Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

2019

An Exploration of Mental Health Practitioners' Perceptions of Ethical Requirements and Self-Care as Means to Maintain Professional Competence

Ebony Denise Coleman
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Quantitative Psychology Commons

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Ebony Denise Coleman

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Eric Hickey, Committee Chairperson, Psychology Faculty
Dr. Jana Price-Sharps, Committee Member, Psychology Faculty
Dr. Christopher Bass, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

An Exploration of Mental Health Practitioners' Perceptions of Ethical Requirements and

Self-Care as Means to Maintain Professional Competence

by

Ebony Denise Coleman

MA, Argosy University, 2011

BA, Oakland University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

January 2019

Abstract

A mental health practitioner must refrain from partaking in any mental health work if personal problems interfere with his or her ability to provide services in a competent manner. The purpose of this qualitative study was to explore how mental health practitioners manage personal problems to stay ethically compliant. Previous research has indicated that a significant amount of literature has revealed the causes and damaging effects of burnout among mental health workers. However, there remains an important gap in the current literature that links burnout directly with competently providing quality care. Ethical compliance, self-care, and mental health practitioners' perceptions were explored to answer research questions that were centered around the lived experiences of mental health workers. Guided by these research questions, semi-structured in-depth qualitative interviews were conducted with 8 current mental health practitioners who practice in a southern U.S. state. The data were analyzed according to interpretive phenomenological analysis procedures. Themes that were extrapolated are (a) building inner self-care rapport, (b) establishing healthy mental health practitioner and client relationships, and (c) personal and professional balance. Findings from this study, in addition to existing literature on mental health practitioner's self-care and ethical requirements, indicated that mental health practitioners' perceptions assist in their ability to maintain ethical compliance. This would be an important contribution to the existing literature and would enhance social change initiatives by explaining the importance of more self-care training for mental health practitioners and the facilities that employ them.

An Exploration of Mental Health Practitioners' Perceptions of Ethical Requirements and

Self-Care as Means to Maintain Professional Competence

by

Ebony Denise Coleman

MA, Argosy University, 2011

BA, Oakland University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

January 2019

Dedication

I would like to dedicate pieces of this dissertation to God, my family, and friends. God, I would like to thank you for providing me with the ability, vision, and endurance to complete the dissertation journey. My mother, Ruby, I would like to thank you for always being my number one fan. Your listening ear, your encouraging words, your critical thinking, and your loving spirit, continuously sparked my motivation. Mom, you always helped me to see the bigger picture and always were there to help me problem solve.

Once again thank you mom and you will forever be my "Martha Stewart". To my sister, Alexis, thank you for always acknowledging my persistence. Your acknowledgment alone, no matter how difficult my present situation may have been, allowed for me to stay aligned to why I started this journey. Thank you to my grandparents, Clara Coleman, Donald Coleman, Gladys Oakley, and to my spiritual advisor Reverend Dr. Jim Holley. Thank you for believing in my dreams and most importantly thank you for assisting me in financing them.

Thank you to my stepfather, Byron, my running partner. You allowed for me to maintain my focus by always reinforcing the important part of this journey, and that is self-care. To all of my family and friends with who provided me with love and support, I dedicate a piece of this dissertation to each and everyone of you.

Acknowledgments

I would like to begin by expressing my sincere gratitude to my dissertation chair, Dr. Eric W. Hickey. Without you answering my constant emails, being available for all my impromptu conference calls, and your constant reassurance by saying "onward" at the conclusion of each call, this dissertation journey would not have been this profound. I acknowledge your hard work and how dedicated you are to assisting students during this journey, but most importantly, I thank you.

Secondly, I would like to acknowledge my second committee member, Dr. Jana L. Price-Sharps and my URR, Dr. Christopher K. Bass. Thank you both for your consistent feedback, your expertise, your time, and your supportive nature. Lastly, I would like to acknowledge the professionals who participated in this study. Your dedication and contribution to the field of mental health is not unrecognized.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Standards for quality of care, according to the American Psychological Association (APA, 2010), should be carried out by all practicing mental health workers. Under guideline 2.06, the American Psychological Association states that mental health providers are to ensure that they are maintaining their highest level of competence when interacting with clients (APA, 2010). Competence and quality of care should be upheld, despite, the worker's personal problems and/ or conflicts. A mental health worker must refrain from partaking in any mental health work if personal problems interfere with his/her ability to provide services in a competent manner (APA, 2010).

Personal problems that could interfere with mental health practitioners' abilities to provide services in a competent manner could be formed from external components that impact the cognitive process of the mental health practitioner (APA, 2010). The different forms of personal problems that could impact the cognitive process of mental health practitioners could be stress stemming from personal relationships such as martial issues or family issues, personal mental health problems that are pre-existing, financial stressors, and overall issues that distort the viewpoint of mental health practitioners to make professional judgment that is ethically compliant to their highest quality of care (APA, 2010). According to the APA (2010), when a mental health provider becomes aware of any potential issues that will directly affect the mental health provider from providing less than competent care, the mental health provider must take measures to manage personal problems and maintain competence. Self-care and competence, according to Wise and Barnett (2016), are essential for mental health workers to not only

assist in the well-being of their patients, but to also assist in the well-being of themselves. Competence is the foundational understanding of the ethical guidelines that the mental health provider must oblige while fulfilling the role of a mental health professional (APA, 2010). According to the APA (2010), mental health professionals are required to understand the limitations and requirements of their role as they interact with their patients.

Mental health workers should be aware of their own personal mental health as they engage in making decisions that influence their patients. Self-care allows for the mental health worker to understand the symptoms, the mindset, and maladaptive thought processes of their patients (APA, 2010). With proper self-care the mental health provider can assess situations with clarity and focus; self- care can assist the mental health provider in assisting their patients to the best of their educational and ethical ability (Wise & Barnett, 2016). By acting in this manner, the mental health provider can maintain competence and can keep the mental health provider in ethical compliance (Wise & Barnett, 2016). Although it is always ideal for mental health professionals to be mentally prepared, realistically, mental health professionals are presented with challenges (Wise & Barnett, 2016).

Challenges that mental health professionals might encounter can come in the form of stress from their personal lives, professional lives, and even genetic predispositions that can affect the mental health professional in a way that can negatively impact their professional life if it is not properly monitored (Wise & Barnett, 2016). According to Wise and Barnett (2016), distress, burnout, vicarious traumatization, and problems with

professional competence, are high amongst mental health workers and can lead to their violation of ethical guidelines. Mental health practitioner burnout can impair competence and the potential for the practitioner to be out of compliance with APA ethical standards. According to Salyers, Fukui, Rolins, Firmin, Gearhart, Noll, and Davis (2015), mental healthcare workers have perceived burnout as leading antecedents to ineffective care of their patients or inability to handle the demands of their positions. According to the research completed by Wise and Barnett (2016), the 12-step self-help movement has recently been used to promote self-care that prevents impairment.

Within this 12-step self-help movement, routine positive practices can assist mental health workers in maintaining their self-care and can assist the mental health worker in maintaining their ethical compliance (Wise & Barnett, 2016). Mental health workers, who pay attention to their physical, emotional, relational, and spiritual independence, are less likely to have a diminishing mindset of their own. According to Wise and Barnett (2016), a diminishing mindset can derive from an individual not feeling connected to their own personal values and measuring their self-esteem and confidence to the approval of others. The diminishing mindset of mental health workers may come from a mental health worker not feeling connected to their own physical capabilities, emotional stability, relational situation with their client, and personal spiritual independence (Wise and Barnett, 2016). By being aware of how to maintain their own mental health by being aware of there own internal warning signs, mental health practitioners are able to sustain their own self-care.

Although each strategy or practice that mental health workers use in establishing their own routine to have balance personally and professionally may be different, there are three interrelated factors that have been researched and reported as being helpful in minimizing the effects of distress and preventing degradation in professional functioning (Wise & Barnett, 2016). The three interrelated perception factors that have been reported as being helpful in self-care are (a) self-awareness, (b) self-regulations, and (c) balance (Wise & Barnett, 2016). Mental health workers who are ethically compliant demonstrate self-awareness in their perceptions about their ability to know who they are aside from their work role (Wise & Barnett, 2016). Self-awareness enables the mental health practitioners to identify personal relationships and responsibilities outside of their work role (Wise & Barnett, 2016). By having a sense of identity that is not completely enmeshed into he or she's role of a mental health practitioner, according to Wise and Barnett (2016), allows for the mental health practitioner to not feel overworked or only feel a sense of accomplishment when fulfilling there role as a mental health practitioner.

Self-awareness aids the mental health practitioners in establishing their own self-regulation that allows the mental health practitioners to stay ethically compliant (Wise & Barnett, 2016). Self- regulation can be formed from hobbies, personal relationships, and other activities that aid the mental health practitioner in feeling whole outside of their professional roles and responsibilities (Wise & Barnett, 2016). Balance is establishing the effective regulation between self-awareness and self-regulation (Wise & Barnett, 2016). By having balance, the mental health professional has established proper boundaries that allow him or her to feel fulfilled in either their personal or professional life (Wise &

Barnett, 2016). When the mental health professional has obtained balance, the metal health professional is able mitigate a healthy lifestyle that works for them.

Burnout, according to Wise and Barnett (2016), can arise from lack of self-care and take the form of emotional exhaustion, depersonalization, and add to decreased sense of accomplishment and achievement. Many mental health practitioners may experience symptoms of burnout; however, fostering perceptions of the three listed interrelated factors could reduce these symptoms that lead to burnout. Mental health practitioners are encouraged to develop their own personal perceptions of self-awareness and self-regulation (Wise &Barnett, 2016). By developing their own self-awareness and self-regulation, mental health practitioners may develop a healthy lifestyle balance of managing work-related stress, so it does not negatively impact their personal life (Wise and Barnett, 2016).

Purpose

The purpose of this qualitative study was to explore how mental health practitioners manage personal problems to stay ethically compliant. According to Salyers et al. (2015), there is a gap in literature that links burnout directly with competently providing quality of care. Quality of care, according to Salyers et al. (2015), can be measured by the mental health workers reality of their effects on their clients. According to Salyers et al. (2015), mental health workers who view their work as being beneficial to their clients typically have a lesser chance of experiencing burnout during their career. However, when a mental health worker perceives their professional interactions with their clients as not being helpful or consistently not producing a social change within

their clients, the mental health worker can then experience stress and even disinterest in their work (Salyers et al., 2015).

Overtime, according to Salyers et al. (2015), stress and disinterest in their work can make the mental health provider feel burnout. This mental state of burnout can trigger the mental health provider to violate ethical obligations (Salyers et al., 2015). Ethical obligations that can potentially be violated are represented under guideline 2.06 (APA, 2010). Under guideline 2.06, the APA stated that mental health providers are to ensure that they are maintaining their highest level of competence when interacting with clients (APA, 2010).

Mental health workers who connect their own mental health with their clients' accomplishments, can start to believe their inability to assist their clients in a beneficial manner reflects their incompetence as a professional (Salyers et al, 2015). This self-perception of incompetence according to Salyers et al. (2015) could over time diminish the mental health worker's professional confidence. If the mental health worker's confidence diminishes over time, the mental health worker's resilience, willingness to want to help others, and overall happiness in their profession, will also begin to diminish (Salyers et al., 2015). This perception of a diminished capacity or mindset could make the mental health worker feel stressed when they must attend sessions with clients or even come to the office or hospital where he or she interacts with their clients. Their level of stress can lead to professional incompetence that not only affects their clients but also could lead to not being ethically compliant (Salyers et al., 2015).

This qualitative study was shaped via a phenomenological approach consisting of semistructured interviews with mental health workers and data analysis that consists of identifying themes in their interview responses.

Significance

The significance of this research study was to fulfill a gap in literature regarding mental heath practitioners' adherence to ethical guidelines, by exploring mental health practitioners' perceptions of ethical requirements and self-care as means to stay ethically compliant. I completed this study by examining mental health practitioner's self-care practices to stay ethically compliant. This research also included understanding the role burnout plays in impairing competence. Additionally, by examining self-care as means to manage personal problems and maintain competence, this research also examined ways to prevent burnout and maintain professional competence.

According to Salyers et al. (2015), perceptions of mental health workers, regarding the quality of care that they provide can either assist the mental health worker in feeling as though he or she is fulfilling their role to the best of their ability or it could discourage the mental health worker or have an adverse effect. Self-care and competence, depending on the perceptions of the mental health workers, can either impede or assist mental health workers in adhering to ethical guidelines (Wise & Barnett, 2016). To examine how quality of care perceptions can assist mental health workers in maintaining competence, three interrelated self-care factors were used during this study.

The three interrelated factors are self-awareness, self-regulation, and balance (Wise & Barnett, 2016). By looking at self-awareness, self-regulation, and balance, this

study can contribute to social change. Considering that this study examined an exploration of mental health practitioner perceptions of their work-related interactions with their clients, self-awareness, self-regulation, and balance, assist mental health practitioners in understanding their own mental health. By understanding their own mental health, according to Wise and Barnett (2016), mental health practitioners are able to provide care to their patients that adheres to ethical guidelines.

Ethical guidelines, according to the APA (2010), are the foundational ethical standards that mental health workers most oblige to while providing services to clients. The ethical guidelines allow the mental health professional to assist clients to the best of their ability while being professionally protected while interacting within this role (APA, 2010). Understanding how to adhere to these ethical guidelines, according to Wise and Barnett (2016), can be important in making sure that mental health workers stay aware of their own mental health while providing mental health services to others.

Background

Although a significant amount of literature (Durbeej et al., 2015; de Waal, Kikkert, Blankers, Dekker, Goudriaan, 2015; Dodge et al., 2015; Dunigan et al., 2014) has revealed the causes and damaging effects of burnouts among mental health workers, there is limited literature on quality of care among mental health workers and the effects that quality of care can have on their ethical obligations as mental health workers (Salyers et al., 2015). In a study by Durbeej et al. (2015), the outcomes of mental health services were evaluated along with how these outcomes affected mental health workers.

According to Durbeej et al. (2015), follow up care can assist the mental health worker in feeling as though their services with their patients were purposeful and beneficial to their clients. However, when patients are continuously re-entering treatment for the same pre-existing problems, mental health workers may begin to experience levels of failure (Durbeej et al., 2015). Overtime, these levels of burnout could trigger the mental health professional to feel as though their professional abilities are not enhanced enough to assist their patients, their knowledge is not vast enough to assist their patients, or the mental health profession is no longer a profession for them (Durbeej et al., 2015). This thought process over a period of time, could lead to burnout within the mental health professional.

In a study by de Waal et al. (2015), the researchers looked at the effects of stress on mental health providers who work with patients who have dual diagnosis in addition to substance use disorders. The problems often presented by patients with dual diagnosis and substance use disorders, can be difficult for mental health workers to successfully treat (de Waal et al., 2015). This population of clients can be reluctant to be consistent with treatment plans, which can be very stressful for mental health workers (de Waal et al., 2015). In the de Waal et al. (2015) study, the mental health workers were trained in a treatment model that effectively targeted problems related to dual diagnosis and substance abuse. At the conclusion of this study, the researchers reported that use of a successful treatment model that decreased re-emergence of patient symptoms resulted in a corresponding decrease in mental health workers' stress and burnout (de Waal et al., 2015).

In a study by Dodge et al. (2015), researchers comprised the theory that early intervention produces the best effects of success in individuals with mental health disorders. Mental health professionals who work with patients in a certain age range are perceived to have lower effects of burnout (Dodge et al., 2015). According to Dodge et al. (2015), mental health workers who work with patients that are 25 and younger establish a rapport with their patients that allow for the patients to feel comfortable with using the treatment plans that are put in place. By establishing this rapport at a younger age, the patients are more open to using the coping skills that may be suggested by the mental health professional and staying compliant with the medications that may be provided to them as well.

Considering that patients that are 25 years of age and younger have a more flexible thought process regarding their mental health issues, according to Dodge et al., (2015), patients 25 years old or younger tend to be more open to the feedback from the mental health worker. With that being the case patients who are in this age range and consistently adhere to devised treatment plans, have a lower recidivism rate (Dodge et al., 2015). This lower recidivism rate in mental health patients, according to Dodge et al. (2015), can decrease the chances of burnout in the mental health worker.

In a study by Dunigan et al. (2015), researchers looked at how mental health workers who have substance abuse patients who engage in effective outpatient treatment, perceived these patients achieving treatment goals and being productive citizens in their daily lives. Dunigan et al. (2015) found that the success or perception of success in their patients impacted the stress levels of the mental health workers in a positive manner. This

success or perception of success may aid the mental health workers in not experiencing burnout (Dunigan et al., 2015). By understanding the affects of positive perception that was reported in the Dunigan et al., (2015) study, the theoretical framework for my study used the positive psychology theory.

<div align="center">**Theoretical Framework**</div>

The theoretical framework for this study was positive psychology theory. Positive psychology theory, according to Friedman and Schustack (2012), is formed around the cognitive perception of life. Perception of life, according to Allen and McCarthy (2016), can transition into all facets of an individual's life. The way that mental health providers perceive their work environments, their efficacy of care, and their overall life achievements, can affect the way the mental health providers are able to fulfill their job responsibilities (Thompson, Amatea, & Thompson, 2014).

According to Thompson et al. (2014), the way that mental health providers look at their lives and the effects of their overall job responsibilities, could contribute to their burnout. If the mental health provider feels some form of fatigue and dissatisfaction regarding their job responsibilities, mental health providers may, overtime, experience burnout (Thompson et al., 2014). However, according to Thompson et al. (2014), when mental health providers are innately pleasured by their current day to day interactions, enjoy their work environments, and are satisfied by their job responsibilities, then these individuals are more likely to have overall fulfilled lives. These overall fulfilled lives, extends to the mental health provider being content in their personal lives, having

effective positive coping skills, and being able to have adaptive flexibility in coping with stressors.

According to Allen and McCarthy (2016), having these positive perceptions could allow for the mental health worker to have an overall positive mindset about their overall life. This positive mindset could better prepare the mental health provider to provide competent services (Thompson et al., 2014). Additionally, with this positive mindset, the mental health provider would be more prone to making sound nonbiased decisions and could keep the mental health provider ethically compliant (Thompson et al., 2014). This particular mindset, according to Thompson et al. (2014), could assist the mental health worker in their resilience to interact with their patients. This resilience provides the mental health professional with a mindset that will assist the mental health provider in meeting the ethical standards of the (APA, 2010).

According to Friedman and Schustack (2012), individuals who are "more concerned with creativity, hope, wisdom, and spirituality and less troubled with aggression, weakness, and pathology" (p. 310) are healthier people and live longer. By focusing on the positive attributes of life, according to Lomas (2015), individuals can perceive their life situations in a more productive manner. This productive manner could allow for the mental health worker to think clearly in order to make competent decisions when fulfilling their job responsibilities (Lomas, 2015). According to Lomas (2015), if people can process their situations in a manner that they are able to handle and adjust to, then they are able to better process external stimuli.

By processing external stimuli individuals can allow certain aspects of external stimuli into their thought process while rejecting other aspects of that external stimulus (Lomas, 2015). By allowing certain stimuli into their thought process and rejecting other aspects of that stimulus, according to Lomas (2015), people can cope with situations that are out of their control. This flexibility in mental health workers to cope with constant changing situations within their work environments could assist the mental health worker in not becoming emotionally attached to predicaments in their work environment that are out of their control. According to Wise and Barnett (2016), by having flexibility in their thought processes, mental health workers can leave commentary between them and their patients within the work environment and not take the commentary into their personal lives. According to Wise and Barnett (2016), this type of mindset can be linked to self-care within mental health workers and can assist mental health workers in staying ethically compliant within their daily interactions with patients.

A positive perception is accomplished by learning to let certain things go that are out of their control as mental health practitioners and learning to adapt to environmental situations (Lomas, 2015). This approach is different than other approaches due to this approach focusing on the positive attributes of each person (Friedman & Schustack, 2012). This approach can look at the dynamics of a person's personality and attribute those dynamics to that person's cognitive health (Lomas, 2015). The individual's overall life expectancy is positively correlated with the individual's ability to stay positive despite distracting external stimuli.

In other approaches, ailments or symptoms appear to be correlated with the individual's sense of failure and lack of resilience (Friedman & Schustack, 2012). However, in the positive psychology approach, an individual's resilience is correlated with their ability to control the cognitive source of their concerns (Friedman & Schustack, 2012). Mental health providers' ability to have resilience, longevity in their field, an ability to stay ethically compliant, may be attributed to the innate characteristics of the mental health provider, in addition to their ability to have effective coping skills (Friedman & Schustack, 2012). These facets as defined in Friedman and Schustack's (2012) study, were reviewed for corresponding relevant themes for my own study.

Research Questions

The research questions that were addressed focused on the experiences that mental health practitioners may have encountered while practicing within the field. Additionally, the research questions addressed coping strategies that the mental health practitioners have used to assist in preventing burnout. I used the following research questions to guide my own study:

RQ1: What are the lived experiences of mental health workers in managing their personal problem to remain ethically compliant?

RQ2: What are the strategies used by mental health workers to prevent burnout that could impair their professional competence?

Nature of the Study

I used a qualitative focus for this study. Using a qualitative method helped facilitate my understanding of mental health practitioner's perceptions regarding how

they view their work, burnout, and complying with ethical mandates for competence. Additionally, by understanding the perceptions of mental health providers regarding their work, I was able to link self-care with the practitioners thoughts about their competence to fulfill their job responsibilities. To explain how a viable research problem emerges, the phenomenological approach was used to understand patterns and/or themes with the feedback of the interviews provided via mental health practitioners. Keeping the focus on perceptions of ethical guidelines and competence among mental health practitioners and how mental health practitioners can use certain mindset perceptions to stay within ethical compliance, I stayed consistent with the theory of positive psychology and the affects that this theory has on assisting mental health providers in their resiliency and ability to maintain competence.

Limitations to this Study

The limitations of this study came in the form of gap in literature and sample size. The gap in literature is in how burnout directly links with providing quality of care for mental health professionals. The limited amount of previous research I found made the research gap evident. The results of my study may help close this gap and provide more in-depth understanding of the effects of burnout on mental health practitioners. Although I examined some research studies that addressed what may impact burnout in mental health professionals, my study was limited in directly linking quality of care to burnout.

Sample size was additionally a part of this study's limitations. Considering that this research study took a small sample size that is valid for this qualitative study, this study was limited in providing perspective of a wide range of burnout and self-care

practices. With a larger sample size, this research study could have been more inclusive of an array of mental health practitioners who may come from an array of mental health backgrounds. By having a larger sample size of mental health practitioners from a diverse mental health background, this research study could have been able to include a more in-depth perspective of burnout and self-care.

Possible Types and Sources of Data

1. The phenomenological approach included semi-structured interviews with mental health workers, who are from an array of mental health career responsibilities, about their perceptions of ethical requirements related to maintaining competence and preventing burnout that could potentially threaten their professional abilities.

Chapter 2: Literature Review

A literature review was presented to summarize current research pertaining to the purpose of this study, which is, an exploration of mental health practitioners' perceptions of ethical requirements and self-care as means to maintain compliance with ethical standards. This chapter examined ethical guidelines for mental health practitioners, pertaining to, competence and using self-care to prevent interference of personal problems as means to be emotionally able to conduct professional activities. Additionally, research findings related to issues that can threaten competence and self-care were examined with ways of managing personal issues so the issues do not render the mental health practitioner unable to maintain emotional composure to complete work tasks. This chapter, in closing, discuses gaps in the research findings and how the purpose of this study addresses the gaps in findings.

Literature Search Strategy

The literature used for this study was primarily peer-reviewed journals. These peer-reviewed journals included mental health practitioners' perceptions of ethical requirements and self-care. The Walden University's electronic library database was used for this literature review. Included within the databases that were searched are (a) ProQuest Psychology Journals, (b) PsycARTICLES (EBSCOhost), (c) PsycBOOKS (EBSCOhost), (d) PsycINFO (EBSCOhost), (e) ProQuest Dissertations, and (f) Journals of the APA.

A secondary source included work by Marshall and Rossman's (2014) *Designing Qualitative Research.* In association with various scholarly publications, the following

key concepts/inquiry words and phrases were used to help develop themes and establish commonalties among previously conducted studies. Key terms that were included but were not limited to are (a) *self-care*, (b) *vicarious trauma*, (c) *distress*, and (d) *burnout* all identified within the context of maintaining ethical compliance. After researching and compiling the literature, articles were than classified into categories to establish themes and/or patterns within the literature. From these categories, several distinguishable themes became evident: (a) exploration of mental health services, (b) mental health practitioner perceptions of their services, (c) self-care of mental health practitioners, and (d) maintenance of ethical compliance. This chapter follows the chronological order of theoretical foundation, conceptual framework, literature review, and the chapter summary.

Theoretical Foundation

The theoretical framework for this study is positive psychology theory. Positive psychology theory, according to Friedman and Schustack (2012), is formed around the cognitive perception of life. Perception of life, according to Allen and McCarthy (2016), can transition into all facets of an individual's life. The way that mental health providers perceive their work environments, their efficacy of care, and their overall life achievements, can affect the way the mental health providers are able to fulfill their job responsibilities (Thompson et al., 2014).

According to Thompson et al. (2014), the way that mental health providers look at their lives and the effects of their overall job responsibilities, could contribute to their burnout. If the mental health provider feels some form of fatigue and dissatisfaction

regarding their job responsibilities, mental health providers may, overtime, experience

burnout (Thompson et al., 2014). However, according to Thompson et al. (2014), when

mental health providers are innately pleasured by their current day to day interactions,

enjoy their work environments, and are satisfied by their job responsibilities, then these

individuals are more likely to have overall fulfilled lives. These overall fulfilled lives,

extends to the mental health provider being content in their personal lives, having

effective positive coping skills, and being able to have adaptive flexibility in coping with

stressors.

According to Allen and McCarthy (2016), having these positive perceptions,

could allow for the mental health worker to have an overall positive mindset about their

overall life. This positive mindset, according to Thompson et al. (2014), could better

prepare the mental health provider to provide competent services. Additionally, with this

positive mindset, the mental health provider would be more prone to making sound non-

biased decisions and could keep the mental health provider ethically compliant

(Thompson et al., 2014). This mindset, according to Thompson et al. (2014), could assist

the mental health worker in their resilience to interact with their patients. This resilience

provides the mental health professional with a mindset that will assist the mental health

provider in meeting the ethical standards of the APA.

According to Friedman and Schustack (2012), individuals who are "more

concerned with creativity, hope, wisdom, and spirituality and less troubled with

aggression, weakness, and pathology" (p. 310), are healthier people and live longer. By

focusing on the positive attributes of life, according to Lomas (2015), individuals can

perceive their life situations in a more productive manner. This productive manner, according to Lomas (2015), could allow for the mental health worker to think clearly in order to make competent decisions when fulfilling their job responsibilities. According to Lomas (2015), if people can process their situations in a manner that they are able to handle and adjust to, then they are able to better process external stimuli. By processing external stimuli, according to Lomas (2015), individuals can allow certain aspects of external stimuli into their thought process while rejecting other aspects of that external stimulus.

By allowing certain stimuli into their thought process and rejecting other aspects of that stimulus, according to Lomas (2015), people can cope with situations that are out of their control. This flexibility in mental health workers to cope with constant changing situations within their work environments, could assist the mental health worker in not becoming emotionally attached to predicaments in their work environment that are out of their control. According to Wise and Barnett (2016), by having flexibility in their thought processes, mental health workers can leave commentary between them and their patients within the work environment and not take the commentary into their personal lives. This type of mindset can be linked to self-care within mental health workers and can assist mental health workers in staying ethically compliant within their daily interactions with patients (Wise & Barnett, 2016). By having balance, mental health practitioners can then compartmentalize their patients' outcomes without being personally affected (Lomas, 2015).

Learning to let external factors go can allow mental health practitioners to not feel as though he or she failed as a practitioner in the event that there patient recidivates (Lomas, 2015). This approach is different than other approaches due to this approach focusing on the positive attributes of each person (Friedman & Schustack, 2012). This approach can look at the dynamics of a person's personality and attribute those dynamics to that person's cognitive health (Lomas, 2015). The individual's overall life expectancy is positively correlated with the individual's ability to stay positive despite distracting external stimuli. By aiding to there mental health via working out, taking vacations, or by having spiritual growth, mental health practitioners are able to provide self-care that can assist in the mental health practitioner staying positively reinforced (Lomas, 2015).

In other approaches, ailments or symptoms appear to be correlated with the individual's sense of failure and lack of resilience (Friedman & Schustack, 2012). However, in the positive psychology approach, an individual's resilience is correlated with their ability to control the cognitive source of their concerns (Friedman & Schustack, 2012). Mental health providers' ability to have resilience, longevity in their field, and their ability to stay ethically compliant, can be attributed to the innate characteristics of the mental health provider, in addition to their ability to have effective coping skills. These facets as defined in Friedman and Schustack's (2012) study were used to help finding relevant themes in my study.

Conceptual Framework

Although a significant amount of literature (Durbeej et al., 2015; de Waal et al., 2015; Dodge et al., 2015; Dunigan et al., 2014) has revealed the causes and damaging

effects of burnouts among mental health workers, there is limited literature on quality of care among mental health workers and the effects that quality of care can have on their ethical obligations as mental health workers (Salyers et al., 2015). In a study by Durbeej et al. (2015), the outcomes of mental health services were evaluated along with how these outcomes affected mental health workers. Follow up care can assist the mental health worker in feeling as though their services with their patients were purposeful and beneficial to their clients. However, when patients are continuously re-entering treatment for the same pre-existing problems, mental health workers may have begun to experience burnout due to the lack of progress (Durbeej et al., 2015). In a study by de Waal et al. (2015), the researchers looked at the effects of stress on mental health providers who work with patients who have dual diagnosis in addition to substance use disorders.

The problems often presented by patients with these types of clinical diagnoses can be recalcitrant and difficult for mental health workers to successfully treat (de Waal et al., 2015). This can be very stressful for mental health workers. In the study by de Waal et al. (2015), the mental health workers were trained in a treatment model that effectively targeted problems related to dual diagnosis and substance abuse. At the conclusion of this study, the researchers reported that use of a successful treatment model that decreased re-emergence of patient symptoms resulted in a corresponding decrease in mental health workers' stress and burnout (de Waal et al., 2015). In a study by Dodge et al. (2015), researchers comprised the theory that early intervention produces the best effects of success in individuals with mental health disorders.

Mental health workers who work with patients in a certain age range are perceived to have lower effects of burnout (Dodge et al., 2015). Mental health workers who work with patients that are 25 years of age and younger establish a rapport with their patients that allow for the patients to feel comfortable with utilizing the treatment plans that are put in place. Considering that patients in the age range of 25 years of age and younger have a more flexible thought process regarding their mental health issues, patients in the 25 age range or younger tend to be more open to feedback from the mental health worker (Dodge et al., 2015). Reflective of the data reported, patients who are in this age range and who consistently adhere to devised treatment plans have a lower recidivism rate (Dodge et al., 2015). This lower recidivism rate in mental health patients can decrease the chances of burnout in the mental health worker (Dodge et al., 2015).

In a study by Dunigan et al. (2015), researchers looked at how mental health workers, who have their substance abuse patients engage in effective outpatient treatment, perceive these patients achieving treatment goals and being productive citizens in their daily lives. The success or perception of success in their patients, can impact the stress levels of the mental health worker in a positive manner. This success or perception of success, may aid the mental health worker in not experiencing burnout (Dunigan et al., 2015). By aiding mental health practitioners in not experiencing burnout, mental health practitioners can have a longer career and maintain ethical compliance (Dunigan et al., 2015).

Ethical Guidelines for Mental Health Practitioners

Ethical guidelines apply to all workers who provide psychological services to clients and who agree to abide by the APA ethics code. Psychologists and other mental health practitioners take on multiple roles within their profession. The roles that psychologist and other mental health practitioners may be asked to fulfill are, but are not limited to, researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, or expert witness (APA, 2010). Although each role has different role obligation requirements, ethical commitments stay the same (APA, 2010). Adherence to ethical guidelines represents a lifelong commitment to ethical obligations, despite, the role being fulfilled at that time (APA, 2010).

The term mental health practitioner, according to the American Psychological Association (APA) (APA, 2010), can be any worker who provides psychological services such as a psychologist, forensic psychologist, counselor, caseworker or social worker. Although each of these titles embodies different responsibilities and professional credentials, each worker is responsible for maintaining compliance with ethical guidelines during all professional practices. Ethical guidelines are aspirational in encouraging the mental health practitioner to strive for their highest level of professional ability while conducting their professional activities (APA, 2010). Ethical guidelines are a set of standards that not only protect the mental health practitioner, but also those who are clients of the professional.

Ethical Guidelines Related to this Study

Ethical guidelines for psychologists and mental health practitioners have been published by different groups and associations such as the APA (*Ethical Principles of Psychologists and Code of Conduct*, *EPPCC*, 2017); the American Psychology-Law Society (AP-LS) (*Specialty Guidelines for Forensic Psychology*, 2017); the American Counseling Association (ACA) (*Ethics and Professional Standards*, 2014), to name a few. For this dissertation, the ethical guidelines published by the APA (2017) will be used to illustrate ethical guidelines related to this dissertation, hereafter referred to as the *Ethics Code.*

The APA *Ethics Code* begins with five essential principles that serve as overarching goals for the standards and guidelines that follow (APA, 2017). The five essential principles are as follows:

Principle A: beneficence and nonmaleficence. Reports that psychologist seeks to protect the welfare and rights of individuals with whom he or she may professionally interact. When conflicts arise, the psychologist should attempt to resolve the concerns in a manner that minimizes harm. Due to psychologist scientific and professional positions in making judgments that affect the livelihood of others, a psychologist should be aware of and protect against interactions that may misappropriate their influence. Additionally, psychologists strive to stay aware of their own mental health, in order to, properly help others (APA, 2017).

Principle B: fidelity and responsibility. Reports that psychologist seek to build rapport with individuals they work with professionally. Psychologists are informed of

their responsibilities professionally and scientifically to the communities where they work. Psychologists uphold professional conduct, clarify their roles and obligations, accept responsibility for their behavior, and manage conflicts of interests that may potentially occur. In order to best serve the interest of whom they are working with, psychologists consult with other professionals to properly assist their clients. Psychologists are concerned about their ethical compliance of their colleagues. Furthermore, psychologists try to give professional time for charity service (APA, 2017).

Principle C: integrity. Reports that psychologists are to be accurate, truthful, and display the science via teaching and practice. While performing their responsibilities, psychologists should not steal, cheat in any capacity, or misrepresent facts. Psychologists strive to oblige to their commitments and avoid commitments that are unclear. In the event that psychologist use deception in an ethically justifiable manner to maximize benefits, psychologists are responsible for understanding residual effects, correcting the residual effects, and explaining why the deception was needed (APA, 2017).

Principle D: justice. Reports that psychologists provide psychological services, fairness, and justice to all persons to whom they provide services to. Additionally, psychologists should display reasonable judgment, be aware of their potential biases, and understand their limitations, so that these issues do not lead the psychologist to unethical practices (APA, 2017).

Principle E: respect for people's rights and dignity. Reports that providing respect, privacy, confidentiality, and self-determination should be practiced by all psychologists providing services to all persons with whom they come into contact with.

Psychologists should be aware of safeguards necessary to protect rights and welfare of clients or communities. Psychologists should respect the culture, individuals, and role differences. Psychologists should also be aware of and respect age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Furthermore, psychologists will not work on biases, participate in activities that condone biases, or condone biased activities (APA, 2017).

As noted previously, ethical principles and guidelines are aspirational, and these do not necessarily represent actual practice behavior. Heilbrun, Phillips, and Thornewill (2016) examined the extent to which any of four identified sets of ethical standards that pertain to psychological services were cited in scholarly articles in the 37 years prior to 2014. The researchers hypothesized that the number of citations would reflect the degree to which ethical standards and guidelines influence actual practice. Three databases were used to identify studies published in the 37 years prior to 2014: PSYCHINFO, Web of Science, and Criminal Justice Abstracts. The prorated yearly rates for the number of citations per each database were all low but most occurred within PSYCHINFO (86) followed by Web of Science (52) and Criminal Justice Abstracts (3).

According to Heilbrun et al. (2016), the EPPCC (Ethical Principles of Psychologists and Code of Conduct) was cited significantly more often than the SGFP (Specialty Guidelines for Forensic Psychologists/Psychology), the CJMHS (Criminal Justice Mental Health Standards) and the JJS (Juvenile Justice System) in Web of Science, 2 (3, N 2305) 4145.13, p.001, 1.34 (large), PsycINFO, 2 (3, N 4244) 6090.78, p.001, 1.20 (large) and Criminal Justice Abstracts, 2 (3, N 146) 135.59, p.001, .96 (large).

Taking into account the duration of the prorated search period which was from 1977 to 2014, researchers reported that the CJMHS was cited on an average of just under five times per year even against the highest estimate of PsycINFO and closer to twice a year or less than once a year compared to the other two databases which are Web of Science and Criminal Justice Abstracts. Depending on which database estimate is employed, the JJS was also cited by behavioral science researchers and scholars very rarely at a rate of less than once per year to about twice per year. According to researchers, the results imply that behavioral science researchers and scholars are not incorporating either set of standards into their work very often.

Regardless of whether professionals consult these standards routinely, researchers report that professionals should be aware of them as sources of authority. Being aware of standards specific to a particular professional specialization within psychology may be useful to an array of practitioners working in a variety of sub-disciplines to maintain ethical compliance. For example, a noteworthy number of non-forensic psychologists will have professional contact with legal decision makers, or treat justice-involved individuals, over the course of their professional careers (Heilbrun et al., 2016). Even non-specialists should be well versed of these references of authority as a basis for obtaining an understanding of the legal system and provide primary guidance for practice.

Ethical Standard of Competence

Specific to this dissertation is the ethical standard of competence that includes these two guidelines:

2.01 Boundaries of competence. "(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA, 2017).

2.03 Maintaining competence. "Psychologists undertake ongoing efforts to develop and maintain their competence" (APA, 2017).

These two guidelines state that psychologists, according to the APA (2017), are not ethically able to provide services to clients outside of their educational boundaries. Further, psychologists are responsible for making sure that they have the knowledge, education, training, and supervision to provide services. Despite the professional role that a psychologist fulfills, he or she is required to ethically have the competence to fulfill that role responsibility (APA, 2017).

Research pertaining to competence. Considering that the ethical guidelines strongly suggest that psychologist should make efforts to continuously develop and maintain their ethical compliance, which is referenced under the APA guideline "2.03 Maintaining Competence" (APA, 2017), continued professional development is a key component in the APA guidelines for program accreditation (Neimeyer, Neimeyer, Taylor, & Orwig, 2013). In the study by Neimeyer et al. (2013), researchers explore the relationship between CE (Continued Education) regulations and disciplinary actions. The purpose of the present study is to examine one key outcome that might be a critical indicator of the effectiveness of CE in professional psychology disciplinary actions. If continuing education in psychology displays effectiveness for maintaining professional

competencies, then the completion of continuing education might display the relationship between CE regulations and disciplinary action rates.

In other words, the completion of formal CE might be linked to higher levels of professional competence and lower levels of professional misconduct or malpractice (Neimeyer et al., 2013). In order to collect the data to explore the relationship between CE mandates and disciplinary action rates, the Association of State and Provincial Psychology Boards (ASPBB) provided data to the researchers in anonymous form. ASPPB is the alliance organization of the state, provincial, and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada (Neimeyer et al., 2013).

To conduct the analysis, Neimeyer and colleagues examined the contribution of CE violations to the overall disciplinary action rates in those jurisdictions with CE mandates to determine whether CE violations represented a significant contribution to the disciplinary actions. Researchers further compared the disciplinary action rates with the CE violations included (M _ 0.0024; SD _ 0.00254) against the action rates when the CE violations were excluded (M _ 0.0018; SD _ 0.00206), within those jurisdictions that had CE mandates. Results of the paired comparison t-test were significant, t (27) _ _2.25, p _ .05, indicating that CE violations were, in fact, a significant contributor to the base rate of disciplinary actions. The researcher's results confirm the fact that CE mandates were being enforced and that a significant number of licensed psychologists did not fulfill, or appropriately document, their CE experience according to the legislated mandates within

their licensing jurisdiction. The results of the researcher's study provided a mixture of evidence regarding the potential impact of mandated CE.

However, there is clear evidence that CE mandates are being enforced, as reflected in the significant contribution that they made to the number of disciplinary actions meted out by jurisdictions with legislated mandates that are already in place. The enforcement of these CE mandates may assist in accounting for previous findings that have noted that psychologists within CE-mandating jurisdictions complete, on average, one third more CE credits than do those from non-mandating jurisdictions (Neimeyer et al., 2013). Mandates, for continuing education, did not seem to result in significant decreases in disciplinary actions. Instead, the study displayed an absence of a relationship between CE requirements and disciplinary action rates (Neimeyer et al., 2013).

In order for mental health practitioners to oblige to ethical guidelines and possible changes that may have been made within their specialization, mental health practitioners may be required to take continuing professional competency classes. However, the effectiveness or ineffectiveness of continuing professional development for competency is still being explored. The goal of the study was to explore the relationship between CPD (Continuing Professional Development) and professional competence both at conceptual and empirical levels. To accomplish research, the researchers first discussed the nature of CPD and examined critical distinctions among the various activities that commonly comprise it. Understanding these distinctions allowed the researchers to explore the second objective.

The second objective of this article, which is to review the current evidence regarding the effectiveness of various types of CPD activities, highlights both the limitations and the horizons of our current knowledge on competence. The third section explores these horizons by providing data that reference two of the principal limitations in the current competence literature. One of the issues is in clarifying the nature and range of the CPD activities that psychologists actively engage in and the other concerns exploring the extent to which these activities contribute to ongoing professional competence (Neimeyer, Cox, & Taylor, 2012). The survey was designed to assess the extent of current CPD activity among licensed psychologists and to explore the relationship between these activities and continued professional competence. Following its development, the survey was distributed through the State, Provincial, and Territorial Psychological Associations (SPTAs) and also to all psychologists who are board certified through the ABPP (Neimeyer et. al, 2012).

The participants of the study were the psychologist who, in order to develop a clearer picture of the full range of CPD activities in which psychologists engage and to explore professional competence, completed a nationwide survey. The final study sample consisted of 1,606 respondents,52% were men and 48% were women. Among the participants within the study, 46.3% were board certified by ABPP (Association of State and Provincial Psychology Board) and 53.7% were not. The sample study participants were licensed or registered psychologists, with a mean of 25.28 years of post-licensure professional experience (Neimeyer et. al, 2012).

The instruments used to collect the data were a 5 point Likert Scale. Participants were asked to indicate the extent to which each of these activities was viewed by them as "contributing to your ongoing professional competence," using a 5-point scale that ranged from 1 (*very little*) to 5 (*very much*) (Neimeyer et. al, 2012). Competence of professionalism was reported as the ability to capably complete the duties associated with work. This included, but not limited to, any clinical service delivery, supervisory responsibilities, and/or educational, administrative, or scholarly activities. The number of formal CE credits (M _ 22.79) averaged just over the modal number (N _ 20) required for license renewal of a finding that replicates previous reports as well (Neimeyer et. al, 2012). The number of hours spent in self-directed learning was nearly double that of formal CE hours (M _ 43.56) and was augmented by a wide range of other CPD activities.

Researchers further report that respondents reported spending nearly six days at conferences (M _ 5.88) during the previous year and consulting with colleagues an average of 19 times per year (M _ 19.17). The pattern of scholarly CPD activity reflected the high proportion of ABPPs in the sample, with respondents indicating an average of sitting on more than one board (M _ 1.40), publishing more than one article (M _ 1.03), and teaching more than two courses or workshops (M _ 2.25) during the previous year. While most of the 10 types of CPD activity were utilized regularly, two exceptions were noted. One concerned completing an academic course (M _ .12) and the other consisted of becoming credentialed as a specialist by the ABPP. In this latter case, only 18 of the 1,606 participants (1.1%) reported becoming credentialed by the ABPP over the course of

the previous year. According to the researchers, once the doctoral degree and licensure are completed, formal education through academic coursework becomes an uncommon occurrence, and, historically, only a small percentage of psychologists pursue board certification in areas of specialization.

Researchers further report that CPD in psychology bears a significant burden in relation to its primary objectives, which is to keep professionals ethically compliant. The ongoing improvement of psychological services, the maintenance of competence among its practitioners, and the development and protection of the public's trust are all significant responsibilities that are central to the objectives of CPD. The implications of the study report that the current system, of CPD in professional psychology, can be reported as intertwining varied forms of learning together by widely variable regulations that are largely lacking in either conceptual or empirical warrant (Neimeyer et. al, 2012). Although self-report measures consistently suggest the promise of CPD in relation to its targeted outcomes assisting professionals in staying ethically compliant, few outcomes have been assessed and fewer still have been found to prove this theory that CPD assists professionals in staying compliant (Neimeyer et. al, 2012).

To understand the public viewpoint of CPD, a study by Nolasco, Neimeyer, and Neimeyer (2015), was examined. The goal of this study was to explore the extent to which the public perceives various CPD (Continuing Professional Development) activities as contributing to the maintenance of competence, the enhancement of services, and the protection of the public (Nolasco, Neimeyer, & Neimeyer, 2015). In order to gain a sample of the public opinion, a random sample of 10,000 individuals was chosen from

the total population of approximately 90,000 faculty, students, and staff at a large state university in the Southeast (Nolasco et al., 2015). The sample was drawn from across all colleges and majors within the university. The study additionally included those in psychology-related majors and fields, and included participants from all levels of degrees bachelor's, master's, and doctoral/professional (Nolasco et al., 2015).

Students with psychology majors, as well as graduate students and faculty in mental health programs, which included clinical, counseling, or school psychology, were excluded from participation to assure that the responses reflected the perceptions of the general public and not those within the field of psychology itself. A total of 742 individuals participated in the study and completed the online survey. Participants ranged in age from 18 to 70 years (M _ 26.19; SD _ 9.44). Undergraduate students represented 53.0% of the sample; 39.9% were graduate, professional, or medical students, 5.8% of the sample was university staff or faculty, and 1.2% of participants reported that they were non-degree seeking or other. Most participants were female (65.8%) and among the undergraduate and graduate students, the most common majors included liberal arts and sciences (26.2%), engineering (12.1%), business administration (10.4%), agricultural and life sciences (10.1%), and education (6.2%) (Nolasco et al., 2015).

The results of the current study provide the first published insight into the public's perceptions of the CE activities of psychologists and the extent to which these activities are viewed as contributing to the objectives they are designed to fulfill (Nolasco et al., 2015). According to the researchers, formal forms of learning offer four distinct advantages over informal, non-formal, and incidental forms of learning in relation to the

critical objectives of CE. These include (a) independent verification of completion of the learning activity, (b) evaluation of the learning that has occurred even if only self-assessment, (c) evaluation of the nature of the learning experience itself by the participants so that it can be improved, and (d) regulation within the context of a formally recognized organization or institution that is accountable for the integrity of the educational experience. Informal, non-formal, and incidental forms of learning lack these mechanisms of accountability and for that reason, may be relatively poorly suited to the tasks of demonstrating professional competence, on one hand, and ensuring the public trust, on the other (Nolasco et al., 2015). The analysis of the data revealed that the research suggestions are all consistent with the broader movement toward evidence-based CE (Neimeyer, Taylor, & Wear, 2009), which may be defined as "professional education that has an ongoing commitment to evaluating educational practices and assessing educational outcomes in support of understanding, promoting, and demonstrating the effectiveness of CE in psychology" (Neimeyer et al., 2009, p. 263).

In order to further understand competency scales and alternative ways to assist professionals in maintaining their competence, the following study by Lan and Chang (2016) was examined. The purpose of this study involves examining two previous studies: Study 1 explored the opinions of experts regarding the PAC (Psychological Assessment Competency Scale) expected of practicing psychologists in Taiwan. The results of the first part of the study facilitate a set of essential PAC components for psychologist providing assessment services in Taiwan and generating an initial item pool for assessing PAC among psychologists in Taiwan. Study 2 was to examine the

psychometric properties of the PACS scores of professional psychologists in Taiwan. Study 2 additionally observed the expectation of providing a competency model for other countries with similar concerns regarding psychological competency and licensure for mental health professionals (Lan & Chang, 2016).

Participants in Study 1 consisted of 46 licensed psychologists. The participants were 52.2% female; n _ 24 from healthcare institutions, private practices, and psychology programs in Taiwan. The participants were recruited voluntarily from 2009 to 2010 to participate in a1.5- to 2-hr interview. The participants provided written consent before participating in the study. A majority of the participants were practicing psychologists (n _ 40) and a few of them were faculty members (n _ 6) who taught assessment-related courses in their graduate program. Most of them had a master's degree (bachelor's: n _ 6, master's: n _ 34, Ph.D./PsyD: n _ 6), and 54.3% were senior psychologists with more than 10 years of experience (n _ 25).

According to availability and expertise, 38 participants had small group interviews, and the others had one-on-one interviews. The participants were asked the following open-ended questions: (a) What core/essential abilities are required for a practicing psychologist to provide assessment services properly? (b) Why do you think the abilities you mentioned for Question 1 are critical for conducting a psychological assessment? (c) In your own experience, how have you acquired these abilities? (Lan & Chang, 2016). The analysis of the data was coded and analyzed using thematic content analysis (Lan & Chang, 2016). The results displayed that 13 categories and 84 codes were employed to generate the preliminary version of the PACS.

From the perspective of practicing psychologists and faculty members in clinical psychology programs, each PACS item represents a skill, knowledge, or attitude crucial to professional psychologists providing assessment services in Taiwan (Lan & Chang, 2016). In Study 2, researchers took a sample of 235 licensed psychologists in Taiwan from health care institutions and independent practice, were recruited voluntarily in 2010. A majority of the participants were female (female n _ 149, male n _ 84, missing n _ 2). Majority of the participants, according to Lan and Chang (2016), had a master's degree (bachelor's n _ 33, master's n _ 195, Ph.D./PsyD n _ 6, missing n _ 1), and 33.6% were senior psychologists with more than 10 years of experience (_10 years n _ 151, _10 years n _ 79, missing n _ 5) (Lan & Chang, 2016). The participants, per the researchers, provided written consent before participating in the study and responded to a survey questionnaire examining the psychometric properties of the PACS scores.

The data was collected using SPSS and the Cronbach's alpha value. The Cronbach's alpha value of the PACS total score was .95, and alpha values of the nine subscale scores ranged from .74 to .89 (Lan & Chang, 2016). These coefficients were all above .7, the lowest acceptable alpha value for a newly developed instrument and demonstrated the high internal consistency reliability of the PACS and its subscales. The findings of the researcher's study indicate that the ability to apply scientific knowledge and methods in the assessment process is a reasonable PAC expectation for masters-level psychologists to provide evidence-based assessment services. Psychologists with doctoral training, however; might be expected to know how to engage assessment activities in evidence-based practice (Lan & Chang, 2016).

Ethical Standard for Personal Problems and Conflicts

Also specific to this dissertation is the ethical standard of personal problems and conflicts that includes these two guidelines:

2.06 Personal problems and conflicts. "(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

"(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties" (APA, 2017).

In order to provide their clients with mental health services to the best of their ability, mental health practitioners should take precautions to make sure that their best level of care is possible. This precaution may take the form of taking a personal inventory of any problems that may interfere with the mental health practitioner and make sure that the personal problems do not interfere with their professional services. In the event, that the mental health practitioner is unable to provide services to the client, the mental health practitioner should obtain outside services from another professional who is able to meet the needs of the client. By taking these precautions, the mental health practitioner is able to maintain their ethical compliance by assisting the patient to the best of their professional ability.

Research pertaining to self-care. Self-care is meant by which the mental health practitioner may maintain their own mental health so that they are not in violation of the ethical guideline personal problems and conflicts. More research findings of self-care will be presented later, but here, research into the development of means for mental health practitioners to measure and monitor their self-care will be summarized.

In a study by Santana and Fouad (2017), researchers explored ways to validate an instrument that students/trainees could use to monitor and identify self-care practices. The participants were recruited as part of efforts to validate the instrument, and 28 participants volunteered for the study who were doctoral trainees in counseling. The researchers developed a 60 item worksheet that was used as a reflective tool for the participants. The 60 item worksheet focused on the following six areas of self-care: physical, psychological, emotional, spiritual, and professional workplaces.

The Delphi quantitative technique was used to combine the responses from the 60-item worksheet. According to factor analyses of responses on the research instrument, these three factors emerged as aspects of self-care (1) Cognitive-Emotional-Relational which measured the participants understanding of their personal thought processes and emotions towards their own self-care, (2) Physical which measured how the participants felt overall about how there self-care effectively or ineffectively impacted their bodies and (3) Spiritual which measured if having a connection with a higher power can assist in self-care (Santana & Fouad, 2017). Implications notated by the researchers were that the Self-Care worksheet could be used by clinicians to measure and monitor their own self-care (Santana & Fouad, 2017).

In order to further assist mental health practitioners in understanding self-care, a brief but comprehensive self-report measure was developed for professional psychologists: *Professional Self-Care Scale* (*PSCS*) (Dorociak, Rupert, Bryant, & Zahniser, 2017). This was a complex study with two different phases. The phase to be reported here focused on measuring self-care by developing a 21-item questionnaire that was pilot tested with 422 licensed psychologists. Five factors that characterized self-care emerged from the factor analysis of responses to the questionnaire. These five factors were (1) Getting support from other professionals, (2) Engaging in professional development to maintain and raise competencies, (3) Keeping work and personal life activities in balance so one is not more dominant than the other, (4) Practicing daily balance, and (5) Maintaining cognitive awareness of threats to self-care. An important implication noted by the researchers was that the development and initial validation of the professional self-care scale is an important first step in allowing professionals to assess self-care and to promote well being in and outside the work environment.

Research pertaining to vicarious trauma. The issues that are discussed as potential threats to competence and self-care, within this chapter, are vicarious trauma, distress, and burnout. Vicarious trauma, according to Wise and Barnett (2016), can be residual effects that mental health workers may be impeded with while working with patients. These residual effects can impair the competence of the mental health practitioners and even led to secondary traumatic stress disorder. Secondary traumatic stress disorder, can be formed after a mental health practitioner has taken on the hurt, pain, and turmoil from there patient and processed these emotions as their own (Wise and

Barnett, 2016). The mental health practitioner has then conditioned their self to feel the emotions of the patient and has now conditioned their mind to take on the mindset of the patient. The mental health practitioner, from the now emotional standpoint of the patient, feels as though they have been victimized.

By taking on the role of the patient, the mental health practitioner is now unable to differentiate between their standard of care practices as a mental health practitioner and the ethical guidelines that go into interacting with patients (Wise & Barnett, 2016). Considering that many patients that mental health workers come into contact with have experienced traumatic events, mental health practitioners who work with these patients may be given intimate details that led to the patient's current mental state and/or diagnosis (Wise & Barnett, 2016). When mental health practitioners either have experienced similar traumas in their own personal lives, know of individuals who were victims/aggressors of similar traumas, or have been given in detail actions of traumatic events, their perceptions may impede their ability to make unbiased decisions without proper self-care (Wise & Barnett, 2016). Perceptions of being traumatized by hearing and being responsible for helping patients who have experienced these events, have been reported as having the ability to affect the mental health provider (Wise & Barnett, 2016). In the article by Neswald-Potter and Simmons (2016), the researchers examined vicarious trauma and the effects that it may have on trauma counselors.

Like the researchers Wise and Barnett (2016), Neswald-Potter and Simmons reported that vicarious trauma could impact the counselor providing the services in their professional and personal lives. Within the article, the researchers discussed how trauma

counselors can be positively or negatively affected by their patients' journey in treatment (Neswald-Potter & Simmons, 2016). Depending on where the patients are within their treatment, how they are progressing within their treatment, and if the patient is having positive reactions in their treatment, the trauma counselor could be experiencing vicarious trauma (VT) or vicarious post traumatic growth (VPTG). VPTG, can occur when patients are reacting to their trauma counseling in a productive manner. Instead of the trauma counselor experiencing VT, the trauma counselor reports feeling as though he or she is growing cognitively and emotionally from the counseling sessions with the patients (Neswald-Potter & Simmons, 2016).

However, VPTG is not as common as VT. In order to monitor VT in trauma counselors, supervision in trauma counselors may be important to assist the trauma counselors in staying ethically compliant (Neswald-Potter & Simmons, 2016). In an effort to maintain self-care in trauma counselors, supervision for trauma counselors can assist in decreasing anxiety, can assist in the trauma counselors having an outlet for deeper personal reflection, and assist the trauma counselors in overall staying ethically compliant. Expressive art and the Regenerative Model (RM), has demonstrated successful outcomes in supervising trauma counselors (Neswald-Potter & Simmons, 2016). Expressive art and RM can assist trauma counselors in decreasing there levels of emotional exhaustion, increase their levels of empowerment, and not feel heavy burden from large caseloads. In individual and group sessions, expressive art and RM can be facilitated to trauma counselors. Without the assistance of supervision, mental health workers who work with patients with trauma can experience negative stemming affects.

These stemming affects, according to van Mol, Kompanje, Benoit, Bakker, and Nijkamp (2015), could be viewed as distress.

Research pertaining to distress. Distress, according to van Mol et al., can affect mental health providers emotionally and cause the mental health provider to make emotionally driven decisions. Additionally, these emotionally driven decisions can negatively affect the mental health practitioners' professional confidence. Overtime, this lack of self-confidence can affect the mental health practitioner's assurance of their professional competency and could lead to burnout (van Mol et al., 2015).

Research pertaining to burnout. Burnout can be viewed as compassion fatigue. Compassion fatigue can be a form of burnout that is realized via the mental health practitioner emotions (van Mol et al., 2015). In the event that the mental health practitioner feels as though their therapeutic treatment is ineffective or not there best for their patient, the mental health professional can start to feel an emotion that reflects sadness, tiredness, or disinterest, when having to interact within their profession (van Mol et al., 2015). In order to counteract compassion fatigue, management of issues that can threaten competence and self-care will be addressed.

Management of issues that can threaten competence and self-care. According to Santana and Fouad (2017), in order to manage issues that can threaten competence and self-care, professional values should be analyzed. In the study by Santana and Fouad (2017), the layers of emotional and psychological components were discussed to try and understand burnout. In the process of trying to understand burnout and the properties that impact the mental health practitioner's mental competency, five components were viewed

as contributing factors. The five components are cognitive, emotional, relational, physical and spiritual (Santana & Fouad, 2017). The cognitive component, according to Santana and Fouad (2017), is the foundational component to the mental health professional either experiencing burnout or not. For purposes of this dissertation, the cognitive component was further discussed.

Mental health workers use of effective treatment interventions. The cognitive component, when discussing competence and burnout effective treatment interventions, is the care that the mental health practitioner provides for their self and how the self-care can reflect in the mental health practitioners' profession (Santana & Fouad, 2017). When the mental health provider is interacting with their patients, according to Santana and Fouad (2017), the perception of how the mental health practitioner views or processes their capabilities or interactions may be important. By having confidence within their self, the mental health practitioner is able to feel confident in providing services to their patients. By being confident within their profession, the mental health practitioner can aid in their ability to cognitively process their decisions with their patients and overall aid the mental health practitioner in not experiencing burnout.

Managing personal issues so they do not interfere with work. If the mental health practitioner perceived their services as helping their patients and assisting them in their overall well being, the mental health practitioner may be more prone to have an emotional soundness in their profession. This emotional soundness, according to Santana and Fouad (2017), allows for the mental health professional to perceive their work as positive and assist the mental health practitioner is associating their work to positive

professional attributes that he or she embodies. Positive professional attributes allow for the mental health professional to see their professional interaction in relation to the patient success or detriment (Santana & Fouad, 2017).

By viewing the success or failure of their patients, according to Santana and Fouad (2017), can either encourage the mental health practitioner or contribute to the mental health practitioner viewing their interactions with patients in a negative way. In the event that the mental health practitioner may view their interactions with their patients as negative, over time, the mental health practitioner may associate their work to frustration, incompetence, or exhaustion (Santana & Fouad, 2017). These negative feelings can have contributing components to the mental health practitioner feeling physical ailments when fulfilling their professional duties. According to Santana and Fouad (2017), when mental health practitioners associate their work to mental anguish or overall exhaustion, they began to question their career in its entirety.

When the mental health practitioner begins questioning their career, in its entirety, the mental health practitioner could feel unequipped to fulfill their professional obligations (Santana & Fouad, 2017). Overtime, of feeling unequipped to handle their professional obligations, the mental health practitioner can began to feel fatigue, or essentially, burnout (Santana & Fouad, 2017). Although negative self-perception of competence can hinder the mental health professional, positive self-perception can assist the mental health professional. According to Santana and Fouad (2017), self-perception of competence assists in the growth and development of the mental health practitioners. This positive self-perception can aid the mental health practitioner in feeling confident

not only in there personally lives, but in their professional lives as well. By having balance professionally and personally, the mental health practitioner may not experience exhaustion in either area of their lives that might cause imbalance and affect the mental health professional in being able to stay ethically compliant.

Summary

Gap in the Research Findings and Purpose of This Study

Mental health practitioners who encompass positive cognitive awareness, have emotional soundness in their lives, have professional relational boundaries between reality and therapeutic involvement, physical health, and spiritual awareness, tend to have positive professional competence (Santana & Fouad, 2017). This positive professional competence, according to Santana and Fouad (2017), is a stimulus that is conditioned through positive interactions that allow the mental health practitioners to process their emotions in a positive manner. This mindset can be contributing factors to routine positive practices that can assist mental health workers in managing stress and maintaining their self-care. By maintaining and managing their stress, mental health practitioners, are in a better mindset that allows for them to professionally practice and adhere to their professional ethical guidelines.

However, the gap in the research findings display that mental health practitioners routinely do not utilize effective self-care routines. By not utilizing these effective self-care routines, the mental health practitioners are experiencing burnout and, per the American Psychological Association (2017), are not in ethical compliance to care for patients. The purpose of this study in chapter 3, which is an exploration of mental health

practitioners' perceptions of ethical requirements and self-care as means to maintain

compliance with ethical standards, further examined from a methodological approach.

Chapter 3: Research Method

The specific methods and procedures used for conducting this research project are discussed within the body of this chapter. The intent of this general qualitative study, following the works of Marshall and Rossman's (2014) Designing Qualitative Research, was to provide greater understanding of mental health practitioners' self-care practices, ethical requirements, and ways to provide professional competence. The purpose of this qualitative study was to explore how mental health practitioners manage personal problems to stay ethically compliant. By exploring the APA (2010), guidelines for staying ethically compliant and the self-care that mental health practitioners are or are not using assisted in this study exploring self-care practices to maintain ethical compliance. This qualitative study was shaped via a phenomenological approach consisting of semi-structured interviews. The semi-structured interviews are inclusive of mental health workers and data analysis that consists of identifying themes in their interview responses.

Chapter 3 consist of the following sections: (a) research design and rationale, (b) methodology, (c) role of the researcher, (d) issues of trustworthiness, and the (e) summary. The research question is centralized from the study's focus and its relationship to the problem statement. A description of the research design and its connection to the research questions follows providing rationale for the research paradigm chosen for this study. A description of the population and sampling method and explanation of the inclusion criteria follows along with the rationale for the number of participants selected for this study. Next are the procedures beginning with the recruiting procedures, data collection tools/strategies used, how the data for the study was collected, and follow-ups.

Following the procedures, there is an explanation for credibility, dependability, confirmability, and transferability.

To display the instrumentation, I, the researcher, explained the qualitative research tools and rationale for the use of the tools. Additionally, the role of the researcher and how the researcher controlled any biases within the instrumentation section was further discussed within the body of this chapter. Data processing describes, in detail, the strategies used for organizing and analyzing the data collected. The assumptions that are discussed are related to the development of this study and include descriptions of what was assumed to be true. The limitations of this study were described by the components of this study that could not be controlled by the researcher including possible biases. The ethical standards when involving participants into a research study identified the steps taken to protect research participants. Lastly, the researcher explained the recruitment strategy, consent form, ensuring confidentiality, and Institutional Review Board permissions that were granted for this study. In order to summarize Chapter 3, this chapter ends with a Chapter 3 summary.

Research Questions

This study is guided by two interrelated principal questions: (1a) What are the lived experiences of mental health workers in managing their personal problems to remain ethically compliant? (1b) What are the strategies used by mental health workers to prevent burnout that could impair their professional competence?

Research Design and Rationale

Research Paradigm

The philosophical assumptions that are associated with this qualitative study, was developed based upon the premise of the research study's theoretical framework surrounding positive psychology. This qualitative research method assisted me in understanding mental health practitioner's perceptions, regarding, how they may view their work, burnout and complying with ethical mandates for maintaining self-care. Additionally, by understanding the perceptions of mental health providers, I could view the link to self-care with personal perceptions regarding mental health practitioner's competence to fulfill their job responsibilities. To explain how a viable research problem emerged, the phenomenological approach was used to understand patterns or themes that emerged from the feedback that was provided via the mental health practitioners' semi-structured interviews.

The nature of this study was a qualitative focus. Qualitative research helped facilitate my understanding of mental health practitioner's perceptions regarding how they may view their work, burnout and complying with ethical mandates for competence. Additionally, by understanding the perceptions of mental health providers, regarding their work, I was able to link self-care with mental health practitioner's thoughts about their competence to fulfill their job responsibilities. To explain how a viable research problem emerges, the phenomenological approach was used to understand patterns or themes from the feedback of the interviews of the mental health practitioners. Keeping the focus on perceptions of ethical guidelines and competence among mental health workers and how

mental health workers can use certain cognitive perceptions to stay within ethical compliance, this dissertation research was consistent with the theory of positive psychology and the affects that this theory has on assisting mental health providers in their resiliency and ability to maintain competence.

Resilience, according to Ercan (2017), was attributed to the cognitive perception of the individual. When mentally processing your environmental stimuli, the perception of the seriousness of the events, your ability to potentially problem solve the issue at hand, and your ability to see the good even in the detriment of the issue, can be attributed to positive psychology (Ercan, 2017). When the mindset of the individual is positive, overtime, the individual can build resilience as they emerge into different facets of their life. This resilience, according to Ercan (2017), becomes increasingly higher in tolerance as the individual can problems solve more advance issues within his or her life.

Resilience in mental health practitioners was interpreted using the positive psychology theory. Mental health practitioners, overtime, become more accredited in their careers based on the scenarios of the events that they successfully endure, their experience based on the years they have practiced in their field, and their ability to problem solve a plethora of professional issues (Ercan, 2017). With the accreditation, if taking on the positive psychology theory, the mental health practitioner would build a form of psychological resilience (Ercan, 2017). The ability to be able to form psychological resilience allows for the mental health practitioner to feel confident in their decision-making abilities, to feel that he or she can properly execute their job responsibilities and overall feel fulfilled in their career as a mental health practitioner

(Ercan, 2017). With a high resilience at the root of the mental health practitioner's psychological perception of their work, the mental health practitioner is aiding in his or her self-care as a professional (Ercan, 2017).

Keeping the focus on standard ethical guidelines of self-care for mental health practitioners, I was able to seek to understand the perceptions of mental health practitioners work effectiveness. In addition to understanding mental health practitioner's thoughts about their work effectiveness, I was able to understand use of coping strategies and how mental health practitioners can use coping strategies to assist them in decreasing their chances of experiencing burnout. I further examined how mental health workers can utilize certain mindset perceptions to stay within ethical compliance. This dissertation research was consistent with the theory of positive psychology.

Methodology

Qualitative research, noted by Marshall and Rossman (2014), can be a wide approach to understanding social phenomena. This wide approach can encompass the naturalistic approach, interpretive approach, and the critical approach (Marshall & Rossman, 2014). Additionally, the wide approach addresses the complexities of understanding people, their ability to adjust to change, and to maintain balance while change occurs. According to Marshall and Rossman (2014), qualitative research and the qualitative researcher commonalities can aid in the understanding of how qualitative research may be defined and the overall factors that are considered while observing social phenomena in qualitative research. Understanding qualitative research is a process that (a) is formed in a natural setting, (b) encompasses research methods that maintain ethical

respect to the participant, and (c) maintains contextual closeness (Marshall & Rossman, 2014). By understanding the qualitative process, the researcher can structure a conceptual understanding of their research design and portray their thought process or understanding of research to their audience (Marshall & Rossman, 2014).

A central role to further discuss is the role of the qualitative researcher. The qualitative researcher, by standard, should be able to conduct their research with credibility, reliability, transferability, rigor and trustworthiness (Marshall & Rossman, 2014; Walby, 2014). This type of research should be accomplished by the qualitative researcher being able to view social phenomena's by observing the research with an open mind, being understanding of the demographic of the research participant, and how the research participants individualities shaped the overall study (Marshall & Rossman, 2014; Walby, 2014). By using these characteristics when conducting the qualitative research, I was able to display the research in its most natural state.

Rationale for Method

A general qualitative study design offered a justifiable approach in research. By providing a framework, which focused on the specifics of the mental health practitioner's perceptions of ethical requirements and self-care, I was able to maintain professional competence. Using a phenomenological focus allowed me to study mental health practitioner's individualistic experiences, when working within their field of study, which explored the self-care measures that the mental health practitioners use in order to stay ethically compliant. Grounded in lived experiences that are shaped by the interpretation of the research participants, a qualitative approach allowed for me to gain a deeper

understanding of how self-care practices can be linked to the longevity of the mental health practitioner within their field and their ability to stay ethically compliant while practicing. Furthermore, as discussed by Marshall and Rossman (2014), a qualitative approach allowed for the themes of the feedback to be emerged in the study by obtaining information from the mental health practitioner in their natural setting.

Role of the Researcher

Research Diagram

In order to provide a qualitative research diagram, the Marshall and Rossman diagram was used to display the steps of research. The first step was to review the process of Marshall and Rossman diagram and the application process of Walden University's Forensic Psychology Institutional Review Board (IRB) with the assistance of Dr. Eric Hickey. The second step was to gain IRB approval. The second step had to be completed first before conducting any research. After obtaining IRB approval, the next step was to recruit participants.

Recruiting participants was done via emails being sent to practicing mental health practitioners and in person inquiry via the researcher. The fourth step was the screening of research participants for inclusion criteria. An inclusion criterion was ensuring that all participants were mental health practitioners who actively are practicing in the state of Georgia. Anyone who did not meet the inclusion criterion was omitted from the study. The next steps was planning a date and time to conduct the semi structure interviews with the selected participants. The interviews were executed in either a private office or a secure office space to ensure confidentiality and privacy for the mental health

practitioners. After the semi-structured interviews, field notes were made immediately following each semi-structured interview session with the research participants.

Population and Sample

This study explored mental health practitioners' perceptions of ethical requirements and self-care as means to maintain professional competence. It was important that the selected sample was a derivative of the perceptions of mental health practitioners who were being studied. Qualitative methodologists (Marshall & Rossman, 2014; Walby, 2014; Ercan, 2017) suggest utilizing a small sample that could provide a more in depth understanding of the data and analysis of the data. Clark and Veale (2018) and Alice, Frances, David, Steven (2015), report that small sample sizes of eight to ten participants are recommended. Small sample sizes allow for the researcher to spend more time on the research participants that were involved. By spending more time with the research participants that were involved, allow for the researcher to develop more interpretation of the feedback being given (Clark and Veale, 2018).

Procedures

Participants were selected based on their profession being in the mental health field. In order to participate in the study, participants had to be a mental health professional that was currently practicing within the mental health field in the state of Georgia. Additionally, in order to participate in the study, participants needed to be mental health practitioners who are aware of ethical guidelines, practice along the guidelines of the APA, and was willing to report self-care practices. Anyone who did not

meet the inclusion criterion indicated by the IRB application and informed consent that was provided, was omitted from the study.

Participants within the research study were recruited in two ways. First participants of the study were recruited through me contacting mental health professionals from outpatient practices via online google searches. Second participants were recruited through a recruitment email that was sent out to the mental health professionals in the state of Georgia. By gathering participants in this way, I required intentional and meaningful planning so that the selected sample was consistent with respect to the purpose and objective of the my research study.

In the initial contacts, research participants were given the recruitment email and the informed consent to read. The recruitment email and the informed consent allowed the research participant to understand the purpose of the study and what to be expected as a research participant. This research approach provided the prospective participants an opportunity to read the consent form and determine whether he or she would like to partake in the study. Eligible research participants who met the inclusion criteria, in addition to verbalizing their interest in participating in the study, were asked to sign and date the informed consent form and send it back via email before establishing a date and time for the semi-structured interview.

Qualitative research typically consists of in-depth interviews, open-ended interviews, and observations by the researcher, and written documents as a method of collecting data (Alice et al., 2015; Clark & Veale, 2018; Marshall & Rossman, 2014). Further, qualitative research is not in the form of numbers. Qualitative research comes in

the form of opinions, emotions attached to the opinions, and the experiences of that individual (Clark & Veale, 2018). For this qualitative study, in depth phenomenological semi-structured interviews were used. Phenomenological semi-structured interviews describe a concept or phenomenon that other individuals may share (Marshall & Rossman, 2014).

Phenomenological inquiry, as reported by Marshall and Rossman (2014), consists of three in depth interviews with research participants. The three phenomenological in-depth interviews are (a) past experiences that have structured a pattern of interest, (b) examines on current experiences, and (c) intertwines the participants past and current experiences to establish a pattern in an individual (Marshall & Rossman, 2014). In order to explain the phenomenon, phenomenological reduction was used to identify the patterns (Marshall & Rossman, 2014; Clark & Veale, 2018). After completing the phenomenological reduction, the data that was derived from the reduction was used to then describe the themes or patterns of the research participants within the study (Clark & Veale, 2018).

The next step in the qualitative procedure is the structural synthesis (Clark & Veale, 2018). The structural synthesis assisted me in describing the perspectives of the research participants involved within the study and how my perspectives of the study may have established the behavior patterns of those participants. By using the structural synthesis, I was able to describe general themes that formed perspectives that were like the explained patterns of individuals that share similar experiences. Based upon the explained qualitative structure, an in-depth semi-structured interview with current mental

health practitioners was used for the collection of data for my study. Within this study, a wide perspective was used within the collection of this data process.

Issues of Trustworthiness

The issues of trustworthiness came in the form of several limitations within the study. The results of my research study were contingent upon the research interviewees honesty, truthfulness, unbiases, and objectivity throughout the interview process. Participants were not provided with the thirteen interview questions in advance to allow them to have familiarity with the interview questions. This was a preventative measure put in place to minimize planned out responses that might not be genuine, prevent participants from getting assistance in answering questions from outside entities, and a way to get the most authentic responses from participants. However, participants of my study may have reported from a perception that sounds professionally acceptable which could have modified the honesty of the responses and overall results of the study.

The second issue of trustworthiness derived from the scope of participants. For my research study eight mental health practitioners, in the state of Georgia, were participants within this study. Having a scope that derives from eight mental health practitioners in the state of Georgia, could affect the trustworthiness of this study. Considering that mental health practitioners in other states or even in different areas of the state of Georgia may reflect a different outcome, this has the potential to affect trustworthiness. Although I, being the researcher, took preventative measures to minimize issues of trustworthiness, these outlined issues were viewed as being unavoidable.

Summary

By encompassing a wide perspective, before the data collection begun, I looked at a variety of factors that may have influenced the research participants perspectives and how looking at the wide perspective provided clarity to the research study. In order to use generalizability and openness when processing the data, a holistic approach was used (Clark & Veale, 2018). Holistic accounts establish an illustration of the problems and an overall viewpoint that allows the researcher to approach the research from all potential perspectives. Many research experts (Alice et al., 2015; Clark & Veale, 2018; Marshall & Rossman, 2014; Walby, 2014) report that large sample sizes may be more complex and may be more difficult for the researcher to explore the research findings. The sample size for this study was eight. A sample size of eight participants was able to provide concise data to address the research questions.

Chapter 4: Results

The purpose of this qualitative study was to explore how mental health practitioners manage personal problems to stay ethically compliant. I interviewed 8 mental health practitioners in the state of Georgia who are currently practicing within the mental health field. The mental health practitioners assisted in helping answer this study's research questions:

RQ1- What are the lived experiences of mental health workers in managing their personal problems to remain ethically compliant?

RQ2- What are the strategies used by mental health workers to prevent burnout that could impair their professional competence?

This study was designed to gain not only a deeper understanding of mental health practitioners' self-care practices, but also how mental health practitioners' self-care practices could possibly be linked to mental health practitioners maintaining ethical compliance. In order to explore the outlined research questions, this study was able to use the lens of eight mental health practitioners.

This chapter presents the findings from phenomenological interviews from the 8 research participants. Phenomenological inquiry provided within this study the ability to structure in-depth interviews. The in-depth interviews explored the mental health practitioners' perceptions of self-care practices, examined their current experiences using self-care practices, and how the mental health practitioner was able to possibly intertwine their past and current self-care experiences to maintain ethical compliance as a mental health practitioner.

Chapter 4 is divided into four major sections: (a) a general overview of the settings, (b) demographics, (c) presentation and an assessment of the findings, analysis and evaluation of those findings, and lastly (d) a chapter summary. The in-depth qualitative interviews provided structured descriptions in accordance with phenomenological inquiries and develop a deeper understanding of the phenomenon, which in this case encompasses self-care practices of mental health practitioners and how they can use self-care practices to remain ethically compliant within their field.

The first section of this chapter highlighted the setting in which the study was conducted. The second section of this chapter provided the demographics of the research study participants and an understanding of mental health practitioners' perceptions of self-care practices. The third section focuses on the results of the research study. This third section includes the individual research participants' feedback to the semistructured research questions. This section was developed to provide a greater understanding of the lived self-care experiences of the mental health practitioners and how there lived self-care experiences may have triggered their current self-care practices to evolve. The fourth and last section provides a summary of the research phenomenon.

Setting

The overall objective of the chosen setting for the conducting of the research study interviews was to ensure that all research participants involved within the study were made comfortable. In order to ensure comfortability, the researcher, as outlined in the research participant's consent form, only conducted the research interviews in areas that provided confidentiality. I provided time flexibility to ensure that the interviews were

arranged in a time frame that was catered around the interviewee's schedules. By providing time flexibility, I wanted to ensure that the participant was not rushed during the interview and was able to provide in-depth feedback to the research questions.

The data collection for this research study took place in a private meeting room. The private meeting room was either the research participants' private office or a private meeting room in a library. The meeting room, at the time of the interview, only housed the research participant and me. By conducting the interview in a private meeting area, I was able to record the interview in a space that safeguarded privacy and confidentiality of the research participant.

Demographics

For this research study, eight mental health practitioners were invited to participate and provide their individual perspectives and experiences. The sample size was limited to eight participants in order to minimize the complexities of the research and allow me to have a more in-depth view of the research findings (see Alice et al., 2015;Clark & Veale, 2018; Marshall & Rossman, 2014; Walby, 2014). The participants who partook in the study are mental health practitioners who are actively practicing in the state of Georgia. The number of years the participants have practiced varied as well as the gender of the participants; however, for the study, the length of time that the mental health practitioner practiced within the field or their gender was not a factor.

The research participants within my study, in order to participate in the study, were required to meet certain requirements. In order to participate in the study, the research participants needed to be mental health practitioners who were aware of ethical

guidelines, practice along the guidelines of the APA, practiced in the state of Georgia, and willing to report on their self-care practices. Considering that the guidelines of the APA (2010) is referenced in some of the research questions, in order to provide knowledgeable feedback to the research questions, the research participant was required to be well versed in those guidelines. Anyone who did not meet the inclusion criterion indicated by the IRB application and informed consent that was provided, was omitted from my study.

Data Collection

The research interviews ranged between 15-30 minutes. Participants within the study were assured, via the invitation letter, the consent form, and before the beginning of the taping of the interviews, that any and all information obtained would be for the sole purpose of this study and that all participants in the studies identities would remain confidential. The semistructured interview questions consisted of 13 open-ended interview questions. By structuring the interview questions in a semi-structured fashion, the participants were able to expand on their answers and provide additional information if necessary. I recorded the interviews using a Philips Voice Tracker. I also wrote field notes immediately after each interview was completed.

Once all the interviews were completed, the interview data files were then sent to a transcriptionist site. Per the transcriptionist site requirements, a confidentiality agreement between the transcriptionist site and the researcher are to be kept secure and were only used to electronically transcribe the data files for the researcher. Participants were informed, prior to participating in the research study, that their responses would stay

on a password-protected computer to which only I have access. In order to stay within the Walden University research requirements, the research participants were informed that the data files would be kept in a locked cabinet for five years after the conclusion of the study. Once the 5 years have concluded, I will have the data properly destroyed.

Data Analysis

As the researcher, I am reporting that the identified research outcomes are based upon my analysis of the data. The themes reported below constitute as a single interpretation of the findings extrapolated from the in-depth interviews provided by the research participants. Other researchers may identify and define different or varying themes as that researcher may find appropriate. However, the interpretation of the research findings, are mine only.

The following four initial themes emerged from the research data: (a) personal self-care practices, (b) establishing boundaries, (c) spirituality, and (d) balance. After establishing the four distinctive themes from the in-depth semi-structured interviews, I categorized those themes into three larger, over-encompassing, superordinate themes, which became: (i) *Building Inner Self-Care Rapport* (ii) *Establishing Healthy Mental Health Practitioner and Client Relationship*, and (iii) *Personal and Professional Balance*. The specification of the themes will be explained in-depth within the body of chapter 5.

Table 1

Superordinate Themes

Categories	Themes
Superordinate	Building Inner Self-Care Rapport

Theme 1	
Superordinate Theme 2	Establishing Healthy Mental Health Practitioner and Client Relationship
Superordinate Theme 3	Personal and Professional Balance

Evidence of Trustworthiness

A phenomenological interpretive analysis (IPA) research approach, allowed me to disseminate themes and find commonalities among the transcriptions of the research participants interviews. In order to begin the phenomenological approach, I had the information transcribed by an external transcriber to reflect verbatim what the participants reported in their interviews. By having the participants' feedback transcribed verbatim, I was able to ensure that all the information provided by the participants was accurately and soundly reflected in the data analysis of the research study. Before using an external company to transcribe the participants' interviews, I made sure to research the transcription company and make sure that the company guaranteed accuracy. After receiving the transcriptions back from the transcription company, I began to look for apparent emergent themes evident throughout each of the interviews.

By using NVIVO, a data analysis computer software system, I began finding feedback patterns. By finding patterns in the feedback, I was able to highlight terms and verbiage used by participants numerously throughout the interviews. By highlighting these terms and verbiage, subsequently, I was able to identify trends in the highlighted feedback. This process, which took several hours for each of the transcriptions, ranged between 10 to 15 pages. This transcription process was necessary to better understand

and explore the participant's perspectives. The purpose of conducting this type of audit was twofold: (a) to make sure the information was accurate, and (b) to see if the answers to the interview questions provided similarities among the different participants.

Although the process was daunting, the in-depth process of analyzing the data allowed me to see response patterns to the interview questions. The response patterns additionally allowed me to establish categories and sub-categories within the research that reflected statements that had similarities, but varied in direct response. By establishing categories and sub-categories, synthesis can be achieved. The next step in the qualitative procedure using phenomenological inquiry is the structural synthesis (Clark & Veale, 2018). The structural synthesis assisted me in describing the perspectives of the research participants involved within the study and how my perspectives in the study may have established the behaviors of those participants (Clark & Veale, 2018).

Results

The eight interviewees provided an in-depth perspective into the thought process of mental health practitioners who are currently in the mental health field and are using such reported self-care strategies that allot the practitioner to maintain their ethical compliance. The one on one interviews displayed a human component that may not have been initially taken into consideration. Considering that mental health practitioners are looked upon as professionals who are equipped with the knowledge to assist clients in their personal issue and assisting clients in developing their own self-care practices, self-care practices evaluation of mental health practitioners are assumed to be innate or may not even be considered as being a topic of conversation of concern (Clark & Veale,

2018). The human component revealed that the self-care practices of the mental health

practitioners not only were discovered as being helpful to self-care preservation of the

mental health practitioner as he or her practiced daily within their career field; however,

the self-care practices of the mental health practitioner extended into the mental health

practitioners' personal life as well.

Perhaps what was most profound was seeing how mental health practitioners

range of self-care practices, although worded in a variety of terminologies, are

compartmentalized into categories that reflect similarity. Each participant brought a sense

of awareness to how self-care strategies, when perceived to the mental health practitioner

as positive, built a sense of resiliency for the mental health practitioner. The sense of

resiliency allowed the mental health practitioner to understand his or her boundaries and

how those boundaries, if used consistently, allowed the mental health practitioner to have

a positive mindset. This positive mindset, per the interviewees, was reported as

maintaining the mental health practitioner's happiness and ability to stay motivated within

their career.

Following the conclusion of each interview with the 8 participants, it became

evident that mental health practitioner's self-care practices are developed into strategies to

assist mental health practitioners in their ability to maintain ethical compliance. The

interviewees expressed that both self-care practices and strategies cognitively allowed the

mental health practitioners to withstand, although at some time encountering difficult

clients, and not experience burnout. The mental health practitioners did report that in the

beginning of their career he or she had self-care practices. However, after encountering

certain career experiences, developing their personal life roles and better understanding his or her boundaries, the mental health practitioners reported that their self-care practices evolved to better fit his or her new life balances.

Superordinate Theme 1: Building Inner Self-Care Rapport

The first superordinate theme was based on research questions (a), From your perspective, what are self- care practices? (b), Why do you believe that the American Psychological Association requires mental health practitioners to stay ethically compliant? (c), How can self-care practices be used to remain ethically compliant? (d), What self-care practices do you use to manage your personal problems? (e) Have you ever had a personal problem that affected your interaction with clients? If so, what did you learn from that experience? One superordinate theme emerged, as well as three other sub-themes that displayed likeness to the emerging theme. Table 2 displays the themes or sub themes that emerged from the research questions and the number of participants that reported on that theme or sub theme. It is important to notate that the analysis of the study was not driven by frequency counts. However, I presented the number of occurrences as a way of reporting how the perspective of self-care practices reflected parallel views in the participants' feedback.

Table 2

Building Inner Self-Care Rapport

Themes	Number of participants who responded
Superordinate Theme 1: Building inner self-care rapport	8
Sub-Theme 1: Allocating personal reflection time	5

Sub-Theme 2: Having a therapist of your own that can assist you in your personal mental health	3
Sub-Theme 3: Establishing a working out schedule and adhering to that schedule	7
Sub-Theme 4: Finding balance in role responsibilities	4

Superordinate theme one focused on building inner self-care rapport. Eight out of the eight research participants indicated that they have observed and experienced building inner self-care rapport. According to the participants, understanding what makes him or her happy or feeling a sense of balance, allows the mental health resiliency of that mental health practitioner to be sustained over time. Additionally, the participants who indicated the said theme presented to believe that knowing your limitations as a mental health practitioner and not over working yourself, develops overtime. According to the eight research participants, understanding your limitations and not over working yourself entails developing a relationship with yourself.

Participant one reported that building an inner self-care rapport relationship with herself was developed after her first two years of practice. Participant one reported that building inner self-care report was established after working from 6am in the morning until 10 or 11 at night at least five to six days a week. Participant one explained:

"That in the beginning of practicing within the field of mental health, I was single. When I was single, I was able to work long hours and not really have to be concerned of anyone else. However, when I started dating, I had to then incorporate other people in my

life. By incorporating other people in my life and still working the hours that I was, I became tired physically and mentally. In order to balance in my life, I had to start building and practicing self-care practices."

Participant two added that from her perspective, building inner self-care rapport was established as a priority after experiencing personal problems. Participant two reported that personal problems for her were mentally draining her from being able to focus while performing her responsibilities as a mental health professional. Participant two reported that she was equipped with understanding what self-care practices she could utilize to assist her managing her professional and personal life, however; improper time management and mental fatigue was keeping her from using her self-care practices. Participant two shared:

"I allowed my personal problems to take me away from my self-care practices. I knew that I had self-care practices that worked because I had used them for 3 years as a mental health professional at this point in my career. However, mental fatigue from trying to take on a new role in my life as a mom, allowed for me to stray away from those self-care practices. I guess as I look back at it now, those self-care practices were not really transiting well into the new role I had to take on as a mom.

To better gain balance in my life, I had to take vacation time away from work and regain focus. During my vacation time away from work, I was able to re-align my life and understand my new mom role. When I came back to work, I was able to transition my new self-care practices into the new professional person I had become. This allowed for me to become happier and more balanced in all my life responsibilities."

Participant three highlighted in her interview that there are different levels of self-care awareness as a mental health practitioner. Participant three reported that when mental health practitioners are adjusting to their roles as mental health professionals, quite frequently, there role responsibilities take priority over their self-care practices. In order to understand the importance of self-care practices, it is important to refresh yourself as a mental health practitioner with the ethical guidelines and make sure that you are not just adhering to the guidelines for clients, but for yourself as well. Participant three indicated:

"Self-care for me did not really start to take priority until after I began understanding the importance of balance. Balance is a big factor that I think the APA incorporates into mental health practitioners staying ethically compliant because it allows for us to think of ourselves. I would always want to put my clients first before anything, but I had to realize that in order to assist my clients in the best way possible, I had to be balanced. For me to be balanced, I had to understand what putting me first felt and looked like as a professional. When I started to understand my balance, I now make sure to read over ethically guidelines frequently to make sure that my balance is always aligned."

Participant four stated that building inner self-care rapport, for her, was established after obtaining her own private practice. According to participant four, after she began practicing privately in the field of mental health, she began to notice that her self-care practices needed to be adjusted or altered to address her new role responsibility. Participant four further indicated that when she was able to work within the mental health field under the supervision of a manager, she was able to establish self-care practices that

began when her work schedule was done for the day. However, participant four explained

how being responsible for her own practice, her self-care practices that she would utilize

after her work day subsided, were being no longer utilized. Participant four then shared:

"When I began my own private practice, I would no longer have a work day that

ended when I left work for the day. Instead, according to participant four, I would allow

my work to intertwine with my personal life. My first year of owning my own private

practice, I would take work home and work until I could no longer keep my eyes open.

Fatigue, after many months of exhaustion, began to overtake my body.

I was no longer as affective as I could have been with adequate amounts of sleep

and I noticed that on my days off, I would sleep in the bed with little to no energy to do

anything else. In order to restore energy and some form of balance in my life, I had to set

boundaries. By setting boundaries, I no longer took work home and even begin to take

self-care days when I felt over-worked. I believe that by finding balance in my personal

life, I not only became a better therapist but a better manager to my employees in my

practice."

Participant five indicated a change in role responsibilities as a way that she was

able to build her inner self-care rapport. Participant five reported that her role

responsibilities altered as she began to take on additional role responsibilities in her

career. Participant five reported that her role as a mental health practitioner began to

expand as she took on the role of a professor. With her new role responsibility,

participant five reported that her self-care practices worked for balancing one career role

responsibility, however; with balancing an additional role responsibility her past self-care practices no longer were enough for her. Participant five reported:

"By working out once or twice a week, I was able to feel refueled and reenergized to make it through the week. When I took on the role as a professor, in addition to my job at the hospital, working out twice or even once a week almost seemed impossible. No matter how many times I packed my fitness bag and placed it in the back of my car to go to the gym either right after the hospital or between classes, my energy level just felt depleted. I then realized that I had to listen to my body and give my body what it needed to feel good again.

That is when I bought a planner, I started meal prepping, and started being more time sensitive to my needs. By being my time sensitive to my needs, I was able to realize that I had to take my body into consideration or I would be no good to anyone. By planning out times that I needed to sit down and at least eat a snack that I had prepared in my bag, planning out times that I had to go to the gym, and listening to my body when I felt over worked, I was able to find balance again."

Participant six reported that building her inner self-care rapport began when she incorporated therapy into her lifestyle balance. Participant six reported that therapy allowed her to have a time of reflection. By reflecting with an outside entity that would not judge her, participant six reported that was when she began to grow as a mental health practitioner and was able to finally find balance in her life. Participant six reported:

"I have always been the person that people went to for everything. I did not realize that my lack of energy at times did not come from me physically overexerting myself, but from me mentally being drained. I would leave from my private practice where I had been, essentially, problem solving all day to answer phone calls from friends and family where I would then be asked to problem solve their issues. My energy was affected by this type of life, however; it took me listening to a fellow colleague who was actively in therapy and reported on how much therapy was helping his life, for me to try therapy for myself.

Therapy was the best thing that has ever happened to me in all aspects of my life. I did not realize that, being the oldest of seven siblings, being looked upon as the responsible one, and then going into a helping profession that I was giving myself to everyone but was forgetting about myself. Therapy gave me that time to reflect on past issues in my life, problem solve my own issues, and assisted me in setting healthy boundaries with others."

Participant seven experienced therapy as a vessel to also assist her in building inner self-care rapport in her life. Participant seven reported on her ability to utilize therapy to maintain her balance and feel emotionally connected to her thought processes as a mental health practitioner and in her personal life. Participant seven reported that she has always seen the benefits of therapy. Participant seven expressed how intermittently throughout times in her life she was immersed in therapy. By seeing the benefits of therapy as a child, as an adolescent, and as an adult, participant seven reported on how without therapy her life would become out of balance. Participant seven experienced:

"Therapy has always been beneficial in my life. Therapy has been able to assist me in developing my communication skills, my ability to be a good listener, and a way for me to understand my emotions. All the tools that I, overtime, learned in therapy I was able to transition into being a psychologist. Each time in my life that I stopped therapy or felt like I no longer needed to meet with my therapist as much anymore, I felt an imbalance.

The imbalance in my life would be felt in my personal and professional life. I would feel tired, not really motivated, and would not feel as productive as I would feel when I was on a schedule with my therapist. For me, as I transition throughout my life, therapy is a balance for me that keeps me in the place that I feel refuels me in all aspects of my life."

Participant eight, in addition to finding therapy to build his inner self-care rapport, reports that utilizing personal reflection time is a way that he can structure balance in his life. Balance, according to participant eight, is present in his life when he can reflect with his wife after a difficult day. Participant eight reports:

"On days where I may have been in a meeting that was only to be one hour but extends into two hours then I'm late meeting with a patient who is not at all understanding of why I'm late to our session, are days where I know I will need that one on one talking time with my wife when I return home. On those days where things are just spiraling out of control, I'm able to not feel so out of balance or drained because I know that when I get home, I have my wife. I know that I can be as open and truthful with my wife with no judgment. I know that I can cry to her and talk endlessly with my

wife and she would just listen. Having this time with my wife, especially on days that are difficult, is time that is priceless for me. Without having that time with my wife, that time for me to reflect, I would not be the therapist that I am today."

Superordinate Theme 2: Establishing Healthy Mental Health Practitioners and Client Relationship

The second superordinate theme was based on the following research question. (a) How have your personal self-care practices impacted your professional competence? (b) Overtime, have you noticed your personal self-care practices evolve? If so, how? (c) How many years have you been a mental health practitioner? And (d) From your perspective, what is professional burnout? One superordinate theme emerged, as well as four other sub-themes that were close in likeness with the superordinate theme. Table 3 contains the main findings the superordinate themes and the emerging sub-themes.

Table 3

Establishing Healthy Mental Health Practitioner and Client Relationship

Themes	Number of participants who responded
Superordinate Theme 2: Establishing healthy mental health practitioner and client relationship	4
Sub-Theme 1: Competence of boundaries	6
Sub-Theme 2: Evolving of self-care practices	7
Sub-Theme 3: Years of practicing affecting healthy professional relationship	4
Sub-Theme 4: Perspective of healthy boundaries reflecting	4

in professional relationship

_____

Theme two was derived from how mental health practitioners' perceptions affected the client and practitioner relationship. The experience was shared by four of the eight participants. Although years of experience as a mental health practitioner was not a requirement in this study to be an equivalent to healthy practitioner and client relationship, the mental health practitioners that fit into the theme reflected years of experience in the field. The mental health practitioners, who reported to having healthy client relationships, were mental health practitioners who had been practicing for six or more years.

Participant four reported that her healthy client and practitioner relationship was developed over years of practicing healthy boundaries. Healthy boundaries, according to participant four, are boundaries that keep the mental health practitioner focused on the ethical standards of compliance and protects the client as well. According to participant four, she was able to have healthy client and practitioner relationships after establishing consistency with her clients. Participant four reported:

"Ethical standards are a requirement to practice for the clients, however; self-care boundaries are for the health and maintenance for the therapist as well. Once I began having standards with my clients and not changing my standards to meet the client's expectations, I was able to see growth. Not only did I see growth in my clients, but I see growth in myself as a therapist...Boundaries allowed for the client to realize that although I'm there to help them as best as I can, they must first be consisted in the will and want to

assist themselves. That consistency can come in the form of coming to appointments on time, utilizing coping skills when necessary, and being as honest as consciously possible with me and there-self."

Participant six reported that as a mental health practitioner, her perception assisted her in the growth of her client and mental health practitioner relationship. According to participant six, when she practiced proper self-care, she felt alignment. Participant six reports that her alignment derived from her feeling healthy mentally and physically, which she reports, transitioned to her interactions with her clients. Participant six added:

"What you do or practice in your personal life, can transition into how you interact with your patients. By interacting with your clients in a mindset that is healthy, you as a therapist, can practice in the moment without your own personal issues mentally distracting you from being present with your patient. Although it is difficult at times when my personal issues may arrive, I realize that for me to be beneficial to my clients I must take care of my personal issues first. Taking care of personal issues for me may mean taking a mental health day from work, in order to, address the problem. Without practicing self-care first, working in a field that requires a lot of you, you will start to experience fatigue and even burnout."

Participant seven reported that constant evolving is what can assist in establishing healthy mental health and client relationship. By constantly evolving self-care practices as a mental health practitioner, participant seven reported, is necessary for her and her array of clients. Participant seven further reports that by having clients who come from different backgrounds that affect them individually, mental health practitioners should be

able to meet the client where they are to see the client develop. In order to meet the clients where they are mentally, participant seven reported, mental health practitioners who are not flexible in growing as a practitioner and providing themselves with the proper self-care to do so, may experience professional burnout. Participant seven further reported:

"With my clients, I must be able to stay aware of what it is that has placed trauma in his or her life. Understanding that their trauma will vary per client, I feel as though I need to be prepared mentally. By having some clients that may have been sexually assaulted as a child who may now be alleged as assaulting others, you as a mental health practitioner, have to be properly equipped to mentally process that properly. By mentally processing your client's information and staying ethically compliant, no matter what you may have been previewed to by that client, is beneficial in building healthy relationships with your clients. However, this type of mindset, is also important for self-care protection of the therapist. Self-care protection will develop and change as therapist encounter different patients who will have different reasons of needing your assistance."

Participant eight's response was like participant seven's response. Participant eight reported that mental health practitioners will encounter patients who come to them with a variety of problems, viewpoints, and attitudes that are connected to those issues. By having these different facets connected to that problem, according to participant eight, those feelings or viewpoints can be transitioned onto you. Participant eight further reports:

"I have some patients who come into treatment ready and open to be helped. However, I have some clients who are not really ready or wanting help. Patients that have a negative viewpoint towards treatment will look at you as the reason why he or she is there. That is when you as a therapist need to have patience and an open mind the most. By practicing patience and with an open-mind with that patient, overtime, you are able to build that healthy client and practitioner relationship. Building relationships with clients, take the therapist being as judgment free as possible and ethically consistency with the patient from beginning to end of treatment services."

Superordinate Theme 3: Personal and Professional Balance

The third superordinate theme was based on research questions (a) What strategies have you utilized to prevent burnout? (b) How have your preventative burnout strategies changed overtime? (c) Are your preventative burnout strategies similar to your self-care practices? If so, how? (d) From your perspective, can positive self-care practices prevent or minimize a mental health professional from experiencing burnout? If so, why?. Table 4 contains the main findings, addresses the research questions, and the sub-themes that derived from the superordinate theme.

Table 4

Personal and Professional Balance

Themes	Number of participants who responded
Superordinate Theme 3: Personal and professional balance	4
Sub-Theme 1: Self-care strategies	3
Sub-Theme 2: Preventative self-care	2

Sub-Theme 3: Preventative burnout strategies and self-care practice similarities	4
Sub-Theme 4: Self-care reward system	7
Sub-Theme 5: Mental health days	5
Sub-Theme 6: Positive self-care perspective	4
Sub-Theme 7: Presence of supportive and understanding leaders	3

Superordinate theme three was focused on the value of personal and professional balance. By focusing on the personal and professional balance, subsequently, resulted in seven sub-themes. Each sub-theme described the feedback that was extracted from the superordinate theme and in some form the research participants reported on these sub-themes as providing balance for them. It became evident, based upon the participants' responses, that resiliency in the field of mental health starts with balance as the foundational components. By having professional balance aligned with personal balance, per the feedback from the research participants, allows for the mental health practitioner to stay present while fulfilling either role in his or her life. Participant five reported:

"When I knew that I had managed to find some form of balance in my life, I had the ability to transition roles and not feel drained or fatigued. I could fill the role as a therapist, to a professor, to a fiancé, and even to a friend, without feeling like I had given all my energy away. That is when I knew I found balance in my life and I was on the right track with my self-care strategies."

Participant one reported a similar thought processes when reporting on her self-care practices providing her with balance. According to participant one, balance for her was formed when she had support in her personal and professional life. Participant one reported that by having support in both roles of her life, she felt that her self-care practices were able to work at their full potential. With the proper sleep, eating right, working out, and adequate mental health days, participant one reported that she was able to practice maintaining balance in both aspects of her life. Participant one further reported:

"When I have support on the job, I feel like I can ask others for help to problem solve and I can utilize mental health days when needed. By feeling like I'm supported through my leaders or teams on the job, I can also affectively use my self-care skills to keep me as mentally sharp as possible. Without the proper sleep, eating right, working out, and adequate mental health days, it becomes difficult for me to problem solve."

Participant three reported on her personal and professional balance taking on the form of her preventative strategies. According to participant three, preventative strategies allow the mental health practitioner to deviate from past issues that may have made him or her feel symptoms of exhaustion or burnout. Understanding what those symptoms are, according to participant three, the mental health practitioner can use better judgment in assisting their patients and themselves. Participant three reports:

"Listening to your body and having ways to reward yourself when you do practice self-care practices are important. Self-care practices allow for the therapist to, essentially, provide therapeutic rituals for him or herself. These therapeutic rituals allow for the

mental health practitioner to rest and reset. By resting and resetting, I feel great afterwards. I then become able to think again with clarity in my personal and professional life. Clarity also gives me the ability to prevent making mistakes or improper judgment. These are all things that I practice preventing burnout."

Participant two reported on the importance of saying "no". Participant two reports that mental health practitioners tend to feel as though they can take on all problems. With the mindset of feeling as though they can handle all these problems, the mental health practitioner will sometimes give more in the aspect of their life and not into the other. Participant two further reports:

"If you give more time at work, you are subtracting time from home. Although this sounds like a simplistic viewpoint, we as therapist tend to do this often. I was guilty of giving at work but finding myself over-exhausted when I came home. This led to me missing out on family events, trips, and just overall family time with my loved ones. My loved ones would tell me that it was ok, but I could see it in their eyes every time I had to leave home early or had no energy to participate in a family event, that I was hurting them.

That is when I started using the word no. At first it was uncomfortable because I was so accustomed to saying yes to additional meetings at work or taking on more job responsibilities. When I started to leave work on time, I noticed that I felt better, and I had the energy for my family. I use no now quite often. I don't do it in a way that is rude to others, but I use it in a way to protect my energy levels and my work and home life balance."

Summary

Chapter 4 presented the findings from this study. The phenomenological approach allowed me to process themes and sub-themes to obtain a deeper viewpoint into the individual narrations provided by the research participants. These individual narrations allowed me to answer my study's research questions, which attempted to explore how mental health practitioners manage personal problems to stay ethically compliant. The findings identified within the study underlined the importance of self-care practices and how, with consistent use of self-care practices, mental health practitioners can maintain ethical compliance. Excerpts acquired from the participants, revealed three superordinate themes: (i) Building inner self-care rapport (ii) Establishing healthy mental health practitioner and client rapport (iii) Personal and professional balance. Participants' explanations were then interpreted using IPA via NVIVO to find similarities among themes. The similarities among the themes were classified as sub-themes.

After concluding in-depth interviews with current mental health practitioners, it became evident the importance of self-care practices in relation to ethical compliance. The individual perspectives of the eight mental health practitioners provided a holistic understanding of how self-care practices are known by mental health practitioners to be effective in maintaining ethical compliance, however; allocated time to perform those self-care practices can be the derivative issue as to why self-care practices are not used on a consistent bases.

Chapter 5: Discussion, Conclusions, and Recommendations

Based upon the literature review for my study and the research findings of my study, self-care practices have been confirmed as being a contributing factor for mental health practitioners to stay ethically compliant. Chapter 5 provides an in-depth explanation of the themes that signified the individual lived experiences of the eight research participants in the study. Interpretative phenomenological analysis, with the assistance of NVIVO, highlighted and captured the responses of the participants', which will assist in justifying the conclusion of my study. Furthermore, the chapter provides a summary of my study's findings and incorporates existing theory in relation to the research inquiry. This chapter consists of the following sections: (a) chapter introduction, (b) interpretations of findings, (c) limitations of the study, (d) recommendations, (e) implications, and (f) the conclusion of the study.

Theme 1: Building Inner Self-Care Rapport

The results of my study suggested that mental health practitioners are aware of the importance of building inner self-care rapport to their own mental health. Findings from my study supported mental-health resiliency for mental health practitioners to be derived from self-care practices and professional ethical compliance. Theme 1 and Theme 1 subthemes indicated how self-care practices for mental health practitioners are practices that are intertwined into the practitioner's feelings. These feelings are connected to emotions that bring happiness or feelings of wholeness for the mental health practitioners. Happiness or feelings of wholeness for mental health practitioners allow for

the mental health practitioners to feel fulfilled in both aspects of their personal and professional life.

It became clear, via the extrapolated subthemes, that building an inner self-care rapport has the potential to assist mental health practitioners in finding positive outlooks in their personal and professional life. These positive outlooks, which may be derived from personal reflection time, having a therapist, having an exercise schedule, or finding balance in role responsibilities, assists the mental health practitioner in putting him or her first. By putting himself or herself first, the mental health practitioner stays aware of what their body may need to stay refreshed and what their mind may need to stay ethically compliant. Furthermore, when the mental health practitioners have built a rapport with his or herself, mental practitioners appear to become more vigilant in fatigue warning signs. When the mental health practitioner begins to feel more fatigued, over worked, or unbalanced in their role responsibilities, the mental health practitioner will be triggered by these signs to indicate that he or she may need to become re-aligned with their self-care practices.

Realignment will allow the mental health practitioner to start becoming re-focused on their self-care practices, refocusing on self-care practices can be cutting back on additional work hours or refusing to take on new role responsibilities. By having these warning signs, the mental health practitioners have the potential to stop further fatigue that could possible lead to burnout. Considering that the mental healt practitioner has already developed a relationship with themselves as far as what self-care practices are

beneficial to their mental health, the mental health practitioner is aware of what self-care practices to use in order to bring realignment back into their life.

In summary, Theme 1 demonstrated that building inner self-care rapport has beneficial properties of enhancing the mental health practitioner. The enhancement of the mental health practitioner comes in the form of mental and physical balance. The mental and physical balance allows the practitioners to not become overworked in either his or her personal or professional life. However, in order to understand how self-care practices can assist the mental health practitioner, the mental health practitioner must become aware of his or her body. Awareness of his or her body can allow the mental health practitioner to pick up on settle warning signs that can indicate that the mental health practitioner is becoming off balanced and needs to re-implement their self-care practices before taking on new role responsibilities.

Theme 2: Establishing Healthy Mental Health Practitioner and Client Relationship

Theme 2 related to how mental health practitioners can form healthy relationships with their clients. Upon analysis of the feedback that generated this theme, it became apparent that mental health professional's perception of healthy client relationships was closely related to experience and perception. The experience of the mental health practitioner appeared to take on the form of confidence and consistency in maintaining practitioner and client relationship. Four out of the eight research participants that categorically was able to fit under this superordinate theme had been at least practicing 6 or more years within the field of mental health. This appeared to assist the mental health

practitioners in understanding the importance of ethical boundaries and how those

boundaries could assist them in their own self-care maintenance.

By letting clients know the standards that would be asked of them as a client, over

awhile of working with that client, allowed the mental health practitioner and the client to

form a healthy relationship. According to the mental health practitioners that responded

under this superordinate theme, clients tend to establish respect for their provider when

the provider is transparent in their thought process from the beginning. By being

transparent, the mental health provider can let their clients know the process of treatment

and what is to be expected out of both parties to make the treatment as successful as

possible. Perception appeared to allow the mental health practitioner the ability to

understand the importance of stating and maintaining professional boundaries with their

clients from their initial interactions and throughout the treatment process. The four sub-

themes that emerged from establishing healthy mental health practitioner and client

relationship, appeared to additionally derive from how mental health practitioners were

able to use boundaries and maintain those boundaries on a continuum.

The four subthemes, which are competence of boundaries, evolving of self-care

practices, years of practicing affecting healthy professional relationship, and perspective

of healthy boundaries reflecting in professional relationship, all appeared to assist the

mental health practitioners in client rapport. When the mental health practitioner was able

to report to the client their therapeutic standards and maintain boundaries with the client,

the mental health practitioner reported more positive client and practitioner relationship.

However, when the mental health practitioner was not as transparent with their standards

in the beginning of treatment with the client, the practitioner reported having issues with building a healthy client and practitioner relationship. This maladaptive relationship came in the forms of the client attending treatment appointment late, re-scheduling appointment times, not using learned coping skills, and even negative communication styles with the mental health practitioner. When mental health practitioners reported poor client and practitioner relationship, coincidently, the mental health practitioner reported more fatigue after encountering clients with poor rapport and higher levels of stress.

Although the mental health practitioners did report that self-care practices could assist when they would experience fatigue and stress while interacting with difficult clients, healthy rapport has the potential to counteract future negative professional relationship with the client. Considering that each client may seek mental health treatment for an array of reasons, the responses that were categorized under this theme varied in responses of healthy relationship development. However, the common thread of establishing healthy mental health practitioner and client relationship appeared to stem from two primary responses. According to the research participants, consistency and transparency has the potential to mold a healthy client and practitioner relationship. With a healthy client and practitioner relationship, both the mental health practitioner and the client will have a better opportunity in the growth and success rate of the overall professional interaction.

Theme 3: Personal and Professional Balance

Theme 3 was evolved from the mental health practitioner, essentially, taking inventory of the overall self-care practices that he or she use to provide balance to their

life. The research participants that fit into this overall superordinate theme were able to describe how he or she strategically developed balance in both their professional and personal lives. Additionally, the research participants in this superordinate theme were able to describe how balance of self-care practices is assisting in their overall ethical compliance. However, as described by Participant 8, maintenance of balance is hard to do when you become over-worked. According to Participant 8:

"In addition to owning my own practice, I have spent many years working in outside entities in the mental health field. When working in these outside entities, being over-worked with little to no reward seems to be the norm. In bigger facilities, you seem to just become a number. A number that generates revenue and is required to stay functional while seeing a huge caseload with little to no mental health days to recover. When you have huge caseloads, it makes it difficult to keep up.

When you feel like you are forced to constantly over-work, you feel more fatigue, unappreciated, and even at times a feeling a burnout. Mental health requires your full attention. You as a therapist need to be able to provide patients with the best professional guidance as possible. However, without time for yourself, it makes it hard to recharge. Although I'm not perfect at it, I make sure to give myself that time to recharge so that I'm not doing a disservice to my clients and so I maintain balance."

Research participants represented in this superordinate theme, like the response of Participant 8, reported on concerns of almost non-existent reward systems that cater to self-care of the mental health of practitioners. The research participants, in this superordinate theme, voiced their concern that mental health practitioners are ethically

required to be balanced. However, research participants additionally reported that little to no effort is placed in making sure that mental health practitioners can maintain a healthy balance. Under the superordinate theme of personal and professional balance, six sub-themes emerged from the data analysis. The six subthemes that emerged were (a) self-care strategies, (b) preventative self-care, (c) preventative burnout strategies and self-care practice similarities, (d) self-care reward systems, (e) mental health days, and (f) positive self-care perspective.

These subthemes reflect the responses that mental health practitioners report on how he or she can maintain their personal and professional balance. However, due to small reports of mental health facilities offering mental health incentives for practitioners, the practitioner establishing them on their own established these self-care practices. The research participants report that their self-care practices take on spirituality, vacation, spending time with their families, pampering regiments, and even working out. The research participants further reported how these self-care practices were able to assist them in maintaining their ethical compliance. By utilizing their self-care practices, the research participants reported that they felt more energized and able to maintain healthy client and practitioner relationship.

When mental health practitioners are provided with self-care maintenance availability, mental health practitioners report being more effective within their overall job responsibilities. The research participants report that they are better at problem solving and have patience in assisting patients who require more time. Additionally, with the assistance of self-care practices being performed routinely, the mental health

practitioners reported that they were able to minimize or deplete feelings of burnout. However, mental health practitioners that report being able to use their self-care practices routinely, either owned their own practices and can structure their own schedules or they have negotiated with their employer, mental health days or some form of self-care reward systems. Unfortunately, as reported via the research participants, many larger mental health facilities do not offer mental health maintenance for mental health practitioners.

Limitations of the Study

My study was an exploration of mental health practitioners' perceptions of ethical requirements and self-care as means to maintain professional competence. However, it is important to identify limitations within the study. The results of this research study were contingent upon the research participants honesty, truthfulness, unbiases, and objectivity throughout the interview process. Participants were not provided with the 13 interview questions in advance to allow them to have familiarity with the interview questions. This was a preventative measure put in place to minimize planned out responses that might not be genuine, prevent participants from getting assistance in answering questions from outside entities, and a way to get the most authentic responses from participants but may have limited there ability to thoroughly respond due to lack of preparation.

The second limitation stemmed from my study being generated only from the perspectives and experiences of 8 mental health practitioners in the state of Georgia. This limitation is formed from narrowing the scope to a small group of mental health practitioners in a certain state. This was purposively done to generate a more accurate representation of the same subgroups, but it still is a limitation. Perhaps interviews with a

larger number of current mental health practitioners in different states may have generated a differing viewpoint.

The results of this study were supported by semistructured interviews with 8 current mental health practitioners in the state of Georgia. It is important to notate that wider ranging forms of qualitative research may have produced different results. However, the researcher was mindful that in depth purposive interviews would address this study's research questions. Despite the limitations, the core of my study was to explore a greater awareness and deeper understanding of mental health practitioners' perceptions of ethical requirements and self-care as means to maintain professional competence. I hoped to elucidate the critical nature of self-care for mental health professionals and enhance mental health facilities in awareness of the importance in providing mental health practitioners with the appropriate means for them to maintain professional competence.

Recommendations

Mental health practitioner's effectiveness, in order to properly assist their patients and maintain required ethical compliance, can derive from the mental health practitioner's self-care needs being met. My study attempted to bridge the gap in literature between the importance of self-care for mental health practitioners and ways for the mental health practitioners to maintain their ethical compliance. The ethical standards of quality of care must be displayed by all practicing mental health workers while he or she is fulfilling their role as a mental health practitioner (APA, 2010). The APA criteria for all practicing mental health practitioners, under guideline 2.06, reports that mental health providers are

to ensure that they are maintaining their highest level of competence when interacting with clients (APA, 2010). However, without the proper time, without mental health days, and without support from the larger mental health facilities that employ mental health workers, mental health practitioners may not be equipped with proper self-care due to lack of outside entity support in their awareness of mental health practitioners needs.

Further research is warranted to examine potential programs catered to educating mental health facilities on properly supporting their mental health professional staff. Additionally, literature on developing self-care for mental health practitioners may assist mental health professionals in identifying warning signs. Considering that mental health practitioners' instinctive nature, when providing the role of practitioner, is caring for others, caring for themselves can frequently be overlooked. By providing further education in the form of conferences, seminars, or even retreats to refresh the practitioner in being aware of their own self-care needs, can have the potential to realign the practitioner in meeting their needs of self-care. By meeting their needs of self-care, as reported in the data analysis of this study, mental health practitioners can provide themselves with better self-care maintenance.

By establishing healthy client rapport, having balance professionally and personally, and building inner rapport within themselves, mental health professionals can be provided with proper self-care maintenance and sustaining required ethical compliance. The self-care needs components have the potential of minimizing fatigue. By minimizing fatigue, the mental health practitioner, based on the positive theory, attributes positive perspective to their work and their contribution to the health of patients. Positive

perspective of their career contribution can aid in the mental health practitioner's longevity in the field of mental health and abiding by professional ethical standards. Although there is always room for refinement and growth, it is important to acknowledge the progress, dedication, and hard work of mental health practitioners, and continually support the improvement in caring for the ones that continuously care for others.

Implications

There are several implications that need to be addressed in order to yield productive outcomes for mental health practitioners that are actively practicing in the field. Several potential implications for the field of mental health can be derived from this study's findings. First, it is critical to point out mental health practitioners concerns regarding the lack of support by mental health facilities regarding mental health practitioners. This lack of support comes in the form of minimal self-care days or self-care reward systems. The lack of support or concern for mental health practitioners caring for themselves properly, according to the research participants, aids in the mental health practitioners feeling fatigued and even burnout.

Feelings of fatigue and even feelings of burnout can essentially alter the perspective of the mental health professional. This altered perspective, overtime, can make the mental health professional feel as though he or she is not effective in their profession. Feelings of not being affective can either translate to the mental health practitioners discontinuing in their profession or even practicing while exhibiting signs of burnout. Exhibiting signs of burnout and still treating patients could categorize the mental health practitioner categorized as violating an ethical requirement. Secondly, the findings

suggested that the existing resiliency of mental health practitioners appear to be developed in some mental health practitioners. Although some mental health practitioners develop resiliency, that resiliency development for those mental health practitioners was at the risk of a loss for the mental health practitioner.

The loss for the mental health practitioner's, as reported in my study, was changing of companies or even loss of employment for the mental health practitioners. Programs need to take a deeper evaluation on how the needs of mental health practitioners can be better met. In addition to providing resiliency training courses and professional development, greater studies are needed to understand the effectiveness or ineffectiveness of current awareness of the needs of mental health practitioners. Furthermore, greater studies need to divulge into strategies of how mental health practitioners can feel better supported within their profession. Through a deeper understanding of the mental health of practitioners and their self-care needs, ethical violations can be minimized, and more mental health practitioners may stay ethically compliant.

Conclusion

Although no conclusive evidence pointed to a single self-care practice or characteristic that would lead to a mental health practitioner overall self-care maintenance and ethical competence, it became evident that consistency played an essential role. As noted within chapter one, standards for quality of care, according to the American Psychological Association (APA, 2010), should be carried out by all practicing mental health workers. Under guideline 2.06, the American Psychological Association

states that mental health providers are to ensure that they are maintaining their highest level of competence when interacting with clients (APA, 2010). Competence and quality of care should be upheld, despite, the worker's personal problems and/ or conflicts. A mental health worker must refrain from partaking in any mental health work if personal problems interfere with his/her ability to provide services in a competent manner.

Personal problems that could interfere with mental health practitioner abilities to provide services in a competent manner could be formed from external components that impact the cognitive process of the mental health practitioner. The different forms of personal problems that could impact the cognitive process of mental health practitioners could be stress stemming from personal relationships such as martial issues or family issues, personal mental health problems that are pre-existing, financial stressors, and overall issues that distort the viewpoint of mental health practitioners to make professional judgment that is ethically compliant to their highest quality of care. According to the APA (2010), when a mental health provider becomes aware of any potential issues that will directly affect the mental health provider from providing less than competent care, the mental health provider must take measures to manage personal problems and maintain competence. Self-care and competence, according to Wise and Barnett (2016), are essential for mental health workers to not only assist in the well-being of their patients, but to also assist in the well-being of themselves. Competence is the foundational understanding of the ethical guidelines that the mental health provider must oblige while fulfilling the role of a mental health professional.

According to the APA (2010), mental health professionals are required to understand the limitations and requirements of their role as they interact with their patients. Mental health workers should be aware of their own personal mental health as they engage in making decisions that influence their patients. Self-care allows for the mental health worker to understand the symptoms, the mindset, and maladaptive thought processes of their patients. With proper self-care the mental health provider is able to assess situations with clarity and focus; self- care can assist the mental health provider in assisting their patients to the best of their educational and ethical ability. By acting in this manner, the mental health provider can maintain competence and can keep the mental health provider in ethical compliance (Wise and Barnett, 2016).

Although it is always ideal for mental health professionals to be mentally prepared, realistically, mental health professionals are presented with challenges (Wise & Barnett, 2016). Challenges that mental health professionals might encounter, may come in the form of stress from their personal lives, professional lives, and even genetic predispositions that may affect the mental health professional in a way that may negatively impact their professional life if it is not properly monitored. According to Wise and Barnett (2016), distress, burnout, vicarious traumatization, and problems with professional competence, are high amongst mental health workers and may lead to their violation of ethical guidelines. Mental health practitioner burnout can impair competence and the potential for the practitioner to be out of compliance with APA ethical standards. According to Salyers et al. (2015), mental healthcare workers have perceived burnout as

leading antecedents to ineffective care of their patients or inability to handle the demands of their positions.

With the ability to stay consistent in his or her self-care needs being met, the mental health practitioner can better assist the client and themselves. Efficacy and effectiveness for the mental health practitioner appears to derive from the mental health practitioner feelings of proper self-care. However, proper self-care may not only be affected by the mental health practitioners' own neglect, but by facilities lack of concern for these particular providers. Feelings of being over-worked, large caseloads, lack of positive affirmation, lack of mental health days, and no reward systems in place, can affect the overall moral of the mental health practitioner. As reported in the positive theory of this study, theoretically, positive perception can transition into overall viewpoints.

When mental health practitioners view their work as being effective, when they are receiving positive affirmations for their work ethic, and they are receiving proper self-care, according to the outcome of the study, mental health practitioners can perform to the best of their professional ability. By performing at their full professional ability, mental health practitioners can think clear and concisely. By thinking clear and concisely, mental health practitioners can problem solve in the constraints of ethical requirements and are able to maintain longevity within the field of mental health. Through further training for mental health practitioners and facilities that employ mental health practitioners, self-care can be upheld on the behalf of both parties. By both parties working on sustaining the self-care maintenance of mental health practitioners, overall,

mental health practitioners can be more refreshed to assist patients and stay ethically

compliant while performing their professional responsibilities.

References

Alice, C., Frances, D., David, K., & Steven, M. (2015). Exploring functional concerns in help-seeking youth: A qualitative study. *Early Intervention In Psychiatry*, (3), 228. doi:10.1111/eip.12101

Allen, M. S., & McCarthy, P. J. (2016). Be happy in your work: The role of positive psychology in working with change and performance. *Journal of Change Management*, *16*(1), 55-74. doi:10.1080/14697017.2015.1128471

American Psychological Association. (2010). *Ethical Principles of Psychologists & Code of Conduct.* Retrieved from http://www.apa.org/ethics/code/

AP-LS Committee on the Revision of the Specialty Guidelines for Forensic Psychology (2017). Specialty guidelines for Forensic Psychology. Retrieved from http://www.apa.org/practice/guidelines/forensic-psychology.aspx

Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., & ... McNeil, D. W. (2014). Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology 8*(4), 253-260. doi:10.1037/tep0000056

Clark, K. R., & Vealé, B. L. (2018). Strategies to Enhance Data Collection and Analysis in Qualitative Research. *Radiologic Technology*, *89*(5), 482CT-485CT.

de Waal, M. M., Kikkert, M. J., Blankers, M., Dekker, J. M., & Goudriaan, A. E. (2015). Self-wise, Other-wise, Streetwise (SOS) training: A novel intervention to reduce victimization in dual diagnosis psychiatric patients with substance use disorders: Protocol for a randomized controlled trial. *BMC Psychiatry*, *15*

Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., Lochman, J. E., McMahon, R. J., & Pinderhughes, E. E. (2015). Impact of early intervention on psychopathology, crime, and well-being at age 25. *The American Journal of Psychiatry*, *172*(1), 59-70.

Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of the Professional Self-Care Scale. *Journal Of Counseling Psychology*, *64*(3), 325-334. doi:10.1037/cou0000206

Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2016). Job Burnout in Mental Health Providers: A Meta-Analysis of 35 Years of Intervention Research. *Journal Of Occupational Health Psychology*, doi:10.1037/ocp0000047

Dunigan, R., Acevedo, A., Campbell, K., Garnick, D. W., Horgan, C. M., Huber, A., & ... Ritter, G. A. (2014). Engagement in outpatient substance abuse treatment and employment outcomes. *The Journal of Behavioral Health Services & Research*, *41*(1), 20-36. doi:10.1007/s11414-013-9334-2

Durbeej, N., Palmstierna, T., Rosendahl, I., Berman, A. H., Kristiansson, M., & Gumpert, C. H. (2015). Mental Health Services and Public Safety: Substance Abuse Outpatient Visits Were Associated with Reduced Crime Rates in a Swedish Cohort. *Plos ONE*, *10*(9), 1-17. doi:10.1371/journal.pone.0137780

Friedman, H. S. & Schustack, M. W. (2012). *Personality: Classic theories and modern research* (5th ed.). City, MA: Allyn & Bacon

Heilbrun, K., Phillips, S., & Thornewill, A. (2016). Professional standards' citations in law and the behavioral sciences: Implications for policy and practice. *Professional Psychology: Research and Practice*, *47*(4), 287-294. doi:10.1037/pro0000080

Lamb, D., & Cogan, N. (2015). Coping with work related stressors and building resilience in mental health workers: A comparative focus group study using interpretative phenomenological analysis. *Journal of Occupational and Organizational Psychology*, doi:10.1111/joop.12136

Lan, Y., & Chang, Y. (2016) Development and Initial Psychometrics of the Psychological Assessment Competency Scale. *Training and Education In Professional Psychology*, *10*(2), 93-101.

Lomas, T. (2015). Positive social psychology: A multilevel inquiry into sociocultural well-being initiatives. *Psychology, Public Policy, And Law*, *21*(3), 338-347. doi:10.1037/law0000051

Macpherson, H., Hart, A., & Heaver, B. (2016). Building resilience through group visual arts activities: Findings from a scoping study with young people who experience mental health complexities and/or learning difficulties. *Journal Of Social Work, 16*(5), 541-560. doi:10.1177/1468017315581772

Neimeyer, G.,,, Neimeyer, G. J., Cox, D. R., & Taylor, J. M. (2012). On Hope and Possibility: Does continuing professional development contribute to ongoing professional competence?. *Professional Psychology-Research and Practice*, *43*(5), 476-486.

Neimeyer, G. J., Taylor, J. M., & Orwig, J. P. (2013). Do continuing education mandates matter? An exploratory study of the relationship between CE regulations and Disciplinary Actions. *Professional Psychology-Research And Practice*, *44*(2), 99-104

Neimeyer, G. J., Taylor, J. M., & Wear, D. M. (2009). Continuing education in psychology: Outcomes, evaluations, and mandates. *Professional Psychology: Research and Practice, 40,* 617–624. http://dx.doi.org/ 10.1037/a0016655

Neswald-Potter, R., & Simmons, R. T. (2016). Regenerative supervision: A restorative approach for counsellors impacted by vicarious Trauma/Supervision régénérative : Une approche rétablissante pour les conseillers affectés par traumatisme vicariant. *Canadian Journal of Counselling and Psychotherapy (Online), 50*(1), 75-90.

Nolasco, A., Neimeyer, G., & ... Neimeyer, G. J. (2015). Public perceptions of psychologists' professional development activities: The good, the bad, and the

ugly. *Professional Psychology-Research And Practice*, *46*(2), 140-146

Salyers, M. P., Fukui, S., Rollins, A. L., Firmin, R., Gearhart, T., Noll, J. P., & ... Davis,

    C. J. (2015). Burnout and self-reported quality of care in community mental

    health. *Administration and policy in Mental Health and Mental Health Services*

    Research, *42*(1), 61-69. doi:10.1007/s10488-014-0544-6

Santana, M. C., & Fouad, N. A. (2017). Development and validation of a self-care

    behavior inventory. *Training and Education In Professional Psychology*,

    doi:10.1037/tep0000142

Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual

    predictors of mental health counselors' compassion fatigue and burnout. *Journal*

    Of Mental Health Counseling, *36*(1), 58-77.

    doi:10.17744/mehc.36.1.p61m73373m4617r3

van Mol, M. C., Kompanje, E. O., Benoit, D. D., Bakker, J., & Nijkamp, M. D. (2015).

    The prevalence of compassion fatigue and burnout among healthcare

    professionals in intensive care units: A systematic review. *Plos One*, *10*(8),

    e0136955. doi:10.1371/journal.pone.0136955

Volpe, U., Luciano, M., Palumbo, C., Sampogna, G., Del Vecchio, V., & Fiorillo, A.

    (2014). Risk of burnout among early career mental health professionals. *Journal*

    of Psychiatric And Mental Health Nursing, *21*(9), 774-781.

    doi:10.1111/jpm.12137

Walby, K. (2015). Designing Qualitative Research, Sixth Edition. *Canadian Journal Of*

    Sociology, *40*(3), 399-401.

Wise, E. H., & Barnett, J. E. (2016). Self-care for psychologists. In J. C. Norcross, G. R.

VandenBos, D. K. Freedheim, L. F. Campbell, J. C. Norcross, G. R. VandenBos,

... L. F. Campbell (Eds.) , *APA handbook of clinical psychology: Education and*

profession, Vol. 5 (pp. 209-222). Washington, DC, US: American Psychological

Association. doi:10.1037/14774-014

Appendix A: Interview Tool

1. From your perspective, what are self-care practices?

2. Why do you believe that the American Psychological Association requires mental health practitioners to stay ethically compliant?

3. How can self-care practices be used to remain ethically compliant?

4. What self-care practices do you use to manage your personal problems?

5. Have you ever had a personal problem that affected your interaction with clients? If so, what did you learn from that experience?

6. How have your personal self-care practices impacted your professional competence?

7. Overtime, have you noticed your personal self-care practices evolve? If so, how?

8. How many years have you been a mental health practitioner?

9. From your perspective, what is professional burnout?

10. What strategies have you utilize to prevent burnout?

11. How have your preventative burnout strategies changed overtime?

12. Are your preventative burnout strategies similar to your self-care practices? If so, how?

13. From your perspective, can positive self-care practices prevent or minimize a mental health professional from experiencing burnout? If so, why?