provide enough description that readers can decide with confidence if the data can be generalized to their population (Hays & Singh, 2012). Tools such as trustworthiness, member-checks, triangulation, auditing, and the quality and verification of data increased transferability (Alase, 2016, 2017). I continued interviews until I reached data saturation and increased transferability (Lincoln & Guba, 1985). I worked toward data saturation by reading interview transcripts three times to ensure all themes were documented (Alase, 2017).

Dependability

Like the concept of reliability in quantitative research, a study's dependability implied that results were consistent over time and across researchers (Hays & Singh, 2012; Korstjens & Moser, 2017). Dependability was operational by detailed protocol drafts developed throughout the study and a track record of data collection processes (Forero et al., 2018). I obtained dependability by providing sufficient information in detailed research logs that have empowered another researcher to complete the same research protocol.

Confirmability

According to Lincoln and Guba (1985), confirmability meant there was confidence that another researcher could repeat the study's process. I operationalized confirmability through reflexive journals and triangulation (Forero et al., 2018). Strategies to ensure credibility included extended and varied engagement with

participants, established reliable interviewing techniques, confirmed research investigators' creditability, and collected research materials (Lincoln & Guba, 1985). I maintained credibility in this study through engaging with participants for 60 minutes, completing test interviews using professional protocols, having another professional review my interview schedule, and maintaining and retaining my memos. As an LPC, I had the interpersonal and subjectivity skills needed to remain objective and bias-free as I collected and analyzed data (Alase, 2017; Hays & Singh, 2012).

Ethical Procedures

Qualitative researchers should have focused on coordination and cooperation with research participants to establish trust and communicate empathy, while they strived to ensure protection. Just as informed consent was an ongoing and ethical requirement in a clinical setting, I monitored ethical practices throughout collecting and analyzing data (Smith et al., 2009). My study maintained ethical standards through in-formed consent, avoidance of harm, and providing participants a right to withdraw at any time from the study. Allowing participants to view their transcripts and themes pro-vided opportunities for them to identify any safety issues that could cause harm to them or their business. Additionally, allowing participants to review their transcripts identified discrepancies to reduce flaws in data collection interpretation (Witcher, 2010). Other ethical issues included conducting a study within one's own work environment and justification for the use of incentives. I did not perform this study in my work environment, nor did I use incentives. One ethical issue could have been a conflict of interest or power differentials. Thurairajah (2019) suggested giving constant consideration to disclosing social locations,

power differentials, and positionality as a group practice owner, licensed clinician, and doctoral-level researcher.

The Walden University Institutional Review Board provided oversight to safeguard confidentiality, address any potential challenges in safety, and respect participants as they shared their lived experiences (see Butler-Kisber, 2018; Patton, 2015, Ravitch & Carl, 2016). Smith et al. (2009) implored researchers to prepare for complexity and unpredictable aspects of qualitative research by being pre-pared and seeking supervision throughout the process. Using an ethical issues checklist (Patton, 2015) helped me think through common ethical issues in the stages of design, data collection, analysis, and report.

According to Patton (2015), elements of the checklist included (a) be clear, honest, and transparent about purpose; (b) honor the gift of an interviewee's time in a meaningful and tangible way; (c) if you make a promise, keep it; (d) first, do no harm; (e) know the ethical and legal dimensions of confidentially; (f) know and follow the standards of your discipline or field; (g) don't wait until publication to deal with data ownership issues; anticipate data access, and ownership issues from the beginning; (h) fieldwork is engaging, intellectual and emotional; (i) take care of yourself and your co-researchers; (j) plan and know who you will consult on emergency ethical issues; (k) know yourself. Err on the side of caution. Don't let the ends justify the means in over-stepping boundaries; (l) include ethical dilemmas faced and handled in the discussion of your method; and (m) don't make up ethical responses along the way. Know your

profession's ethical standards. Know what the law in your jurisdiction requires (Patton, 2015).

Summary

In this chapter, I provided details of the methods I used to conduct this study, outlining both the design and rationale. Furthermore, I explored the researcher's role, the methodology I used, and how I addressed trustworthiness, data analysis, and procedures to ensure an ethical collection of data. In Chapter 4, I discussed the results from this study and provided an analysis and interpretation of the data I collected.

Chapter 4: Results

Introduction

In Chapter 4, I present the research findings and connect the findings of my study with hermeneutic phenomenological investigation to explore the lived experience of female LPCs of group practice ownership in the field of counseling. The purpose of this hermeneutic phenomenological study was to examine the lived experiences of female LPCs who owned a group practice. I restate my research question, discuss the research setting, and discuss the analysis of the data collected. Additionally, I provide evidence as to how trustworthiness was achieved and discuss the study's results. I also present some demographic information on the research participants.

I sought to address the following central research question: What are the lived experiences of licensed female group owners in the profession of counseling? The interviews were 60-minute, semistructured Zoom conference calls that generated a descriptive picture of the phenomena under investigation. I also asked each participant the following eight subquestions to explore how they made meaning of their experiences:

1. Tell me about any special business training you had to prepare for owning a group practice.

2. What inspired you to start a group practice?

3. Tell me about your feelings on owning your own group practice.

4. How do you think being an LPC influenced your role as a group practice owner?

5. How has owning a group practice been different from being a solo practitioner?

6. What were some of the successes and failures you have experienced in owning a group practice?

7. How do you feel gender has impacted your experience, if at all?

8. How has COVID-19 impacted your experience as a female group practice owner?

In this study, I explored participants' responses to generate an individual narrative and shared culture of how female LPCs experience group practice ownership and made meaning of this experience. Each interview was transcribed before the next one was conducted to ensure that each participant's study reflected their individual experience. In addition, I engaged in member checking; each participant received a transcript of their interview with themes to ensure accuracy and reduce the potential bias of the researcher. A priori codes, identified from the literature, provided a foundation for many of the sub-questions.

I listened to each transcript three times and reread them twice to emerge myself into the lived experiences of female LPCs of group practice ownership. During the in-depth reading of the transcripts, key descriptive phrases from each participant's expertise were hand-coded and colored. Finally, key quotes and descriptive phrases of each participant's experience were outlined to generate the shared experience of female LPCs who own a group practice.

The coding process assisted me with understanding the relationship between individual and collective experiences of the phenomenon under investigation. This process was also consistent with making meaning of the participant's subjective experience as situated in the contextual environment in which the experience occurred, which depicted the parts to the whole and the whole to the parts intersectionality of the hermeneutic circle. Additionally, I kept a journal in which I chronicled the transitions and shifts in my thoughts and subjective interpretation of the study phenomena. Journaling led to a richer understanding of the data. This research provided participating female LPCs the opportunity to share what their experience was like owning a group practice. Although each woman's experience was unique, studying their experiences allowed me to identify themes that provide a greater understanding of participants' experience.

Setting

I used the online platform Zoom to conduct these interviews. Though there were a few technology glitches due to internet network connectivity, each participant was given the opportunity to clarify any unintelligible statements. Because interviews were conducted via Zoom with people I had not established rapport with, it was necessary to demonstrate understanding of what the interview would entail and how I would ensure their emotional safety. At the start of each interview, informed consent was reviewed, and guidelines for stopping the interview should participants become dysregulated and want to stop were given. Throughout the interviews, I reflected, summarized, and rephrased questions when needed to ensure that participants could best respond to the questions. After each interview, I answered any questions they had and informed them that I would

be sending them a transcript to review for accuracy, a process known as member

checking (Birt et al., 2016, Saldaña, 2016).

Demographics

At the time of consent, a total of six participants met the inclusion criteria and

consented to participate in the research study. Consent was provided via email by all six

participants before the interview. The invitation letter, which had the consent form

attached, clearly outlined the purpose of the study, the inclusion criteria, and how a

participant could withdraw from the study. Additionally, it outlined potential risks and

benefits and the expectations of those who chose to participate. I predicted that interviews

would last 60 minutes. However, interviews ranged from 45 minutes to 60 minutes.

I asked each participant criteria questions at the start of each interview to ensure

their appropriateness for the study. These included questions about self-identified gender,

state licensure status, and years they have owned 100% of their practice. No other

additional demographic information was collected for this study to ensure confidentiality

and anonymity. Pseudonyms for each participant were created, and the name of the

participants' locations and practices were represented by city, state, group practice.

Data Collection

I conducted six interviews via the video conferencing platform, Zoom. I

completed each interview in one session. Though there were minor connectivity issues,

no gaps in data included important information. I scheduled 60 minutes for each

interview, and all interviews were completed during the allocated time. Interviews were

audio-recorded for the transcription process. These recordings were stored separately

from the transcripts and code book to protect the identity of the participants. No changes were made in the original plan submitted to the Walden University Institutional Review Board, as outlined in Chapter 3. I used the interview schedule (see Appendix C) as a guide for conducting each interview.

Data Analysis

Data analysis in this qualitative research required immersing myself into the data in an iterative manner so that the research allowed for a clearer understanding of participants' lived experiences related to the study phenomenon. This experience was personal for me and required ample time to be thorough and to identify the impact of the participant responses on my perspective (see Saldaña, 2016). I used a combination of inductive and deductive coding. A priori codes, identified from the literature, provided a foundation for many of the subquestions, with the one exception being the question related to the global pandemic. Through a repeated process of journaling and reflecting on the initial units of meaning, I was able to withdraw larger overarching themes related to their individual experiences. These themes are captured in subthemes and highlighted in the Results section.

Using my journal to capture my ideas, thoughts, feelings, and my own experiences as I did the research, I moved between interviews, submerging myself in data, and then acknowledged and contrasted my personal experience of running a group practice to develop the main themes. These themes included (a) factors associated with the decision to create a group practice, (b) continuum of preparatory engagement for group practice ownership, (c) influence of gender in ongoing perceptions of self and

others, (d) group practice owners' adaptability to a global pandemic, (e) owners' attitudes

and perceptions about group practice ownership, (f) group practice as a conduit for

owners' personal growth, (g) factors that influenced use of clinical training in varied

contexts, and (h) owners' experiences in meeting administrative and business challenges.

I discuss the themes and their subthemes in the Results section.

Discrepant Case Management

According to Petticrew and Roberts (2006), discrepant cases are important be-

cause researchers tend to look for similarities in participants' reported experiences.

Discrepant case management involves identifying and discussing cases that do not fit

emerging patterns (Smith et al., 2009). The data from the current study suggests that

those group practice owners who were able to either adjust their model for practice or

adjust themselves in some way developed a sense of gratitude toward their business. Of

interest, however, was the one participant who was ready to close her business due to

stress from the group practice. I used reflexive journaling to note my impressions of the

interview and the experiences of each participant, along with any biases I held. I discuss

specific divergences in data in the Results section under each emergent theme (see Smith

et al., 2009).

Evidence of Trustworthiness

For qualitative research to be rigorous, it needs to meet a set criterion (Hays &

Singh, 2012; Guba, 1981; Ravitch & Carl, 2016; Rubin & Rubin, 2012). Credibility rates

the trustworthiness of the research process and depends on rigorous methods for

gathering and analyzing data, the credibility of the researcher, and philosophical belief in

the value of qualitative inquiry. In transferability, the goal was to provide enough

description that readers could decide with confidence if the data could be generalized to

their population (Hays & Singh, 2012). Dependability and confirmability ensured that

results in the study would be similar if repeated over time and across researchers (Hays &

Singh, 2012).

Credibility

Using Ravitch and Carl's (2016) questions regarding credibility, I reflected on

real-life complexities and alignment between methods and problems, while being aware

of how my assumptions about group ownership were challenged. First, during each

interview, I paraphrased, restated, and asked clarifying questions to ensure I accurately

understood their responses and would be able to transcribe accordingly. Second, I utilized

member checking by sending the completed interview transcript with highlighted quotes

and themes, asking each participant to notify me of any modifications they thought

needed to be made. No participants indicated any changes were required. Lastly, after

each interview, I used a reflexive journal to note my first impressions of the meeting and

what was disclosed by the participant. My journal was also used to ensure that biases

were identified as I interpreted data.

Transferability

Tools such as trustworthiness, member-checks, triangulation, auditing, and the

quality and verification of data increased transferability (Alase, 2017). Continuing

interviews until data saturation increased transferability (Lincoln & Guba, 1985). To

ensure transferability for my research study, I interviewed participants to reach saturation

on the experiences of female group practice ownership. I used purposive sampling to obtain a sample of participants who identified as female, were licensed as professional counselors in their state, and had at least five years of experience in owning 100% of their group practice. I worked toward data saturation by thoroughly reading interview transcripts three times to ensure all themes were documented (Alase, 2017).

Dependability and Confirmability

Whereas rigor in research ensures that a study would get consistent results if repeated, dependability implied that results would be consistent over time and across researchers (Hays & Singh, 2012; Korstjens & Moser, 2017). Confirmability meant another researcher could repeat the study's process with the same results/conclusions (Lincoln and Guba, 1985). I used my reflexive journal to increase dependability and confirmability by recording my own experiences in group practice ownership. In accordance with Smith et al. 2009, reflexive journaling allowed me to be aware of my own biases and be open to my participants' unique experiences; I revisited my journal entries and tracked why I made the choices in research. This journal provided me with data to complete the hermeneutic circle (Smith et al., 2009). I used the initial meaning units, the themes that emerged, and my reflective data to analyze how they were similar and how they were different.

Results

Congruent with Smith et al. (2009), after analyzing participant responses to the same eight sub-questions, I created sub-themes and then grouped them into main themes

based on others' experiences. Figure 1 details the main themes that emerged. Table 1

demonstrated subthemes that emerged from the addition to the main themes.
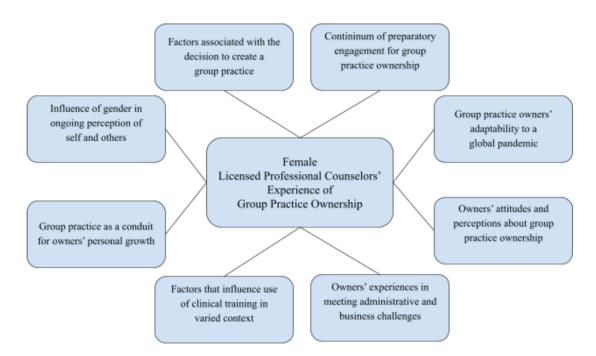
Figure 1

Emergent Themes

Table 1

Connection Between Emergent Themes and Subthemes

Theme	Subtheme
Factors associated with the decision to create a group practice	Owners' personal needs within their system (flexibility in schedule and delivery of services, platform for developing self-efficacy, implementation of personal vision for developing a work culture) Systemic mental health needs within owners' communities (lack of mental health resources, counselors-in-training need for supervision)
Continuum of preparatory engagement for group practice ownership	Formation: Accidental to articulate vision Training: No formal training to a business degree Previous work experience to no work experience Support network to isolation (professional support and networking to lack of networking, personal support to isolation)
Influence of gender in ongoing perception of self and others	Feminist empowerment: For self and others (counseling profession female dominated, women's self-perception in leadership role, resentment related to expectations of domestic tasks) Funding barriers
Group practice owners' adaptability to a global pandemic	Forced pause provided opportunities for professional and personal growth Pandemic accelerated profession forward in telehealth services Balancing finances during global pandemic Caring for your team as they care for others
Owners' attitudes and perceptions about group practice ownership	Owners' awareness in shaping the business to work for them The development of gratitude toward the business Other's perceptions of owners' experience in group practice Financial stability and investment of time
Group practice as a conduit for owners' personal growth	Empowerment and imposter syndrome can coincide Personal unresolved issues reoccur until resolved
Factors that influence use of clinical training in varied context	Diversity in which role is utilized (supervisor, educator, assessor, counselor, business owner)
Owners' experiences in meeting administrative and business challenges	Branding for growth Operating systems as retention of energy and time

Emergent Theme 1: Factors Associated With the Decision to Create a Group

Practice

Emergent theme 1 was related to question one that explored the participants' decisions to create a group practice. I describe the experiences of the group practice owners I interviewed. Each of my participants was able to identify one or more factors associated with their decision to create a group practice, except Nancy. Initial meaning units and subthemes related to Theme 1 are shown in Table 2.

Table 2

Initial Meaning Units and Subthemes for Emergent Theme 1

Meaning of unit	Subtheme
Owners' personal needs within their system	Flexibility in schedule and delivery of services Platform for developing self-efficacy Implementation of personal vision for developing a work culture
Systemic mental health needs within owners' communities	Lack of mental health resources Counselors-in-training' need for supervision

Many group practice owners shared their experiences related to individual needs within their system as a reason to start their business. For example, Angela stated,

"The truth is I could not find a job that was going to meet my needs. I was a PhD student. I was getting ready to start my PhD program, and I needed the flexibility. But I have a family and I have a kid…"

She further explained, "But that was my — my thing was being able to provide a service, have the flexibility for college — I mean, for college for me to be able to take

my classes, but also still being able to be a mom." Lindy had a similar experience

regarding personal needs in her family system. She stated,

> "I had two small children, and I was working a lot of hours from my house, and
>
> my husband did a lot of traveling and to be honest with you, I was like this is not
>
> working, I'm quitting my job, I'm just going to do something on my own. So, it
>
> wasn't -- I wanted to be in my own practice. I had thought about this, it was
>
> actually out of necessity; it was out of the fact that I couldn't be a mother, a wife,
>
> and a full-time corporate employee -- I just couldn't manage it all."

Paula also identified flexibility with her family system as a driver for launching into a

group practice.

> Sophia went into business knowing she wanted to launch a group practice. She

stated, "being a solo practitioner is actually the exact thing I wanted to avoid." She shared

a personal experience wherein she knew that she needed passive income. Sophia stated,

> "I have to create something that's going to support me and my family
>
> even if I'm not the one working. And so solo practice was not going to do that for
>
> me. I needed to know that — because during that time, I mean, it was really bad,
>
> and I lost pretty much everything that I had because I couldn't work, and I
>
> couldn't see clients. And then you couldn't do telehealth. That wasn't even an
>
> option. And so, for me, I went into it knowing that I'm creating a group and I'm
>
> going to run it because I can do that from anywhere, and I'm not going to be the
>
> one trading my time for the dollar. It just wasn't — that was never part of my
>
> vision."

Bettye expressed a desire for clinical autonomy after an experience working with a religious non-profit. She reflected on her experience in saying she "…felt a need for autonomy because I didn't want to be put in a box. I didn't want other people dictating…" how she provided clinical care. She expanded on what it was like to have a supervisor who did not have similar legal or ethical boundaries. Bettye stated it this way "my practices were being dictated by people who did not understand counseling." She used "restricting" and "convictions" to express her frustration and how it inspired her to start her group practice. Though slightly different from Bettye, Paula also identified self-efficacy as group practice offers. She reported that in her experience, "making my own shots is number one" for her starting her practice. Bettye went into group practice thinking, "Can I pull this off?" with excitement and fear of the challenge.

Subtheme: Systemic Mental Health Needs Within Owners' Communities

Angela identified her desire to help her community as a factor in opening her own business. She stated, "I just like being able to help people, and I like being able to provide a service that is just really needed." Furthermore, Angela reflected on the value of a community having choices in mental health care,

> "Being able to provide services in a wider area, being able to link clients to someone that may be a better fit than someone else. I think that's important because sometimes even though all therapists want to do their best, sometimes they're not a match — whether it's personality-wise or technique-wise — with every client that we provide them. And so, allowing clients to have multiple choices about who they have the ability to see I think is important."

Sophia's experience also reflected the importance of serving her community. She stated,

> "The majority of the places where I'm from, it was more of an agency type of feeling, and everything was pretty much based on what comp care would be. And so, there wasn't very many options, first of all, and the quality standards were so low for quality which is the reason that I started it in the first place."

Paula expressed similar reasoning in that she wanted to see "the direct impact of my efforts." Lindy was empowered by the ability to make decisions in a variety of systems within her group practice. She stated, "You can direct the, you know, accept the clients that you want to accept, accept -- direct the nature of the business. You know, make the rules, trying to assure that people are doing what they can do ethically and being responsible for outcomes."

The desire to serve the community on a larger scale extended beyond client care to the actual people providing the mental health services. Sophia shared about her experience that led to her group practice model. In her community, other providers had a 'We take everyone' mentality. Therefore, her group does not specialize in any one diagnosis; rather, "all of the clinicians are either going to be specialized, or they're going to work towards a specialty." Sophia reflected on her experience as a new clinician as a reason for setting up this particular group practice model. She stated,

> "I remember whenever I was hired right out of grad school, I mean, thankfully someone hired me, but I didn't — I wasn't a good therapist. And I just kind of had to take the clients I could get. And so, at the time, I was working as an in-home therapist and so I traveled from multiple counties. And in the back of my

car, in my trunk, is where I kept all my therapy stuff. And so, I had, like, a filing

cabinet, you know, like, you know, not a cabinet but the plastic totes that had the

lips where you could put the hanging files. And I had all the files. I had, like,

ADHD, and then I had trauma, and then I had all, you know, all these other

things. And I had all of my interventions and my activities separated out. And so

that was my office. And, you know, as I would sit down to write notes at the end

of each day, I would go from one kid with ADHD and the other one with trauma.

And I was like, 'This is exhausting.'"

She said that her own exhaustion was one factor that influenced her group practice work

culture. Paula's work culture was influenced by her desire to be a "digital nomad" and

travel internationally as her children became independent. She stated this vision has

"been part of what I tried to do with my practice from the very beginning."

Angela reflected on how her solo practice expanded into a group practice,

"I was a supervisor and so my therapists would often be like, you know, they're

trying to find ways to get additional experiences and get supervised hours. And I

was like, 'Well, this may be a match. We may be able to work some things out.'"

Paula's experience was similar in that she wanted to provide a unique contribution to the

counseling profession. She stated,

"I'm just at a point in my life that it is important to look at the next generation of

practitioners and to pass on my 30 years of practice and knowledge to people who

are passionate about the field."

Paula, Lindy, and Angela all explained that having more clinical staff allows them to choose the clinical cases they accept. Nancy reflected on how she opened her solo practice after traveling as a military family life consultant. She knew she was returning home to stay and stated, "I guess would say — that I wanted to do private practice." However, she did not provide any further description of her motivation to start a group practice as the other participants did.

Emergent Theme 2: Continuum of Preparatory Engagement for Group Practice Ownership

Emergent Theme 2 was related to Question 2, exploring participants' preparation to launch their practice. I will describe the experiences of the participants I interviewed. Each of my participants was able to identify one or more factors associated with their decision to create a group practice. Initial meaning units and subthemes related to Theme 2 are listed in Table 3.

Table 3

Initial Meaning Units and Subthemes for Emergent Theme 2

Meaning of unit	Subtheme
Formation: Accidental to articulate vision	No subthemes for this meaning of unit
Training: No formal training to business degree	No subthemes for this meaning of unit
Previous work experience to no work experience	No subthemes for this meaning of unit
Self-made woman to dependence	No subthemes for this meaning of unit
Support	Professional support and networking to lack of networking Personal support to isolation

Meaning of Unit: Formation: Accidental to Articulate Vision

A wide range of personal experiences led to the formation of each participant's group practice. Nancy had no intentions of starting a group practice. She stated,

"I started out as an individual, and then there was so much to do, I brought in a part-time person just to answer phone calls and so forth. So, it just kept building. And then I had a couple of students ask to do practicums, and I guess I found out that the comfort in having those extra people bringing in money. I've been in this practice since 2011."

She felt that when she hired an office assistant to answer the phones, her referrals increased, and it just "grew from there." Angela was similar to Nancy in her formation that came out of having a plethora of referrals. Angela reflected on how she transitioned into group practice,

"And so, from 2013 to 2014 it was just me. And then in 2015 is when I brought — I started bringing in other therapists. And then that because it just became more than I could manage and I was not at a point where I had learned how to say no yet, and so I was working way more than I physically had time to do."

Like Angela and Nancy, Lindy started both other practices due to an increase in referrals. Years ago, she had a group practice with 30 employees utilizing a W-2 pay model. She reflected on her first business, saying,

"...I did a really good job, I'm very meticulous in what I do. And what happened was I just started getting more cases to the point where I couldn't handle them

myself. So, I had to make a decision to either grow or to not take the cases, and
that's what I decided, and that's when I hired my first employee…".

She sold the first group practice in 2015 because it was too expansive and stressful. She
then decided to see clients solo, but it was not long until her referral base grew again. She
found herself in the same position and decided to bring on counselors again; however,
this time under a different pay model. She chose the contractor pay model because it gave
her more financial independence with fewer supervision responsibilities. She stated it this
way, "I'm not crazy about having all the people and all the employees and all that. I much
rather do -- I make a quarter of what I used to make, but I prefer to sort of do my own
thing." In both instances, she did not plan on having a group practice.

Paula, similar to Sophia, had a long-term vision for her group practice. Paula
utilized her business degree to plan.

"My impetus was to be able to see the 360 and to be able to account for
everything. So, I did that probably for 6-12 months before I went out on my own
and looked at things like credentialing that I would want to go after and, you
know, that kind of thing and put together a five-year plan."

She continued to reflect how mapping out her plan was instrumental because it "created a
vision or solidified the vision in my mind that then became my subconscious walking
path…".

Meaning of Unit: Training: No Formal Training to a Business Degree

Training for owning a group practice varied among participants. There were
those who had no formal training, and those who held degrees in the business field. Lindy

had no formal training to help her formulate/develop/create her business model. When asked what her experience was in planning the formation of each group practice, she stated,

> "Nothing was really; I didn't like get a business plan and get a loan. I didn't do any of that. It's sort of all just evolved. And I did it, because I'm a woman, and I always put my kids and all that first, and so it sort of just happened. It wound up happening to the point where that business grew so much."

Angela reported no previous experience or training that prepared her for group practice ownership. Finding answers to her business questions via Google and networking with other group practice owners helped her navigate the learning curve. Paula had an educational foundation in business with an undergraduate business degree and experience working at a nonprofit organization where she managed a mental health rehabilitation practice.

Meaning of Unit: Previous Work Experience to No Work Experience

There was a wide range of work experience that each participant brought with them when they started their group practice. Bettye's previous work experience in ministry and then as a female in the counseling field while working for a nonprofit organization provided a wide breadth of experience preparing her for group practice ownership. While working for the nonprofit organization, she learned how to complete needs assessments, create budgets, and develop business plans. Bettye appeared to have an unstated expectation that her graduate program would have provided some type of business preparation. She stated it this way, "Graduate school didn't have a clue. I got

zero education about any of that. Zero, zero, zero." Paula also found that her experience running a moderate-sized rehabilitation center prepared her for many organizational tasks required.

Most all participants felt that a supportive network was vital when they launched their practices. As mentioned earlier, Sophia had a vision for a group practice from the start. She stated, "I started very briefly as solo but had no intention of staying that way. I only started as solo just to develop the systems and processes I needed to bring on the next person." Her preparation was a combination of self-taught knowledge and professional networking. She said she paid attention to anything anyone would teach her, "Like, anyone that could teach me even just one little thing." She reflected on advice from a pastor in her community that told her to duplicate herself. She said that she took that conversation to heart and decided, "… I'm going to figure out what I do first and then I'm going to make it so someone else could do it easily."

Bettye also found value in professional networking as evidenced by her description of starting in business. She stated,

"[It was a] huge, huge learning curve because in my graduate program for counseling — of course, I learned a lot about therapy and how to do therapy, but you learn nothing about business. So, yeah, I kind of learned as I went and googled a lot and talked to a lot of people and talked to a CPA and talked to an attorney. And so, I had to learn as I went. So, yeah, it was challenging. I had to educate myself."

Bettye hired a business consultant who specialized in working with counseling practitioners who want to start a business. "At one point I hired a business consulting organization to help me know how to increase because for the first several years that I was in private practice the therapists that worked with me rented space." The consultant encouraged her to switch to a contractor pay model. Changing pay models enabled her to "work smarter and to have a healthier model for myself. But it took years to figure all that out." Bettye felt that her current group practice model provides a type of support. She reported that there were times when her team "kind of helped direct how when we move forward what was needed in order to move forward." She explained that input reduced feelings of isolation- "We were all leaning on each other, which was nice. And so that felt really, really good."

Angela discussed the importance of both personal and professional support. She reflected,

"Privately, you do need — one of the things that we — you know, we gravitate toward this because of the flexibility but also understanding that there gonna be some long evening. There's gonna be some early mornings. There's going to be some things that you don't know how to answer, and you're going to need to be able to have somebody that you can talk to. So that support system — like being able to manage your time well, having good coping skills and stress management practices — like, all of those are important."

She discussed how even if one does not have everything together at the start, having a network of professionals that can "shove you in the right directions as you travel down a

path" can be helpful. Paula reported that having a supportive partner at home made it easier for her to "hyper-focus" on work while knowing the family was taken care of.

Nancy launched and continued to manage her group practice in isolation. She stated,

> "Well, there's nobody who can listen. I still have a part-time person in the office, and that's why we can get as much done as we can because she is very good. But she's a single parent, and so she comes and goes, and she sets her own schedule, which isn't a problem. But I'm not going to say anything to her because I got to earn her pay."

Emergent Theme 3: Influence of Gender in Ongoing Perception of Self and Others

Emergent Theme 3 was related to Question 3, which explored their experiences with identifying as female, how others' perceptions influenced their experience of owning a group practice, and their feelings regarding balancing domestic tasks. I describe the experiences of the participants interviewed. It was important to note that not every participant had an experience specific to gender that they felt impacted their group practice ownership. Initial meaning units and subthemes related to Theme 3 are listed in Table 4.

Table 4

Initial Meaning Units and Subthemes for Emergent Theme 3

Meaning of unit	Subtheme
Feminist empowerment: For self and others	Counseling profession female dominated Women's self-perception in leadership role Resentment related to expectations of domestic tasks

| Funding barriers | No subthemes for this meaning of unit |

Subtheme: Feminist Empowerment: For Self and Others

There was a consensus among participants that the counseling field itself was female; therefore, negative experiences related to gender within the field itself were limited. However, when negative experiences were described, they were typically associated with authority. Nancy did not feel like being female in the counseling field was an issue "because the counseling field is so female." Nancy reported that she had not personally experienced any "overt discrimination" but did say there are people who will patronizingly say, 'Oh, this woman is trying to change the world or something,' and, you know, they don't agree with me." Paula, like Nancy, did feel that her gender has impacted her practice despite working in a more politically conservative area and with a monolingual Spanish-speaking caseload.

Angela recalled a meeting where an external treatment team was consulting with her male case manager, and the team continued to "talk to the man." She stated, "I could read the room, and I was like, "Oh, they think he's in charge." When Angela reflected on this situation, it was clear that she understood they were used to working directly with her male case manager, not her. She further reflected on this as an overarching theme in situations, "…if there is a man in the room, they do prefer to deal with them sometimes. I don't know what that is." Angela reported that she came from a family where she was used to people thinking men are in charge. Being raised with four brothers, she understood the culture in which she lived had strong gender roles. However, she did not

let it deter her from ensuring her team made the right decisions. Instead, she saw the humor in those situations.

Similarly, Bettye was not unfamiliar with the experience of being in a room where people "… don't think I need to be doing what I'm doing." She experienced a feeling like Angela when serving as a female pastor and facilitating funerals. However, she found those previous experiences "beneficial as I've rolled into being a business owner."

Angela confessed that she had not thought about how gender impacted her group ownership.

"But it does make sense that a lot of our experiences may be different from that of a man. A lot of times, men don't really have as much difficulty getting taken seriously professionally. Nobody's, you know, questioning if they're going to be available. Nobody's kind of questioning if they're the person that's in charge."

Bettye reported feelings of empowerment evidenced by "being on the top of my game." Being female and owning a business had empowered her to "realize I'm not on sale. I'm not for sale. To know my own worth and to not settle for less. And that's an ongoing challenge." For Bettye, having owned her group practice "removes any challenges of people who try to patronize me. It's given me permission to own my own voice and not worry about how, you know, am I going to offend a supervisor? Are they going to think I'm being insubordinate?" Additionally, for Bettye, her gender, and feelings of empowerment as a business owner were connected to the way she viewed herself.

"I think I have a fear of being too prideful. And I think women in general air on

the side of not celebrating who we are versus being arrogant. And I think as a

business owner, I want to always see myself clearly, and there's a part of me that

is challenged to do that."

Regarding leadership, Bettye shared about one workshop she attended that made

an impression on her experience,

"… it said that women often feel strength when we lean on each other from a

network of relationships, and men often feel weaker the more vulnerable and the

more networked they are. And so, I don't know if that's still true, but it's been very

much true for me."

Sophia reported a similar experience in saying,

"…on online and through, like, conferences, through Facebook, social media

groups — things like that — as a female practice owner, I don't feel like it's really

impacted a lot. I don't feel less than. I don't feel judged. I don't feel — I think it's a

female-dominated industry online. At least the women are the ones that show up

for these events and things. So, if anything, I mean, that part has empowered me

to a large degree."

However, she did not feel this sense of appreciation in her community, quite the opposite.

She reported,

"I would say I don't feel valued. I don't feel respected. I don't feel like I'm taken

seriously locally. Maybe I am. I don't know. But that's how I feel. I don't feel like

I belong. I don't feel like I'm a part of the community."

Sophia wondered if men experienced the same struggles regarding boundaries in leadership.

"…I guess I thought that by being forgiving and giving people chances that they would respect me or appreciate that or at least be grateful for it. And over the course of time, I realized that that almost just made them dislike me, even more, when we finally did have to hold them accountable."

Furthermore, Sophia was introspective about how gender has influenced her as a group practice owner. She reflected,

"Sometimes early on I would think, 'If I were a man, would my decisions about how I was operating the business be any different?' And almost always in the beginning my answer was yes. I was making decisions in a way that was different than I felt like I would make them if I were a man. And mostly it was because I was making excuses for people. I was giving people the benefit of the doubt."

Bettye shared how her gender has impacted her business in a potentially negative way.

"It's been a challenge not to only hire female therapists, trust male therapists, and knowing that I need that. So, I have one male therapist who is lovely. He's a gay man, and I don't know — it's just an energy switch to have both men and women in your practice."

She further explained,

"I tend to experience men as arrogant blowhards and what they don't know they're going to bluff their way through. And that makes me nervous. And I'm sure

women could do it, too. But I'm just real particular about who I hire and why. And I probably miss some wonderful male therapists for that reason."

Lindy reported that she felt gender did not impact her experience due to the female-dominated field. However, as she shared her experience with leadership, she said that her leadership skills were lacking compared to her male counterparts. She reflected that because he was a male, "he did a lot of the leadership principles…" and "…when the people didn't do what he needed to do, he fired…" them. She reflected her leadership management skills in stating, "I hated firing people because I felt guilty and that's a lot of women stuff, a lot of nurturing, caretaking, codependency, I'm a huge codependent that -- I mean like I said, I hate to complain because it did." Lindy stated,

"Well, for me, everything was first my kids and my family. So, anything that was always first, it was never business first, that was always first. And so, you know, my job -- my things I had to do, it always evolved around my family. And I think that is a big woman thing."

She explained that when she had employees, they were "sort of like family to me," which made it difficult to fire them.

In addition, Lindy stated that she felt her unwillingness to shift, and her reactive behavior was due to her gender. She stated,

"This could be totally wrong, but you know, I don't know, I think being a woman probably played a big part of that. Because, you know, as with a family, you just sort of react, you know, this happens, so you do this, you know, always multitasking always. So, I think a part of who I am and in my own business, and

being a woman sort of makes me, made me sort of reactive, my management

style, it was just taking care of a problem. 'Okay, there's a problem, let's do this,'

taking care."

She further explained that her, "never seeing things beforehand, making plans, making a

business plan, making a budget, all those sorts of things that kind of seem as male

things…" She went on to explain about "mom guilt" and how her working so much

impacted her marriage.

"Even though I had this own company with all these employees, you know, I was

still the person, you know, my husband helps more than probably normal

husbands, he will do the dishes and all that, but I was always the one who was

responsible for dinner, was responsible for -- I want to parent somebody who

would cook dinner, you know, hiring a nanny that would help me with my kid,

you know, it was always, always fell on me that the main responsibility of the

house, and then the main responsibility of the business, and I really was resentful

a lot."

Meaning of Unit: Funding Barriers

Only one participant disclosed that she needed external funding for her group

practice. Sophia discussed getting external funding to grow her group practice and

establish the business credit. When asked about gender, she stated it this way,

"There were a lot of issues that I think that I faced as a female that other people

— other men — that owned similar practices or have started similar practices

since did not face. There was a lot of just community type of struggles in terms of

just developing relationships with lenders and banks."

She went on to further explain, "...and the fact that every person that I ever had to present

my case to was a male in their 50s or above also made it quite challenging." She

explained that she had a male friend in the same profession who did not experience these

things when he established his business credit.

Gender also influenced how Bettye viewed the finances of her business. For

example, Bettye shared a story about one of her male therapists taking co-pays and how

he differs from the females at her group practice. She explained,

"The one male therapist we have, I don't think he's ever really struggled with it

that I'm aware of. He's never brought it up, and I've never asked him. I think

women seem to be challenged by it more than our one male therapist, but it's a

challenge for all of us."

Emergent Theme 4: Group Practice Owners' Adaptability to a Global Pandemic

Emergent Theme 4 was related to question four and explored participant

experiences owning a group practice during a global pandemic. Initial meaning units

related to Theme 4 are listed in Table 4. Next, I describe the experiences of the practice

owners I interviewed. Every participant had a similar experience in expanding their

services to include telehealth, except Nancy.

Table 5

Initial Meaning Units for Emergent Theme 4

Meaning of unit	Subtheme

Forced pause provided opportunities for professional and personal growth	No subthemes for this meaning of unit
Pandemic accelerated profession forward in telehealth services	No subthemes for this meaning of unit
Balancing finances during global pandemic	No subthemes for this meaning of unit
Caring for your team as they care for others	No subthemes for this meaning of unit

Meaning of Unit: Forced Pause Provided Opportunities for Professional and Personal Growth

Lindy reported the pandemic forced her to expand her knowledge on telehealth services. Angela, similar to Lindy, never really thought about doing telehealth pre-pandemic. She stated, "I think that that has been really helpful for people in rural communities who didn't have access to help initially." Furthermore, Angela said, "I've seen a large uptick with us as it relates to people who wouldn't traditionally be receptive to counseling because now, they can kind of get the counseling, and it still be a secret from other people." She did not feel like she was prepared to offer telehealth.

"So, we started behind the curve on that. But I would say that most people did a really good job of rising to the occasion, getting the extra training, and things of that nature to just get comfortable with it."

Paula had a different experience than Lindy and Angela. She had already decided to move her practice processes online so she can "practice in any space." She viewed the pandemic as a time where she was "able to step back over the last couple years, look at all the experiences and opportunities in my life kind of focus on what's really important I

think really helped." With goals of traveling the world in this next phase of her life, Paula explained, "what COVID did was bring it really close and say, "Okay, it isn't something I'm going to do in five years. It's something I'm going to do now."

Bettye felt that the pandemic took away a lot of her joy. However, for her, it provided a change in perspective,

> "And so, I try to take time off. I'm going to Vegas next week just for the hell of it.
> I'm going to Scotland in March. So, beginning to really look at work-life balance,
> and life moving forward will weigh heavier than work."

Nancy did not report any opportunities for professional or personal growth.

Meaning of Unit: Pandemic Accelerated Profession Forward in Telehealth Services

Nancy did not report utilizing telehealth but did report that she returned to the office after being closed for two weeks. Lindy said, "COVID, definitely, definitely affected my industry, slowed things down tremendously. I've learned I've had to incorporate new things like telehealth, you know, I've had to learn about testing through telephones, Zoom, so yeah, it's changed a lot." However, Lindy reported that the system challenges of the population she served resulted in telehealth services being less effective. She reported that it took her about six months before she started utilizing services such as Zoom and then described specific barriers to using these services. She explained,

> "- it did open up more doors, like I had to learn how to do testing because I do a
> lot of interest and ability testing and stuff like that. And I had to learn about the
> legality and ethics of doing that as well as more of a tele-practice."

She reported that it has just been recent months where her practice has started seeing clients consistently.

Paula had a different perspective than Lindy in that the pandemic was the first time we had had a global experience. She stated, "...this is the first time in my life where we all have had an experience worldwide." Though people were transitioning back to brick and mortar, she felt there had been a huge shift. She explained,

"Everybody's had the same experience, and so I think that there's been a huge shift in attitude worldwide that, yeah, okay, so people are going back to the brick and mortar at some point, yes or no, depending. The attitudes I don't think will change."

She discussed how the global pandemic shifted everything online quicker than she thought possible. People found working from home allowed them to "get it done effectively and efficiently" when the culture at large was hesitant in many ways to allow that shift. Paula also discussed a similar shift to advanced technology and availability in administering assessments and said,

"If you go to Pearson, you go to any of those, they all have tele assessment guidelines. And so that's a huge shift 'cause what I had been seeing before was a shift toward digital assessments meaning the assessments are going from paper and pencil to digital but now the shift to remote proctoring."

She expanded to say that her past ten years of research in online assessments revealed that "before this mental shift that the literature was saying that there is no statistical

difference between paper and pencil and digital administration of it. So, our mindset

caught up with the research." Bettye reported that she

> "knew with telehealth I would have to get additional training and certification
>
> through my licensing board. Didn't want to do that. And I felt like my liability
>
> was higher because you can't see body language well, you don't get that energetic
>
> exchange. So, I was just — it was a hard no."

However, now reflecting on telehealth, she reported,

> "It's actually, you know, we're blessed in that we don't have to be physically
>
> present to do therapy. So, I still see a lot of clients by telehealth that are not
>
> comfortable coming in. So, I think it just pushed us forward 5-10 years into the
>
> future."

Meaning of Unit: Balancing Finances During Global Pandemic

For Nancy, she closed for two weeks at the start of the pandemic and then opened

back up because people were calling for services, and her practice has had "more than

enough clients." The pandemic stopped referrals for Lindy due to the populations she

serves (jails and other governmental organizations). Lindy reported that due to the way

her business was structured for tax purposes, she was not able to qualify for the

government funds and that her business was greatly impacted financially. Bettye reported

that though she received some government loans, it was not sufficient funding to meet

her company's needs. Because of this, Bettye said that the pandemic "pushed me to do

that I would have never done… telehealth." She stated that she is slow to do new things

and getting out of her comfort zone is not something she likes.

> "But with COVID, I didn't have a choice. So, we jumped into telehealth, and the
> other therapists jumped into telehealth. Bought Zoom. You just — we just shifted
> because we had to. So, we did telehealth. Now most of my therapists do
> telehealth. We all still do it."

She stated that she is "more full than I ever have been, and I haven't taken new clients in months. I just don't have the space."

Meaning of Unit: Caring for Your Team as They Care for Others

Sophia reflected on how the global pandemic impacted the mentality of her employees, specifically her therapists. She said it this way,

> "I think more than anything, the work that we've had to do through COVID has
> been to show people that one, like, it's not as easy as they think it is 'cause we had
> a lot leave in the beginning to go do their own thing {meaning start their own
> practice}. Most of them tried to come back. So, I think it's been a lot of that."

She reflected on how communication and systems were more vital then than before. "We communicate more now. I communicate more now than I ever did before when we were in person. There's a different level of motivation and team building that's had to happen." Sophia felt that many of her therapists themselves are struggling. She reported that they are "depressed and uncertain about where they should be in their life and what they should be focusing on." She felt that aspect had been the most challenging to navigate.

Meaning of Unit: Owners' Attitudes and Perceptions About Group Practice Ownership

Emergent Theme 5 was related to Question 5 and explored their attitudes and perceptions of owning a group practice. I describe the experiences of the participants I inter-viewed. Initial meaning units related to Theme 5 are listed in Table 5.

Table 6

Initial Meaning Units for Emergent Theme 5

Meaning of unit	Subtheme
Owners' awareness in shaping the business to work for them	No subthemes for this meaning of unit
The development of gratitude toward the business	No subthemes for this meaning of unit
Other's perceptions of owners' experience in group practice	No subthemes for this meaning of unit
Financial stability and investment of time	No subthemes for this meaning of unit

Meaning of Unit: Owners' Awareness in Shaping the Business to Work for Them

Lindy shared how she decided to sell her first group practice and start again with a pay model that better fits her temperament. She stated it this way,

"You know, I had up to 30 employees at one time, I wasn't crazy about that; I much prefer smaller. In 2015, I sold my company and then started working again. I had planned just to do it on my own because I didn't like the supervision."

She expanded further to say that one of the benefits of owning her group practice was for her to be her boss. She reported that she had to "be in charge." She further explained, "I can work on my own and do my own thing and sort of give other people work. Have them, you know, do it, and it's sort of a lesser two evils to me because, you know, I get

the work in, and I like having somebody I can pass it on to. If I don't want to do it, I can pick the ones I want…."

As Lindy discussed moving toward retirement, she identified how the practice served her in this phase of life. She stated, "I'm winding down. I have no desire right now to have 30, 40, 50 people to start reading about the leadership; it's like, I'm at the stage of my life now where I'm just sort of doing this." She reported that she was "biding" her time and that she did not "feel like I have that in me anymore." Despite moving toward retirement, she can see how the practice offered flexibility in her schedule to do what she originally wanted to "call the shots." On the other hand, Paula reflected on this next phase of life with anticipation of what she will do as a "digital nomad" since she has set herself up to "practice in any space." She said, "I'll probably practice until I die. It's just who I am. It is part of my makeup."

Lindy discussed how her current group practice model has allowed her to have a bigger caseload of personal clients. She reflected,

"Well, what's funny is when I had my own, when I had the big practice, I mean, I never had more than five clients from, you know, probably my last ten years, because everything was kind of supervising and doing the business part of counseling practice. That's why I was so burnt out; it was all the, you know, getting the insurance and making sure we have. I mean, that business part of it ate up my time, whereas now I have a caseload of probably 30."

Bettye, like Lindy, was looking toward retirement and considering what this next phase will look like for her. She reflected, "And I'm a lot more laid back about it now, and my

challenge now is I'm 54. How long do I want to work? How many certifications do I want

in order to work with the clients that I work with?" The questions she asks herself are

different, "...when I began, it was like, 'Can I support this foundation to do this

business?' Now, I know the foundation is intact. I just want to be really smart for the next

ten years." As Bettye continued to reflect on what preparing for retirement looks like for

her, she created for herself a list of questions to ponder, including,

> "Do I still enjoy what I do? How can I not be — how long can I do what I do and
>
> not be apathetic or burned out or jaded? How long can I do this and still
>
> experience joy from what I do?... And how can I do that and keep all the balls in
>
> the air?"

She was very reflective as she asked these questions and concluded, "it's like a whole

'nother Eric Erickson stage of development."

Angela looked at her group practice to fulfill one of her roles as a professional

counselor. She was also a full-time professor in a CACREP counselor education program.

Additionally, Paula said that her practice had given her "freedom in professional

development" and teaching in a counselor education program. Sophia's story resonated

with Paula's story when she said, "It really just provided me with a platform to learn and

to grow both professionally and personally. And so, I can't ever say anything negative

about that part of it." Sophia said, "I've always seen this as a way to practice and grow

and improve for the next thing."

One important concern repeated by many participants involved controlling their

time/time management. Though flexibility with family was what attracted many of them

to group practice from the start, the concept of time management was also a theme present. Sophia talked about this when she said,

> "if you don't have it structured out wisely and you have three clients in one day, and you're shifting back and forth between seeing the client and then working on your business, it's just so much wasted energy. And it takes a lot to get from one mind space to the next."

She told this metaphor from Donald Miller about swimming up and down all day when you don't chunk time. Miller's metaphor articulated what she had experienced and seen in others… both as a clinician and business owner. She summarized it at the end by saying,

> "That's why people end the day feeling like they got absolutely nothing done because they've been working 'cause they're tired. But really, all they've been doing is swimming to the top to the bottom. They're not staying down where they need to be to get their work done. So, I think that's exactly what happens to people, and that's what I saw happening to therapists. I just couldn't articulate it like that back then. But that's exactly what it is."

Meaning of Unit: The Development of Gratitude Toward the Business

One subtheme that emerged from five of the six participants was the development of respect for their group practice. Nancy was the exception to this subtheme. When Paula spoke about her practice, it was with respect and appreciation, "it's part of who I am, and so, it's hard for me to separate out, you know, me from my practice although there are so many things I can do through the practice that are enriching." She expanded on many benefits of having her group practice,

"For example, I mean, I paid for my PhD through my practice and all the travel

associated with it whereas if I had been working for somebody else I don't know

that that would have been a benefit. You know, all the presentations I've done

internationally I've been able to write off as part of my practice."

Paula stated, "And so, there's so much part of my life that's integrated into practice."

Bettye explained her experience this way, "So, it gives me joy, it gives me life to

be able to provide a healthy, safe, flexible work environment for other therapists to give

them the autonomy as well. We all benefit from it." Sophia expressed gratitude toward

her practice by stating,

"So, owning the group practice, starting the group practice, growing the group

practice, all of those things, I think, if I had to credit anything to just my

confidence and myself and my ability to come back from whatever is thrown at

me, I attribute all that to the practice."

However, she countered that statement with a reflection of more difficult times by

clarifying,

"There's definitely been lots of moments within the time period that I've owned it

that I've wanted to quit, that I've wanted to sell it, that I've wanted to burn it to the

ground, that I've wanted to do a lot of bad things to it. But I didn't."

Angela put her feelings about her practice in context when she stated, "It's not the only

thing that I do, but it's a big part of what I do, and I really enjoy it." At the end of the

interview, she further exclaimed, "I love it. I would say, I mean, I absolutely love it."

Though Lindy did not use the word gratitude, she acknowledged how it allowed her to have the life she had.

Nancy was the exception to the subtheme of developing gratitude toward her practice. She stated, "I walk down the hall daily — almost daily — and say, 'I want out of here.'" Nancy reported an increase in her perception of stress and stated that she has "backed off on seeing — the number of clients that I see." When asked to expand upon why she thinks she feels this way toward her practice (i.e., pressures of client care or running the business), she stated,

> "I don't know that I can separate the two because sometimes it is an issue, you know, like, a pending trip to court or something. And then other times it's just I'd rather be somewhere else. Now where would I rather be? I can't answer that."

Meaning of Unit: Other's Perceptions of Owners' Experience in Group Practice

Not only did participants reflect on their feelings about the practice, but also how others viewed them in connection with their practices. For example, Lindy reported that the perception others had was that you made "all this money." She shared how her employees thought she was "making all this money on them," but they had no idea that many times she did not have a check for herself. She stated, "they saw, I was sitting back there, you know getting rich on them, so that was, you know when I and my husband would go without to pay their salary, so that was a real frustrating part of it." Nancy reported a similar experience and stated, "People probably think I'm rich because I'm solely employed, and I'm going, 'Oh, no, no, no.'" Bettye stated, "...one of the things I think people don't understand or appreciate about being in business for yourself is it's a

lot of work, and it's a lot of responsibility." Angela alluded to others' inaccurate perceptions of her degree of freedom related to owning a practice and reported, "I think a lot of times when people think that you have a practice, they feel like you make your own hours and you can do — you can go to work when you want to."

Meaning of Unit: Financial Stability and Investment of Time

Nancy was the outlier regarding financial stability. She reported that her experience with group practice is about "Paying the bills and keeping it going," which required her to work when she did not want to work. Additionally, Nancy shared about a contractor who was not taking pay due to her tax situation and allowed Nancy to keep that money to help pay business expenses. Once she is free from her lease contract, Nancy stated that she would change course. Either "out by myself or work for someone else" - "but the big space- the expensive space – I'm just not going to take on that responsibility."

Lindy identified one disadvantage of group practice is that "you're never off. You know you have to work 24/7". Angela reflected the same experience when she said, "the buck kinda stops with me." She expanded on how she would complete a task even if it "stresses me all the way out." Though overall her income was less with the smaller practice, Lindy reported she was less stressed "…because with them as subcontractors they get paid what they make, and I'm not, you know, I'm not solely responsible for them paying their house note…" As previously stated, Lindy adopted a different pay model with her second group practice by hiring her counselors as contractors under the W-2 pay model because she felt it required less oversight and gave her more financial control.

Paula stated, "And so, there's been so many things that I don't know that I would've been able to pursue on my own volition if it had not been because of independent practice." Paula reflected that the economics of group practice have been sufficient. She stated, "I know I've made a lot more money being self-employed than if I were working for somebody else."

When discussing factors associated with the decision to start her practice, Sophia mentioned motivation for passive income. Like Paula's goals of running a business from anywhere, Sophia set up her practice so that she was not the one "trading my time for the dollar." Sophia agreed with Paula that revenue was a benefit of group practice ownership, but expanded to say,

> "The revenue, like, the money — now I'm not going to say the money that you make because you don't always make that much money, but, you know, the revenue that you're generating allows for people to take you seriously. Starting the business, unable to get any kind of loan for anything versus now just because of that top-line revenue it was a game-changer. You know, it allowed — it gave me enough of something to stand on so that I could go into a bank and show them, you know, 'Hey, I can do this.' Like, I know what I'm talking about."

Bettye changed models early in her group practice from a renter's model to a contractor pay model so that the business worked better for her. "And then I switched that model to contract therapists who make a percentage, and it enabled me to work smarter and to have a healthier model for myself. But it took years to figure all that out." Later in the interview, she reflected further on this, "Changing my business model from renters to

contract employees is a huge game-changer, and I would not have done it had the consultant not told me I was an idiot if I didn't do it." Bettye had a different perspective than the other participants regarding income. She stated,

> "you just got to be really smart about how you — like, for example, the business owns my car. The business owns my laptop. The business pays for a lot. I run as much as I can through the business so that my income is less. I don't want to make a lot of income. People are like, "Well, how much money are you making?" I'm like, "That's not the question you want to ask yourself."

In addition, Bettye reported she was actively planning for retirement, and was considering how she wants to change her role in the company,

> "...do I slowly faze myself out and keep group practice open? I have two businesses. One business owns the property, and one business in group practice, which was something a business consultant told me to do, which was really smart. So, even when I sell group practice— which I will eventually — I still own the building. So, group practice could continue to pay — that business could continue to pay me to rent, or I just sell it all outright."

Emergent Theme 6: Group Practice as a Conduit for Owners' Personal Growth

Emergent Theme 6 was related to Question 6 and explored how owning a group practice impacted participants' personal growth. I described the experiences of the participants I interviewed. Initial meaning related to Theme 6 were listed in Table 7. Every participant was able to identify ways the group practice impacted their personal growth, except Nancy.

Table 7

Initial Meaning Units and Subthemes for Emergent Theme 6

Meaning of unit	Subtheme
Empowerment and imposter syndrome can coincide	No subthemes for this meaning of unit
Personal unresolved issues reoccur until resolved	No subthemes for this meaning of unit
The practice is influenced by personal values and traits of the owner	No subthemes for this meaning of unit

Meaning of Unit: Empowerment and Imposter Syndrome Can Coincide

Several intense emotional responses were reported regarding how the practice owners feel about their practice and experience. Sophia reflected on how many group practice owners' traits impacted their drive for success. She stated,

> "They probably have a deeply rooted fear of failure, and I think that that's why people in group practice specifically are usually pretty successful is because they're so determined not to fail that they will literally do anything it takes. If that means working 20 hours a day, if that means working on the weekends, if that means doing everything themselves — whatever it takes, that's their philosophy. Whatever it takes, I'm not going to fail."

She further reflected on the drive to "prove myself- prove to myself that I was not a failure, and I wasn't going to fail." She stated, "it did not matter what it took; I was not to going to fail." Paula spoke of similar experiences by saying,

> "I think part of it was that character flaw of not feeling enough so, putting out there more so that I can feel that I'm contributing enough and then, you know, it's

a domino effect, right? And then you surpass the boundaries and have the whole thing and then because you put yourself out there and you get things done, you get some successes. And then it kind of snowballs, and then you realize, 'No, I don't have to put myself out there. I can say no.' And so, I think part of it is just growth and experience, but yeah definitely it became the stage."

Bettye reported that she was currently at "the top of my game," which is empowering because one of the factors in starting her group practice was curiosity if she could "pull this off." Unlike in solo practice, Bettye reported feeling that group practice requires her to be vulnerable and "put yourself out there." She expanded by explaining, "...with all the final decisions falling on you, as the group practice owner, at some point, you just have to pull the trigger and do it." Bettye also discussed the advantages of listening to those who will be affected by her decisions but knows the decision is ultimately her own. She alluded to the internal struggle between feeling empowered versus feeling like an impostor by stating,

> "I think the challenge has been when people, friends, family will look at what I've done as a business owner and they give me a compliment, it's hard for me to own it. It's hard for me to see — they're like, 'You're a badass. You've done dah, dah, dah, dah, dah.' And I don't see it that way."

She linked this view of self to a fear of being too prideful and a desire to see herself in a particular way. "I may look like the Great Oz, but I'm really just the person behind the curtain," she said. Bettye also discussed finances in light of her personal sense of

empowerment. She stated that in balancing the needs of the business with the clinical needs of the clients, that she is "unapologetic about my prices." For Paula,

"Being an immigrant whose parents both had four years of education, didn't get beyond elementary school and, you know, having a couple master's degree and Ph.D. makes you feel like you're an imposter in somebody else's world. And I think that absolutely rolled into my practice where I had to kind of find my own voice."

Meaning of Unit: Personal Unresolved Issues Reoccur Until Resolved

Sophia summed up this subtheme when she stated, "I think it {practice ownership} really brings to light all of a person's strengths and a person's weakness and a person's fears. It brings it all out, and so, I think you have to be ready for that." Sophia assumed that her professional counselor training would have prepared her for some of the challenges of group practice ownership. She stated, "… I'm a therapist. Like, I should have known that. I should've seen all the warning signs. But I didn't. And I think that that's coming from a lot of therapists that become practice owners — group practice owners." She discussed how group practice ownership develops one personally. When asked if she feared failure now, years into the practice, she replied, "No. Nope. Not at all. I have no fear of failure. It actually — thankfully, I'm glad that all of that wasn't for nothing." Now Sophia looks at failure as part of the process; the fear of failure has shifted to a "problem-solving mentality." She reflected on things she did to herself with compassion for her old self and could see where she progressed in her personal development. She recalled,

> "I realized what I was doing to myself, and I realized that it was not even true. Like, none of those things were real. It was just me listening to that fear and trying to prove it wrong. But, no, I do not feel that anymore at all. And I don't even think that I have the capacity to really feel it anymore. I don't have the energy to do it anymore."

Some of these things would be related to self-talk about the business failing and setting unrealistic expectations on deadlines for work-related tasks. Each practice owner, except Nancy, who did not disclose any issues, reported resolving their problems either by increasing self-awareness of patterns of behavior or by setting up systems that protected the business or themselves.

Lindy's tendency to micromanage and avoid confrontation came from her "dysfunctional family," and she reported that she "just plumb burned and wore myself out." She reflected on how counseling allowed professionals to work out their own unresolved issues. She stated, "… you know, a lot of the counseling attracted me just because I think working on my own stuff. I would sound too crazy to counsel or anybody, but, you know, working out my own issues…". She reported such a strong discomfort with firing people that she would "sort of kind of do it to where they knew they were getting fired, and so, they would want to quit and just because I hated- I didn't like to do that." She further reflected,

> "I think that's got to do with my upbringing of, you know, I've come from a very dysfunctional family, and at like four or five years old, I was making the decisions and I was kind of the mom. And so, a lot of that, I think comes from back then…"

Her second company, which utilized a contractor pay model, was set up so that it required less oversight and did not have her hold all the responsibilities. She reported, "it was easier for me to just kind of sell and then start over and create something where I didn't have to do that." In the W-2 pay model, "it's easier to fire them because like, I had one guy that was terrible. I just don't -- I just don't give him any more cases. So, it's not like you paying them a salary way different, and I did that on purpose." Lindy's resolution came through adjusting her business model in the second business. "Oh my God, it's a huge shift, it was making sure I had enough work to pay people, that was always a stressor, it was always a stressor because it was a balancing act." The stress of finances in the W-2 pay model "kept me up at night, like literally having the pressure and stress of not having work for people."

Angela shared about how her inability to say no caused a sense of overwhelm with the workload, "it just became more than I could manage and I was not at a point where I had learned how to say no yet, and so, I was working way more than I physically had time to do." However, knowing that all the pressure is on the owner, Angela stated that she would complete a task even if it "stresses me all the way out."

Bettye shared about the process of her personal growth in the role of practice owner in that she had to learn not to "over-function" in her therapists' lives.

> "... being able to tell her [the contracted therapist] that is a way of honoring yourself but also honoring them. So, I'm not going to over-function in your life, and I'm not going to let the business suffer because of whatever you're going through. I'm going to own my own stuff, and I'm going to give you

responsibility for your stuff. Yeah, just like it's not helpful for the client for us to

carry their shit after the session, that's all about our end dysfunction and need to

fix and that the healthier we are in our relationships I think, the healthier we are

going to be in business as well. And it's active. It's active. It's active. It's not a one

and done thing."

Bettye realized that she has "too much invested in this" to avoid issues related to human

resources.

Sophia expressed a similar experience to Bettye in regards to human resource

obstacles. Sophia reflected, "… what I thought was being compassionate and patient was

actually destroying my business from the inside out." However, it took her some time to

find the balance between compassion and a level of accountability that worked for both

her as the practice owner and the business's overall health. She reported,

"I can still have patience and empathy for people, but it doesn't eliminate the fact

that we have policies for a reason. And so, what I had to do that was just better for

me personally, and the only way that I was going to be able to sustain the business

was to hire someone to be able to be in that seat and make those calls and deal

with the people-related issues because I just checked out. I couldn't do it anymore.

And so, that's when I hired the HR office management person who has the

policies, modifies the policies, writes the policies, holds people accountable to the

policies, and I don't get involved in it at all."

For Sophia, her solution for enhancing her overall well-being was to remove

herself from the equation.

"I think it puts a lot of pressure on the therapist who's also the practice owner to uphold their own boundaries. That's my problem. I mean, the boundaries is my problem, and I know that. And that's why I had to just make that decision to remove myself from it because I will almost always pay."

Sophia became aware that this was not how she wanted to run her group practice, and that these situations, "puts more pressure on the owner and really forces them to check themselves." Sophia further expanded on how boundaries impacted the practice owner and said,

"If you don't have good boundaries all around — whether it's with people or with your own time with your own values — you can be exploited very easily in this industry. If you don't have a strong foundation for who you are and all the things that come along with that, I think it can hurt you. It can be very hard on you."

She reflected on the difficulties associated with starting a group practice.

"It was very hard on me in the beginning. I took a lot of things personally, you know, things that my employees did, that they said about me behind my back. Like, I think that's been the hardest hands down is that you know, I started this to help people. And I go out of my way to help people even now, and I had to make a decision a couple years after starting whenever I was, like, at rock bottom. I was just ready to quit. I just had to make a decision that everything that I did for people was just going to be that. Like, I'm going to do it for you because I want to. And I had to make sure that there was no subconscious or undertone of I'm doing this so you will stay. And I think that was a common theme in my life in

general, and I didn't recognize it. Actually, probably didn't recognize it until just now when I said it out loud. But I did that in my personal life, but I also did that in my professional life. So, I would do things for people thinking, 'Well, if I give them this raise even though I really can't afford it, they'll stay.'"

Sophia also described how her experiences as a group practice owner have allowed her to become more self-aware.

"I was focusing on or being hellbent on defying this fear of failure, and I was going to be successful. But that was just one of the fears. And the big, big fear was the one that I really was trying to avoid, and that was the fear of being unloved or being alone. And I think that that's where all of us pull that, 'Well, I want them to stay.'"

She continued,

"We do all of these things that are kind of the opposite of loving ourselves and respecting ourselves so that somebody else that we have no control over can decide if they want to stay or not. And so, all of the people that left over the years for a long time, I took that personally. Did I not do enough? Did I not show them that I care? So, I kind of looked back at that point and thought, 'Oh, my goodness.' Like, I spent all this energy trying to make people feel important and that I cared about them. I mean, it was ridiculous the things that I did for people. I'm ashamed even to admit it now. And it was all just because, at the back of my mind, I wanted them to stay. And not just, like, staying for the business, but staying meant that they appreciated me."

She said that she had since developed a greater insight,

> "then people are always going to leave, and so, I was just setting myself up for this reoccurring letdown. And I had to stop that. Like, that was huge. So, when I stopped that in my business, it made — it was like a weight was just lifted off of me, you know."

She said all but one of the therapists she in her first year of group practice quit. "For a long time, I think I had PTSD every time I saw an email come through that said 'resignation'... I would get physically ill."

Bettye shared multiple stories around her values of finance. She stated that as a young child she could

> "remember growing up and my father who's 96 would — he thinks this story is horrible and can't believe he did it — but when I was probably 8, I had an uncle who was super-wealthy and when he came into town, you know, it was like the dollar bills were floating off of him. Well, he gave me a $20 bill, and my dad said, 'You don't know how to handle that. I'll take that from you.' So, knowing that I own a building that's worth a good half a million dollars, that I own a business that's worth, I don't know how much plus all the computers plus all the furniture plus — in the back of my head, there's still that very young person — that voice that says, 'Are you sure we know what we're doing? Are we sure we can manage this?'"

Bettye reflected on the systems she had put in place to protect herself regarding her "young, fearful, internal family systems…. Let's double-check we're up to date on our

accounting. Let's double-check our therapists are billing their clients if they're overdue in payment. And I don't know if men feel that or not." To this day, she found herself continuing to process this worldview regarding finances. In addition to how she ran the business, these fears also showed up in her client-counselor interactions. For example, when reflecting on the process of copay collection, she reported,

"I think it feels — I know this isn't true, but it feels greedy. It feels like it's not caring, that it's not therapeutic, that it's very black and white. Okay, now you have to ante up. And it's really not any of those things."

She shared an example about one of her contract therapists not collecting copays consistently, explaining,

"We had a lunch meeting where we all talked about how do we handle asking for payment, and we just kind of processed it as a group for how we do it. And she has had a learning curve recently that affected the practice where she had — last year she made — she brought in a lot of income for group practice, and she left about $15,000 out there because she didn't bill it."

Another experience Bettye shared was about her and one of her clients' issues with copay collections.

"I had a client who didn't pay his bill, and I wouldn't reschedule him until he paid his bill. And he was like, 'But I'm in a crisis.' I was like, 'And I've got to keep my lights on. I'm so sorry. This isn't good for you or for me if I see you. I'm not going to be in a good headspace to be there for you.' So, he finally paid his bill, and he said, 'Now will you see me?' And I said, 'No,' I said, 'because I don't trust you.

And I feel like we've broken trust. We had an agreement that you would make

payments, and you didn't. And I will refer you to any number of therapists, but I

would encourage you to look at this part of your life. Is this a pattern? How have

you broken trust with others in your life? So, when you meet with your next

therapist, you can begin there.'"

She reported that she has learned to manage these feelings by setting clear boundaries. Bettye stated, "I go from my counseling chair to my desk chair to talk about appointments and billing."

Bettye also was aware that her negative work experiences in previous work settings impacted her hiring practices. She reported that she leaned "more towards women than men" and recognized that she could be missing out on some potentially good hire prospects. "Because of negative experiences with men in the workplace. I'm a little — yeah, it's just really important to me that we maintain a very particular work environment, that people don't ruin that or affect it negatively."

Paula reflected on the balance between professional and personal responsibilities early in her career,

"probably early on in my career I had a hard time with those boundaries…having

a really supportive partner became important because the kids were real young.

And, I mean, I could have been a really vacant parent because I'm so focused."

Nancy's experience was different from the other participants in that she did not disclose any personal struggles.

Emergent Theme 7: Factors That Influence Use of Clinical Training in Varied

Contexts

Emergent Theme 7 was related to how their professional training as LPCs

influenced their overall experience as group practice owners. I de-scribed the experiences

of the participants I interviewed. Not every participant felt that their training impacted

their practice. Initial meaning units were listed for Theme 7 in Table 8.

Table 8

Initial Meaning Units and Subthemes for Emergent Theme 7

Meaning of unit	Subtheme
Diversity in which role is utilized (supervisor, educator, assessor, counselor, business owner)	No subthemes for this meaning of unit

Meaning of Unit: Diversity in Which Role Is Being Utilized (Supervisor, Educator,

Assessor, Counselor, Business Owner)

There was a wide range of how each participant's professional training impacted

their business. The role of a counselor could take the form of a clinician, a supervisor, a

researcher, an assessor or advocate, or an educator. As an LPC, Paula self-identified as a

"rehab counselor" and reported it was a "huge identity" for her. As a teacher in a master's

level counselor education program, she also viewed credentials as protection for the

public. Like Paula, Angela was also a teacher in a counselor education program. She

viewed group practice as "not the only thing that I do, but it's a big part of what I do, and

I really enjoy it." She stated she continued to learn from her supervisees and they from

her and reported, "…my first role is always going to be that of a supervisor" {state

licensure}. Angela noted that her training had greatly influenced what she did and how she did it. Her role as an LPC-S also impacted her business model, "Because it's not just about caring about your clients. You kind of care about them {counselors}, too." She contributed low turnover to her supervisory relationship with her counselors.

"I think over time developing that relationship where they kind of know that professionally they can depend on me, I think that kind of helps them feel the whole safe, stable, and secure at work, so, there's no need to jump to something else. Because the truth of the matter is, technically, if they're LPCs, they could do that themselves."

For Nancy, most of her interview focused on her role as a clinician providing counseling services. Balancing running a group practice with client care was stressful for her, she explained, "that initial interview and trying to get all the information. 'Okay, what are we going to do?' you know, 'What's your problem?' And so, that makes the counseling field hard, I think." She discussed the stress of court appearances took much of her time. Much of her reported focus was "individual stories," meaning her clients' stories. When her family reflected on what it must have been like for her to own her own business, she did not discuss the business aspects of group practice ownership; she stated she told them, "You don't want to know what I know," referring to her client's stories. She verbalized her desire to become involved in advocating for [advocating for whom?] and stated she wanted to "get out there and do it, but I can't be a counselor and run my practice like I do and go do that. Make the contacts, talk to the legislators, whatever. I don't have the time and energy to do that." For her, the role of LPC impacted how she

engaged with all people, "That's who I am." Lindy reported a similar experience as Nancy in that she was now carrying more cases with the smaller group practice as compared to her previous larger group practice. She stated, "What might keep me up at night now is thinking about, you know, like, I have some – I have some really sad stories like, but some of my clients, you know, just really sad stories" as compared to the larger focus on the finances of the first group practice.

Sophia reported that being a LPC impacted her business continually. She reflected, "I can't — you can't turn it off." She shared a story from earlier where a counselor had made choices that cost her group practice hundreds of thousands of dollars. Sophia reflected,

> "I'm sitting there on the phone, like, livid — angry — but I'm saying, 'Can you please find a therapist? Like, can you go to therapy?' And then I'm giving her this big — I'm therapizing her without even meaning to. That all of these things that you're not dealing with in your personal life are seeping over into your work, and your work's never going to get better until you can take care of this stuff. And I think that that is why it does definitely play a big part. You can't turn it off."

She stated she had a history of

> "allowing people to break policy because I thought that they could do better or I thought that — I was basically treating them like the person that I wished they were or I knew that they had the potential to be rather than what they were being in the moment."

Bettye reported that she did not "think being an LPC naturally guarantees you're going to be savvy about how you deal with people." She stated that owning her group practice and being a clinician "feels very different." However, as she shared stories about her experience, themes emerged wherein she utilized her counseling skills to manage her practice. For example, she described terminating a contract counselor and using her counseling skills to do so. She reflected,

> "I think just like it's really no fun to confront a client, I think those skills of confrontation in therapy which I hate doing — I won't speak for everybody else — but it's a huge payoff if you can do it for the client and for you. And it feels very empowering. It's scary, and I think the art of confrontation in therapy has been helpful with setting boundaries in business and not owning — not getting codependent with other people's stuff. That's been helpful in business."

Emergent Theme 8: Owners' Experiences in Meeting Administrative and Business Challenges

Emergent Theme 8 was related to stories and other themes that emerged to reflect how the owners managed related administrative challenges. I described the experiences of the participants I interviewed. Not every participant had an experience where this theme emerged. In Table 9, I have outlined the initial meaning units related to Theme 8.

Table 9

Initial Meaning Units and Subthemes for Emergent Theme 8

Meaning of unit	Subtheme
Branding for growth	No subthemes for this meaning of unit

Operating systems as retention of energy and time	No subthemes for this meaning of unit

Meaning of Unit: Branding for Growth

Nancy discussed the impact her part-time administrative support person has made on her experience of group practice ownership, and said,

"..having a receptionist secretary type person makes the major difference because I think they see us more as a business because often she'll return phone calls and people say, 'I've called three or four people, no one's ever called me back.' So, these people don't have a business sense, and you call people back and say, 'I'm sorry. I can't add anybody right now,' or something like that, but they don't answer at all. And I'm just flabbergasted. You know, you can't keep yourself going 'cause the issue. You have to close a case, and you have to keep bringing in new people."

Nancy viewed availability as part of her branding even if she did not have an opening to provide services. Answering and returning phone calls was a priority for her. Nancy reported that her main frustration with her administrative support person is that she [the admin?] wanted to make changes, of which Nancy disapproved. Nancy wanted complete control of how the office space looked and felt when someone entered it. When asked to reflect on her overall experience of owning a group practice, Nancy reported, "I walk down the hall daily — almost daily — and say, 'I want out of here.'" It was unclear if Nancy wanted out of the expensive lease or the group practice altogether, and after asking for clarification it appeared that Nancy was unsure as well. She struggled at the

interview with stress from personal aspects, such as doctor appointments and private banking. She reported she had applied for a few other jobs at different places in town.

Lindy expressed regret about naming the first company with her name in the title due to liability and the potential that employees could ruin her reputation and resolved this regret when naming her second group practice. "I always regretted it; call them the company like name & Associates." Angela also regretted the name of her group practice and wished she had more creativity in the process. Additionally, Angela recognized the benefits of moving to a W-2 pay model over a contractor pay model but stated she has no plans of making that change currently. Finally, Angela expressed frustration on being "boxed in" as a provider who offered a specific type of service, explaining, "it's kind of like once you're known for providing something, people keep wanting it even when you can no longer provide it."

Meaning of Unit: Operating Systems as Retention of Energy and Time

According to Paula, that lack of passive income was one drawback to the organization of her business model. She reported that if she did not work, then nothing got done. However, she viewed it as a "factor to get around and to be creative with." Nancy found stress in balancing a full caseload and the duties of a group practice owner. She reflected, "Just the stress. Don't talk about it, but it's back there saying, 'Okay, what do I have to do?'" Additionally, Nancy reported that much of her time was filled with duties related to court. Further, she reported that keeping up with her two contractors was burdensome. Lindy reflected on the difference between the first practice and her current practice workload, and said

"Eighty percent of mine is dealing with, like I would call direct hours, which are dealing with employers, dealing with my clients, dealing with or doing the case noting only about 20% is the business part. It's a lot less. In her first, larger group practice, it was just the opposite. "It was, it was a big practice, and it was 80% running the business, 20% doing my client, complete flip."

She labeled herself as reactionary in her management style and gave the example of needing to have business documents, and stated, "I would just like always just have to make them up because we never did any, you know, I never did."

Sophia discussed the mental energy it took the owner to move from client care to running the business.

"People who own a business that are also seeing clients and having, you know, like, if you don't have it structured out wisely and you have three clients in one day and you're shifting back and forth between seeing the client and then working on your business, it's just so much wasted energy. And it takes a lot to get from one mind space to the next…,"

she said. She recalled a metaphor Donald Miller told about his writing experience and chunking time. She stated that this articulated what her experience had been and what she had heard from others.

"That's why people end the day feeling like they got absolutely nothing done because they've been working 'cause they're tired. But really all they've been doing is swimming to the top to the bottom. They're not staying down where they need to be to get their work done. So, I think that's exactly what happens to

people, and that's what I saw happening to therapists. I just couldn't articulate it like that back then. But that's exactly what it is," she explained.

Sophia described the importance of systems in running her business, specifically related to her supervisors. She stated, "They {the counselors} need to know that their supervisors are invested, that they care." Her role has changed as the company has grown, and she has learned more about utilizing herself in areas of personal strength. "... I try to have a balance of when I show myself to the team and what I do and say during that time. I'm very strategic. I don't enforce any of the rules. I don't offer punishment." Furthermore, she reflected on her goals for interacting with her team.

"I try when I am speaking, I try to come to them as a place of, like, helping them understand where the business and the vision of the business is coming from. So, I think that that's been better on me. I feel better about it, and I'm not so emotionally invested in individuals that are going to come and go naturally."

She reported understanding that this shift of control to others in her group practice meant she had to "…embrace and accept relinquishing of that control and trusting that people were going to do their job." Sophia stated,

"I think people that go from solo to group that's the one thing that will predict success is how well they can shift accountability and how able they are to trust because if you go from this solo environment where you are 100% in control of everything, and then you have to relinquish all of that control in order to grow, and you can't do that mentally, you will not be successful."

As previously mentioned, Bettye hired a business consultant that specialized in helping therapists design a system to work "smarter and to have a healthier model for myself." Bettye found the lack of control in the contractor pay model to be "a little frustrating" but felt that ultimately, she had no control over what they did. She thought she was "fortunate" to have a part-time administrative assistant to help run the business. Bettye reflected, "I think it would be exhausting if I had to do my admin's job, therapy. To me, it would feel like too much." Seeing between 18 and 21 clients a week, she had to learn to set up systems to manage her time. Like Sophia, she reflected on how managing time in larger chunks helped. "That's a really hard shift to go from administrative work to therapeutic work. Administrative is very goal-driven and task-oriented. And even though therapy is goal-driven, it's a lot slower than administrative tasks. And clients are going to work at their own pace." Bettye described the distinct use of separate pieces of furniture to help change her mindset. "So, as a therapist, I sit in my therapist chair and square off with them and meet them where they are. And I set this norm. They know when Bettye gets up out of that chair and sits at her desk, it's the last thing before the end of the session."

With teaching full-time in a counselor education program, clocking 15-20 direct client care hours a week, and running the group practice, Angela reported that she had to chunk her time according to roles. She reported having an office manager and two dictation specialists who help with report writing and type verbally recorded notes. She said that "the day-to-day administrative part, there's lots of paperwork. Lots of paperwork. One of the things that help us not have as much paperwork at some places is

that we do not bill insurances." Despite this statement, she reported that she was considering accepting third-party reimbursements in the future and was taking time to research what systems need to be in place before she made a change. She stated, "That's probably the one reason why we don't bill the insurance. I'm just scared I'm going to mess something up." She was in the process of considering electronic options stating, "once I get really comfortable with knowing that I know that that may be something that we tackle" {regarding billing insurance}.

Summary

In this section, I summarized the findings that answer the research question: What are the lived experiences of licensed female group owners in the profession of counseling? Each of the participants' experiences was meaningful to them in the context of their story. Through these interviews, I was able to identify many experiences that seemed to encapsulate ownership of a group practice for female LPCs. The practice owners who found a balance between clinical care and running their own practice, either through adjusting their business model, hiring administrative support, changing the way they interact with specific aspects of the business, or a combination of these, expressed gratitude and respect for what they had built. The one exception to this was the participant who had been unable to find a balance between the role of group owner and the clinical duties of a practicing counselor, leaving her frustrated, exhausted, and financially strapped. Though she had not found a balance for herself, according to others' experiences, it seemed possible that with a different model, she could obtain satisfaction.

The focus of Chapter 4 was to describe the results of my study, ensuring that trustworthiness will help others decipher if my research was ethical and rigorous. In Chapter 5, I provided key findings to discuss my interpretations from the data I collected and analyzed. Additionally, I discussed the limitations of qualitative research in general and the limitations of my study specifically. Finally, I provided recommendations for current implications and future research and outline potential social justice implications for my research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this interpretative phenomenological analytic qualitative study, I aimed to contribute to the body of research in counseling by gaining insight and understanding of the lived experiences of female LPCs who own a group counseling practice. Few studies have focused on LPCs' experiences of private practice ownership in counseling (e.g., Bandini, 2011; Jones 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990). Research focused on the counseling profession is needed to continually develop a professional identity from those of other mental health professions (MacLeod et al., 2016; Remley & Herlihy, 2021). In addition, knowledge of these experiences may provide female clinicians with a more accurate and realistic view of typical business functions required to build a thriving practice capable of providing much needed mental health services. Knowledge of the lived experiences of other successful group practice owners may assist aspiring practice owners as well. The goal of examining female LPCs who own a group practice was to fill the gap in the literature pertaining to the experiences of this population in the field of counseling.

In this chapter, I discuss critical findings related to the literature regarding professional female counselors' ownership of a group practice. I focus on the collaborative, contradictory, and atypical findings from participant responses to the study's research question, which was, What are the lived experiences of licensed female group owners in the profession of counseling? I discuss how the findings potentially relate to female counselors, supervisors, and counselor educators. In discussing the

findings, I engage with the two theoretical frameworks, phenomenology and feminism. Key findings in this study include eight overarching main themes. Theme 1 included factors associated with the decision to create a group practice. Theme 2 included experiences on a continuum of preparatory engagement for group practice ownership. Theme 3 included the influence of gender in the ongoing perception of self and others. Theme 4 included group practice owners' adaptability to a global pandemic. Theme 5 included owners' attitudes and perceptions about group practice ownership. Theme 6 included group practice as a conduit for owners' personal growth. Theme 7 included the influence of clinical training in varied contexts. Theme 8 included owners' experiences in meeting administrative and business challenges. I also provide recommendations based on these thematic results and discuss the study's implications for social change.

Interpretation of the Findings

During data analysis, eight main themes emerged. Those themes included experiences related to the factors associated with the decision to create a group practice; a continuum of preparatory engagement for group practice ownership; the influence of gender in ongoing perception of self and others; group practice owners' adaptability to a global pandemic; owners' attitudes and perceptions about group practice ownership; group practice as a conduit for owners' personal growth; factors that included use of their clinical training in varied context; and owners' experiences in meeting administrative and business challenges. In this section, I discuss how my personal and professional experiences affected how I interpreted the data from the six interviews, how the

participants may have been affected by our interaction, and how I developed the study

upon the literature regarding group practice ownership in the field of counseling.

Theoretical Implications: Phenomenology

Hermeneutic Circle

In this study, I used the hermeneutic circle to navigate between my understanding

of what it means to be a female group practice owner and my participants' experiences in

their own journeys of group practice ownership. Because every person and knowledge

was embedded in a context, I needed to look at the context in which these experiences

were lived. Considering the meaning as holistic, not just the sum of the parts, it was vital

that I go back and forth between the entire interview and the parts, my experience, and

that of the participants, and then return to the parts again. As I read and reread, journaled,

and identified themes, I gained a greater understanding of the parts that improved my

interpretation of the whole. By reflecting on the experience of group ownership, I gained

a greater understanding of each unit of meaning and each subtheme. As a result, I was

able to more clearly see what it means to own a group practice and what it means to be

female in this experience, as well as the context of being a LPC.

The larger challenge of the hermeneutic circle was not to get stalled in the

interpretation of meaning but rather consider the relationship between the reader and the

text or the parts of the text and the whole of the text. This interpretation was not just

about merging historical meanings but also considering the social, cultural, and

interpersonal context. To create constructive interpretations, I worked to consider not just

historical interpretations but social, cultural, and interpersonal interpretations. During my

iterative use of the hermeneutic circle, I documented several things. First, I noted empathy toward the participants in their struggles and celebration of their successes. Having experienced many similar experiences to those they verbalized, I had to be careful not to allow my own feelings to change their narratives.

Dasein and Fore-Sight/Fore-Conception

Hermeneutics asserts that researchers cannot factor out their preconceptions (Smith et al., 2012). Therefore, they must recognize that each participant comes with different lived experiences and work to bridge the gap between their story and the stories of my participants. Furthermore, fore-conception is part of the hermeneutic circle. Once one understands a part or whole, one carries that foresight as they move to the subsequent text to make additional meaning.

As a female LPC who has owned a group practice for more than a decade, I have had personal experiences with the process of forming and running a group practice with up to 30 employees. Purposefully becoming aware of how I interpreted my attempt at group ownership brought my experiences to the forefront of my thinking. During my years of experience running a group practice, I encountered many successes and failures, some of which participants in my study reflected. Several major failures I have encountered included allowing my past experiences to impact how I interacted with my employees from a human resource perspective, taking risks on contracts that required high investment cost and had low return of investment, changing the company's pay structure, and setting unrealistic expectations for my performance. However, I have also encountered many successes, such as expanding services through opening a third

location, offering extensive training and certifications to my team of mental health professionals, hiring a more diverse clinical team that reflects the population served and finding a better work-life balance for myself.

When writing of dasein, Heidegger (1962/1927) noted that individuals' understanding of the physical, social, and cultural world also constrains them. Smith et al. (2012) stated that entry into the cultural position of research participants requires the researcher to have some level of cultural competence. I differ from my participants in many ways, but I identified some instances of intersectionality in the areas of gender and profession. Using my reflective journal, I was able to note my personal experience with group practice ownership so that I would make any biases explicit. Then, as I conducted my interviews, I returned to my journal on multiple occasions and identified what I knew about group practice ownership, compared what I identified to my participants' discussed experiences, and was thus able to view the process of growing a group practice considering a different perspective.

The Participants' Experiences

Hermeneutic Circle

Each of the participants verbalized challenges and successes in ownership of their group practice and understood the responsibility of their commitment. Many of the participants indicated that the appeal in launching a group practice was flexibility and they further indicated this was also the one aspect that was difficult to manage as their group practice grew. Most participants talked about how group practice ownership provided a platform for them to work out their personal issues and further develop their

personal narrative, the task which their training as professional counselors required them to assist others in. Therefore, the group practice became a form of therapy, as Paula stated, "a stage," for owners to process and resolve their own emotional and mental health needs.

Dasein and Fore-Sight/Fore-Conception

I took steps to ensure that my experience had as little influence over my participants' stories as possible. All the participants in this study shared their experiences in forming and managing a group practice. Each participant shared the struggles and successes they had experienced in many aspects of their business. All participants, with one exception, reported satisfaction in their current group practice. Many participants shared experiences of how they shifted their duties within their group practice to better meet personal and individual needs better. Many were able to identify potential changes within their business or themselves they were either not willing or not ready to make for various personal reasons.

Theoretical Implications: Feminism

A feminist framework has allowed researchers to focus on issues that empower and highlight important issues to women and has expanded beyond gender to focus on freedom from all types of oppression (Biana, 2020, Degges et al., 2013). Historically women have been a marginalized group, and now more than ever, it is essential to increase our understanding of their experiences (Gruber et al., 2021; Mousa et al., 2021). Most salient to this research was the impact that female business owners have on implementing counseling services from both specific and broader perspectives. My goal

in using a feminist framework was to expand the scholarly research by focusing on females' experiences to empower and highlight issues that were important to them in group practice ownership. The importance of these issues extends beyond gender-specific issues to focus on their individual and collective experiences within their own lives and their communities (Harding, 1998; Hesse-Biber, 2007). I differ from some participants in my views ranging from a female's expected role in a position of leadership, domestic tasks, and desire to service those without mental health services in their communities. Using my reflective journal, I was able to note my personal experiences and biases with group practice ownership so that I would make any biases explicit. As I conducted my interviews, I returned to my journal on multiple occasions and looked at what I knew about my experience of being female and owner of a group practice, compared it to what my participants discussed as to their experiences, and was able to see their perspectives more clearly.

Dialogue With the Literature

The scholarly literature around group practice ownership has historically been focused on other professions such as social work, psychology, and various medical professionals as opposed to LPCs. Most literature in the field of counseling and private practice has been centered around self-help or how-to instructions, neither of which was grounded in empirical research practices, only the authors' experiences. This gap in the literature motivated this research. In the following discussion, I have presented a dialogue with the Literature Review. Themes drawn from this study were compared with findings

from other studies to create a deeper understanding of the female LPC who owns a group practice.

Factors Associated With the Decision to Create a Group Practice

The literature, though limited, indicated that private practice offers opportunities that increase overall job satisfaction (Cunningham et al., 2014; Franz, 2011; Lawson, 2007). Counselors had an overarching identity no matter the job setting, but job satisfaction was higher for counselors who work in a private practice setting. Additionally, when counselors had more control over scheduling, paperwork, caseload, and therapeutic interventions, they reported higher satisfaction in their jobs (Cunningham et al., 2014). All participants I interviewed reported their personal needs such as flexibility in schedule, family needs, and freedom in delivery of services as motivators for creating their group practice, supporting the research of Guo and Werner (2016), Welsh et al. (2018), Foley et al. (2018), Orlandi (2017), and Conroy and Weiler (2015). Other factors reported by participants included lack of mental health services in their communities and a desire to further develop the next generation of counselors. However, these were not reflected in the current literature.

Continuum of Preparatory Engagement for Group Practice Ownership

Magnavita (2018), Remley and Herlihy (2020), and Reynolds (2010) reported that most counselors do not have specific business training or experience in running a business, nor is business training part of masters-level training programs. However, according to Sharafizad (2018), women small business owners had a strong preference for informal style learning, relying on personal contacts within their professional and

personal network to gain the knowledge needed, or hiring professionals who had the skills. My participants reflected similar experiences in that no participants reported training in their masters-level counselor education programs but instead gained experience through previous work experience, additional degrees in business-related fields, and learning through hands-on experience and failure. In addition, they each stated that professional support, networking, and personal support were vital in their success. Sharafizad and Coetzer (2017) further reflected a strong reliance on private networks and the lack of mentorship as two critical areas related to women in business.

Influence of Gender in Ongoing Perception of Self and Others

Finding work-life balance included being confident in yourself as a person, a counselor, and a business owner, and reduced self-doubt, with decreased the fear of failure, and diminished need for approval from others (Legge, 2020; Sneeden, 2014). Most of my participants described developing their sense of empowerment through running their group practice. This was vocalized by several participants who recognized that the field of counseling was dominated by female clinicians and reported this was empowering to them. The participants in this study had a variety of differing views on leadership but each of them were able to find a path forward that worked for their world view. The need to take care of domestic tasks, such as raising children or managing a household, was represented in each participant's story and impacted their experiences as practice owners. Empowerment was also found in learning how to lead and manage finances in a way that met their personal needs, not just the needs of the business. Dyer (2019) found female owners with similar business profiles faced more challenges

financing their business long-term than similar male counterparts. This research was supported in my study, in that the participant who sought external funding reported a variety of barriers based on her gender. She reported a time intensive process of educating boards of banks on how her group practice would provide services and negotiating between banks for a higher level of credit to get the same level of credit men in similar practices with similar personal resources were able to obtain without negotiation.

Group Practice Owners' Adaptability to a Global Pandemic

Adaptability to a global pandemic was not a theme found in the literature due to the immediacy of the event. Even as interviews were being completed, the United States was still experiencing physical and mental symptoms from the pandemic, and the impact was ongoing. The way each participant experienced the global pandemic varied, but there were overarching themes that emerged.

Grashuis (2021) reported that self-employed individuals' age, sex, race, income, and education significantly predicted unemployment during the COVID-19 pandemic. Additionally, Grashuis (2021) reported that during the pandemic, "self-employed women experienced a higher hazard of both work absence and unemployment as compared to men" (p. 5). For most participants, there was a forced pause that provided them with the opportunity for professional development and personal reflection. Many reported using the pause to adjust their business services to incorporate telehealth services. Others focused on the financial impact of the pandemic and how they adjusted to being able to continue to offer services to their communities.

Sigurvinsdottir et al. (2020) reported that being infected with COVID-19 or at high risk if infected was related to more significant depression, anxiety, and stress symptoms. Specifically, adults in the United States reported high levels of depression (43.3%) and high levels of anxiety (45.4%) (Liu et al., 2020). An increase in mental health needs was reflected in participants' responses. Interviews reflected that the pandemic also emphasized caring for their clinical team as their counselors provided much-needed mental health services.

Owners' Attitudes and Perceptions About Group Practice Ownership

Grodzki (2015) found that a group practice model had moderate to high risk of failure for the owner. Despite models reported in the literature, there were a wide variety of formats in the group practice structure allowing business owners to choose which model worked best for them. Whether solo or group, private practice required an "entrepreneurial spirit, and a tolerance for risk and uncertainty" (Ossege & Sears, 2017, p. 2). Furthermore, according to Colburn (2013), economic changes, areas that have a variety of needs, and the personal preference of the counselor could drive demands for diversifying services within their practice. This was reported by my participants in that they would shift their practice to meet the needs of the clients they served, as well as the counselors they employ. The theme of others perceptions of owners' experience was not addressed in the literature but was part of their reported lived experience. In this theme many participants expressed that others did not understand what their experience was like and had preconceived ideas that were counter to the actual facts. Lastly, a theme that was

not found in the literature but was reported by all participants, but one who expressed wanting to close her business, was a sense of gratitude for their group practice.

Group Practice as a Conduit for Owners' Personal Growth

There were two subthemes that emerged from interviews regarding group practice being a conduit for the owners personal growth. Legge (2020) identified two of the most common categories of cognitive distortions as "I'm not enough" and "I'm scared" for those in private practice. Both these mind traps were reflected in the participants' experience. However, these females were able to manage those mind traps effectively as evidenced by their businesses being open for at least five years. Their stories reflected the struggle to fight off imposter syndrome, a belief that one is unable to internalize success or positive feedback and compensate for feelings of insecurity with perfectionistic tendencies (Clance & Imes, 1978), and embrace their success. Additionally, when counselors resolved personal dissonance between their feelings about therapy and their feelings about business, they were more successful in running their practices (Goldman, 2009; Grodzki, 2015). This theme was reflected in stories about managing human resource issues, finances, and mastering one's own management of time. According to Franz, (2011) and Freeman et al., (2018) high rates of mental illness and low levels of self-care were common reasons businesses failed. Participants in this study reflected how their personal issues were barriers to company growth and that for many they had to either find resolution to those issues or change their business model to accommodate.

Factors That Influence Use of Clinical Training in Varied Context

The group practice owners interviewed for this study reflected a diverse view of their roles as a LPC. Some focused on client care, to the point that their businesses suffered. Others focused on the finances of the business in a more rigid way that influenced client care. The role of supervisor and educator was reflected in some participants' experiences regarding reasons why they started their practice to considerations in making decisions about hiring and firing. Groduzki (2015) reported that practice owners tell themselves that caring about the company more than clients is apathetic. This sentiment was reflected in many experiences shared by participants, but each practice owner interviewed had resolved this dissonance in her own way.

Owners' Experiences in Meeting Administrative and Business Challenges

The level of risk each individual was willing to take in business depended on the business's structure (Walfish et al., 2017). According to Ossege and Sears (2017), a common mistake occurs when group practice owners "focus all their efforts on clinical work within the practice and neglect business duties" (p. 67). Raphael (2017) suggested that a lack of specific business planning was a barrier to successfully implementing successful medical business models. The females interviewed did not speak to the day-to-day management of managing administrative and business challenges in great detail. Rather, their experiences were more personal than logistical. However, a few themes did emerge related to navigating the "how-to" of running a group practice. Found wanting in their stories were experiences of developing and nurturing a brand. Reflections about practical things, such as changing the name of their business, to larger branding issues

such as being "boxed in," to offering a limited type of service were shared more, and more clearly described the theme of time-management. Owners shared stories that reflected a challenge to learn and implement time management strategies in a way that provided the flexibility they sought and the attention the business required. Clear in all their stories was the necessity to learn to manage time between working on the business and working in the business.

Reflections

At the onset of this study, it was clear that our literature lacked scholarly research on private practice, especially group practice ownership. However, there was a plethora of self-help and how-to books available, and definitions of success flood the shelves and online platforms. For example, American Psychological Association (1995) defines success as managing a balance between clinical services and business management. Franz (2011) defined success as comfort and abundance in an individual business owner's life. Others identified success in monetary terms, such as a "Six Figure Success" (Franz, 2011; Sneeden, 2014, p. 4). However, these participants' view of success resonated with Truffo's (2015) idea that success is personal, and every counselor will write their own definition.

The intersectionality of being a business owner, female, and LPC was the crossroads where creativity meets empowerment and empathy. For many group practice owners finding a balance between their clinical role and the business, duties was a challenge. LPCs are obligated to uphold the ACA Code of Ethics no matter their job description. However, many issues related to boundaries for self-protection and business

protection became gray areas for these clinicians turned business owners. Learning how to navigate the world of policies, procedures, profit and loss balance sheets, and ethical branding while still being "therapeutic" held many challenges. The hope is that this research reduced feelings of isolation while normalizing stressors and offered insight into how others have successfully navigated group practice ownership in counseling.

For many, starting a group practice was like being in a relationship of sorts, a concept familiar to all participants in this study. They created this "being," almost a personification of their hopes and dreams, made a path for it to move, and worked tirelessly to help it navigate the road toward success. Success was not clearly defined at the start of the journey, but for many, as the practice grows, a vision of what success could be was clarified. Practice owners worked to teach the practice to be independent (some more than others) and to be self-sustaining (again, some more than others). There were times when their interest and those of the practice differed, and at those points in time, they had to decide which would be honored and which would shift to make room for the needs of the other. When in relationship with this practice, they sometimes did horrible things to themselves or allowed others to do awful things to their practice. They constantly made shifts as their practice aged and found its footing without constant supervision. As they grew and the practice grew, each developmental stage required reevaluation of what they could give and take. There were moments of pride, sadness, fear, joy, anger, and even grief in this relationship. For many owners, the practice took the best of them, their energy, marriages, memories, confidence, health, and creativity, and gave little in return. For others, the practice provided life and deeper meaning to all

of these things. One thing was clear: There was a sense of gratitude toward their practice for those owners who found a balance in the give and take.

Limitations of the Study

My study included the typical limitations of qualitative research in that it was labor-intensive, lacked generalizability, and typically consisted of a small sample (Hays & Singh, 2012; Patton 2015). For this study, the research participants all identified themselves as female. It would have been beneficial to collect data from male participants to enhance the richness of the findings of this study and better understand if gender impacted how this phenomenon was experienced. In addition, all participants were owners of a group practice, not practitioners in solo private practice. These female group practice owners may have differed from those identified as male or non-binary and those in solo private practice.

Another limitation was the lack of demographic information collected. Though this was done to protect the autonomy of the researchers, having detailed demographics about this population and their businesses would have contributed to a better understanding of the experiences of these participants. The population chosen for this study represented another limitation. Only LPCs were included in this study and those other mental health professionals, such as social workers, marriage and family therapists, and psychologists, were not included. In order to limit my biases and increase the credibility of identified themes in this study, participants were provided an opportunity to review personal transcripts and themes for accuracy in the descriptions. Reflexive journaling was also used to mitigate my biases throughout the research process. Through

journaling, I reduced identified biases, allowing the participants' stories to be heard. The use of member checks allowed participants to notify me if I misinterpreted their experiences.

Recommendations

The lack of research-driven insight and research for counseling professionals seeking to open a group practice made starting and managing such practice potentially overwhelming. Many clinicians entered the business of counseling without a realistic view of the business functions required to triumph in a time where success was needed due to limited resources (Bandini, 2011; Jones, 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990). This dissertation study illustrated several barriers that female group practice owners face in terms of gender, balancing the roles of a counselor with the duties of a group practice owner, and growth of self. I have recommended that future researchers consider studying the gratitude practices of clinicians, and if an attitude of gratefulness increased success in private practice. The emergence of this theme was unexpected and was not addressed in the literature I reviewed. In addition, the counseling profession would have benefited from a better understanding men's experiences in group practice ownership and if they differ from women's experiences. Finally, quantitative data related to the business of counseling was limited. Recommendations also included further research to include quantitative data about our profession to communicate statistics of the counseling industry.

Additionally, this research has provided insight that can help those clinicians considering group practice ownership better understand what may be demanded of them

in hopes of assisting them in maintaining a work-life balance. After examining the lived

experiences of the six females in this research study, I recommend the following: (a)

Seek out a mental health professional to help you process any unresolved issues you have

brought into adulthood. From the stories of most participants, these issues will continue

to impact an owner's profit and loss if not addressed; (b) Invest the time and money into

building relationships with professionals such as lawyers, certified public accountants,

and other professionals involved in the business aspects of owning a successful group

practice; (c) The flexibility in managing time and energy that group practice ownership

offers is appealing. However, the ability to self-manage one's time and energy will be

required for this benefit to pay dividends. Having a social network that is also flexible

makes running a group practice more manageable; (d) Though group practice ownership

provides the owner with freedom and flexibility, it also requires it from you. Your

flexibility will allow the business to develop and change as it grows.

Implications

The implications of positive social change were twofold. First, this interpretative

phenomenological qualitative study aimed to contribute to the body of research in

counseling by gaining insight into the lived experiences of female LPCs who owned a

group counseling practice. Research on female ownership in the counseling field was

needed because, despite 70% of counselors being females (Data USA, 2017) and a

growth of startups of female-owned enterprises (Business Wire 2018), there was a lack of

research on the experiences of female owners of group counseling practices. The lack of

research on establishing and maintaining private practices left counselor educators and

aspiring clinicians to seek information that was not specific to their profession or was not research-based. There was a meaningful gap in the research literature and a need for more information and research related to group private counseling practices.

In addition, knowledge of these experiences could have provided female clinicians with a more realistic view of typical business functions required through the lived experiences of other successful group practice owners in a time where success was needed (Bandini, 2011; Jones, 1996; Magnavita, 2018; Reynolds, 2010; Richards, 1990). According to Yousafzai et al. (2015) women did not experience the same profitability or longevity in business as males. Through this research, women learned about successful female practice owners in hopes that it gave them a more realistic view of the business practices and expand profitability and longevity. By helping owners, or potential owners, be more efficient, they have the potential to reallocate time, energy, and financial resources to areas of advocacy at the local level. Greenwood et al. (2005) found that professional service firms (such as architects, attorneys, counselors, and physicians) significantly impacted local economies, specifically job growth. Locally owned group practice owners significantly impacted the communities they serve by providing services as well as employment opportunities. Additionally, group practices had the potential to expand services to more underserved, advocating for local politicians to address social inequities, and providing community education based on the profession's wellness model through harnessing the extra resources found in a group practice model.

Conclusion

Through this investigation, I provided a detailed analysis of the lived experiences of six females who own their group practice. Female LPCs who owned a group practice experienced various business and personal challenges. When working with female counselors in supervision, counselor education programs, or consulting relationships, it would have been beneficial for counselors to understand the expectations and challenges, specifically those regarding the mental and emotional wellness of practice owners. In addition, I hope that counselors found information from this research helpful in forming their future teachings and practices. Last, these themes helped identify the essence of what it was like for women whom I interviewed. Understanding they experienced a spectrum of feelings throughout the journey of forming, growing, maintaining, and for some eventually, closing or selling their practice can better prepare those considering similar career paths. However, for every challenge explored, it is worth noting that there was a sense of gratitude toward their group practice for the benefits the practice provided for most participants. Understanding these themes helped supervisors, educators, and consultants engage with women who have considered launching group practice.

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Appendix A: Recruitment Flyer

Appendix B: Interview Prompts and Questions

- Tell me about your lived experience related to working as a female group practice owner.

- Tell me about any special business training you had to prepare for owning a group practice.

- What inspired you to start a group practice?

- Tell me about your feelings on owning your own group practice.

- How do you think being an LPC influences your role as a group practice owner?

- How has owning a group practice been different from being a solo practitioner?

- What are some of the successes and failures you have experienced in owning a group practice?

- How do you feel gender has impacted your experience, if at all?

- How has COVID-19 impacted your experience as a female group practice owner?

Appendix C: Interview Schedule

Introduction Script

I appreciate you participating in this study and meeting with me. My name is Ashley Garrett, and I am a doctoral student in the Counselor Education and Supervision program at Walden University. For the purpose of this study, each interview will be audio recorded. I would like to remind you that if at any time you feel uncomfortable and want to stop the interview, please communicate that to me. Your information and identity will be kept confidential through the use of a pseudonym.

Your feedback will help the counseling profession better understand your experience as a female group practice owner. If there are no further questions, with your permission, we will start the interview.

- Interview procedures

- Review the purpose of this study

- Obtain informed consent verbally

- Answer any questions about the informed consent or interview process

Research Question

The research question is, What is the experience of licensed female group owners in the profession of counseling?

Interview Questions

- Tell me about your lived experience related to working as a female group practice owner.

- What inspired you to start a group practice?

- How has owning a group practice been different from being a solo practitioner?

- Tell me about any special business training you had to prepare for owning a group practice.

- Tell me about your feelings on owning your own group practice.

- How do you feel being female has impacted your experience?

- Can you share with me the positive and negative aspects of owning a group practice?

- How do you think being an LPC influences your role as a group practice owner?

- How has COVID-19 impacted your experience as a female group practice owner?

Closing

Is there anything else you would like to share with me about your feelings of being female and owing a group practice?

- I will thank the participant for their time and for participating in the research study.

- I will explain to the participant the next steps, including the transcript process and transcript checking to ensure the accuracy of the data collected.