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A Leadership Perspective on Preventing Counselor Burnout in a Behavioral Health Setting During COVID-19

Claudia P. De la Torre

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Walden University

College of Management and Human Potential

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Claudia Patricia De la Torre

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Walden University
2023

Abstract

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Setting During COVID-19

by

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MS, Texas A&M University - Kingsville, 2017

BS, University of Texas – Rio Grande Valley, 2012

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology

Walden University

May 2023

Abstract

During the COVID-19 pandemic, there was a high need for mental health services, which resulted in a shortage of mental health clinicians. This shortage of mental health clinicians then resulted in a high burnout rate due to client intake. This doctoral case study was grounded in the Baldrige Excellence Framework and focused on how a behavioral health organization in South Texas managed burnout in clinicians during the COVID-19 pandemic. This study aimed to help behavioral health leaders find a solution to preventing burnout during a high demand pandemic. This doctoral study had several data sources, including semistructured interviews with three organizational leaders, a review of administrative archival records, and an academic literature review. Thematic content analysis revealed that (a) clinicians experienced a higher workload during the pandemic, and (b) clinicians struggled with the quick transition from in-office to teletherapy. Strategy, workforce, and client-focused recommendations are provided to address study findings. Finding new ways for organizational leaders to address burnout in the clinical setting contributes to positive social change since it helps encourage a healthy workplace culture.

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Dedication

This study is dedicated to my parents, without whom this would not be possible. Thank you to my father for instilling the confidence and drive to continue my education. You would be so proud. Thank you to my mother, who has been a source of strength during my moments of discouragement. Thank you both for always believing in my dreams and motivating me to chase them.

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Section 1a: The Behavioral Health Organization

Counselors in a private practice setting face many struggles unfamiliar to other types of mental health counselors (Today, 2021). They must balance the role of the caring, empathic, and client-focused clinician and that of the business owner in charge of making money and charging fees. They must also find an adequate caseload size and the best number of clients to see daily to feel comfortable. This balance varies through private practitioners and is often determined through experience.

Private practice has many benefits, such as freedom of independent professional life (Brenan, 2013). However, with more professional space come greater responsibilities. Some private practices function with other infrastructures within a physician's office or a faith-based organization (Harrington, 2013). Due to the various private practice arrangements, it is difficult to ascertain how many private practices or practitioners there are in the United States. Private practice includes mental health counseling, psychology, social work, and couples and family therapy. All private practitioners are licensed, but not all licensed work in private practice. Approximately 30% to 60% of National Association of Social Workers members identify as private practice practitioners (Harrington, 2013).

XYO was founded in 2016, is privately owned, and resides in a private practice structure (Behavioral health leader [BHL], personal communication, 2022). XYO is a mental health facility that aims to provide comprehensive, multidisciplinary mental health services in south Texas. They currently have four clinicians providing therapeutic services and one office manager who manages schedules and time off requests (BHL,

personal communication, 2022). The XYO website states that their main goals are to address the mental health issues and needs of their community and underserved areas by providing the utmost care and compassion through holistic mental health care. The services offered are related to mental health issues and counseling services (BHL, personal communication, 2022). The website also has a phone number to call and request mental health services. They advertise that they speak Spanish and provide counseling in English and Spanish. They also provide assessments, prevention, and intervention from a team of licensed professional counselors with the utmost respect, dignity, and cultural sensitivity (BHL, personal communication, 2022).

Internal data from the organization states that XYO offers services to children, adolescents, adults, and families. Treatment specializations include counseling for couples and families, grief counseling, and parental support. There is also counseling for disruptive, impulse control, and conduct disorders and therapy for depression and anxiety, among other mental illnesses. XYO supervises licensed professional counselor associates and provides school consultations and training services. They offer highly personalized approaches tailored to each client's needs that help them attain the personal growth for which they are striving.

According to their website, XYO is a group practice that employs several licensed professional counselors. As interviews with the BHL indicated, the requirements for the counselor job are a master's degree and a license to practice counseling. Each employee is responsible for renewing their license, getting the appropriate background checks, and advising of renewal. They must also have professional liability insurance with a

minimum limit of 1,000,000 per occurrence and 2,000,000 aggregate. Clinicians must also pass a Department of Family and Protective Services (DFPS) background check. These requirements are consistent with what is needed to become a professional counselor (Texas Counseling, 2021). All counselors must have a background check to renew their licenses and comply with all ethical guidelines. Employees are not required to have any vaccines or health requirements. The BHL of this organization also employs an office manager with a bachelor's degree in psychology.

Practice Problem

Throughout the COVID-19 pandemic, there has been a shortage of mental health clinicians due to the severe anxiety symptoms it has warranted (Cullen et al., 2020). Several psychological reactions are associated with a pandemic, such as maladaptive behaviors, emotional distress, and defensive responses. As the COVID-19 pandemic spread worldwide, people suffered from several psychological impacts that merited psychological help, and health care professionals were at a higher risk for psychological symptoms than anyone else. Out of 657 health care workers, 57% showed acute stress symptoms (which could lead to post-traumatic stress disorder), 48% showed signs of depression, and 33% showed generalized anxiety (Anzaldúa & Halpern, 2021). XYO was experiencing a need for clinicians, leading to a high burnout rate for taking more clients. More needs to be done to help manage the anxiety and stress in this group of professionals to prevent burnout, depression, and possibly post-traumatic stress disorder.

Counselors cannot be successful if they do not participate in a healthy level of self-care (Bradley et al., 2013). However, counselors often neglect self-care because they

focus most of their time on others. Ethical policies in the ethics codebook support the concept that self-care must be a priority for practicing professionals in behavioral health fields. Various creative approaches might help counselors gain awareness of their needs and engage in self-care. When counselors are psychologically and physically well, they provide much higher quality therapeutic services (Bradley et al., 2013).

Some counselors have either quit or started doing only telehealth. But telehealth has become an issue due to the challenges in achieving the same efficacy and alliances as in-person therapy (Lin et al., 2021). During the COVID-19 pandemic, there was a rapid transition to teletherapy, with an increase of 7.1% pre-pandemic to 85.5% during (Lin et al., 2021). As well as the difficulties of switching to teletherapy, counselors were going through their trauma responses to the pandemic. Over one-third of psychologists lack training in teletherapy and believe they lack the adequate skills to administer remote therapy (Lin et al., 2021). Clinicians reported overall distrust of virtual treatment and difficulties moving forward with telehealth after COVID-19 restrictions. After these types of disasters, such as a world pandemic, most people (even counselors) could develop symptoms of post-traumatic distress (Pfefferbaum & North, 2020).

The BHL of XYO helped me understand how COVID impacted the organization's ability to provide services for the growing client population. They also answered the question of the organizational practices they have set to help clinicians manage stress and prevent burnout. These questions are essential to understanding the effects that burnout has on clinicians. Burnout is a psychiatric syndrome resulting from prolonged exposure to a detrimental work environment (Anzaldúa & Halpern 2021).

Symptoms of this syndrome include emotional and physical exhaustion, feelings of professional inefficacy, and depersonalization. A clinician might also feel disconnected from their thoughts and feelings. These symptoms can negatively influence both the individual and the client. Studies have shown that as burnout increases, the quality of care decreases (Anzaldua & Halpern, 2021).

Research Questions

1. How has COVID impacted the organization's ability to provide services for a growing client population?
2. What organizational practices are set to help clinicians manage stress and prevent burnout?
3. What has been the organization's leadership experience addressing the COVID pandemic challenges with your clinicians?
4. How has the transition to telehealth affected your organization, if at all?

Purpose

This qualitative case study was conducted to explore how a behavioral health organization employs strategies to help the issue of burnout while everyone is experiencing the trauma of a global pandemic. Although counselors often show resiliency in the face of trauma, they still experience vicarious trauma (Aafjes-van Doom et al., 2021). They experience moderate levels of self-doubt, which increases over time. Professional counselors share a broad range of emotional and personal demands, which can significantly impact their daily lives (Bradley et al., 2013). The primary purpose of

this study is to help behavioral health leaders find a solution to preventing burnout during moments of high demand and extreme trauma.

The evidence and strategies applied to this study were semistructured leader interviews with the BHL, Office manager, and clinical supervisor of XYO. Interviews provide data on participants' experiences and how they describe those experiences (Castillo-Montoya, 2016). Through these interviews, I viewed the leader's perspective on XYO and what the BHL was doing to improve. The secondary sources of information I gathered were meeting minutes, board policies, and procedures. I received permission from the BHL of XYO to view this information in her records. I also collected data from XYO's corporate website, online databases, and scholarly journals.

For this project, I applied the Baldrige Excellence Framework and its criteria for performance excellence to help the organization identify and leverage its strengths to prepare them to face challenges and burnout in the workplace (National Institute of Standards and Technology [NIST], 2021). This framework could also help the BHL to see how she can improve her leadership strategies for her organization to prevent burnout in her clinicians. It can enable them to facilitate communication, which is essential in any organization. This framework highlights seven categories focusing on senior leaders' actions that can guide or sustain the organization. The Baldrige Excellence Framework highlights organizational dynamics indicators, such as staff retention, job satisfaction, work environment, fiscal performance, and safety.

The workforce category focuses on how the organization assesses workforce capability and capacity needs (NIST, 2021). It is essential to see the areas the CEO thinks

are the most important and conducive to higher organizational performance. How the organization engages, manages, and develops the workforce is essential to retaining employees and preventing high client intake burnout. Building an effective and supportive work environment that can ensure workplace needs is crucial (NIST, 2021).

The area of leadership is also crucial to this study and will focus on the BHL's actions and how they have guided the organization in challenging times (see NIST, 2021). It is essential in counseling to maintain consistency in self-care and coping mechanisms to prevent hurting the client. Burnout can be detrimental to a behavioral health care organization since it is also linked to a loss of clinical empathy (Anzaldua & Halpern, 2021). Clinical empathy is a health care worker's capacity to listen to clients while maintaining cognitive and emotional empathy. This type of listening can help their clients cope. Maintaining empathy is included in the American Counseling Association (ACA) ethics code as essential to clinical practice (Anzaldua & Halpern, 2021). This area of the Baldrige Excellence Framework outlines how the BHL promotes ethical behavior in the organization and communicates with their workforce to promote a healthy environment for success.

Significance

This study can help the BHL of XYO find more effective ways to promote a healthy work-life balance for its employees. Finding new ways to counsel clients can be challenging when social distancing is essential. The COVID-19 pandemic caused a rapid transition from in-person therapy to teletherapy (Lin et al., 2021). It was difficult for clinicians to maintain continuity of care when the COVID-19 outbreak became a

pandemic (Burgoyne, 2020). Therapists also needed to make teletherapy more effective while still providing high-quality care. Many therapists found it challenging to administer remote therapy, creating a new stressor for transferring their skills across a new medium (Lin et al., 2020).

XYO will become a model for how other behavioral health organizations lead their team through high client intake. Other behavioral health organizations can understand the benefits of taking time off and planning practical self-care workshops with their employees. These results will help provide insight into the best practices for preventing burnout in the future. The best approaches to avoiding burnout can come from adjusting work schedules, setting boundaries, and changing perspectives about work by leaders in the organization (Sim et al., 2015). For this reason, the BHL in this organization recommended a half day on Fridays. She reported that she also tries to take one day each month to do a team-building and self-care exercise for her team. These strategies are part of the organization's self-care policy, explained during the new hire process. Following these practices can help therapists thrive and encourage new ideas to create a more manageable working experience.

Summary and Transition

XYO is a private practice behavioral health organization that aims to address mental health issues in underserved areas by providing the utmost care and compassion through holistic mental health care. During the COVID-19 pandemic, burnout became an ongoing issue for XYO as mental health care needs increased. Not only were clinicians stretching themselves too thin, but they also needed to adjust rapidly to a new way of

providing mental health services. Finding ways to make teletherapy more effective while providing high-quality care proved extremely difficult (Burgoyne, 2020).

This organizational study explored how a behavioral health organization employs strategies to help the issue of burnout during a global pandemic. Counselors can experience a variety of trauma during a worldwide pandemic yet still need to ensure patient continuity (Aafjes-van Doom et al., 2021). This doctoral study will help create more effective ways for behavioral health leaders to teach counselors how to cope with vicarious trauma. It will also encourage counselors to find new and effective ways to provide therapy during difficult times.

Section 1b will describe XYO's organizational profile and a general view of the organization. This section will focus on organizational structure, staff and stakeholder profiles, regulatory requirements, strategic vision, and continuous improvement efforts. This section will explain what the BHL at XYO has been doing to prevent burnout during the COVID-19 pandemic.

Section 1b: Organizational Profile

Due to the traumatic nature of the pandemic, therapists saw an increase in client intake and trauma (Aafjes-van Doom et al., 2021). During this moment, therapists experienced moderate self-doubt, more than outside of the pandemic. Aside from the initial negative impact of higher levels of self-doubt or traumatization, therapists may also experience burnout in their profession (Aafjes-van Doom et al., 2021). But little research has been done on the pandemic's effects on client intake and therapist burnout.

Further, there was a quick shift from in-office to online therapy sessions. This rapid change occurred when therapists did not usually use teletherapy (Aafjes-van Doom et al., 2021). Since some therapists had never used teletherapy, it explains the difficulty toward the beginning of the pandemic (Aafjes-van Doom et al., 2021). There needed to be more preparation, training, or support for online therapy, and this transition made therapists question their ability to provide therapy remotely. In the early days of the pandemic, therapists experienced high self-doubt and lowered working for alliances with their patients, impacting patient treatment during virtual sessions. For these reasons, it is crucial to explore how the BHL helped their team adjust to this new form of therapy and higher self-doubt among therapists.

This study addressed clinical trauma resulting from the COVID-19 pandemic, burnout, and the leadership strategies to prevent burnout. It is essential to explore how the BHL employed leadership strategies to address the issue of burnout during a global pandemic. The BHL of XYO explained how maintaining the organization's vision was difficult at the start of the pandemic, but with her employee's help, she encouraged and

empowered her team. This study includes the organizational practices that helped clinicians manage stress levels and prevent burnout. The study also addresses how the transition to telehealth affected the organization and how the pandemic has impacted the organization's ability to provide services to the growing counseling population.

Organizational Profile and Key Factors

Organizational structure is significant in any organization and includes various approaches (Trigueiro-Fernandes et al., 2022). These structures also allow the company to run differently and outline activities to help them achieve meaningful goals (Kenton, 2021a). The organizational structure determines how information flows throughout and at each level of the organization. These structures allow the organization to remain efficient and focused while making important decisions.

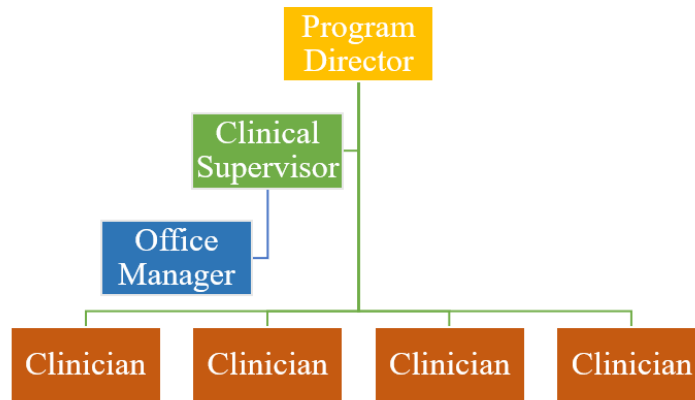
In this study, I assessed communication and leadership methods, employee engagement, and self-care strategies and review XYO's self-care methods and satisfaction surveys from employees. This information and aspects of leadership during the pandemic are vital components for the practice problem of prevention of burnout during a pandemic (Kenton, 2021a). The organizational structure in this organization is decentralized and focused on flatarchy. In a flatarchy, there are little to no levels of management, and only one manager is between the executives and other employees (Indeed, 2020). Each clinician is responsible for their workload and holds much autonomy. There is a supervisor for the clinical staff with whom they can communicate if needed. The supervisor and BHL have monthly meetings to discuss new developments and bring out concerns from other behavioral health workers.

Good leadership skills such as self-awareness, relationship building, and authenticity are essential to any organization; the organization can continue if the leader needs to gain these practical skills (Niken et al., 2022). In the same sense as leadership skills, an influential organization must have adequate human resources to help them realize its vision and mission statements. The mission statement of this organization states that it is a comprehensive, multidisciplinary mental health organization that was developed to meet the high demand for mental health issues in lower south Texas. XYO's vision states that they were created to address the underserved community's mental health needs by providing the highest quality holistic health care.

The BHL of XYO also strives to motivate through intrinsic factors such as job satisfaction and shared values. A leader must have a strong spirit to meet the organization's goals with their staff and avoid causing another employee to become distracted while working (Niken et al., 2022). Employees who feel their leader is helping them meet their goals will feel much more comfortable and less overwhelmed.

Organizational Background and Context

XYO is a privately-owned, for-profit organization founded in 2016 (XYO website, 2020). The treatment facility and corporate office are located within the same state and city, and communication tends to flow from the top down (see Figure 1). Through a top-down approach, decision-making occurs at the highest level and is communicated to the rest of the team. Supervisors relay communication through monthly meetings that help them work more efficiently towards a common goal.

Figure 1*Organizational Structure of XYO*

Organizations are viewed as an extensive network of decisions that should be structured in the best way to attain organizational goals. For this reason, choosing the best decision-making structure has important implications for organizational performance (Shrestha et al., 2019). Corporate leaders know that good leadership skills and expertise are essential for an organization to thrive. A leader must use the organizational structure to ensure the organization runs smoothly and effectively (Razak et al., 2022). The BHL also tries to lead through a systems perspective where all organization components are unified to achieve the overall mission and goals and achieve excellence (NIST, 2021). Successfully managing the overall organization provides a sense of synthesis. Organization-specific synthesis, alignment, and integration make the organization more successful. When the organization works together, roles become more fluid, and communication increases (NIST, 2021).

Customers are people or organizations purchasing a commodity, goods, or business services from another organization (Kenton, 2021b). XYO's customers are their clients, and the organization works directly with them. XYO's client base includes male and female adolescents, adults, and children with mental and behavioral health disorders. They also provide services to families and couples and parental support if needed. Aside from these services, XYO also offers licensed professional counselor (LPC) supervision and school consultations or mental health training (XYO website, 2022). Clients are treated with support and respect in a supportive atmosphere, and a highly personalized approach is tailored to each client's needs.

The success of any organization depends on the workforce and how it engages with the customer (NIST, 2021). The BHL of XYO ensures the workforce is headed in a clear organizational direction while helping them best interact with their customers (NIST, 2021). Stakeholders can be an essential addition to any health care setting. Participation of stakeholders in the mental health setting improves the quality of decision-making and provides a broader range of policymaking (Kapiriri et al., 2021). However, there are some drawbacks to stakeholder decision-making that, if done correctly, could benefit the organization. These drawbacks are one of the main reasons the BHL needed to be more cautious about the type of stakeholders chosen for the organization (Kapiriri et al., 2021).

Two categories divide an organization's stakeholders: internal and external (Bryson, 2017). The internal stakeholders of XYO include the employees, managers, and board of directors. The employees at XYO have four licensed clinicians who offer

counseling services to the community and an office manager who helps with scheduling and other areas of the organization (Bryson, 2017). The manager of XYO is the supervisor who oversees the four clinicians. They are invested in XYO's performance to ensure they retain their jobs and align with the organization's aims and a sense of purpose.

External stakeholders of XYO are the community ACA, where they receive their ethics codes (Texas Counseling, 2021). Hospitals, insurance providers, and social services are also external stakeholders essential to the sustainability of XYO. These organizations provide referrals to clinicians in this organization to help clients with mental health services. The state's licensing body, accreditation entities, and code of ethics are also important external stakeholders. I interviewed the program director and reviewed data from previous meeting minutes, budgets, policies and procedures, organizational structure designs, and XYO's website. This information was given to me by the BHL after asking permission to use XYO in this study. Findings show how the organization's leader has been trying to find ways to help their clinicians prevent burnout and how the pandemic affected the organization.

Regulatory compliance entails how an organization adheres to its business processes' laws, regulations, and guidelines (Cole, 2022). XYO sees regulatory compliance as prominent and finds it especially important in their behavioral health services. Employees at this organization need to have a license to practice counseling in Texas. The organization must be registered as a professional limited liability company (PLLC) and have a Tax ID from the state comptroller's office. They must also protect

clients' privacy per the Health Insurance Portability and Accountability Act (HIPPA). Confidentiality is critical in a behavioral health center, as well as having malpractice insurance to protect the clinician in the event of litigation.

Summary and Transition

XYO is a privately-owned behavioral health organization for clients with mental and behavioral health disorders. They are a smaller organization with four clinicians and one office manager who manages schedules and other paperwork. XYO's organizational structure focuses on the top-down model, where information cascades from top to bottom. They offer various services ranging from therapy for depression and grief counseling to parenting support and pre- and post-surgery counseling to the growing community of underserved clients in south Texas (XYO website, 2022). Its mission focuses on providing adequate holistic care for all clients with the utmost respect, dignity, and cultural sensitivity. The BHL at XYO has been looking to offer more areas of burnout prevention since the pandemic and the organization's difficulties adjusting. I received this information through an interview with the office manager of XYO. The office manager at this organization oversees all office operations and procedures, payroll, and correspondence and supervises the work of all office employees.

Section 2 will discuss XYO's governance, leadership strategies, strategy development, and operations related to self-care and adjusting to telehealth sessions. This section will also include supporting literature and a review of the evidence gathered for this study. I will explain the client demographics and details of how the organization has adjusted during the pandemic.

Section 2: Background and Approach—Leadership Strategy and Assessment

XYO is a private practice behavioral health organization located in the southern United States that works as a PLLC registered with the state comptroller. The Board of Examiners of Professional Counselors must license every clinician at this organization. XYO also works with various medical facilities that provide referrals for their mental health services. They also work with multiple insurance providers to ensure they provide adequately for the community. Services include couples, family, and grief counseling and support for parents and other mental health disorders. XYO provides counseling services to adults, adolescents, and children and additional services such as LPC supervision and school consultations.

The purpose of this study was to explore how a behavioral health organization employs leadership strategies to improve the issue of clinician burnout during a global pandemic. In this study, I explain how the BHL has helped XYO with the case of clinical burnout during the COVID-19 pandemic. In the literature review, I summarize previous articles stating the effects of clinical burnout on clinicians and leadership strategies on how to prevent burnout in the workplace. I also explain the methodology and rationale to support the study's validity.

Supporting Literature

I located peer-reviewed articles and books using Walden University Library's Thoreau Multi-Database Search tool, which included access to the EBSCO host and Directory of Open Access Journal databases. The databases are connected to several peer-reviewed academic sources such as SAGE Journals, APA PsycInfo, and Pub Med. I

also used Google Scholar as a database which helped me find articles. The search terms used included *self-care for counselors, burnout during COVID-19, mental health during COVID-19, mental health COVID-19, need for mental health during the pandemic, shortage of counselors due to a pandemic, qualitative study and counselor burnout, and resilience during COVID-19*. Searches using these terms yielded articles that addressed the mental health strains of COVID-19 and the burnout caused by client intake.

Mental Health Counseling During COVID-19

Insufficient resources are provided to manage the effects on the mental health and well-being of the population during an outbreak of an infectious disease (Cullen et al., 2020). But people are prone to psychological problems and are especially vulnerable to maladaptive behaviors, emotional distress, and defensive responses after a pandemic (Cullen et al., 2020). Those with mental illness have a lower life expectancy and poorer physical outcomes in the ordinary course of events than the general population. However, those with an increased risk of COVID-19 will also have adverse physical and psychological effects from the pandemic. It is recommended that communities affected by COVID-19 have more enhanced awareness and diagnosis of mental disorders and improved access to psychological interventions (Cullen et al., 2020). Aside from everyday stressors, the pandemic brought about significant problems and a lack of support for mental health providers (Szilagy, 2021). These mental health practitioners face not only the clients' tension and anxiety but also their own. With the pandemic, simple habits that helped humans thrive and enjoy family and community life became dangerous. Loss of social interaction led to increased loss, uncertainty, and lack of social

support (Szilagyi, 2021). Psychologically, the pandemic caused people to feel a loss of control, triggering fear, anxiety, and anger.

While attempting to support the client, clinicians also feel the same pain and grief experienced by the client. Experiencing this type of grief can lead to compassion fatigue, which involves a sense of emotional exhaustion for the counselor. Counseling during a pandemic has also brought on something known as pandemic fatigue (Elder et al., 2022). Unlike burnout, pandemic fatigue is not solely related to work but connected to their lives. Counselors cannot leave the client's material at the office because they are also experiencing it (Elder et al., 2022). Avoiding personal and professional burnout becomes a duty and ethical obligation for counselors. Asking for help must be encouraged as staying connected to other professionals to maintain a sense of belongingness (Szilagyi, 2021). Talking about the exhaustion of providing care during an ongoing pandemic can benefit both counselors (Elder et al., 2022). By keeping themselves well, counselors are in a better position to help their clients reach and maintain their level of wellness (Elder et al., 2022). Resilience is essential during the pandemic, as reports have emphasized concern and stress among health care workers (Stanz & Weber, 2021).

Leadership has also changed in the wake of the COVID-19 pandemic. Leaders need to become more empathic and flexible with their employees. For example, childcare is essentially non-existent since children are quarantined at home during this time (Stanz & Weber, 2021). Leaders should prioritize employees lacking immediate childcare while accommodating schedules for work-from-home arrangements. Leaders must also find a way for employees to communicate within themselves and with supervisors to maintain

direct communication while working from home. Using these various techniques, leaders can ensure resiliency in their employees during the pandemic (Stanz & Weber, 2020).

Cognitive, dynamic regulation strategies significantly predict burnout among early career counselors during the COVID-19 pandemic. Anzaldúa and Halpern (2021) did a study where, out of 657 workers, 57% manifested acute stress symptoms, 48% experienced depression, and 33% showed signs of generalized anxiety during the beginning of the COVID-19 pandemic. This ongoing trend of stress and depression among health care workers anticipates a similar rise in burnout. Increased burnout is also linked to a loss of clinical empathy (Anzaldúa & Halpern, 2021). Clinical empathy is one of the essential traits of a therapeutic relationship and improves patients' adherence to treatment and their capacity to cope with bad news. As clinical empathy goes up, physician-reported error goes down. In a prolonged pandemic such as COVID-19, mental health workers provide care out of a sense of duty even while feeling sympathetic distress (Anzaldúa & Halpern, 2021). But the COVID pandemic has augmented the risk of personal and professional burnout among counselors in their early careers (Sandhu & Singh, 2021). The qualities of empathy, compassion, and client care essential in an effective counselor are the same qualities that leave them vulnerable to stress, burnout, and compassion fatigue. Counselors must strengthen their cognitive and emotional regulation strategies to evade burnout and provide high-quality services during the pandemic (Sandhu & Sing, 2021).

Telehealth Need

Each provider had different perceptions of the differences between in-person and teletherapy (Lin et al., 2021). The COVID-19 pandemic rapidly transitioned from in-person to virtual, with an increase of 7.1% before the pandemic to 85.5% during the pandemic. Virtual sessions have challenges, and many psychological professionals wonder if teletherapy can achieve the same efficacy as in-person therapy (Lin et al., 2021). Therapists who reported inadequate therapeutic skills in teletherapy tended to be male, younger, had smaller caseloads, and had no prior experience. Teletherapy does not seem to be transferable to the experiences, confidence, and effectiveness of therapists using therapy in real-world venues (Lin et al., 2021)

Video telehealth (VT) technology is starting to represent a fast-growing sector of health care (Weldon et al., 2022). This type of teletherapy allows for a closer approximation to face-to-face care than telephone services. VT became the only way to receive mental health treatment during the pandemic. There are both positive and negative experiences related to virtual therapy. Positive experiences included the convenience during covid and staying home instead of driving. However, there were negative themes, such as connectivity issues and frustration with self-efficacy using telehealth services (Weldon et al., 2022). It also became essential for therapists to understand teletherapy's legal and ethical landscapes and find a telehealth platform that includes HIPAA compliance to ensure clients' privacy and security. When clients agree to participate in online therapy, they are not waving any of their existing confidentiality, privacy, or other protections. Therapists are still responsible for ensuring each client feels

safe in that space and their privacy is protected. It is essential to embrace the challenges of teletherapy and adapt to them (Burgoyne & Cohn, 2020).

As the coronavirus outbreak turned into a pandemic, therapists were forced to vacate offices, and citizens were forced to shelter in place (Burgoyne & Cohn, 2020). The shelter-in-place order created a challenging environment for continuity of care. Many therapists began providing teletherapy sessions through different client portals to stay connected to their clients. Many clinicians had never used teletherapy and found it challenging to switch to that medium (Burgoyne & Cohn, 2020). Since telehealth was the only option during the pandemic, clinicians and clients needed to adjust quickly to the platform type (Weldon et al., 2022). Older adults also seem to have the most difficulty using new technology and reported feeling a “digital divide” with other age cohorts.

Therapist Stressors

Professional counselors experience a broad range of emotional and personal demands which can significantly impact their daily lives (Bradley et al., 2013). It is essential to find creative ways for counselors to promote and experience self-care since counselors are responsible for helping clients achieve their mental health goals. For this challenging role that therapists play, they often do not engage in a healthy level of self-care (Bradley et al., 2013). Counselors often overlook the need for personal self-care and do not apply the same techniques they prescribe for their clients (O’Halloran & Linton, 2000).

During the last decade, the focus has shifted from burnout to secondary traumatic stress due to recognizing the challenges of working with traumatized individuals

(O'Halloran & Linton, 2000). Therapists also experienced vicarious trauma during the pandemic, including the problematic change to online treatment (Aafjes-van Doom et al., 2021). Although many therapists showed resiliency, the experience of vicarious trauma is still relevant (Aafjes-van Doom et al., 2021). Therapists experienced moderate professional self-doubt, which increased over time due to the pandemic's traumatic nature. Though therapists experienced traumatization, those who were more comfortable in their online work during the pandemic experienced post-traumatic growth (Aafjes-van Doom et al., 2021). Interestingly, it is possible to experience growth from such a debilitating moment for mental health (Aafjes-van Doom et al., 2021).

It was reported that 63.5% of counselors knew a counselor they would consider impaired (Bradley et al., 2013). Finding clinical effort helps create a sense of purpose for the counselor and helps in self-care efforts. These areas of self-care are essential to practicing ethically and creating a healthy work/life balance (Bradley et al., 2013). More so now, working with traumatized individuals during a highly traumatizing time (O'Halloran & Linton, 2000). Counselors experience trauma through their work with clients and can also feel the effects of secondary traumatic stress. Implementing preventive self-care strategies for counseling practitioners is vital to maintaining effective practice (O'Halloran & Linton, 2000).

Health care providers also have an essential role in addressing the emotional outcomes of regular pandemic responses (Pfefferbaum & North, 2020). Burned-out clinicians are frequently exhausted and angry and feel their work makes little difference (Chandawarkar, 2020). A lack of empathy and resources leads to cynicism due to work

overload and lack of autonomy—around 42% of mental health professionals self-reported burnout this year (Chandawarkar, 2020). These emotional outcomes could translate to emotional reactions, unhealthy behaviors, and noncompliance with public health directives (Pfefferbaum & North, 2020). After these types of disasters, most people are resilient and do not succumb to pathology; however, post-traumatic stress disorder is a primary concern for some. While medical conditions from natural causes do not meet the criteria for PTSD, other psychopathologies, such as depressive and anxiety disorders, do. While regular citizens try to cope with these traumatic events, mental health workers are also learning to manage their vicarious trauma (Pfefferbaum & North, 2020).

Unaddressed burnout can cause serious consequences affecting the counselor and the client (Chandawarkar, 2020). Burnout is not a clinical problem but one of the social environments in which clinicians work. Increased work hours are directly associated with burnout and lead to decreased sleep. This type of therapist distress can lead to alterations in the length of therapy and the timing of interventions (Theriault et al., 2015). Inadequate sleep was a leading cause of burnout through energy depletion and increased stress. The patient-clinician relationship must remain safe, and the value of clinician well-being concerning client care (Chandawarkar, 2020). Burnout can also lead to emotional detachment, loss of authenticity, and disengagement in more seasoned therapists. Lack of attention to pain over time could be the most likely link between therapist burnout and the quality of therapy they conduct (Theriault et al., 2015). For this reason, self-care has become an educational and ethical imperative for all counselors. Experts agree that

feelings of incompetence and self-doubt are prominent, and isolation and stress are common in counselors (Theriault et al., 2015).

Counselors in training must learn to manage stress, burnout, and poor work-life balance (Dye et al., 2020). Learning mindfulness techniques as self-care strategies can be essential to promoting increased relaxation, coping, and stress prevention. Counselors-in-training are exposed to psychological and emotional demands that can lead to stress and anxiety (Dye et al., 2020). Mindful counselors will serve their clients more effectively by being fully present. Being fully present in sessions will help guide clients in mindfulness strategies that can improve their lives beyond the typical talk therapy sessions (Dye et al., 2020).

Counselor Resilience

Burnout is a health care problem linked to negative impacts on patient care and health care providers. It depersonalizes care and diminishes the empathic and communicative skills essential in a therapeutic relationship (Sullivan et al., 2022). These researchers aimed to examine the effects of standard versus flexible scheduling on burnout (Sullivan et al., 2022). Providers who participated in these studies indicated that workloads increased in the past six months since the start of the pandemic. However, participants reported overall job satisfaction, which leads to a resilience trait (Sullivan et al., 2022).

Finding meaning in counseling work, maintaining positivity, and having supportive interpersonal relationships are all steps counselors can take to influence their resilience during a pandemic (Suarez et al., 2022). Counselors might experience higher

stress levels and post-traumatic symptoms linked to working in the COVID-19 era (Suarez et al., 2022). Resilience is a protective factor against burnout for counselors. Individuals experienced a disruption of regular life due to physical distancing guidelines that caused a difference in how counselors interacted (Suarez et al., 2022).

The impact of being a therapist can lead to “spillover” into their daily family lives (Rabu et al., 2016). The surveys these researchers conducted on psychotherapists in the US have shown that spillover prevents them from spending time with their families. It is important to note how therapists’ work influences their lives and relationships (Rabu et al., 2016). In their profession, therapists must connect with, stay close to, and then detach from an extensive range of clients regularly. Working as a therapist has a high potential to become overwhelmed with responsibility and feelings of inadequacy, isolation, and despair. Feeling overwhelmed can be especially detrimental during an already traumatizing year and a high intake of clients (Rabu et al., 2016).

Younger therapists are at a greater risk for burnout and are more likely to have high educational debt, which might also lead to higher stress levels. Thriving in counseling and burnout have been linked to physical well-being, mental health, and job performance. It found that counseling center administrators and leaders can encourage growth by being cognizant of clinician accomplishments in staff meetings, increasing the likelihood that their psychologists will succeed at work (Sim et al., 2015). Adjusting work schedules, setting boundaries, and adjusting perspectives about work can be especially important given the recent increase in workload in counseling centers. This

study has also shown that holding meetings to generate new ideas is essential to making the job more manageable and decreasing potential counselor burnout (Sim et al., 2015).

Leadership Strategies

The big question during COVID-19 was how leaders could remain effective while keeping their teams safe during the pandemic (Newman & Ford, 2021). With the pandemic, most organizations went from having a couple of employees working from home to their entire team working from home. Leaders must ensure their employees have access to support systems, reliable internet, and adequate telehealth portals and learn how to use those client portals. Managing a virtual team differs from working with employees in a traditional face-to-face office environment (Newman & Ford, 2021). The best way to begin is to explain to the group the new reality of working from home while addressing the fears and anxieties they might feel in the face of change. The leader must display greater empathy and sensitivity to the challenges of working from home and being away from the office. The leader needs to ask how the employee is doing and how they are adjusting to less social interaction (Newman & Ford, 2021). Collaboration is also an essential aspect of maintaining team responsiveness. Collaborations allow everyone to stay connected to a mission-driven culture, and leaders reinforce the norm of team members interacting with each other. If the team agrees on what they must accomplish and why it's essential, the manager has mastered the best leadership skills in a virtual team setting (Newman & Ford, 2021).

Sources of Evidence

Before beginning the study, the behavioral health leader at XYO approved my study and granted me the information needed to start the investigation. I received approval from Walden University's Institutional Review Board (IRB) to conduct the study (IRB Approval # 02-17-22-1036144). After obtaining full consent from the organization and Walden University's IRB, I collected the data through email and phone calls with the head of the organization. The data included previous meeting minutes, budgets, policies and procedures, organizational structure designs, XYO's website, and leadership strategies employed within the past two years of COVID-19.

I also conducted semi-structured interviews with the behavioral health leaders of XYO. This behavioral health leader is the head of the organization and the one who also started XYO. I conducted interviews with the clinical supervisor and the lead of the other clinicians. She is under the BHL and focuses on finding the best leadership strategies to keep clinicians concentrated on their work. The final interview I completed was with the office manager. The office manager is responsible for preparing payroll, office operations and procedures, and creating a filing system for the clinicians. These interviews aimed to understand the leaders' perspectives on high clinical burnout during the COVID-19 pandemic. Interviews are meant to provide researchers with detailed data through inquiry-based conversation. This type of questioning seeks specific information regarding the study's focus and open-ended questions to create dialogue (Castillo-Montoya, 2016).

I completed a review of all XYO's board meetings over the past two years of the COVID-19 pandemic. I also collected and analyzed the organization's organizational

charts, financial records, and policies and procedures. These documents have provided structural and fiscal insight into XYO's short- and long-term goals and achievements. The information was sufficient for me to analyze the organization's structure and how leadership strategies employed by the BHL helped XYO during the COVID-19 pandemic.

Leadership Strategy and Assessment

Communication flows and systems in organizations have been emphasized as the core outcome of effective leadership (Jacobsen et al., 2020). Leadership can be described as influencing others to understand what needs to be done and how to do it. Sustaining the organization's vision requires active employee dialogue by providing feedback, addressing potential differences, and determining which employee behaviors contribute to completing XYO's vision and goals (Jacobsen et al., 2020). The organization's leader must be innovative, embrace change, and demonstrate clear and visible organizational values (NIST, 2021). These values and strategies should guide employees' actions and decisions and help them create a more effective organization (NIST, 2021).

According to participants 1 & 2, this leader is a transformational leader who has exceeded her leadership roles and is flexible and communicative with her team. These interviews were held with the office manager and clinical supervisor. They are both in leadership positions in their specific areas and have worked with the BHL on several occasions. Transformational leaders seek to transform employee behavior by increasing awareness of the importance of collective organizational goals. They exude positive energy, enthusiasm, and dedication to maintaining the organization's mission, vision, and

goals (Jacobsen, 2020). The BHL communicates with her team and tries to find options when something is missing. During the COVID-19 pandemic, there was a rapid increase in telehealth sessions instead of in-office sessions. There are many differences in perception and prior preparedness for the session. There was an increase in sessions of 7.1% before the pandemic to 85.5% of virtual sessions during the pandemic. According to Jacobsen (2020), teletherapy showed challenges at the pandemic's beginning, which added stress for clinicians. The BHL saw what was occurring and found training on teletherapy and how to use various virtual portals for each employee. This moment of providing training shows great leadership strategies by the BHL, seeing as she saw what needed to be done and found a way to do it that helped her team succeed.

Monthly meetings are scheduled with the rest of the members of XYO to help ensure everything is communicated effectively. In these meetings, the organization goes over something they call "roses and thorns" of the month. Employees find completed tasks they are happy with (roses) and tasks they have yet to meet and do not feel they have accomplished (thorns). Through the meetings, I have observed that this exercise shows employees support and strategies they can use to finish the goals they have yet to complete. The BHL often leads the meeting but sometimes relies on the clinical supervisor to take charge. Each clinician participates in the meeting and how to meet the emergent needs of the population served. They are all committed to and passionate about the organization's vision of improving access to mental health care in a primarily underserved community.

Strategy implementation turns plans into the desired outcome (Miller, 2020).

Developing these strategies in XYO is the first step toward organizational change. The BHL at XYO has established who the decision-makers are and how everyone can work together toward the organization's goals. In the first months of COVID-19, when everyone was quarantined, there was nobody at the office, which made it difficult to get everyone together for meetings. For this reason, the BHL suggested that everyone download Microsoft Teams to stay connected and have discussions. The office manager blocked all schedules during the meeting time, and each employee was marked as "busy" by the office manager. This strategy helped get everyone together and avoid the challenge of poor communication.

XYO has plans to provide not only in-person sessions but also another organization for strictly virtual sessions. Anyone in Texas can access this organization only for virtual sessions and create more client intake for their available counselors. In interviews, the BHL also reported hiring more clinicians for this virtual-only platform that will work remotely. XYO uses key performance indicators to measure its growth as well. XYO uses process performance metrics to measure and monitor its operational performance. This indicator estimates tasks' performance and whether issues need resolution ("What are KPIs?," 2022). XYO measures this by focusing on client retention and whether each clinician retains most of their client base. They also measure the efficiency of the sessions and if they go over the allotted time or fall short of the allotted time.

Clients/Population Served

A patient-focused atmosphere creates patient acquisition, satisfaction, and ongoing organizational success (NIST, 2021). The BHL at XYO strives to create a patient-focused atmosphere where the client feels at ease and most comfortable. The client is the overall judge of the performance of the organization. They are the ones who leave and tell others about the support they received, and they are the ones that will most likely recommend it as well. Understanding the patient's needs today will help you anticipate their future needs and create a better organization. One of the most important values for this organization is making sense of trust with the client and ensuring they feel comfortable sharing their life history (NIST, 2021).

XYO has several ways to obtain client information before meeting for their intake session with the therapist. Patient-provider care is an essential part of not only XYO but any health care setting. As this has evolved in the health care setting, the methods used for them have also evolved. Communication skills are integral to building client rapport (Borhani-Haghighi, 2022). Good client communication includes a greeting, a brief introduction, and information gathering. Communication is done in the office with the clinician and when they first walk in with the office manager (Borhani-Haghighi, 2022).

The office manager greets each client as they walk in with a warm introduction and smile (Office manager, personal communication, 2022). She informs them that their clinician will be with them shortly and then hand them any paperwork they must complete before the intake session. The BHL reported that clinicians do their best to receive each client promptly at the start of their appointment. The promptness of the

clinician helps them feel more at ease and not upset or frustrated (Office manager, personal communication, 2022). They then begin with an intake session which includes information-taking and informed consent practices. During this time, each clinician provides empathy and gives their perspective on the client's history. At the end of the session, they advise them of their next appointment time and try to work with their schedule (Office manager, personal communication, 2022).

Before their intake sessions with their respective clinicians, information gathered from the clients includes a client information form, client insurance form, client history form, and payment authorization form (clinical supervisor, personal communication, 2022). These documents can be completed in the office before the session or online through the client portal. The documentation helps the counselor with a background of the client's clinical history and allows the office manager with billing and insurance requests (clinical supervisor, personal communication, 2022).

The client portal is essential to completing telehealth sessions and other virtual documentation. This type of mobile health care helps health care organizations gather information without geographical or organizational constraints (Haleem et al., 2021). Health care can be carried out and documented on-site using mobile technologies and can help improve safety, reduce costs, and provide higher-quality documentation with fewer errors (Haleem et al., 2021). This software allows clients to log in, choose their session time, and pay for it independently. This service also helps clients feel more comfortable and at ease with the organization since they can do more independently.

Complaints in XYO are given to the office manager. However, it often falls on a scheduler who answers the phone. These complaints are then sent to the clinical supervisor, who speaks first to the clinician to understand what happened and why the client complained. After this, the clinician will try to mediate the issue, and if mediation cannot be done, then, depending on the issue, they will move to another clinician. Whatever the problem is, the clinical supervisor tries to actively listen to the client and seek an agreement on the summary of the facts (BHL, personal communication 2022). Getting both sides of the situation is crucial to avoid deciding on a one-sided solution and possibly losing a client or clinician.

Analytical Strategy

This research has been created in a qualitative case-study design due to its process-oriented approach (Hansson, 2017). This type of research allows for an in-depth exploration of an issue in a real-life setting. Case study research is valuable when there is a need to obtain an in-depth view of a particular issue, such as leadership strategies. The essential requirement of a case study is to explore a phenomenon in depth and in the natural context (Hansson, 2017). In this study, my role was that of a doctoral research consultant. This study aimed to understand XYO's perspectives, vision, mission, goals, and, most importantly, the barriers stopping them from thriving during the pandemic.

Interview Process

I received approval from the IRB at Walden University before the interviews with the leaders were conducted. I also received informed consent from all participants before the interview process. Data analysis for this study included thematic coding for each

recorded interview and public websites for the organization. The central themes of this research study were XYO's strategic plans, organizational processes, short- and long-term goals, and the BHL's leadership strategies. The interviews were centered around the original research questions but included others (see Appendix A). Each participant was able to provide the appropriate information needed, and the BHL provided the essential organizational documents required. I used the Baldrige Excellence Framework to evaluate the leadership strategy used at XYO.

Qualitative research focuses on interviews, observations, and examination of documentation to get data about the phenomenon occurring. I chose this topic to highlight the importance of improving leadership strategies to lessen burnout among clinicians. At the same time, it is essential to acknowledge how those steps can be improved or replicated in other behavioral health organizations. As the primary data collection method, I created semi-structured interview questions based on the original research questions to encourage the BHL to help me understand the organization's leadership strategies (see Appendix A). I used a journal to document the answers to the interview questions and a recording device to capture all information. I interviewed three people in XYO, including the BHL. One was the office manager overseeing operations; the other was the clinical supervisor, who heads the clinical staff. I selected these interviewees due to their direct contact and communication with the BHL. Since they have this open line of communication, they also have sufficient knowledge of XYO's procedures, mission, values, and goals. They were also able to answer questions regarding strategic planning for the future of XYO.

Data Collection

The methodology used in this study is case study research. This approach included semistructured interviews to obtain information from specific participants knowledgeable about XYO's leadership strategies being investigated. Case study research relies on qualitative methods to distinguish between the many aspects of the case and to describe the issue effectively with semi-structured interviews (Hansson, 2017). I used XYO's leadership strategy during the COVID-19 pandemic to show the steps taken to prevent burnout and the future steps XYO should take if this pandemic occurs again. In this approach, the case study aims to study one single organization and analyze the real-life actions of human beings in their natural setting (Kekeya, 2021).

Procedures

Procedure in the interview process is essential to organize the information correctly. The IRB at Walden University approved the primary data-collecting strategy of interviewing BHL leaders in XYO (approval no. 02-17-22-1036144). These data were collected for several months to prepare for interviews with the BHL. During this process, I approved the interview questions that helped me fill in knowledge gaps related to the BHL's organizational strategies and their perspective on clinical burnout in XYO (see Appendix).

I emailed Walden University's IRB informed consent forms to each of the leaders at XYO who planned to participate in my case study. This form contained information for potential interviewees to respond with "I consent" if they agreed to be interviewed. Each leader at XYO responded with "I consent" before I began the collection of any data. The

interview process took 2 weeks, and I conducted these interviews in two forms: through the phone and Zoom video-conferencing tools due to COVID-19 precautions still in place. I used a digital recorder to capture their tone and exact nature.

I emailed the final interview questions to the BHL to help them prepare for the interview session and coded their name for confidentiality purposes. At the beginning of each interview, it was essential to remind the leaders that this was voluntary and that they had the right to leave at any point. After the discussion, I asked the interviewees to review their transcripts for errors and clarification. I also received permission from the BHL to review internal documentation available through internet sources and the organizational social media page.

Ethics and Privacy Protection

I used the best ethical practices to develop the research design, method, processes, and analysis. I also provided the BHL at XYO with my completed and approved prospectus that described the model, study, and framework to be used. The data received and documented for this case study will only be shared with some, even if the information is inadvertently obtained. I must ensure that any data sent to me by the leaders at XYO is kept entirely confidential and in a secure place that is unavailable to anyone other than myself. These data will only be used in the analysis process for the study and will not be shared with others for any reason.

Respecting Shared Experiences

Everyone is an expert in their own experiences (Ravitch & Carl, 2016), so I learned to be aware of my biases and opinions. These biases and views must be kept

separate from my data collection and analysis, remaining mindful that each participant will contribute their wisdom and knowledge to the research (see Ravitch & Carl, 2016). I allowed participants to share their experiences and perspectives of the organization without judgment or comparison.

Methodological Triangulation

Methodological triangulation involves looking at the same thing from different angles rather than through only one (Kekeya, 2021). Data were collected using interviews, document analysis, and observations. Documents can include anything that holds qualitative information from a written, printed, or recorded source (Kekeya, 2021). This research method helped give this study credibility and trustworthiness (Bekhet & Zauszniewski, 2012; Kekeya, 2021). The evidence collected and analysis of data provided a deeper insight into XYO and how the BHL has led its employees through a national pandemic.

Archival Data

Archival data were used as a secondary source and provided most of the information for this doctoral study. Data were collected through the organization's 2019-2021 period. Most of these data were not collected for research but existed to collect information for the organization's sake. I was provided archival data from the following sources:

- XYO's website and Facebook social media page
- Employee handbook made available to all XYO employees and personnel
- Clinician's handbook made available only to licensed clinicians at XYO

- Internal memos from the BHL about employees' well-being and mental health, strategic plans, quarterly/yearly reports, financial records, and referral records.
- Leadership meeting minutes dating back to 2019.
- Employee exit interviews and satisfaction surveys dating back to 2019 for employees exiting XYO.
- Training records maintained by the BHL.

Research Process

The Baldrige Excellence Framework was the basis of this study and helped XYO explore if they are working as effectively as possible (NIST, 2021). Finding this information helped XYO improve its capabilities and facilitate communication of the best practices among U.S. organizations. Seven categories in the Baldrige Excellence Framework can help organizations strive toward their initial goals. For this study, I focused on the Baldrige Excellence Framework's leadership section to see how the BHL's actions guided the organization. As an organizational leader, the BHL must understand the risk of burnout in this specific career field, address the organization's needs, and prepare for future success.

I analyzed and collected data sources to answer the Baldrige Excellence Framework questions regarding workforce and organizational leadership strategies and how they influence employees' mental health and well-being. As mentioned, I used a journal to document and organize my information and a recording device to ensure I received all critical data. Following up on these questions after reviewing the secondary

and archival data is essential to the qualitative case-study process (Ravitch & Carl, 2016). Studying this information helped me understand the BHL of XYO and how their leadership strategies have influenced employee resistance to burnout.

Data Analysis

Data analysis can be one of case study research's least developed and most challenging aspects (Thorne, 2000). For this reason, it is important to review exactly what is needed to analyze before creating your study. To generate adequate findings, the researcher must engage in active and demanding analytical processes through all phases of the research process (Thorne, 2000). Coding and categorizing data are a part of this analytical process and can show the study's purpose (Thorne, 2000). In this study, data analysis includes coding, categorizing, and theme-finding to identify patterns in the data. Starting with the smallest element of the interview, these codes, attributes, or ideas are assigned words or short phrases as their ciphers (Ravitch & Carl, 2016). This is done to leave what is the most important, categorize the codes into shorter phrases, and find common themes.

The interview questions were formed during this study's prospectus formulation and approval process. Walden's IRB approved the primary data-collection strategy of interviewing the leaders of XYO. I transcribed the interviews manually as they were recorded using a digital recorder; I then reviewed and utilized them to inform the results section of this study through qualitative thematic coding and analysis.

Role of the Researcher

As a researcher, it is essential to reduce or minimize harm, protect privacy, and respect the shared experiences in this research. I completed these interviews over several months due to the restricted schedules of my interviewees and mine. The interviews were done virtually and over email due to being in different locations. I stored this collected data in a secure, password-protected, cloud-based folder and went over the data on my private computer. I also masked the organization's name and any identifying characteristics. This data will only be used in the analysis process and will not be shared with others for any reason. I will be taking the role of a scholar-consultant in this process. I will take on the tasks of protecting privacy, minimizing harm, respecting shared experiences in research, and recognizing each participant as an expert in their own experiences (Ravitch & Carl, 2016). Subjectivity can be possible in this study due to human nature and the fact that I do not have any personal connection to XYO.

Summary and Transition

Burnout prevention is essential for all organizations. However, it is even more crucial for behavioral health organizations since these individuals can carry their client's trauma. This section encompassed the significant research on burnout in clinicians and how the COVID-19 pandemic affected them. This vast array of research helped me better understand XYO's issues and explain how the behavioral health leader helped them during this time. The case study qualitative research model is the most effective for this study due to its holistic understanding of XYO.

This section also covers how the BHL governs the organization, how they lead their staff, the sources of evidence used, and how they were analyzed for this study. In the analytical strategy section, I also discussed the importance of the research questions and techniques. Section 3 will detail XYO's workforce, operations, measurement, analysis, and how it conducts knowledge management. It will also cover how the organization utilizes its information to develop a strategic plan.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

XYO provides services to clients with mental health and substance use issues. XYO currently employs five clinically licensed counselors and one office manager. I examined how the BHL employed leadership strategies to help mitigate burnout in clinicians during the COVID-19 pandemic. Evidence for this practice problem was obtained from different sources such as interviews, observations, and document analysis. The Baldrige Excellence Framework guided the data analysis, and various sources of evidence were gathered for the study. These sources of information provided essential data on strategic planning, client satisfaction, leadership strategies, and organizational performance. I reviewed the company website, monthly meetings, and team engagement practices. The BHL, office manager, and clinical supervisor provided all needed documents and signed off on consent.

Analysis of the Organization

XYO is a multidisciplinary mental health facility developed to meet the high demand for mental health issues in south Texas. They currently employ six staff members with different professional backgrounds. These employees include an office manager, a clinical supervisor, and four licensed mental health clinicians. The office manager oversees all office issues and operations, prepares payroll, and assigns and schedules all clients. The clinical supervisor is licensed as a professional counselor and leads the rest of the clinicians. She speaks directly with the BHL about what is needed for the organization and performs regular audits on clinicians' files.

Workforce Environment

From the information gathered during the interview, the BHL reported that the organization had built a supportive and effective workforce environment by providing ongoing training and hiring a clinical supervisor. The BHL offers employees activities through continuing education and collaboration. She gives monthly Skype presentations with essential members of the counseling field to create opportunities for her employees to engage in a quality learning environment. This collaboration helps employees stay relevant in their field and creates essential affiliations with local treatment centers, support groups, and professionals in the south Texas area. Along with this type of ongoing training and supervision, the BHL also aims to provide a positive work environment for their employees (BHL, personal communication, 2022)

Ensuring a positive and supportive workforce environment is a value that the BHL has used to help guide the organization's activities and decisions. Creating a positive workforce also helps clients feel more comfortable receiving services from the organization. Clients are the ultimate judges of the performance and quality of the health care organization (NIST, 2021). This positive behavior leads to patient acquisition, satisfaction, preference, trust, and loyalty. Ensuring that the organization provides care in the most appropriate setting can ensure that the workforce can better serve their customers and help achieve strategic objectives.

Employee performance depends on the willingness and openness of the employee to do their job (Sinaga et al., 2020). Every 3 months, the clinical supervisor completes performance evaluations on each clinician (clinical supervisor, personal communication

2022). In these performance evaluations, the clinician is asked how they are doing in their daily work and if there is anything they do not feel they can accomplish. The evaluations are done in person so the clinician can speak openly to the supervisor about any issues they may be experiencing or get more information on resources they can use in case they feel overworked.

Performance measurements are essential to any organization and help evaluate each employee and find how they are helping the organization thrive (NIST, 2021). Senior leaders in the organization should also be role models for the other employees. These leaders must help distinguish between right and wrong, work ethically, and clarify their expectations. An effective organization uses transparency to help communications stay open, keep employees and senior leaders accountable, and help work engagement (NIST, 2021). Employees will remain loyal and help contribute to the company's goals by delivering and balancing these factors.

Employees are much more likely to be concerned with managing their work and family lives (Babic & Hansez, 2020). Work and family life demands are among the biggest challenges for employees in today's work environment (Babic & Hansez, 2020). For this reason, the BHL aims to be flexible with work schedules and tries to understand that work and family domains can be challenging to balance. The BHL makes an effort to allow employees to work from home whenever needed. To help clinicians work from home, the BHL has provided a free subscription to Microsoft TEAMS, a communication platform for all employees.

Workforce Engagement

To prevent the high likelihood of burnout, especially during COVID-19, the BHL of XYO has also created an environment characterized by work engagement and intrinsic motivation. The BHL uses the availability of leadership strategies and resources to stimulate the employee's motivation through work engagement. The BHL schedules team-building exercises monthly to help reward work experiences and motivate employees to meet them and the organization's goals. The organization also builds relationships with clients to build rapport and keep them returning to therapy. The BHL reported that she would like to get to a high point of 70% patient retention rate and will be coming up with an effective strategic plan to accomplish this.

Knowledge Management

Knowledge dominates everyday life, especially in business (Sinaga et al., 2020). Information is consistently vital to humanity, evolution, and organizational development. To improve the organization's performance, XYO must use knowledge as a focal strategy (Sinaga et al., 2020). By using knowledge as a focal strategy, the employees at XYO can improve their performance measures.

XYO uses health information technology (HIT) with client and employee information. This technology is becoming increasingly widespread and can improve health care (Repique, 2014). HIT helps improve performance and communication among health care providers and leads to efficient and safe patient care. Client information is kept on the online therapeutic portal for the organization. The therapist can only see this information, which is kept confidential through a safeguard on the website. Employee

information is stored on the BHL's computer and safeguarded through end-to-end encryption.

Summary

This study section focused on exploring XYO and how it engages its employees. Information was presented on the company's operational effectiveness and how it improves services and manages its data. The BHL at XYO has built a supportive workforce by providing ongoing supervision and training, encouraging employees to work from home when needed, and scheduling team-building exercises for employees each month.

Employees attend monthly meetings to discuss self-care strategies and ask questions about case studies when needed. The BHL also has the clinical supervisor complete employee performance evaluations every three months. The BHL ensures employees maintain their licensing requirements and client confidentiality and securely stores client data.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

According to the XYO website, they are a small group practice located close to the south Texas border that was developed to meet the high demand for mental health issues in lower-privileged areas. This organization aims to address the community's mental health needs by providing the highest quality of holistic mental health care. XYO was created in 2016 by the BHL to help minorities in a society where they often face difficulties finding psychological and physical health resources. Therefore, the founder created the mission and vision and employed four other clinicians.

This case study was created to understand how XYO has prevented burnout since the COVID-19 pandemic. I collected archival data from various sources within the organization and interviews with the leaders at XYO. Analysis of the data can be crucial to the doctoral study process. It is essential to review what is needed for each section to ensure the validity and reliability of the study (Thorne, 2000). During the data collection and analysis process, I used coding and theme-finding to identify specific patterns in the data.

Analysis, Results, and Implications

Data Analysis

When completing the data collection process, I manually analyzed the data to keep the study organized. The interviews were transcribed, converted to a Microsoft Word document, and reviewed for accuracy. I corrected any errors and compared the recordings to the transcripts in the document. After the corrections, I created a table

where I grouped the interview questions and responses to identify the frequency of specific keywords and phrases. Literature was also reviewed to determine the best practices and factors that helped the BHL prevent burnout, such as leadership style and support, training, and safety.

I conducted interviews with the BHL, clinical supervisor, and office manager of XYO. These interviews helped me understand their perspectives on high clinical burnout during the COVID-19 pandemic. I also used these interviews to seek specific information regarding the study's focus and areas of the Baldrige Excellence Framework. I also extracted data from XYO's expense reports, budget and census reports, and employee data. These documents were used to understand the financial impact, if any, the organization faced during the COVID-19 pandemic. Qualitative case studies generate large amounts of data, and early analysis reduces the problem of data overload by finding the main themes and then finding the focus of the study (Kekeya, 2021). Methodological triangulation is also used in qualitative case studies since it helps increase the study's trustworthiness by providing rich and highly detailed data from many different sources.

Research Questions

The following are the answers to the research questions I initially created that were gathered during the interview.

How has COVID Impacted the Organization's Ability to Provide Services for a Growing Client Population?

Emerging Theme 1: Difficulties. The COVID-19 pandemic created many challenges for the clinicians at XYO since, according to Participant 1 (BHL), "None of

my clinicians had experience working virtually before the pandemic. It created many issues since we now had more intakes.” Participant 2 (OM) reported, “I was getting so many more calls, and it was difficult to schedule them since many clinicians were also taking more time due to their children being home. We had a huge waitlist for several clinicians for a while.” When asked what she thought of the transition to telehealth, Participant 3 (CS) stated, “Many of the clinicians would come to me for help regarding virtual therapy, but sometimes I was also unaware of what to say. I didn’t have much experience with virtual therapy, so I did my best in that situation.” It became challenging for clinicians to focus on their clients while dealing with their pandemic-related issues. The office manager also struggled to explain to clients how to use the therapy portal for clients and troubleshoot clinician issues. Despite these challenges, through virtual therapy, XYO was able to provide support through counseling to a much larger population and receive the support needed from their managerial staff.

What Organizational Practices are set to help Clinicians Manage Stress and Prevent Burnout?

Emerging Theme 2: Self-Care. Self-care proved challenging to maintain when treating clients and facing the demanding issues of the pandemic. Participant 1 (BHL) reported,

Lack of self-care can be tough for a therapist. It’s in our ethics code for a reason. I try to encourage self-care for my clinicians during our monthly meetings. I try to get my clinical supervisor’s input on how the clinicians are doing with their work

balance. I also collaborate with her on team-building exercises during our monthly meetings.

The BHL also encouraged clinicians to participate in team-building activities she created towards the end of the monthly meetings. She urged her team to contact her through TEAMS or simply for support. Participant 2 (CS) reported that she also helps the clinicians establish self-care by

I encourage self-care by letting the clinicians know they can come to me if needed. I also suggest case studies during our monthly meetings to encourage collaboration with others and not let them feel alone. I want them to know they are not the only ones struggling or might be.

Participant 2 (CS) also reported, “I enjoy the case studies we do monthly because it helps us discuss the issues related to our cases. This helps the clinicians, and myself, feel more confident in our clinical skills and gain clinical skills from other clinicians.” When asked how these organizational practices have been helping her, Participant 3 (OM) stated,

Communication through TEAMS has helped my job immensely. It’s so much easier to collaborate and communicate with clinicians, which makes it easier for them to provide the services the client needs. I also feel that communication through this means has helped us form a closer professional relationship.

What has been the Organization’s Leadership Experience Addressing the COVID Pandemic Challenges with the Clinicians?

Emerging Theme 3: Leadership during COVID-19. Participant 1 reported,

I can't say anyone was expecting this pandemic. It was difficult for all of us, including myself. Since I wasn't expecting this, I thought my leadership skills would transfer automatically. I was very wrong, unfortunately. Leadership during the pandemic was tough initially because I couldn't see any of my employees face-to-face. Everything had to be done online, which was difficult due to connectivity issues and even regular home life. I required everyone to be always on TEAMS and available to chat a bit every week. My clinicians accomplished daily tasks with our help, and we can now say we got through the hardest part.

During this period, she focused on collaboration and communication with her employees. She pushed her office manager and clinical supervisor to communicate with her as much as needed and encouraged the rest of her team to do the same.

How has the Transition to Telehealth Affected Your Organization, if at all?

Emerging Theme 4: Telehealth Transition. Transitioning from in-office sessions to virtual therapy proved difficult for many clinicians since, according to the BHL,

None of my clinicians had experience with virtual therapy. The biggest issue was keeping clients engaged during the session. Virtual therapy was new to us but also the client, so they were not accustomed to keeping themselves attentive through a screen. Luckily, I had some colleagues that provided teletherapy before the pandemic, and they not only helped me but provided training of sorts to the rest of the clinicians.

There were various challenges that many professionals were not accustomed to, and many could not as well. The BHL spoke with some past colleagues that were providing teletherapy before the pandemic, and they managed to help her and gave her effective feedback for future therapeutic sessions. The BHL then passed those critical notes to the rest of her team and helped them keep their clients engaged while providing continuity of care. Participant 2 stated,

Virtual therapy was difficult for the office when filling out paperwork online rather than on paper in person. Many clients could not open the sent links; some even needed to create email addresses to receive them. The clinicians and I worked together to help the clients better understand the portal and help it work for everyone.

When asked about her experience with telehealth, participant 3 (CS) stated that

While the transition to teletherapy was stressful initially, I believe we got through it thanks to the collaboration between myself, the BHL, and the OM. The clinicians relied on each other a lot during this time and managed to help their clients as well. I even feel it helped our client intake since we now get client referrals outside our city.

Participant 2 (OM) stated,

Virtual therapy was difficult for the office when filling out paperwork online rather than on paper in person. Many clients could not open the sent links; some even needed to create email addresses to receive them. The clinicians and I

worked together to help the clients better understand the portal and help it work for everyone.

Client Results

XYO is a group practice organization for both adolescents and adults from differing mental health concerns, such as depression, anxiety, and relationship problems, among several others (XYO website, 2022). The organization's primary functions include meeting the high need for the services needed during the pandemic and now through telehealth options. The organization's primary function is to address the community's and underserved areas' health needs by providing the best and highest quality holistic care (XYO website, 2022). XYO has an intricate role in ensuring these functions are performed effectively. Still, high levels of burnout in clinicians can negatively impact the quality of care and treatment outcomes for clients. For this reason, it is essential to understand XYO's current efforts to prevent clinical burnout during the COVID-19 pandemic.

XYO provides counseling services to children, adolescents, adults, and families. They specialize in various treatments such as couples and family counseling, parenting support, grief counseling, work and career issues, stress management, and treatment for anxiety and depression (XYO website, 2022). XYO also offers behavioral treatment for disruptive, impulsive-control, and conduct disorders and therapy for trauma and stressor-related disorders. Their website provides a highly personalized approach tailored to each client's needs to help them attain the growth they strive for. The BHL at XYO has

created a patient-focused atmosphere where clients can feel comfortable expressing themselves and not feeling judged during counseling.

Workforce Focused Results

During the COVID-19 pandemic, everything became more difficult. Health care providers had an essential role in addressing these emotional outcomes as part of the pandemic response (Pfefferbaum & North, 2020), translating into distressing and psychiatric conditions and some unhealthy behaviors. In conventional disasters, the primary concern is post-traumatic stress disorder from trauma exposure.

Psychopathology, such as depressive and anxiety disorders, might also come to light (Pfefferbaum & North, 2020). For this reason, it was important for the BHL at XYO to prevent burnout in any way she could. Through interviews with the various leaders at XYO, I understood that avoiding burnout during this time was complex and required much communication.

The office manager reported that at the pandemic's beginning, various clinicians were doing only telehealth sessions and struggling to figure out how to use the new online platform (Personal communication with OM, 2022). She reported that the online platform wasn't used much before the pandemic, but since the COVID-19 lockdown, virtual therapy has become the most accessible form of treatment. The prevalence of burnout increased due to people's limited social interactions during the quarantine. Szilagyi (2021) showed that loss of social interaction led to increased loss, uncertainty, and a lack of social support. The BHL at XYO saw this occurring with her clinicians and

began having more virtual meetings and continuing education opportunities so her staff could get more social interaction during the COVID-19 pandemic.

Individuals in the counseling profession spend much time helping others and, in turn, focusing on others (Bradley et al., 2013). Due to this, they sometimes neglect themselves and their own needs, which leads to burnout. When the BHL at XYO began noticing this in her clinicians, she began doing more toward preventing burnout and focusing on self-care in the organization. The BHL started having virtual meetings more often to check in on her clinicians to ensure they had a balanced caseload. The BHL also provided free training on virtual therapy and the ethics behind it to all clinicians. This was done due to the high demand for virtual treatment after the COVID-19 pandemic. Aside from training and virtual meetings, the BHL also schedules team-building exercises monthly to keep clinicians engaged and prevent burnout during the high intake of clients.

In XYO, clinicians can choose their schedules as independent contractors. They have their clients and can open times they prefer to work in the virtual employee platform. If there is an emergency, the clinician can reschedule or cancel sessions by contacting the client. Finding a balance that works for each person can be challenging since the client intake is so high. However, during the weekly virtual meetings, the clinicians speak openly about any issues they are experiencing, and the BHL and clinical supervisor communicate how they can provide support.

Leadership and Governance Results

Leadership is one of the essential parts of XYO and most organizations. The senior leaders should create a leadership system that can help everyone in the organization, such as administrative and health care staff (NIST, 2021). The BHL, clinical supervisor, and office manager set the mission and goals for the organization and demonstrate a clear and visible example of the organization's values. By doing this, these leaders empower the workforce in difficult times, such as the COVID-19 pandemic, and help them build resilience and focus. During this time, it was difficult for mental health providers to focus on their careers and their clients while still struggling to manage themselves.

While speaking with the clinical supervisor and BHL of XYO, I gathered that the BHL of XYO is a transformational leader and employs transformational leadership skills. These leaders work directly with their employees to implement effective change and rely on communication, charisma, adaptability, and empathetic support (Ye et al., 2022). As a clinician, the BHL is well-versed in compassionate responses and understands adaptability and understanding are essential to the organization's governance. During the pandemic's beginning, the BHL used collaboration and communication to elicit reliability and dependability in her clinicians. She encouraged collaboration when everyone was working from home by holding these monthly meetings on TEAMS. She also created a group chat for the clinicians to ask questions to others about referrals or simply about new training or courses.

The collaboration and communication the BHL encouraged during the pandemic's beginning has created a more positive social and work environment. The partnership also helps improve teamwork and reinforces interaction (Newman & Ford, 2021). When the team collaborated on the essentials of the organization, they eventually learned to master the leadership skills necessary for working in a virtual setting. While communication and social interaction grew, therapist resilience also grew. The BHL also noticed this and began creating virtual team-building exercises for her clinicians once every two months. These team-building exercises helped staff build cohesion and trust and were more open to helping each other during the workday.

The governing body of this organization is the clinical supervisor and the BHL. The clinical supervisor meets weekly with the BHL and then meets monthly with the rest of the clinicians. During the clinical supervisor meetings with the BHL, they discuss any new topics and what the BHL needs from the clinicians to continue creating an effective organization. The clinical supervisor constantly communicates, collaborates with the BHL, and connects with her when needed. Besides the monthly meetings, the clinicians have continuous contact with their clinical supervisor. Communication flows through these meetings, and information is disseminated to a few clinicians through various means such as emails or TEAMS messenger.

Financial and Marketplace Performance Results

Finances in any organization are essential and can be the main reason for the organization's success. It can be critical to a behavioral health organization since people depend on them for support and care (Enos, 2007). A lack of discipline can be one of the

reasons for hardships in the organization's financial sector and inadequate training and compensation for staff. Since change can occur at any point in an organization such as XYO, embracing it can be instrumental in its long-standing ability to overcome financial challenges. (Enos, 2007). For this reason, XYO has managed to stay financially stable during the COVID-19 pandemic. Since this is a for-profit organization, they rely on health insurance reimbursement or self-pay clients.

I could not gather financial reports for this organization due to policies outside my and BHL's control. However, I was able to interview the BHL on the organization's financial aspects. She reported that although COVID-19 was a difficult change, XYO embraced the change and got past it since most clinicians could keep their current caseload and add to their caseload. The BHL reported that XYO is in good financial standing. Although they struggled at the beginning of the pandemic, they embraced the change and focused on how they could continue working towards XYO's vision. Since they are in good standing, the BHL mentioned expanding to another office location in another city close to the town XYO is currently in.

Due to the organization's size, the BHL does not need a marketing team to handle finances, so she oversees that business aspect. "I am responsible for most of this organization's marketing and financial aspects. The BHL and I meet regularly to review most insurances' billing requirements and ensure our clinicians are getting reimbursed correctly." (Personal communication with OM, 2022). Regarding marketing, they rely primarily on word of mouth for referrals, and since their office is in a medical center, they also receive clients through referrals. She also reported that they recently started a

YouTube channel and an Instagram page describing some of their interventions. They use these social media pages to create videos about mental health and the importance of therapy and raise awareness of mental health disorders. “Our office is in a health center where other doctors also have offices. I regularly get calls from them referring patients to our practice. When I opened my office, I went to each surrounding office and gave them several business cards to hand out to clients needing them. This helped us gain several clients when we first started. Some of those clients are still here today.” (Personal Communication with BHL, 2022).

Implications and Findings/Potential for Social Change

The findings of these interviews and studies show that many clinicians found it difficult to transition to telehealth and continue therapy during the pandemic due to the pandemic. Being a therapist can be stressful in the best of times and can stir up emotional responses from each therapist (Aafjes-van Doorn et al., 2022). There is a growing number of therapists who report anxiety and depression symptoms and are often seeing a therapist themselves. During the COVID-19 pandemic, there have been additional challenges that have presented themselves to therapists as well. This study showed that while XYO leaders attempted to remain stable during the pandemic, the organization still felt some of the most challenging issues. The survey of XYO shows that one of the most important aspects of maintaining an effective workplace is the leadership strategies employed by the organization’s leaders, in this case, the BHL, office manager, and clinical supervisor.

Finding new ways for organizational leaders to address burnout in the clinical setting contributes to positive social change. These leadership skills help encourage a

healthy workplace culture and help the staff and clients feel comfortable with the organization. When counselors feel symptoms of burnout or question their therapeutic abilities, they cannot provide appropriate care to clients. Clients will later not receive the proper care needed when struggling with mental health issues. However, when clients feel comfortable in their workplace and with their leaders, they can provide a higher quality of care (Bradley et al., 2013).

Strengths and Limitations of Study

Qualitative research, while using a case study approach, can benefit organizations due to the in-depth nature of the organization's achievement (Kekeya, 2021). A case-study system can help the researcher find essential data and show a complete picture of the real-life actions of human beings in a workplace setting. Since qualitative research is more experiential, limitations can be unavoidable (Kekeya, 2021).

Strengths

The strengths of this qualitative case study relied heavily on the adherence and research standards set forth by Walden University and the IRB. These standards were used in the interview process and secondary data analysis. Ethics in research is fundamental and aims to generalize for the good of others but still maintain privacy (Orb et al., 2001). I masked the name of this organization and the location to maintain privacy. This was also stated in each participant's informed consent before conducting the interviews.

The method used for data analysis was methodological triangulation which provides more comprehensive data, increases validity, and enhances the understanding of

the studied phenomenon (Bekhet & Zauszniewski, 2012). This type of analysis decreases the weaknesses of a particular method and strengthens the study's outcome. I achieved credibility and truth value in this study by using the interview process to objectively capture the individuals' experiences. I also achieved applicability in this study, with new data continuing to be collected without additional themes arising. I was also able to request the participant to review the transcribed interview, which provided the opportunity to confirm the accuracy of the transcription and ensure I was getting adequate information.

The Baldrige Excellence Framework was used to guide the analysis of the leadership, structure, and performance of XYO. The Baldrige Excellence Framework highlights seven categories of components to an organization. These categories help an organization achieve ongoing success (NIST, 2022). The classes are leadership; strategy; customers; measurement, analysis, knowledge management; workforce; operations; and results. This framework can help the organization strive toward its mission, vision, and goals (NIST, 2022). I also ensured that bias was nonexistent in this research by monitoring my role as the researcher and ensuring my personal feelings were not included in the case-study process. As a researcher, minimizing harm the most you can and providing privacy, respect, and sharing research experiences are essential. The data for this case study was stored in a cloud-based folder on a private computer that was only accessible to the researcher.

Limitations

As many strengths in this case study, there are some limitations due to the basic foundations of qualitative research. Since this study focused on only one organization, the validity of the research could play an issue (Ravitch & Carl, 2016). Since it was also the experience of three individuals in the same organization, it might not correlate to other leaders in similar agencies. I also recognize that since I am using an interview process, there could be a form of bias from the leaders to give answers that might make the organization look better.

Artificiality is also a limitation in this case study since observing a leader in their organization is not customary. This might impact the findings since it is outside the norm of regular interactions, which this type of study focuses on. The inability to access financial records due to policies outside of the BHL's control also posed a limitation due to the failure to assess the organization's financial results accurately.

Section 5: Recommendations and Conclusion

This study focused on the need for counselor self-care during the COVID-19 pandemic. The pandemic created several issues, including the start of virtual therapy. Many clinicians had little to no former practice with this type of therapy and struggled to switch to this new medium (Burgoyne & Cohn, 2020). Aside from telehealth, the need for clinicians was rising due to issues related to the COVID-19 pandemic (Cullen et al., 2020). This led to a higher burnout rate among clinicians due to taking on more clients and trying to cope with their anxiety symptoms of the pandemic.

XYO experienced a rise in clients during this period and experienced some loss of clinicians due to the same pandemic-related issues. A 2021 study reported that the COVID-19 pandemic accelerated burnout in health care workers, counselors included (Anzaldua & Halpern, 2021). When a clinician experiences burnout, they do not react the same way to a client's needs or show the same amount of empathy, which can hurt the client (Bradley et al., 2023).

Workforce and Training Recommendations

The following recommendations and ideas should be considered to help XYO strengthen its workforce and employ training techniques. First, the BHL at XYO should consider offering training on telehealth and the ethics behind it. Since the pandemic, the ethics and policies of telehealth have changed considerably, and some clinicians are unaware of the changes. For this reason, it would benefit them to receive training in those areas.

As well as ethics, there should be training on platforms and how clients and clinicians can remain engaged during the session. There are several platforms for teletherapy sessions, some are HIPPA-compliant, and others are not. I recommend that the BHL ask the clinicians which questions or concerns they might have about virtual therapy and find training courses based on those responses. Aside from teaching clinicians about telehealth and keeping them competent, these courses would satisfy counselors' need for continuing education. These types of training could help the workforce at XYO transition to telehealth effectively. Since COVID-19, teletherapy has made it challenging to notice essential aspects of a counseling session, such as lack of hygiene, possible alcohol on their breath, or other non-verbal behaviors (Martin, 2013). However, it is essential to provide training on telehealth so clinicians can notice the non-verbal cues to a greater degree. Engagement during telehealth sessions can also be challenging because the client has various distractions at home.

Another recommendation for XYO to create a more effective work environment is to help establish a more substantial level of communication within departments. Having a supportive work environment also has an improved level of employee retention ("Employee Retention," 2022). I recommend having monthly meetings with the clinical supervisor separately and then with the rest of the clinicians. During these meetings, I recommend that the BHL and CS update clinicians on new policies and further training.

I also recommend that during these meetings, the clinicians take turns to present case consultations where they need help or are struggling with the client. In these case consultations, there would be a collaboration between clinicians with different experience

levels and can also provide new ideas and interpretations. Adequate training, effective communication, and supportive leadership can be influential aspects of a thriving organization. These aspects help employees feel comfortable and satisfied in their work environment, which allows the organization to succeed (“Employee Retention,” 2022).

Mental health conditions are most common among adolescents and young adults; however, few receive adequate treatment (Kruzan et al., 2022). Since both populations use social media for support and information, it is recommended that XYO increase its social media presence. Increasing social media presence has the unique potential to improve mental health information for young adults and adolescents (Kruzan et al., 2022). It is recommended that XYO begin posting pictures or information regarding mental health on its Instagram page. This will help build a more significant social impact on the community and help individuals become more aware of mental health issues already prevalent.

Finally, I recommend that the BHL hire a social media manager to oversee XYO’s interactions with the public and help implement strategies for social media platforms. This will help them engage people through a lens different than before. This person would need to have an eye for social media trends and know how to engage the company in these as well (Mehmet et al., 2020). An effective social media marketing strategy can help XYO’s clients find care more efficiently and facilitate support. Social media marketing can help clinicians connect with others who might have different experiences and, therefore, a different perspective. This could help them with case consultation and provide adequate client care (Mehmet et al., 2020).

It is further recommended that the BHL begin using self-care to prevent burnout in her clinicians. Work in the mental health field is already stressful, but during and after the COVID-19 pandemic can result in emotional exhaustion and loneliness (Rokach & Boulazreg, 2022). Self-care is an essential tool used to enhance a therapist's well-being and the overall efficacy of treatment. The recommendation for XYO to introduce self-care is to have team-building events every other month for the clinicians and their partners. This event would be held after hours and voluntarily. I suggest an activity incorporating interaction among the clinicians, BHL, CS, and OM. This will help encourage a positive work-life balance and provide mental health support for the clinicians to help prevent stress or burnout from the job.

Leadership and Governance

A recommendation for XYO is that the BHL schedule some time every other month with the clinicians to see how they are doing. The BHL would also update each clinician on any new telehealth policies and ethics codes that might be new to them. During these meetings, the clinicians would focus on the issues they might be experiencing and any questions they have for the BHL. Since this is a small organization, this would not be challenging for the BHL to organize into her schedule. These leadership meetings should also include feedback from the clinicians regarding how the organization is doing and if they need any help with any of the new policies. Leadership is one of the most important factors that could influence burnout for clinicians (Gravestock, 2022). Leaders of all levels play a vital role in staff well-being in the clinical setting. This study shows how providing adequate leadership skills during a

difficult moment, such as the COVID-19 pandemic, can be essential for the organization to grow and be more effective.

I also recommend that the BHL take leadership training for a virtual workforce. Working from home can be daunting since many are working from home for the first time due to the COVID-19 pandemic (Newman & Ford, 2021). The unexpected change made it almost impossible for leaders to prepare to lead in a virtual work environment. Leaders now had to ensure their employees had access to a reliable internet connection, a way to communicate with other clinicians, and a HIPPA-compliant means for therapy (Newman & Ford, 2021). Only 46% of respondents had access to basic technology in a survey taken since the pandemic started, and 64% had no remote work experience. Further, only 41% understood their role and how to fully take advantage of working from home (Newman & Ford, 2021). For this reason, the BHL needs to learn how to lead in a virtual environment since it can differ from an in-person workplace.

Implementation Phases

This section includes a proposed plan for the BHL to implement the recommendations outlined in this study. Information is provided in sufficient detail so that the BHL of XYO can carry out the plan effectively and efficiently. Five stages that can be accomplished within a year will be outlined, which is a relatively short timeframe due to the size of XYO.

In Phase 1, the researcher and BHL will begin the pre-planning section of the implementation technique. I will give the BHL an overview of the study findings based on the information she and the other leaders in XYO provided. After that conversation,

the need for strategic planning meetings with her leadership team will be emphasized as the next step. I will ask permission from the BHL to also speak with the clinical supervisor and office manager to share the findings. This will be accomplished using my PowerPoint presentation highlighting findings, recommendations, and other essential techniques. I will also summarize the findings in a brief written format and provide a copy to all meeting participants. During this phase, we will establish the need for strategic planning meetings with the BHL, CS, and OM leadership team. I will provide other resources to help with strategic planning for small businesses. This phase will take approximately one month to develop.

Phase 2 will focus on holding strategic planning meetings and finding short-, mid-, and long-term goals and objectives that align with the original mission of XYO. The planning sessions spanning one month will focus on the specific challenges, recommendations, and opportunities outlined in the study and are most important for the ongoing success of XYO. These goals will also focus on strengthening the overall performance of the workforce and leadership team. It will also be vital for the leadership team of XYO to determine how the strategic planning meetings will help address the need for change and if they will need to adopt the recommendations outlined in this study.

Phase 3 of this implementation study will focus on compiling a strategic plan that will be written and kept filed with each member of the leadership team to continue addressing change in the organization. This strategic plan is recommended to cover a 2-year timeframe to allow corrections as the team adapts to the changes. It is also

recommended that the BHL hire a strategic planning professional to help facilitate these meetings and help write the strategic plan that will be kept on file for future reference. This phase of the implementation will also span one month time.

For the next eight months, Phase 4 will focus on implementing the strategic plan for XYO. During this time, it is recommended that the BHL pay specific attention to if this plan is working to help the clinicians prevent burnout and help them feel more at ease in the workplace. It will also be beneficial to write down what is being done for XYO during this timeframe and how it is accomplished for future reference.

In Phase 5, the planning group will already have implemented the strategic plan for the past year and see whether the results are satisfactory. This will require performance measures and evaluation meetings with each of the clinicians in XYO. The BHL will see how they are doing a year into the implementation process and make changes accordingly. These changes will then be recorded for the strategic planning guidebook for future action plans.

Recommendations for Future Study

While reviewing the literature, I noticed extensive data on how telehealth was difficult for clients and clinicians. There is also literature that explains how the COVID-19 pandemic affected clinicians and led to burnout during the beginning stages of the pandemic. It has been 3 years since the pandemic began, and the world is slowly returning to normal. However, during that time, there were several new ethics regulations related to virtual therapy and how clinicians can administer services. Due to the nature of the pandemic, clinicians were forced to quickly transition to telehealth due to the health

code regulations not permitting in-office sessions. However, since the pandemic was so recent, there needs to be more data to correlate if telehealth has helped clients find the care they might not have been able to before or during the pandemic. But XYO has found it easier for clients to find care virtually. The BHL reported that they have recently received referrals for clients outside of their city. She noted that sometimes these clients have struggled to find a therapist due to their work schedules or inadequate transportation. It would be interesting to see future research on virtual therapy and if it has made it easier for clients to access care.

There was also extensive research on how behavioral health care workers can be exposed to burnout at a higher rate than other careers. There is a limit, however, on examining how to mitigate prevention for burnout before receiving licensure during graduate courses. It is vital to have those techniques in place before experiencing symptoms of burnout, and many times; clinicians only realize they are burned out once it is too late.

Dissemination Plan

My plan for disseminating this work to XYO is to create a presentation summarizing the research, discovery, and detailed recommendations to the BHL. I will also plan to present this to the BHL with any other employees she might like to invite to the presentation. Question-and-answer time will also be allotted at the end of the presentation for further clarification or comments.

Conclusion

This qualitative study addressed how a behavioral health organization employs leadership strategies to help clinicians prevent burnout during the COVID-19 pandemic. The primary purpose was to find a solution for burnout prevention during high demand and extreme trauma, such as a global pandemic. There was a shortage of mental health clinicians due to the symptoms of anxiety and trauma that came with the COVID-19 pandemic (Cullen et al., 2020). The trauma of the pandemic and the increase in clients were difficult for clinicians and often left them struggling in sessions. As well as working with the traumas of the pandemic, clinicians also needed to switch to telehealth rapidly due to the contagious nature of the pandemic.

This study's goals were to help the BHL of XYO with leadership strategies for helping prevent burnout in her clinicians. A structured interview with the organization's BHL, OM, and CS provided information about the workforce processes, financial aspects, and the strengths and limitations of XYO. These interviews also helped bring awareness to how the BHL uses communication with her team to be an effective leader and help them reach the organization's goals. In these interviews, the BHL also encouraged her clinicians to ask her questions and visit her when needed.

Analyzing the data and studying the literature led to developing recommendations to enhance services, workforce, and social impact for XYO. The results of this study also contribute to future literature involving leadership techniques to help behavioral health leaders prevent burnout in the workforce during a moment of extreme stress and high demand, such as the COVID-19 pandemic.

References

- Aafjes-van Doorn, K., Békés, V., Luo, X., Prout, T. A., & Hoffman, L. (2022). Therapists' resilience and posttraumatic growth during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(S1), S165–S173. <https://doi.org/10.1037/tra0001097>
- Anzaldúa, A., & Halpern, J. (2021). Can clinical empathy survive? Distress, burnout, and malignant duty in the age of covid-19. *Hastings Center Report*, 51(1), 22–27. <https://doi.org/10.1002/hast.1216>
- Babic, A., Gillis, N., & Hansez, I. (2020). Work-to-family interface and well-being: The role of workload, emotional load, support and recognition from supervisors. *SAJIP: South African Journal of Industrial Psychology*, 46, 1–13. <https://doi.org/10.4102/sajip.v46i0.1628>
- Bekhet, A. K., & Zauszniewski, J. A. (2012). Methodological triangulation: an approach to understanding data. *Nurse Researcher*, 20(2), 40–43. <https://doi.org/10.7748/nr2012.11.20.2.40.c9442>
- Borhani-Haghighi, A. (2022). How can clinical communication skills improve patient-physician relationship building? *Galen Medical Journal*, 11, e2480–e2480.
- Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V. E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health*, 8(4), 456–469. <https://doi.org/10.1080/15401383.2013.844656>
- Brennan, C. (2013). Ensuring ethical practice: guidelines for mental health counselors in private practice. *Journal of Mental Health Counseling*, 35(3), 245–261.

<https://doi.org/10.17744/mehc.35.3.9706313j4t313397>

Bryson, J. M. (2017). *Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement (Bryson on strategic planning)* (5th ed.). Wiley.

Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family Process, 59*(3), 974–988. <https://doi.org/10.1111/famp.12589>

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report, 21*(6). <https://doi.org/10.46743/2160-3715/2016.2337>

Chandawarkar, A., & Chaparro, J. D. (2021). Burnout in clinicians. *Current Problems in Pediatric and Adolescent Health Care, 51*(11). <https://doi.org/10.1016/j.cppeds.2021.101104>

Cole, B. (2022, June 9). Regulatory compliance. SearchCIO.

<https://www.techtarget.com/searchcio/definition/regulatory-compliance>

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2010). The case study approach. *BMC Medical Research Methodology, 11*, 100. <https://doi.org/10.1186/1471-2288-11-100>

Cullen, W., Gulati, G., & Kelly, B. D. (2020). Mental health in the COVID-19 pandemic. *QJM: An International Journal of Medicine, 113*(5), 311–312. <https://doi.org/10.1093/qjmed/hcaa110>

Dye, L., Burke, M. G., & Wolf, C. (2020). Teaching mindfulness for the self-care and

- well-being of counselors-in-training. *Journal of Creativity in Mental Health*, 15(2), 140–153. <https://doi.org/10.1080/15401383.2019.1642171>
- Elder, C. L., Norris, E. K., & Morgan, L. M. (2022). Counselor burnout during COVID-19. *Counseling Today*, 64(9), 42–45.
- Employee retention and the effects of a supportive work environment. (2022). *Development and Learning in Organizations: An International Journal*, 36(4), 35–37. <https://doi.org/10.1108/DLO-07-2021-0133>
- Enos, G. A. (2007). Finance must be everyone’s business: in successful behavioral health agencies, the entire staff views the mission through a financial prism. *Behavioral Health care*, 27(12), 14.
- Gavrikova, E., Volkova, I., & Burda, Y. (2020). Strategic aspects of asset management: An overview of current research. *Sustainability*, 12(15). <https://doi.org/10.3390/su12155955>
- Gravestock, J. (2022). A scoping review of the literature pertaining to burnout and leadership in mental health clinicians. *Leadership in Health Services (Bradford, England)*, ahead-of-print. <https://doi.org/10.1108/LHS-04-2022-0043>
- Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for health care: Capabilities, features, barriers, and applications. *Sensors International*, 2, 100117. <https://doi.org/10.1016/j.sintl.2021.100117>
- Hansson, S. O. (2017, March 8). *The Ethics of Technology: Methods and Approaches (Philosophy, Technology, and Society)* (Annotated). Rowman & Littlefield Publishers.

- Harrington, J. A. (2013). Contemporary issues in private practice: Spotlight on the self-employed mental health counselor. *Journal of Mental Health Counseling*, 35(3), 189–197. <https://doi.org/10.17744/mehc.35.3.8742717176154187>
- Indeed. (2020, February). Four types of organizational structure: Definitions and examples. <https://www.indeed.com/career-advice/career-development/organizational-structure-definition-and-types#:~:text=Flatarchy,hierarchy%20and%20a%20flat%20organization>.
- Jacobsen, & Salomonsen. (2020). Leadership strategies and internal communication in public organizations. *International Journal of Public Sector Management*, 34(2), 137–154. <https://doi.org/10.1108/IJPSM-03-2020-0086>
- Kapiriri, L., & Donya Razavi, S. (2021). Salient stakeholders: Using the salience stakeholder model to assess stakeholders' influence in health care priority setting. *Health Policy OPEN*, 2. <https://doi.org/10.1016/j.hpopen.2021.100048>
- Kekeya, J. (2021). Qualitative case study research design: the commonalities and differences between collective, intrinsic, and instrumental case studies. *Contemporary PNG Studies*, 36, 28–37.
- Kenton, W. (2021a, November 10). How organizational structures work. Investopedia. <https://www.investopedia.com/terms/o/organizational-structure.asp#:~:text=An%20organizational%20structure%20is%20a,between%20levels%20within%20the%20company>.
- Kenton, W. (2021b, October 30). *Customer: Definition and how to study their behavior for marketing*. Investopedia. Retrieved October 8, 2022.

- Kruzan, K. P., Williams, K. D. A., Meyerhoff, J., Yoo, D. W., O'Dwyer, L. C., De Choudhury, M., & Mohr, D. C. (2022). Social media-based interventions for adolescent and young adult mental health: A scoping review. *Internet Interventions*, 30.
- Lin, T., Stone, S. J., Heckman, T. G., & Anderson, T. (2021). Zoom-in to zone-out: Therapists report less therapeutic skill in telepsychology versus face-to-face therapy during the COVID-19 pandemic. *Psychotherapy*, 58(4), 449–459. <https://doi.org/10.1037/pst0000398.supp> (Supplemental)
- Martin, A. C. (2013). Legal, clinical, and ethical issues in teletherapy. In J. S. Scharff (Ed.), *Psychoanalysis online: Mental health, teletherapy, and training*. (pp. 75–84). Karnac Books.
- Mehmet, M., Roberts, R., & Nayeem, T. (2020). Using digital and social media for health promotion: A social marketing approach for addressing co-morbid physical and mental health. *Australian Journal of Rural Health*, 28(2), 149–158. <https://doi.org/10.1111/ajr.12589>
- Miller, K. (2020, February 25). *A Manager's Guide to Successful Strategy Implementation* | HBS Online. Business Insights Blog. Retrieved September 25, 2022, from <https://online.hbs.edu/blog/post/strategy-implementation-for-managers>.
- National Institute of Standards and Technology (2021). *Baldrige Performance Excellence Program. 2021–2022 Framework: Leadership and Management Practices for High Performance*. U.S. Department of Commerce.

- Newman, S. A., & Ford, R. C. (2021). Five steps to leading your team in the virtual COVID-19 workplace. *Organizational Dynamics*, 50(1).
<https://doi.org/10.1016/j.orgdyn.2020.100802>
- Niken, N., Putra, R. B., & Azka, B. P. (2022). The influence of leadership style and organizational culture on employee performance through work motivation as an intervening variable. *Economic Education Analysis Journal*, 11(2), 201–216.
<https://doi.org/10.15294/eeaj.v11i2.58105>
- O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling*, 22(4), 354–364.
- Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in Qualitative Research. *Journal of Nursing Scholarship*, 33(1), 93–96. <https://doi.org/10.1111/j.1547-5069.2001.00093.x>
- Pfefferbaum, B., & North, C. S. (2020). Mental Health and the Covid-19 pandemic. *New England Journal of Medicine*, 383(6), 510-512. <https://doi.org/10.1056/nejmp2008017>
- Råbu, M., Moltu, C., Binder, P.-E., & McLeod, J. (2016). How does practicing psychotherapy affect the personal life of the therapist? A qualitative inquiry of senior therapists' experiences. *Psychotherapy Research*, 26(6), 737–749.
<https://doi.org/10.1080/10503307.2015.1065354>
- Ravitch, S., & Carl, N. M. (2016). *Qualitative Research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage Publications.
- Razak, A., Apridar, Ayyub, Muslem, A., & Hankinson, E. (2022). The Influence of

- Leadership Style and Organizational Structure on Employee Performance with Work Motivation as an Intervening Variable. *International Journal of Educational Organization & Leadership*, 29(1), 103–117. <https://doi.org/10.18848/2329-1656/CGP/v29i01/103-117>
- Repique, R. J. R. (2014). Cloning in electronic mental health record: Understanding the perils and suggested safeguards. *Journal of the American Psychiatric Nurses Association*, 20(4), 268–270. <https://doi.org/10.1177/1078390314542405>
- Rokach, A., & Boulazreg, S. (2022). The COVID-19 era: How therapists can diminish burnout symptoms through self-care. *Current Psychology*, 41(8), 5660. <https://doi.org/10.1007/s12144-020-01149-6>
- Sandhu, T., & Singh, H. (2021). Counselor Burnout during COVID-19: Predictive Role of Cognitive Emotion Regulation. *Indian Journal of Positive Psychology*, 12(3), 258–262.
- Shrestha, Y. R., Ben-Menahem, S. M., & von Krogh, G. (2019). Organizational Decision-Making Structures in the Age of Artificial Intelligence. *California Management Review*, 61(4), 66–83. <https://doi.org/10.1177/0008125619862257>
- Sim, W., Zanardelli, G., Loughran, M. J., Mannarino, M. B., & Hill, C. E. (2016). Thriving, burnout, and coping strategies of early and later career counseling center psychologists in the United States. *Counselling Psychology Quarterly*, 29(4), 382–404. <https://doi.org/10.1080/09515070.2015.1121135>
- Sinaga S.P.H., Maulina E., Tresna P.W., Sukoco I., Purnomo M., & Kostini N. (2020). Knowledge Management and Employee Performance: A Systematic Literature

- Review. *Russian Journal of Agricultural and Socio-Economic Sciences*, 101(5), 150–159. <https://doi.org/10.18551/rjoas.2020-05.16>
- Stanz, L., & Weber, R. J. (2021). Leadership Approaches to Staff Health and Wellness During COVID-19 Pandemic. *Hospital Pharmacy*, 56(6), 635–639. <https://doi.org/10.1177/0018578720936589>
- Suarez, A. L., Elliott, A., Behrend, B. A., & Carver, C. L. (2022). The Effects of COVID-19 on Counselor-in-Training Resilience: A Case Study. *Journal of Counselor Preparation & Supervision*, 15(2), 224–251.
- Sullivan, A., Davin, S., Lapin, B., Schuster, A., Dweik, R., Murray, K., Rehm, S., & Machado, A. (2022). Effects of flexible scheduling and virtual visits on burnout for clinicians. *Multiple Sclerosis and Related Disorders*, 60. <https://doi.org/10.1016/j.msard.2022.103705>
- Szilagyi, A. (2021). Stress and burnout for helping professionals. Counselors navigating the COVID pandemic. *Journal of Educational Sciences & Psychology*, 11(2), 128–134. <https://doi.org/10.51865/JESP.2021.2.14>
- Texas counseling license requirements. (2021, November 7). Counseling Degree Guide. <https://www.counselingdegreeguide.org/licensure/texas/#:%7E:text=To%20become%20a%20professional%20counselor,%2C%20assessment%2C%20and%20counseling%20theory.>
- Thériault, A., Gazzola, N., Isenor, J., & Pascal, L. (2015). Imparting self-care practices to therapists: What the experts recommend. *Canadian Journal of Counselling and Psychotherapy*, 49(4), 379–400.

- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3(3), 68–70. <https://doi.org/10.1136/ebn.3.3.68>
- Today, C. (2021, July 27). Finding balance in counseling private practice. *Counseling Today*. <https://ct.counseling.org/2021/03/finding-balance-in-counseling-private-practice/>
- Trigueiro-Fernandes, L., Medeiros Cavalcanti, J. M., Alves Bila, M. V., & Moreno Añez, M. E. (2022). Scale of Organizational Structure Components (SOCS): Evidence of Validation of a Theoretical Model. *Brazilian Business Review (English Edition)*, 19(3), 309–330. <https://doi.org/10.15728/bbr.2022.19.3.5>
- Wardman, J. K. (2020). Recalibrating pandemic risk leadership: Thirteen crisis-ready strategies for COVID-19. *Journal of Risk Research*, 23(7/8), 1092–1120. <https://doi.org/10.1080/13669877.2020.1842989>
- Weldon, A. L., & Hagemann, L. (2022). Telehealth use and COVID-19: Assessing older veterans' perspectives. *Psychological Services*. <https://doi.org/10.1037/ser0000697>
- What Are KPIs?* (2022, August 17). Investopedia. Retrieved September 25, 2022, from <https://www.investopedia.com/terms/k/kpi.asp>
- Ye, Z., Liu, H., Gu, J., & Yang, J. (2022). Is relationship conflict totally detrimental to team creativity?: Mediating role of team learning and moderating role of transformational leadership. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 41(9), 6154–6165. <https://doi.org/10.1007/s12144-020-01106-3>

Zalewski, M., Walton, C. J., Rizvi, S. L., White, A. W., Gamache Martin, O. C. J. R., & Dimeff, L. (2021). Lessons Learned Conducting Dialectical Behavior Therapy via Telehealth in the Age of COVID-19. *Cognitive and Behavioral Practice*, 28(4), 573–587. <https://doi.org/10.1016/j.cbpra.2021.02.005>

Appendix: Interview Questions

The interview questions are as follows:

1. How often do you check in with your clinicians regarding burnout or self-care strategies?
2. How has COVID impacted the organization's ability to provide services for a growing client population?
3. What organizational practices are set to help clinicians manage stress and prevent burnout?
4. What have been the organization's leadership strategies in addressing the COVID pandemic challenges with your clinicians?
5. How has the transition to telehealth affected your organization?
6. How have you addressed the transition to telehealth and the stressors and difficulties it might bring?
7. What have you been doing as an organization to promote a healthy and positive work environment?
8. What self-care mechanisms have you been using with your organization to promote a healthy work/life balance?
9. Do you regularly solicit feedback from employees focusing on their job satisfaction?
10. Have any of your clinicians already experienced burnout; if yes, what has been done to give them support?
11. How do you describe the barriers clients face due to unresolved trauma?