

WORDS OF WISDOM: A PHENOMENOLOGICAL PERSPECTIVE ON COUNSELOR
LONGEVITY

A Dissertation
Submitted to the Graduate Faculty
of the
North Dakota State University
of Agriculture and Applied Science

By

Amy Qvammen Runcorn

In Partial Fulfillment of the Requirements
for the Degree of
DOCTOR OF PHILOSOPHY

Major Program:
Counselor Education and Supervision

June 2022

Fargo, North Dakota

North Dakota State University
Graduate School

Title

WORDS OF WISDOM: A PHENOMENOLOGICAL PERSPECTIVE ON
COUNSELOR LONGEVITY

By

Amy Qvammen Runcorn

The Supervisory Committee certifies that this *disquisition* complies with North Dakota
State University's regulations and meets the accepted standards for the degree of

DOCTOR OF PHILOSOPHY

SUPERVISORY COMMITTEE:

Dr. Jill Nelson

Chair

Dr. Jodi Tangen

Dr. Brenda Hall

Dr. Christina Weber Knopp

Approved:

July 5, 2022

Date

Dr. Chris Ray

Department Chair

ABSTRACT

Counselor development is a career long process yet there is limited research focused on professional counselor development over a full career span. This study aimed to address the gap in the literature and explored the longevity experiences of counselors within the senior phase of professional development. The purpose of this phenomenological qualitative study was to explore mental health counselors' experiences with professional longevity. The primary research question guiding the study was: How do senior counselors experience their professional longevity? Purposeful and snowball sampling helped select five mental health counselors for participation in the study. Data were gathered through one-on-one semi-structured interviews. Participants shared the wisdom they have gained through experience and findings provided insight into understanding what influences longevity in the counseling profession. Four themes emerged from the data: (1) meaningful work, (2) commitment to learning with subthemes of choosing learning experiences intentionally and consultation and supervision, (3) boundaries maintain balance with a subtheme of self-care as burnout prevention, and (4) authentic presence. Results and recommendations for how to best prepare and support counselors throughout the career span are discussed.

ACKNOWLEDGMENTS

This project would not have been possible without the personal and professional support I have had along the way. A special thank you goes to each of my dissertation committee members. Thank you to my advisor, committee chair, and mentor, Dr. Jill Nelson, for her guidance, expertise, and humor. She has believed in me and my study and spent many hours enthusiastically discussing this topic and providing invaluable insight and support. Thank you to Dr. Jodi Tangen who has been there for me since I first entered the program. I am grateful for her encouragement and valued discussions. Thank you to Dr. Christina Weber Knopp for her insight and helpful feedback. Thank you to Dr. Brenda Hall for her support and mentorship. She has been a tremendous inspiration to me.

I am grateful for my classmates and colleagues who have been with me along this journey and who I am now blessed to call friends. A special thank you to Chloe, who has shared this experience with me since our first class and who has become a trusted friend.

I would like to thank my family for their lifetime of support, love, and encouragement. My parents, sisters and their families have supported me in so many ways and their love and encouragement have meant the world to me. Thank you to my children for providing patience, love, and motivation. A heartfelt thank you to my husband, Tim, for his unwavering belief in me and being there for me every step of the way. I am truly blessed and could not have done this without my family.

Finally, thank you to the five counselors who participated in this study. I am grateful for their time and genuine engagement.

DEDICATION

To my family

TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGEMENTS.....	iv
DEDICATION.....	v
CHAPTER ONE: INTRODUCTION.....	1
CHAPTER TWO: LITERATURE REVIEW.....	7
CHAPTER THREE: METHODOLOGY.....	24
CHAPTER FOUR: RESULTS.....	32
CHAPTER FIVE: DISCUSSION.....	51
REFERENCES.....	60
APPENDIX: IRB APPROVAL.....	66

CHAPTER ONE: INTRODUCTION

According to the National Institute of Mental Health (NIMH), 52.9 million adult Americans experience a mental illness, and that number is on the rise (NIMH, 2020). Among the 59.2 million adults, approximately 46% received mental health services in 2020. The COVID-19 pandemic had a significant impact on mental health and mental health services in the United States. According to data collected by Mental Health America (MHA) between January and September of 2020, more than half a million people reported symptoms of anxiety and/or depression. Surprisingly anxiety and depression screens were up 93% and 62%, respectively (MHA, 2021). With nearly one in five Americans living with a mental illness and many more struggling with loneliness and isolation, the demand for mental health care is higher than ever.

Mental health providers have been at the front lines of the COVID-19 pandemic providing essential services to the public. This demand has become overwhelming in scale and is projected to rise even more. A report by the Health Resources and Services Administration (HRSA) projects a 13% increase in demand for mental health counselors by the year 2030 (HRSA, 2017). Americans are struggling with unprecedented mental health concerns and looking for support, and providers are working hard to keep up and provide quality care. With demand on the rise, a significant concern in the mental health field is professional counselor burnout.

Although burnout has been a growing concern in the field, mental health counselors are reporting increasingly high levels of burnout since the COVID-19 pandemic (Litam et al., 2021). Burnout is understood to be a multidimensional phenomenon, comprising three dimensions: emotional exhaustion, depersonalization, and decreased sense of personal accomplishment (Maslach & Jackson, 1981). Emotional exhaustion refers to feeling depleted, overextended, and

fatigued. Depersonalization, also known as cynicism, refers to cynical or negative attitudes towards work. A decreased sense of personal accomplishment is defined as negative self-evaluation (Morse et al., 2011). Burnout primarily occurs among individuals in the helping professions although it has been reported in nearly every field. Burnout has been widely studied in the mental health literature (Lawson, 2007; Lawson et al., 2007; Lawson & Myers, 2011; Maslach & Goldberg, 1981; Richards & Muse-Burke, 2010; Roach & Young, 2007; Wardle & Mayorga, 2016; Wolf et al., 2014).

Professional burnout can develop when an overload of chronic stress is placed on an individual. This can lead to physical, mental, and emotional exhaustion and even avoidance of work and other responsibilities. Burnout profoundly alters an individual's world view and those experiencing burnout may be unable to express compassion and empathy for self and others. Burnout prevents mental health professionals from providing the best care to those they serve and has become a prominent issue as it can lead to challenges with performance and turnover. The mental health field has suffered the turnover of providers due to burnout, and burnout has also caused professional counselors to end their careers in mental health (Maslach & Goldberg, 1998).

Mental health professionals are being challenged like never before and the ongoing pressure and prominent levels of stress may compromise their health and wellness and increase the likelihood of developing burnout. A review of literature on professional burnout among mental health professionals by Morse et al. (2011) estimated anywhere between 21% and 61% of mental health providers experience signs of burnout. More recently, O'Conner et al's. (2018) review estimated burnout rates at approximately 40%. More recent research has focused specifically on mental health providers during the COVID-19 pandemic. For example, Litman et

al. (2021) found that mental health counselors providing services during the COVID-19 pandemic may be experiencing higher levels of stress which is negatively impacting professional quality of life. The authors reiterated the importance of incorporating coping strategies and building resilience to decrease burnout.

With demand for mental health services on the rise and the increased risk of burnout, what can mental health professionals do to keep themselves well and have a long, healthy career? One answer is to ask senior professionals. Rønnestad and Skovholt (2003) described senior professionals as a phase within the lifespan developmental model and referred to individuals in this phase as established mental health professionals with at least 20 years of experience. Therefore, in this study the researcher uses the term senior professional to describe participants. Currently, research related to the experiences of senior professionals is missing from the literature. Understanding different perspectives and including the voices of senior professionals offers an important way to better understand experiences of longevity. There is significant importance to seek out stories of senior professionals to diversify and expand the voices of mental health clinicians. This research gives senior professionals an opportunity to share wisdom they have gained through experience and provides insight into understanding what influences longevity in the counseling profession.

The field of mental health counseling seeks and supports professionals who are willing to commit to a career of personal and professional growth and self-assessment (ACA, 2014). Becoming a counselor is much more than an occupation; it is a process and commitment to growth and change. Because of this, much time and research has been spent on counselor development. Although the counseling profession upholds professional values related to diversity, wellness, and human development across the lifespan, there has been little counseling

research on the experiences of senior counselors. Much of the counselor development literature is focused on training and supervision of students and novice counselors while limited literature is focused on professional development over a full career span (Rønnestad et al., 2019). This research aims to address the gap in the literature and will explore the longevity experiences of senior mental health counselors. This study will provide a unique contribution to the literature that will provide the counseling profession with a deeper understanding of the experiences of senior mental health counselors.

Problem

The choice to become a mental health counselor is one that should not be taken lightly. Those entering the field of mental health are more likely to experience burnout due to high demand and chronic stress (Maslach & Jackson, 1998; Morse et al., 2011; O'Connor et al., 2018). The COVID-19 pandemic has taken a significant toll on mental health professionals and burnout rates are on the rise (Litam et al., 2021). Despite increased burnout rates, there remain counselors who have been practicing for 20 years or longer. A recurring question that comes up for me is, what keeps counselors in the field? It is important to understand how counselors with advanced years of practice have managed to stay in a high burnout field. The counseling field has given much thought and research to professional development but has primarily focused on students and novice counselors. Counselor development is a career long process, and we know very little about counselors throughout their career and specifically in the senior phase of professional development.

Purpose Statement and Research Question

The purpose of this study was to explore senior mental health counselor's experiences of professional longevity. The counselor development literature has mainly focused on students and

novice counselors. How counselors choose to remain in the counseling profession, and the challenges and successes they experience have remained largely unanswered. A unique perspective is needed to include the voices of senior phase professional counselors.

The overarching research question that guided this qualitative study is: How do senior counselors experience their professional longevity? The research question was intended to develop data specific to how senior mental health counselors described their experiences of longevity. Such insights into longevity allow better exploration and understanding of counselors in the senior professional phase of their careers. Due to the exploratory nature of the research, I used qualitative methodology with a phenomenological design. The goal was to explore the lived experiences of counselors in the senior professional phase to better understand how counselors experience their professional longevity.

Significance

Several noteworthy reasons exist to support the need to study the phenomenon of counselor longevity. This research will contribute to filling a gap in the literature on counselor longevity and senior mental health counselors. The current study is designed to offer unique insight into the experiences of senior counselors and participants may provide perspectives and strategies on career longevity. Research on counselor longevity experiences might offer important insights into ways counselor educators can improve and enhance counseling programs. The findings of the study may inform counselor education training programs, educators, and supervisors with an awareness of strategies and obstacles experienced by senior counselors. Information that highlights challenges and successes of counselors could assist counselor educators in adjusting curriculum to better prepare students for the realities of being a professional counselor to better prepare students for a long and successful career. Students and

novice working mental health professionals could use the findings to better prepare for careers as well as gain a greater understanding of what a long, successful career in counseling entails. The findings could inform continuing education on training and support needed across the counselor professional lifespan.

Summary

This study is comprised of five chapters. The first chapter includes an overview of counselor burnout, the limited literature on senior counselors, the research question, and significance of study within counselor education and the counseling field. The second chapter offers a review of literature on counselor development, counselor burnout, and counselor longevity. Chapter three outlines the qualitative methodology implemented to complete the study. Chapter four is a presentation of the findings including themes identified from participant interviews. Finally, chapter five offers implications for counselor educators, supervisors, and practitioners and concludes with suggestions for future research.

CHAPTER TWO: LITERATURE REVIEW

According to the American Counseling Association (ACA) Code of Ethics (2014), professional counselors have an ethical responsibility to engage in a career of personal and professional growth and self-assessment. Being a counselor is more than a job, it is a commitment to the profession and a continual process of personal and professional growth (ACA, 2014). For these reasons, much time and research has been invested in understanding how counselors develop over time (Rønnestad & Skovholt, 2003; Rønnestad et al., 2019). Developmental models identify characteristics in counselors from novice to advanced professionals (Bernard & Goodyear, 2019). Developmental supervision literature focuses on understanding how counselors in training develop to inform training programs of appropriate supervision methods. Therefore, specific counselor developmental models are identified and reviewed to provide a comprehensive overview of a counselor's professional development.

Much of the research on counselor development focuses on graduate counseling students and counselors-in-training (Rønnestad et al., 2019). There is a dearth of literature focusing on the experiences of clinicians with advanced years of practice, who are defined in the literature as senior counselors. While research on the beginning stages of a counselor's career is essential to help inform how educators train and supervise students, the professional must also understand the continual professional growth of counselors beyond their early career years. Therefore, the purpose of the current study is to discover more about how counselors in the senior phase of professional development experience their longevity. I will review developmental literature and present the gap in counseling research with regards to counselors' experiences of professional longevity.

Counselor Developmental Models

Counselor development models inform counselor educators and supervisors in the training of competent counselors. Developmental models describe individual behavior change across time and emphasize the factors that facilitate growth and change. These models primarily focus on levels or phases of development and provide a framework to review counselor growth and progress. Models of counselor development aim to explain the process in which novice counselors in training learn and gain skills necessary to become effective counselors and to eventually become expert counselors (Bernard & Goodyear, 2019). I will review Hogan's Developmental Model (1964), Stoltenberg's Integrated Developmental Model (IDM) (1992), and Rønnestad and Skovholt's Lifespan Developmental Model (2003) due to their prevalence in the literature.

Hogan

Hogan's (1964) model was one of the first developmental models of supervision. He proposed four distinct stages of counselor development. The first stage describes the novice counselor as unaware, dependent, insecure, and motivated to learn. The second stage emphasizes the struggle a novice counselor experiences as they alternate between dependence versus autonomy and over-confidence versus ambivalence. The third stage is marked by increased confidence, insight, and awareness of self. The final stage defines the master counselor as having personal autonomy and self-assurance. I notice that the model stops at "self-assurance" and "autonomy" and does not explore later stages in depth. Although Hogan's (1964) seminal work was expanded on by others focused on conceptual supervisory practices, few research studies have been done using this model by applying the stages (Worthington, 1987).

Integrated Developmental Model

Stoltenberg's Integrated Developmental Model (IDM) (1992) expanded on Hogan's seminal (1964) work and is widely considered to be one of the most popular models of counselor development (Bernard & Goodyear, 2019; Worthington, 1987). IDM provides a framework that describes and organizes the process of supervision. The IDM posits how counselors may display various levels of development across different domains and with diverse types of clients.

Stoltenberg and McNeill (1997) proposed four levels of development and three developmental structures across which counselors progress and develop over time.

Four Levels of Development

The first level of development is characterized by the supervisee's feelings of anxiety, dependency, and insecurity (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). They are focused primarily on themselves and are apprehensive about evaluation by their supervisor or client. The supervisee is also highly motivated and relies heavily on direction from their supervisor. During the first level of development, the novice counselors focus on themselves and their anxieties and insecurities about their new role (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). The novice counselor at this level is dependent on their supervisor to provide structure and positive feedback. The main concerns at this level are lack of experience, lack of confidence, and limited skills. As the novice counselor gains experience and builds skills, their anxiety and lack of confidence begin to lessen.

During the second level of development, the supervisee begins to shift from self-focus to focus on their clients. Motivation fluctuates as the supervisee moves between feelings of confidence and insecurity. (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). At level two, the novice counselor may need structure in some areas but not in other areas. They are

better able to notice the complexity and nuances of the counseling process. There is increased knowledge and improvement in therapeutic skills and a realization of knowledge and skills not yet known. The novice counselor is being challenged with more complex interventions and clients and they may experience confusion and decreased confidence. Because of this, motivation fluctuates which results in the counselor seeking support of becoming more frustrated which negatively impacts motivation and engagement.

During the third level of development, the counselor can take a more balanced perspective on the counseling process (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). They are more able to reflect on their interactions with clients. They can work with less structure and more challenge and confrontation during supervision. The counselor's motivation is likely to be stable and high. Any conflicts between dependence and autonomy have likely been resolved. The counselor understands their strengths and growing edges. The focus in supervision is to improve skills in any of the clinical domains where the counselor may be weak. The counselor has developed their own counseling style and supervision is more collegial.

The highest level a counselor can attain in the IDM is Level 3 integrated (3i) (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). This is the level where counselors have reached Level 3 across all clinical and professional domains. The primary goal is to increase understanding across all domains. The counselor is now considered to be a master clinician. It is important to note that not all counselors reach this level. Most research is focused on development during levels one and two. A valuable area of research is missing by not exploring beyond Levels one and two.

Three Developmental Structures

Stoltenberg and McNeill (1997) described how a supervisee's developmental level is assessed according to three structures: (a) self and other awareness, (b) motivation, and (c) autonomy. Self and other awareness depicts how focused supervisees are on themselves during their sessions with clients, their awareness of clients, and their understanding of self and how they use that understanding in session (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). For example, at level one, a supervisee has a high self-focus with limited self-awareness whereas at level three a supervisee can remain focused on their clients while also being able to attend to their own personal reactions.

The structure of motivation is described as the amount of investment, interest, and effort supervisees expend towards their work and learning (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). At level one, a supervisee's motivation is high. They are focused on acquiring skills and interested in knowing the "best" approach to take with each client. At level three, the supervisee is more self-motivated and able to integrate their own style of counseling work on strengths and growing areas.

The final structure of autonomy is the varying degrees to which supervisees are dependent on their supervisor (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 1997). A supervisee at level three is highly dependent on their supervisor and has a need for structure and positive feedback. Supervisees at level three feel more comfortable functioning at an independent level. They are more apt to consult with others without losing their sense of professional identity.

Supervisees also develop along the following eight professional domains: intervention skills, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plan and goals, and professional ethics (Bernard &

Goodyear, 2019). Supervisees are expected to become competent in each of the eight domains. The IDM focuses on the path to competence as the counselor develops across these domains. Most of the existing literature is focused on the development of these eight domains at the beginning stages of a counselor's career. Hence, another reason the current study is important.

Lifespan Developmental Model

Rønnestad and Skovholt's (2003) Lifespan Developmental Model conceptualized counselor development throughout the course of a counselor's career. Counselor development occurs throughout one's professional career, not simply during training. Rønnestad and Skovholt (1992, 2003) conducted a longitudinal qualitative study looking at mental health practitioners' growth throughout the lifespan and conceptualized common experiences of mental health professionals. The researchers interviewed 100 American counselors and therapists and then re-interviewed 60 counselors two years later. The participants were two student groups including beginning and advanced students as well as three post-graduate groups including novice and expert mental health practitioners with an average of five, 15, and 25 years of professional experience. The researchers analyzed the data in three ways creating a stage model, a theme formulation, and a professional model of development (Rønnestad & Skovholt, 2003). The researchers developed an eight-stage model which was later collapsed into six stages and identified 20 themes of counselor development which were later collapsed into 14 themes (Rønnestad & Skovholt, 1992; Rønnestad & Skovholt, 2003).

Rønnestad and Skovholt (2003) identified six phases of counselor development. The first three phases (The Lay Helper, the Beginning Student, and the Advanced Student) are similar to the three levels of the IDM (Stoltenberg & McNeill, 1997). The final three phases (the Novice Professional, the Experienced Professional, and the Senior Professional) occur as the counselor

moves into career practice. The main advantage of this model is that it views the developmental process over the entirety of one's career.

Rønnestad and Skovholt (2003) identified the first stage as The Lay Helper Phase and is also known as the "pre-training" period. Before individuals enter the counseling profession, they have experience helping others and their conceptualization of helping others is based on common sense and life experience. The Lay Helper is characterized as one who identifies problems and concerns quickly, can provide strong emotional support, and gives advice based on their own experiences. Problems found at this phase include difficulties with setting boundaries through over-identifying or over-involvement. A main differentiation between lay individuals and professionals involves understanding and applying the concepts of sympathy and empathy.

Rønnestad and Skovholt (2003) labeled the second stage to include the start of formal training as The Beginning Student Phase. The Beginning Student now knows the ways of helping others in the Lay Helper Phase are no longer appropriate or accurate. The Beginning Student questions their abilities, personal characteristics, and resourcefulness needed to be a counselor. This phase is characterized by apprehension and anxiety. Beginning students can be negatively impacted by criticisms from supervisors and negative feedback from clients. Growth is strengthened by openness to new learning and ability to recognize and accept the nuances of professional counseling.

Rønnestad and Skovholt (2003) identified the phase toward the end of formal training as The Advanced Student Phase. This third stage is also known as the "intern" phase when the student is working as a counselor and receiving formal supervision. The Advanced Student is refining technical skills, conceptual ideas, and focusing in on one or two theories of counseling.

Supervisors are highly influential and there is a conflict between dependency on supervisor and autonomy.

Rønnestad and Skovholt (2003) defined the fourth stage that occurs during the first five years after graduation as The Novice Professional Phase. The Novice Professional is exploring beyond what they have been taught. These years are typically profound and engaging. There is a change that occurs during these years with the first change being a time where the Novice Professional is seeking confirmation to validate their professional training. The next change occurs when the Novice Professional becomes disillusioned with their professional training after finding themselves in challenging situations where they feel inadequately prepared. The final change occurs when the Novice Professional begins to explore their professional self and environment in a more intense and profound way.

Rønnestad and Skovholt (2003) labeled the next phase the Experienced Professional Phase. This fifth stage occurs after numerous years in the field and various clients and this phase is characterized by authenticity of personal and professional self. The Experienced Professional is aiming to develop a counseling role which is congruent with who they are as an individual. This counselor is much more flexible with style and technique and has an increased trust in professional judgment and relies heavily on self-reflection. Problems that can occur during this phase are lack of motivation for continuing education and professional growth. Creating new challenges and being open to self-evaluation are healthy ways to overcome stagnancy.

Rønnestad and Skovholt (2003) labeled the sixth and final stage as the Senior Professional Phase. The Senior Professional has practiced for 20 to 25 years or longer. These counselors are likely preparing for partial or full retirement. They are well-established professionals and serve as a guide or mentor to novice professionals. They typically have a keen

sense of self-acceptance, are fulfilled by their work, and are increasingly self-reflective. A main concern during this phase is the loss of mentors and colleagues as well and an increased realization of what can and cannot be professionally accomplished. The target population for the current study are counselors who are in the senior professional phase of their careers.

Rønnestad and Skovholt (2003) identified 14 main themes of counselor development. These themes focused on professional identity and reflection, lifelong learning, internal versus external locus of control, career longevity and lifespan influences, and the relationship with clients. The themes contribute to how we understand counselor development, and some are particularly relevant to counselor longevity. For example, the development of a counselor takes time and is a life-long process. It can also be “erratic” and highly influenced by personal life events. Professional elders are valued by new professionals but the lack of literature in this area does not echo these values.

Rønnestad and Skovholt’s (2003) Lifespan Developmental Model is focused on the changes in professional identity and insight as counselors progress through the profession. (Rønnestad & Skovholt, 2003). The counselor characteristics are associated with gradual changes in experience, maturity, and insight. As a counselor advances along in their career, they have an increased understanding of their role as a counselor. They become less dependent and more confident and professionally mature. To date there has been limited research on senior professional counselors and the goal of my study is to explore the longevity experiences of senior counselors. As counselor development is considered a life-long process, what lessons can we learn from our senior professional counselors?

Counselor Longevity

There is an ever-increasing collection of literature concerning the development and practice of graduate counseling students and counselors-in-training (Rønnestad et al., 2019). However, there is a dearth of literature focusing on the longevity experiences of senior professional phase counselors. Literature focusing on the entire career of a mental health practitioner is mainly conceptual and focused on supervision (Rønnestad et al., 2019). Relevant literature related to senior mental health practitioners will be reviewed below.

Mullenbach and Skovholt (2016) presented results from a study on resiliency patterns of master therapists. The researchers interviewed mental health practitioners to identify stressors and wellness strategies. Results provided 20 themes within 5 categories including professional stressors, emergence of the expert, creating positive work structure, protective factors, and nurturing self. Various themes were consistent with Rønnestad and Skovholt's (2003) senior professional including moving from theory to use of self, highly engaged learning, value of internal focus, and the understanding of human suffering.

Gladding (2019) presented a biographical article examining five decades of his career through the lens of psychosocial and career developmental models. Gladding's article provides a qualitative viewpoint from a leading voice in the counseling field. Gladding (2019) described his current life and career stage as one of self-reflection with a desire to support and provide wisdom and insight to the next generation of counselors.

Sim et al. (2015) explored experiences with thriving, burnout, and coping strategies of seven early and seven later career counseling center psychologists. The researchers utilized a consensual qualitative research design to discover the following resources contributed to decreased feelings of burnout: support from colleagues and administrators; the sense that staff

work well together; the presence of autonomy; respect for setting limits at work; and social activities with colleagues during the workday (Sim et al., 2015). The researchers' recommendations included utilizing the expertise of later career psychologists in responding to interpersonal friction, encouraging later career psychologists to utilize consultation and engage with professional development opportunities (Sim et al., 2015).

Jennings and Skovholt (1999) explored the cognitive, emotional, and relational characteristics of 10 master therapists including one psychiatrist, three social workers, and six psychologists. The researchers defined "master therapist" as one whose colleagues have identified as highly experienced and well regarded in their respective field. The researchers interviewed 10 therapists with years of experience ranging from 21 to 41 years. Jennings and Skovholt (1999) described three cognitive characteristics of the master therapist: they are "voracious" learners who value professional development; their life and work experiences have become an invaluable resource with which to draw upon; and they find meaning in cognitive complexity and ambiguity. The researchers described the three emotional characteristics of master therapists as being emotionally receptive, mentally healthy, and mature, and aware of the impact their emotional health had on their work (Jennings & Skovholt, 1999). Relational characteristics of master therapists included excellent relationship skills, the belief in the therapeutic alliance as a catalyst for change, and the use of relationships skills in therapy. Interestingly, the identified characteristics that are similar to Rønnestad and Skovholt's (2003) Senior Professional. Trait similarities include the overlap in self-reflection, self-acceptance, and a commitment to professional growth through experience (Rønnestad & Skovholt, 2003).

Rønnestad and Skovholt (2001) explored the learning arenas in the professional development of Senior Psychotherapists. The researchers interviewed 12 psychologists with

work experience ranging from 25 to 56 years. They identified four primary learning arenas. The first arena was the influential impact of early life experiences. These childhood experiences informed attitudes toward work, theoretical frameworks, and professional functioning (Rønnestad & Skovholt, 2001). The second learning area was the cumulative influence of professional experience impacting their work. Participants described becoming less anxious and more secure and confident as they gained more experience throughout their careers. The third arena was the profound influence of professional elders. With gratitude, participants described positive and impactful relationships with senior mentors (Rønnestad & Skovholt, 2001). Finally, the fourth learning arena is the impact of personal experiences in adult life. Participants' professional lives were largely impacted by both positive and adverse life experiences (Rønnestad & Skovholt, 2001).

Learning is a continual process that does not stop at graduation or licensure. Counselors at every stage of development encounter numerous opportunities for growth and learning throughout their lives. Experience becomes wisdom through reflection and processing of personal and professional experiences (Rønnestad & Skovholt, 2001). My study will give senior counselors an opportunity to share wisdom they have gained through experience. I believe this to be a valuable area that is missing from the research.

Burnout

Counseling professionals dedicate themselves to helping others (Lawson, 2007; Lawson et al., 2011). A counselor's professional performance can be negatively impacted by burnout, which can inhibit a counselor's ability to intervene competently and to be emotionally present to their clients (Maslach & Goldberg, 1998). Literature on burnout acknowledges that counselors experiencing burnout are more likely to be impaired (Lawson, 2007; Lawson & Myers, 2011;

Neswald-Potter et al., 2013; Roach & Young, 2007). There is a plethora of research studies on how burnout impacts mental health professionals as well as literature focusing on the benefits of wellness and self-care strategies as burnout prevention (Lawson, 2007; Lawson et al., 2007; Lawson & Myers, 2011; Richards et al., 2010; Roach & Young, 2007; Wardle & Mayorga, 2016; Wolf, et al., 2014). The emphasis on counselor wellness is critical to ethical practice (ACA, 2014). Despite numerous research on burnout prevention strategies, burnout continues to be a problem in the mental health field (Lawson, 2007; Lawson et al., 2007; Lawson & Myers, 2011; Richards et al., 2010; Roach & Young, 2007; Wardle & Mayorga, 2016; Wolf et al., 2014). While job burnout is reported in nearly all professions, individuals in the helping professions have historically been at a higher risk for burnout (Maslach & Jackson, 1998; Paris & Hoge, 2010; Volpe et al., 2014).

Conceptual distinctions need to be made when discussing burnout. Previous literature has interchangeably used the terms burnout, vicarious trauma, and compassion fatigue to explain the same phenomenon, when in fact there are specific differences. For example, Figley (2002) asserted that compassion fatigue and burnout are similar in presentation but are still two different experiences. The concept of burnout was first discussed in the 1970's by Freudenberger, who described burnout as a hazard to individuals working in people-oriented professions (Maslach et al., 1998). Burnout is a gradual progression and is characterized by emotional exhaustion, depersonalization, and decreased sense of personal accomplishment (Maslach & Jackson, 1981). Compassion fatigue refers to the negative aspects of working as a helping professional and results in reduced capacity to be present with clients. Factors that may contribute to compassion fatigue include inadequate self-care, unresolved trauma or personal concerns, and lack of professional satisfaction (Lawson & Myers, 2011).

It is important to note that burnout can happen to anyone, whereas compassion fatigue is limited to individuals in helping professions (Lawson & Myers, 2011). Compassion fatigue also reduces the capacity to bear the suffering of others and can be experienced with any type of client. Compassion fatigue can cause tension and impede empathy. Symptoms of compassion fatigue include exhaustion, feeling overwhelmed, irritability, detachment, and lack of energy and enthusiasm (Figley, 2002). Vicarious trauma is specifically related to working with victims of trauma. The effects of working with trauma survivors are distinct from those of working with other clients because of the counselor's exposure to the shocking and painful nature that is characteristic of trauma. McCann and Pearlman (1990) first used the term "vicarious trauma" to explain the psychological impact of working with trauma victims. Traumatic events challenge assumptions about oneself and the world. Vicarious trauma may also lead counselors to encounter disruptions in their cognitive schemas. Overall, the main difference between compassion fatigue and vicarious trauma is the effect vicarious trauma has on an individual's belief systems.

Dealing with personal and professional related stressors may leave helping professionals emotionally exhausted and suffering from burnout. These stressors may decrease the helping professional's ability to empathize with clients, which may lead to reduced effectiveness as an advocate for self and others (Lawson & Myers, 2011; Maytum et al., 2004; Stamm, 2010). Burnout is also associated with impaired psychological and physical health, including anxiety, depression, headaches, insomnia, low self-esteem, and lower quality of life, as well as a counselor's negative change of attitude towards the counseling process (Lent & Schwartz, 2012; Maytum et al., 2004; Puig et al., 2012; Stamm, 2010). Counselors are vulnerable to burnout due to the emotional effort needed to be continuously empathic (Merriman, 2015).

While symptoms of burnout vary from individual to individual, they are typically a direct result of continued exposure to high stress and high demands. Burnout can impact all aspects of a mental health professional's personal and work life and it is critical to have a plan to mitigate and prevent burnout (Lawson et al., 2007; Lawson & Young, 2011). I believe it is significant to the well-being of mental health professionals to have knowledge and tools in place to address burnout prevention. Learning from professionals who actively chose to stay practicing in the field for a certain length of time might be one way to combat burnout.

Rates and Impact of Burnout

A recent systematic review and meta-analysis by O'Conner et al. (2018) aimed to estimate the level of burnout in mental health professionals. The researchers reviewed 62 studies of original research published between 1997 and 2017. Key findings suggest that 40% of the respondents were suffering from burnout. The researchers also identified individual and work-related factors that may impact burnout. Increased workload and decreased autonomy were found to be associated with higher rates of burnout. Interestingly, while increased age was associated with an increased risk of depersonalization, it was also associated with elevated levels of personal satisfaction. Depersonalization is characterized by a detached response to others. Personal satisfaction is characterized by personal accomplishment and feelings of competency and productivity within the work environment. This research suggests that personal satisfaction increases with age.

Wardle and Mayorga (2016) conducted a survey of counselors-in-training to determine levels of burnout. Surprisingly, 85% of participants had awareness of burnout and/or were currently experiencing symptoms of burnout. The researchers emphasized counseling students are just as vulnerable to burnout and reiterated the importance of wellness and self-care practices

to reduce symptoms of burnout. A question arises as to how prepared counseling students are for a career in mental health if they are already experiencing burnout? Wardle and Mayorga's (2016) research indicate that counseling students need more information on burnout and prevention. While burnout prevention strategies are essential, it may also be beneficial to learn from senior counselors and their attributions of sustaining a lengthy career.

Volpe et al. (2014) used the Beck Depression Inventory (BDI) and the Maslach Burnout Inventory (MBI) to assess burnout among 140 mental health professionals. Half of the participants (n=70) were comprised of psychiatrists and the remaining were psychiatric nurses, social workers, or rehabilitation technicians. The researchers' population was early mental health professionals and criteria for participation was less than 10 years of professional experience. All participants worked at the same psychiatric facility. The results indicated moderate to elevated levels of burnout among early mental health professionals (Volpe et al., 2014). Specifically, psychiatrists had a lower sense of professional accomplishment and higher levels of emotional exhaustion, a key indicator of burnout (Volpe et al., 2014). The results are concerning. If burnout is already present in early mental health professionals, how will mental health counselors be able to care for themselves and others? Learning from senior counselors may be one way to help better prepare mental health professionals for the demands of the job.

Dreison et al. (2016) conducted a meta-analysis reviewing 35 years (1980-2015) of research on the effectiveness of burnout interventions. Results indicated person-centered interventions were shown to be more effective than organization-centered interventions at reducing emotional exhaustion. Interestingly organizational interventions (clinical supervision, support groups, and team building) had no significant effect on burnout. The researchers noted

burnout continues to be a critical concern in the mental health field and stressed the necessity of continued research.

Burnout has been and continues to be an issue in the mental health field and impacts not only providers but the clients they serve. Burnout has been an interest to researchers as well as mental health professionals. Mental health professionals are at risk when they are exposed to high stress and when they do not have the proper burnout resources or strategies. To answer my overarching question of “how do senior counselors experience their professional longevity?” offers valuable insight into how senior counselors have managed stressful situations and continue to work over an extended period of time in the mental health field. The experiences of senior counselors are not explored in the counseling literature and this study aims to give senior counselors a voice.

This chapter summarized findings of published research on counselor development, burnout, and longevity.

CHAPTER THREE: METHODOLOGY

Introduction

This chapter explains the methodology used to answer the primary research question: “How do senior counselors experience their professional longevity?” A qualitative method of inquiry was employed with a phenomenological design. This study is an attempt to understand the experiences of counselors practicing for at least 20 years and how they make sense of their professional longevity. The purpose of this study was to explore, using semi-structured interviews, the experiences of mental health counselors in the senior phase of professional development and their attributions of career longevity. The current chapter identifies the methodology used to describe the phenomenon of longevity within senior counselors. Information in chapter three outlines the qualitative research design, participants and procedure, researcher reflexivity, data collection procedure methods, data analysis, and trustworthiness.

Research Design

I utilized a phenomenological approach to answer the qualitative research question: How do senior counselors experience their professional longevity? A phenomenological study is designed to describe the meaning of the lived and collective experiences of a group of individuals (Creswell & Poth, 2018; Hayes & Singh, 2012). This study explored the phenomenon of longevity within professional counselors’ careers. Phenomenology is a philosophy as well as a scientific, methodological approach to data collection and analysis (Moustakas, 1994). The main philosophy of phenomenology notes that phenomena are events as they exist and can only be identified and changed through one’s perception (Moustakas, 1994). A phenomenological design is congruent with studying the lived experiences of individuals as they relate to a particular phenomenon (Creswell & Poth, 2018; Hays & Singh, 2012).

The primary goal of using phenomenological methodology is to gather first-hand descriptions of experiences from the individuals who have lived that experience to gain a full sense of their experiences and meaning making (Moustakas, 1994). Exploring the lived experiences that the participants discussed with me allowed for common themes to be identified and documented. The emphasis on the lived experiences of senior counselors provides a unique approach to understanding longevity. A well-constructed, phenomenological approach can provide valuable information to strengthen this area of research.

Participants

The target population for my study were licensed counselors with at least 20 years of mental health counseling experience. I chose 20 years of experience based on the Senior Professional Phase of Rønnestad and Skovholt's (2003) Lifespan Developmental Model. Participants were recruited through purposive and snowball sampling. The primary goal of purposive sampling is to create a sample of the population studied (Creswell & Poth, 2018; Hayes & Singh, 2012). Snowball sampling utilizes the power of word-of-mouth to help generate interest and is a practical way to accomplish purposive sampling by finding others that may know individuals who share the inclusion criteria for the study (Creswell & Poth, 2018; Hayes & Singh, 2012). I incorporated purposive sampling and snowball sampling to achieve an adequate sample size. Creswell and Poth (2018) suggested a sample size between 5-25 participants. For this study, a total of five counselors were interviewed. After interviewing five counselors, saturation of data for the major themes was achieved. The participants were identified by others as mental health counselors who have been practicing for at least 20 years. I sent an email to practicing counselors and counselor educators asking for participant recommendations. I contacted potential participants through email and telephone calls. Participants must have met

the following criteria: first, they are currently licensed as a mental health counselor. Second, they have been working as a mental health counselor for at least 20 years. Finally, they were willing to participate in this study. Five counselors who met the criteria agreed to participate in the study.

Procedures

Before I began my study, I obtained approval through North Dakota State University's Institutional Review Board (see Appendix). I recruited participants through email and telephone calls. The email and phone script stated the criteria for the study, a general description of the research, and my contact information. When an interested potential participant contacted me, I emailed informed consent and interview guide and scheduled a mutually agreed time and place to conduct the interview. Three interviews were conducted in person, one over telephone, and one over zoom. Participants were reminded to choose a location which allowed for privacy. At the beginning of the scheduled interview, I reviewed informed consent and participants verbally agreed prior to the interview.

Confidentiality and privacy of participants were protected throughout. Names of participants were kept confidential, and I used aliases to identify them in the study. Each interview was recorded on an app from my computer and transcribed immediately after each interview. Audio recordings were stored on a password protected computer and deleted after transcription. I stored the transcribed interviews on the same password protected computer. Paper copies of transcripts were stored in a locked case.

A phenomenological approach encourages the use of interviews to collect data (Creswell & Poth, 2018; Hayes & Singh, 2012). Five individual semi structured interviews were utilized for data collection. Using open-ended questions, the semi-structured interview was designed to

encourage dialogue and invite participants to respond candidly. The conversational interview allowed me to build rapport and prompt information regarding the phenomenon. I attempted to focus on the participant's views and voices while also remaining reflective and engaged throughout the process (Creswell & Poth, 2018; Hayes & Singh, 2012).

Individual interviews allowed me the opportunity to learn about the phenomenon of longevity from each participant in their own words. An interview approach was intended to provide detailed insight into each participant. Semi-structured interviews often produce a richer depiction because it allows for more of the participants' voices and experiences to be recorded (Creswell & Poth, 2018; Hayes & Singh, 2012; Hays & Wood, 2011). For this study, in depth, semi-structured, face to face, telephone, and virtual interviews were conducted. I utilized an interview guide to discuss with the participants their lived experiences of longevity. The interview guide contained thoughtful, non-leading, open-ended questions to gain descriptive information designed to gather information regarding the phenomenon of longevity. I used a recording app from my computer to record the audio of the interviews. After each interview, I used field notes to record my thoughts, reflections, and observations (Creswell & Poth, 2018; Hayes & Singh, 2012). I then transcribed the interviews verbatim. The interview questions were the following:

1. Provide me with a brief overview of your career as a counselor. How long have you been a counselor, areas/settings of work?
2. How would you define where you are during this point in your career? How would you describe yourself as a counselor at this point in your career?
 - a. How are you the same/different from when you started your career?
3. What do you attribute to your professional longevity?

4. What inspires you in your career?
 - a. Why are you still a mental health counselor?
 - b. Did you ever consider leaving the mental health field; why or why not?
5. What role does continuing education play in your career?
6. What challenges have you had during your career?
 - a. Have you experienced burnout?
 - b. What advice would you give a practicing counselor who is struggling with burnout?
7. How did you overcome challenges?
8. What have been your proudest moments in your career?
9. How does the person you are impact the therapy you do?
 - a. How does your emotional health impact the work you do?
 - b. How does your physical health impact the work you do?
 - c. How does your work environment, including co-workers, impact the work you do?
10. What advice would you give a new counseling student?

A phenomenological approach involves bracketing, where the researcher acknowledges their own experiences with the phenomenon to recognize their own role and bias (Creswell & Poth, 2018; Hayes & Singh, 2012). Bracketing involves the use of reflexive writing for the researcher to set aside biases and remain curious. The role of the qualitative researcher in this study requires interaction with each participant to obtain a more in-depth understanding of the phenomenon of longevity as each participant experienced it (Creswell & Poth, 2018; Hays & Singh, 2012). The researcher's views are taken in the context of their experiences to gain a clearer understanding of

the biases that exist. The researcher's role in the study is based on individual experiences as a counselor, a counseling client, and as a counseling student. It will be necessary for me to acknowledge and bracket my experiences during this study. I have lived experience as a mental health counselor and am currently a Licensed Professional Counselor (LPC) in North Dakota and a PhD candidate in a CACREP accredited Counselor Education and Supervision program at North Dakota State University. My interest in counselor longevity stems from my own experiences and observations. I was curious as to why counselor longevity is a critical area to explore and research because I believe in the value and importance of learning from those who have paved the path ahead. During my master's level internship, I was fortunate to have excellent supervision experience. My supervisor had been a practicing counselor for over three decades and her passion and love for counseling was evident from the moment I met her. I valued her clinical wisdom and experience and am grateful for all that she taught me. This experience was the catalyst for my interest in counselor longevity. My experiences with some amazing supervisors and teachers have inspired my continued interest in this topic. I am curious to explore the lived experiences of counselors to better understand what may contribute to a long, fulfilling career in counseling. As I work on this study, I will remain conscious of my experiences as a student, counselor, and client. I will remain aware of my potential bias and the need to bracket my own perspectives and beliefs as much as possible during interviews and data analysis (Creswell & Poth, 2018; Hayes & Singh, 2012).

Data Analysis

My method of analysis was guided by a simplified version of Moustakas's (1994) modification of Stevick-Colaizzi-Keen's approach. First, I examined my personal experiences and assumptions related to counselor longevity to acknowledge and set aside my biases. This

process is known as bracketing (Creswell & Poth, 2018; Moustakas, 1994). My researcher reflexivity statement is included in the previous section. For the second step, I read all the interview transcripts several times. This allowed me to get an overall sense of the participants' lived experiences. I then underlined noteworthy words and phrases and developed a list of significant statements, treating all as having equal worth. This process is known as horizontalization (Creswell & Poth, 2018). For the third step, I analyzed the significant statements and grouped them into themes or "meaning units." I created separate documents on my computer and added significant statements from the participants under each possible theme. Meaning units were integrated into core themes and subthemes (Creswell & Poth, 2018). For the final step I created descriptions, which became the "essence" of the experience (Creswell & Poth, 2018). The human experience is complex and categorizing it into discreet themes is difficult, and I have done so to the best of my abilities. There is interplay between some of the experiences described and the themes they represent, but my hope is the quotes and stories illuminate the meaning behind the participants' experiences. Themes allowed for an in-depth description of participants' experiences and were created to signify the findings of the study. Through this process four major themes and three subthemes were identified. I will explore the themes in further detail in chapter four.

Trustworthiness

Trustworthiness in qualitative research is the process of ensuring that the documentation and conclusions of the research are sound and thorough (Creswell & Poth, 2018; Hayes & Singh, 2012). For this study, I used several different trustworthiness techniques to improve the credibility of my findings. I utilized field notes to document my observations during and immediately after each participant interview to gain a better perspective on the research process.

I also utilized a triangulation of investigators during data analysis. Triangulation of investigators is a collaborative strategy for enhancing trustworthiness and is also known as a research team (Hayes & Singh, 2012). My research team consisted of myself and my advisor, Dr. Jill Nelson. The implementation of thick descriptions increased trustworthiness as data were recorded in rich and vivid details through direct quotes. An open-ended phenomenological interview format ensured the depth of description and added to the data's transferability. Finally, I implemented an audit trail which documented the steps I followed throughout the research process.

Chapter Summary

This phenomenological study explored the longevity experiences of mental health counselors in the senior phase of professional development. The perspectives of five counselors were gained using personal, one-on-one interviews. Triangulation, audit trails, field notes, and thick descriptions were utilized to ensure the trustworthiness of the research. This study offers insight into the firsthand experiences of senior professional phase counselors and provides meaningful information as it relates to counselor longevity.

CHAPTER FOUR: RESULTS

The purpose of this study was to explore the lived longevity experiences of senior professional counselors. A qualitative phenomenological study was designed and implemented to better understand how counselors in the senior phase of development experience professional longevity throughout their career. One-on-one interviews via telephone, Zoom and in-person were conducted with five professional counselors with at least 20 or more years of experience. I used a simplified version of Stevick-Colaizzi-Keen's approach to analyze the data (Moustakas, 1994). Four major themes and three sub-themes emerged from the data analysis process. The four major themes were, (a) meaningful work, (b) commitment to learning with subthemes of choosing learning experiences intentionally and consultation and supervision, (c) boundaries maintain balance with a subtheme of self-care as burnout prevention, and (d) authentic presence. Each of the themes offered rich and personal descriptions of how counselors experience the phenomenon of professional longevity. The following sections include a description of participants and describe the findings through participant quotes and the major themes and subthemes.

Study Participants

Five counselors participated in this study. They were all working licensed counselors and met the primary criteria of having been a licensed counselor for at least 20 years. All of the counselors work with clients in the Midwest. Four of the counselors live in the Midwest and one lives in the Southern United States. Each of the participants demonstrated a willingness and openness to share their lived experiences with professional longevity.

Participant 1, Esther, has been working in the mental health field for over 40 years and has been a licensed professional counselor for the past 32 years. She began her career as an

outreach counselor for children and families. She is currently a counselor at a university counseling center in the Midwest, a position she has been in for the past 37 years. She works with college students presenting a variety of concerns. For the past year Esther reduced her case load and now works two days a week and considers herself “semi-retired” with no plans for full retirement.

Participant 2, Janina, has been in the mental health field for 37 years. She is a licensed addiction counselor and a licensed professional clinical counselor. She began her career working as a counselor at a human service center in the Midwest. Her next position was as a licensed addiction counselor and mental health counselor at a treatment center in the Midwest. In 2007, Janina transitioned into private practice until 2020 when she relocated to the southern United States. Janina continues to see clients in the Midwest via telehealth and considers herself “semi-retired” with the goal of increasing her caseload. Janina specializes in addiction and trauma.

Participant 3, Jean, is a licensed professional clinical counselor and has been in the mental health field for 40 years. She began her career as a counselor in a psychiatric hospital for a brief time and has been in private practice in the Midwest for most of her career. Jean specializes in depression, anxiety, PTSD, abuse, and grief. She sees both individuals and couples. Over the past few years, Jean has reduced her case load and considers herself “semi-retired” with no plans for full retirement.

Participant 4, Carl, is a licensed professional clinical counselor. He began his career 29 years ago working for a social services department providing mental health in schools until becoming fully licensed in 1996. He worked in a residential treatment center for adolescents and a psychiatric hospital before starting his own private practice in 2009. He specializes in anxiety

disorders and works with children and adults. Carl maintains a full client load with the goal of retiring in the next three to five years.

Participant 5, Sue, is a licensed professional clinical counselor and has been in the mental health field in the Midwest for the past 37 years. She worked for 15 years at a crisis center working with children and adults. Sue then worked as a counselor at an elementary school until four years ago when she began working as a spiritual intuitive. She now takes an integrative approach as a holistic counselor who incorporates spiritual readings and energy clearing into her work at a group private practice.

Theme 1: Meaningful Work

All of the participants espoused the meaning they get from their work as a counselor. Counselors find meaning in helping others and providing space for clients to heal. Participants expressed the love they have for the counseling profession as a reason they chose to stay in the field. Each participant expressed their love of the work, and this theme was evident from the beginning. Each participant expressed the passion they have for their work in different ways. Here are quotes that most exemplify this passion. Sue stated, “This is what I love.” Esther stated, “I love, I love working with college kids.” A deeper purpose and meaning in the work were also conveyed by the participants. Esther, who has 40 years of experience, expanded on what her profession means to her and how she views it as her purpose in life:

This is what I love to do. It’s what I love to think about. I see it as my purpose in life as well...my purpose here is to help and if I can do that. Then do it.

Janina, who has been working as a counselor for 37 years, also expressed her passion for her work and what it means to her even through challenging times:

When you find what you are passionate about, and you can do that for a living, you find a way through the frustrations and the setbacks and the disappointments and all of that because it means something, it means a lot to you.

It is incredibly rewarding to see people find insight, create meaning and develop deeper understanding in their lives. Counselors are fortunate to play a role in that process. All the participants were keenly aware of the responsibility and honor that entails. Jean, who has been working as a counselor for 40 years, stated:

When I see a client making changes, when I see them become aware of things that they can do to change. I love this with a passion and just watching movement and where they get it, they get it.

Janina stated, "I just love seeing light bulbs go off and being useful and collaborating with them and working together to improve the quality of their life and relationships."

Carl, who has 29 years of experience, had a similar sentiment:

It's fun to see people when they get that 'aha' moment, when you're working with them and then they'll just sit back and you can see them really get into some thought like 'I never thought of that' or 'I didn't think of that before.' That's the part that keeps me going. When I see that lightbulb go off, that's what keeps me doing it.

Sue discussed how her work as a counselor over the past 37 years has influenced her worldview:

If you think of every topic every subject being on a spectrum, you know, and you got people at this end and people at this end and everywhere in between, my love of every point on the spectrum, my enthusiasm and excitement for every point on the spectrum. I think counseling has given me the opportunity to see human beings at every point, and to just be like we're all amazing. We're all facets, you know, and if we didn't have both ends

of the spectrum, I mean, we have to in order we have good and bad, in order to choose which one we want. We have to have high and low to choose. And that's why we're here to make choices. It's contributed to my worldview of how I see the world and I've always been a very accepting person, because my parents taught me about that, but it's given me the opportunity to really see, because sometimes you can go through life and not see all ends of the spectrum but I'm able to.

Jean shared a metaphor that describes what being a counselor means to her. The meaning she gets from her work was evident:

This means so much to me. The starfish story is an old man on a beach, and there were starfish on the sand all over the place. And the old man kept throwing the starfish back into the sea. Some young people came up to him, 'old man, you can't save them all.' And he tossed another one and he said, 'but it matters to this one.' Meaning, we may impact one person, it's okay. It's okay. It matters to this one.

Participants described how meaningful it has been over the years when they hear from former clients and how that reinforces the power of the therapeutic relationship and why they continue to do the work. For example, Carl described some of his proudest moments:

Proudest moment is probably when I get these Christmas cards. It's kind of cool, but tells me that I had some rapport and made a significant impact in those people's lives for sure. For them to think of me that way to the point where they make sure I get a Christmas card with their family picture on it and everything else. That's pretty cool.

Jean highlighted how the impact of the therapeutic relationship expands time and has no expiration date:

My greatest compliment sometimes is when someone I treated 20 years ago gives me a call and they say ‘You helped me 20 years ago’...It’s happened many times. I don’t share it with a lot of people. To me what it says is relationships are eternal.

There is much meaning in the therapeutic relationship and Jean also expressed how much she has learned from her clients:

I think clients teach us how to grieve. They teach us how to be frustrated. They teach us that doing same old same old doesn't work. And just the beautiful, different personality types.

Participants described the meaning they find in their profession. Participants were connected to a deeper meaning and sense of purpose. The passion and love the participants have in their work was present throughout the interviews.

Theme 2: Commitment to Learning

The second theme associated with counselor longevity is a commitment to learning. Despite the many years of counseling experience, all the participants embraced a commitment to continuous learning throughout their career. Participants agreed that ongoing education was needed to keep current in the field and a necessary component of professional development. There was value in learning new therapeutic techniques and approaches to enhance their work. The participants described themselves as lifelong learners who are internally driven to continually learn and grow. There was a strong desire and interest to learn just for the sake of learning and personal growth. Sue described her lifelong love of learning and how that has benefited in her many years of work as a counselor:

Even if I didn't have to get CEUs, I'm just a lifelong learner, a love of learning. If I had to name something I collect, I collect information like that, I just love information. I can

never get enough. So I think that's very helpful in the counseling field because you're not only keeping up to date, but you're expanding your base of knowledge, the tools in your toolbox.

Curiosity was a motivating force that led participants to seek out new information. Janina discussed the value of learning experiences early in her career, "If you're curious and if you're committed and passionate about it, you find your way through."

Esther echoed a similar curiosity intertwined with the desire to learn, "Always that learning that being curious, like 'what else is going on here? What am I missing?'"

Licensed clinicians, counselors are required to take continuing education units (CEU) for licensing purposes. Jean stated, "That's been part of my ongoing training and I go to workshops and get the CEUs I need. Ongoing education is excellent."

The field of counseling is an ever-evolving field and staying up to date on new information and research is a necessary component of the profession. Carl discussed how learning and self-evaluation have been vital in his professional longevity:

Longevity, for me probably is continuing to challenge myself to learn new techniques, new ways. I kind of get in a rut where I get after every two or three years. I kind of feel like I'm doing the same techniques over and over again. I'm using the same and I've seen very good benefits from it, but I want bigger, better, more. I just want something that's going to work just as well. I want to add to my bag of tools that I have.

Subtheme 1: Choosing Learning Experiences Intentionally

The first subtheme under commitment to learning is choosing learning experiences intentionally. While participants all noted the value and commitment to learning, they also talked about how the learning they do at this level is intentional. They do not go to trainings or

conferences just for the sake of licensing. They have a desire to learn and expand their knowledge base and do so with purpose and intention. They explored how challenging it can be because of the extra financial costs involved with attending out of state conferences or trainings that meet their specific needs. Participants also discussed the lack of quality opportunities for advanced clinicians. Janina described seeking out learning opportunities and discussed the value in learning from mentors and others who inspire her:

If I want to know more about this I'll go find somebody that knows more about that, and then that can lead to supervision. And, you know, I sought that out. I think that's really important. I sought that out and paid for it, even when my place of employment said no, we're not going to cover that. And I would go anyway, but very often they would see the need for that and they would cover it and just one thing leads to another. I always wanted to know what I was doing. Wanted to know, how does this work? What's helpful, why is it helpful? And there are people that are brilliant, you know, there are brilliant people, and they just make it look like a hot knife through butter.

Esther also described her experience of learning and finding inspiration from other professionals in the field. She does this by intentionally choosing conferences that she finds valuable even if it involves extra financial costs that are not covered by her place of employment:

Having that ability to go to various conferences, and then I began to learn as well like it is worth it to spend a little bit more sometimes, a lot more, to go to something that feeds your soul. I will not go to conferences anymore where I could do a presentation. It's like that's a waste of money. You know, I'm not there just for the CEUs. I want to learn. You know, I want you to give me some stuff to think about. I wish it weren't so expensive. I

want everybody to go to that psychotherapy networker conference, because it does it just feeds you, it's the people there. They're really fine therapists, but also good teachers.

Carl described his desire to learn and build his base of knowledge. He discussed the challenge he has had seeking out relevant advanced trainings and learning experiences:

A challenge for me and this is over the last probably 15 years is really finding what I'm looking for as far as continuing my education process without officially going back to school, but at the same time, I want to learn, I want to challenge myself to learn. It seems like you go to conferences or workshops, and it's the same. It's the same, not intro level, but pretty close to introductory level type stuff and I'd love to have a workshop for advanced clinicians that have been in the trenches for a long time and let's get down and really talk about other things that maybe haven't been talked about. Whether that's philosophy or something else. I missed that because I have to seek that out extra for me. I have to find the books. I have to do other things and I am not a reader per se, I would rather go to a conference and listen to somebody and then get information and then I can do some reading and follow up, but I just missed that advanced training.

Sue discussed the lack of diverse learning opportunities for students and stressed the importance of programs incorporating eclectic theories and approaches:

Doctors learn western medicine, you know, and there's eastern medicine and all the amazing energy work. Doctors never learned about that, medical doctors, but it's the same in counseling. We have a very restricted curriculum. Bring in the energy stuff, sound therapy. I would say if I was in charge of a program, I would look at every therapy that's out there and incorporate some of it. And I would accentuate how much research there is out there.

Subtheme 2: Consultation and Supervision

The second subtheme under commitment to learning is consultation and supervision. Participants discussed the importance of learning with and from peers, through consultation and supervision. Participants described consultation and supervision as being a valuable part of their ongoing professional growth. Supervision does not end with licensure. Supervision can be and some participants argued it should be something that is part of our career-long learning process. When discussing supervision, Janina stated, “I always sought out supervision and I always sought out what I was missing.”

Similarly, Sue stated, “consult, talk about it, find out if there's anything else, how else could I be helping this client?”

Although Jean noted she does not currently consult with other practitioners, she acknowledged the importance and stated, “If I was stuck on something, I wouldn't hesitate to call another therapist.”

Esther voluntarily participates in weekly group supervision even though she is no longer required to since reducing client hours, “It's my favorite time of the whole week.” She was emphatic when discussing the value of supervision at all developmental stages:

I love group supervision and I think that we all need supervision. I don't care how many years you've been doing this. I get kind of irritated, like it's supposed to be something for beginners, you know, we always need supervision. I just think the work that we do, I mean there's always somebody that's just like ‘what's going on here? Am I being blind to something? Am I missing the boat with this?’

Consulting with peers can also be a way to stay connected to other practitioners, especially for counselors working alone in private practice. Carl discussed the value of creating

relationships with other counselors not only for consultation purposes but also as a means to connect:

If something comes up, I will put in a call and say 'Hey give me a call I want to run something by you.' And I have several that do the same thing to me. Sometimes we'll meet for a beverage afterwards or go out for lunch or something like that. Then it's work for a short period of time and then it's socialization after that. It's nice to have that support because when you're in private practice by yourself like I am, there isn't anybody and if you don't reach out to anybody you can potentially feel like you're all by yourself and that's not what it's about.

Sue echoed the value of consultation and also discussed similar struggles of not having consistent connections with peers during her time in a private practice by herself:

I love consulting with people. I think that's very important because, you know, there's such a spectrum for everything and running things past people, I'm well aware that there's no way I can think of everything, and I want to think of more things than I am thinking of and that's what I like. That was difficult when I just had an office for that year. Yeah, well, it was kind of on my own and so I really wanted to find an agency where I could have people that I could reach out to.

In the second theme, participants discussed a deep commitment to learning. Participants discussed their motivation to continually learn and challenge themselves professionally.

Learning at this stage in their careers was intentional and participants discussed challenges with finding relevant training that meets their advanced training needs. Participants discussed the value of teaching and learning from peers.

Theme 3: Boundaries Maintain Balance

The third theme is boundaries maintain balance. All participants discussed the necessity of creating boundaries to maintain a healthy work life balance. Participants defined boundaries in multiple ways. Some boundaries were concrete such as limits to hours worked, session start and end times, and limits surrounding work emails and phone calls. Other boundaries were related to protecting one's energy and wellness. A consistent boundary all participants discussed was a clear separation of professional work from their personal life. This boundary seemed to be essential in maintaining proper balance. Esther stated, "I really do try hard that when I leave work, I leave work and when I go home and vice versa that when I come into the office, I leave home at home." Sue had a similar sentiment: "[Boundaries] are huge, I think you have to have in this profession. You have to have it clear what you leave at work." For Sue maintaining boundaries around her time and energy is an intentional practice:

You have to be intentional. You have to. I have a very warrior like approach to life. This is what I need to do and I'm going to do it. I've always been very determined and so Sue, you can either take your work home with you and suffer because of it or you're going to need to learn not to and how can I learn not to? And what kind of coping, what kind of techniques am I going to use not to and setting those boundaries, and of course you're human and so things leak through, and you will still wake up thinking about a certain client but then it's okay. What do I need to do? What can I do and then let it go.

Carl also emphasized the importance of setting boundaries:

Whatever works for you to find that separation between work and home and to realize there's more to life than work because if we're always, always, always, always helping people, then we're not helping ourselves a whole lot.

Participants discussed the value of boundaries with clients and how boundaries are used to protect counselor and client. Establishing clear boundaries within one's practice enables counselors to maintain a healthy balance. Jean stated, "Boundaries are a protection of where I'm not out to fix, to rescue, to save anybody." Jean also noted that for her professional boundaries are about being self-disciplined with how she structures her practice. She has never been late for a client, and she has a thoughtful and specific reason:

I would never ever be late for a client. That's a critical thing for me. Simply because of all these trauma survivors, you know, most of them don't trust a living soul and if I'm running late, it really sends a very poor message. I've never been late for a client because they watch every move and its trust building and for some reason, I'm able to get people to trust me rather quickly.

Not being in proper and consistent balance is a key indicator that something is not being attended to either personally or professionally. Participants discussed how they have learned to pay attention to when they are not practicing the boundary of separating the personal from the professional. Esther stated:

What I learned as well is when one bleeds into the other, then something's going on. There's something that's going on that needs to be addressed. If there's a client that I'm worrying about kind of thing, then that probably means I need some supervision or I need to talk to the client about whatever it is If I'm worried about, doing harm to themselves, or whatever, it's maybe you need a higher level of care that I can provide. And if there's something going on in my personal life, then that needs to be attended to as well. So, it's just kind of a wakeup call, like, okay, this is bleeding over.

Carl described the warning signs:

So, when I bring stuff home, when I start to not sleep as well at night, because I can't think about things, or can't stop thinking about things, or wake up in the middle of the night and then I'm right back to work immediately.

Subtheme: Self-care as Burnout Prevention

A subtheme under boundaries maintain balance is self-care as burnout prevention. All participants acknowledged experiencing prolonged stress and burnout at points throughout their careers. Without exception, all participants stressed the necessity of self-care in maintaining a healthy work life balance to prevent burnout. Participants defined self-care as a practice they engage in to maintain balance and improve personal wellness. For participants, practicing self-care is a way to prevent boundary violations. Although specific self-care strategies were varied, all participants noted self-care as a way to re-charge and identified self-care as their primary stress and burnout prevention strategy. Sue discussed the importance of prioritizing self-care in her own life and also encouraging self-care with clients:

You can't help a soul if you don't have the energy to do so and when you're burned out, you don't have the energy and so it's the same thing that you talk to parents who are just overwhelmed or people pleasers, you know? Our culture gives us the impression that we're being selfish if we take care of ourselves when it's actually the opposite. And we have to completely and utterly in every aspect, physical, mental, emotional, spiritual and energetic take care of ourselves first. And if they think that that's selfish, then that's what you need to work on first. To get over that, because otherwise you won't take care of yourself. That really has been a theme in my life as well and my kids have known it. That's the kind of parent I was. I will take care of myself first and then I will be there for you.

It is of utmost importance for counselors to attend to their wellness. For Janina self-care is a deliberate, daily practice to maintain balance. She recommended consistent self check-ins and stated, “What have you done for yourself? Mentally, physically, spiritually, emotionally. If you’ve missed checking one of those boxes, you’re probably not balanced.” Along with self-care being a daily practice, Janina discussed a time in her career when she needed to take time off to attend to herself:

So, there are times when you say I’m working too hard, and I need to take some time off. I once took a whole month off and put myself on personal retreat and studied mindfulness. So periodically I would do that.

Esther also discussed taking time off throughout the year to re-set, “Take time off and a day is not enough. I would make sure that I used to have two weeks in the summer that I would have off. At winter I always loved having the week before Christmas.”

Jean agreed that self-care is a daily practice and how we care for ourselves impacts our clients, “I think there has to be down time which means I have to be congruent. I can’t tell someone to take care of themselves if I am not doing the same.” When asked how she has overcome burnout, Jean discussed how essential self-care is and how she educates and encourages clients to also incorporate self-care:

Extreme self-care. And we don't get out of burnout in my opinion, over a nice quiet weekend, right? It's a way of taking care of oneself on a daily basis and it may mean time away from clients, but self-care, self-care, self-care. And I've taught many, many people through the years, you know, without self-care you got nothing.

Carl discussed how he engages in self-care not only for himself but also for the clients he serves:

In the helping professions we're taught that we're supposed to be there for everybody else. But at the same time, I profess, and I believe this, that we have to take care of ourselves. We're doing potentially our clients a disservice if we're not in the right place to help them in the best of our ability. They don't want that, and we don't want that. So, you've got to take time, even if it's a half an hour, even if it's 15 minutes a day.

A part of self-care is attending to one's mental and emotional health. Participants were emphatic when discussing the value of their own counseling. Janina emphasized the lifelong journey:

I worked on myself as I grew in the profession. I think people think we come into this field a done deal. That's not human, we all have stuff...I think it was Harry Aponte who said, 'If you want to be a good therapist, get a good therapist.' I have found people all along the way. I have a lot of guides, a lot of mentors, and a lot of supervisors. I think the whole collection of them has been so helpful

Jean stated, "I believe counselors should be in counseling. Ad infinitum. I've had excellent mentors and sage therapists."

Participants discussed the value of boundaries and how they have learned to separate their professional and personal roles. Creating boundaries around their time and energy has been a way to maintain healthy balance. Although specific strategies were varied and unique for each participant, self-care was emphatically discussed as being a primary way prevent burnout.

Theme 4: Authentic Presence

The fourth and final theme is authentic presence. This authentic presence is what connects participants to themselves and to others around them. I felt each participant's authenticity throughout the interviews. Participants did not describe their authenticity as being innate, but a lifelong process of self-discovery and reflection. For participants, they described

how they have come to a place of full acceptance of all parts of themselves. Esther described how this self-acceptance takes time and how she has come to trust being her authentic self:

I think through time you kind of learn. Just listen. Just listen. You don't have to have all the answers and when you don't know something, you can say, 'I wonder where we're going right now?' that ability to just be yourself. I think to begin with you feel like you have to be more, you know, and then to realize no I'm plenty.

Part of authenticity is integrating all parts of oneself into their work. Jean stated, "There's very little separation between me as a person and what I do. There's congruency there that I think is very synchronistic for me. It just fits." Participants explored how they became more authentic and confident as they embraced this integration. Janina described how she incorporated more of her spirituality into her work and how the person she is and the values she has impact the work she does:

I blended more spirituality with psychotherapy than when I first started and that kind of is a foundation and basis for the work that I do and that guides decisions and ethical decisions and that's very helpful. You know, my personal goal in life is to be a good and decent human being and that fits really nicely with the work I do and that's where I come from. I might not be brilliant and I'm not, but I am true, and authentic. And I think I'm a good listener and I sincerely want to help. I sincerely want to be useful. So, I think that's that blend.

Coming to the place of full acceptance is an on-going process of self-growth and discovery. Jean noted, "I'm different because there's growth through the years. I think I can pinpoint things more quickly. I think I'm far more neutral." Sue emphatically stated, "I'm just

gonna embrace my whole awesome self.” Sue described how her self-acceptance has impacted not only the person she is but the work she does:

But now that I fully embrace who I am and I'm not willing to sacrifice who I am. I think it brings more joy to me, but also my clients. I think it brings more authenticity. It brings me the ability to confront and be very in the moment. Whereas before, I might have shied away a little bit from the elephant in the room. Because I understand myself better, I feel like I can maybe understand the other better... I think when you accept yourself completely you are willing to see anything in the other and because there's something about when you accept yourself completely what the other person has doesn't scare you as much. You don't shy away from the total other person that's in front of you.

Authentic presence includes acknowledging vulnerability and imperfection. Clients are asked to allow themselves to experience authenticity in sessions and there is value when counselors also show their humanness. Participants explored how they accept their humanness and imperfection when with clients. Sometimes they are not at their best in sessions and may not have the answers, yet they continue to authentically show up. Jean talked about how she approaches those moments:

For all of us, some days, we're not at the top of our game. If I make a therapeutic error, which happens, but I will apologize to the client and say, you know, sometimes, we're not at the top of our game, and just being human and fallible.

Jean also talked about how she has come to understand her role as a counselor and that it is not her job to rescue her clients:

I've certainly left here many a time crying, because they're so wounded, some of them, but I don't take it with me for very long. I do what I can and to the best of my ability. I

had to kind of learn that and I learned it through knowing and realizing I wasn't the rescuer or fixer.

Carl shared a similar thought of not needing to rescue or save clients and that a counselor's authentic presence can be enough:

I just think it's important for counselors to realize that they don't have to be superheroes. You don't have to be the do all end all to the nth degree. If we go into this practice, into this profession, with the idea that the medical staff does do no harm, our goal is to do no harm. And if we have somebody sitting in our office and we're not doing any harm, then we're doing them a benefit. Just because you can't see it doesn't mean there isn't a benefit. Because it's very rarely immediate.

The theme of authentic presence was evident from my initial contacts with participants through the interview process. Participants were open and authentic in offering their experiences and stories.

Chapter Summary

In this chapter, the findings of semi-structured interviews with five professional counselors with an average of 36 years of experience, were presented in four themes: (a) meaningful work, (b) commitment to learning with subthemes of choosing learning experiences intentionally and consultation and supervision, (c) boundaries maintain balance with a subtheme of self-care as burnout prevention, and (d) authentic presence. The responses, themes, and subthemes all emerged from the main research question, "How do senior counselors experience their professional longevity?" Supporting quotes were provided to detail and explain the themes. A discussion of these themes, as well as recommendations and limitations are presented in chapter five.

CHAPTER FIVE: DISCUSSION

This chapter presents a discussion of the findings, as well as recommendations, implications, and limitations based on this research. This qualitative, phenomenological study explored how counselors in the senior phase of professional development experience their professional longevity. The results of the study revealed four major themes and three subthemes in the longevity experiences of the counselor participants. The primary research question that guided the study was, how do counselors experience their professional longevity? The four main themes were, (a) meaningful work, (b) commitment to learning with subthemes of choosing learning experiences intentionally and consultation and supervision, (c) boundaries maintain balance with a subtheme of self-care as burnout prevention, and (d) authentic presence. The collective experiences of the five participants offered insight into better understanding counselor longevity. This chapter focuses on discussing the results as presented in Chapter three and its relation to the literature. Implications on counseling programs and practicing counselors are discussed as well as recommendations for future research.

Theme 1: Meaningful Work

In the first theme, meaningful work, the participants described the meaning they derive from being a counselor. Finding meaning and fulfillment during the senior phase of professional development in one's career is consistent within Rønnestad and Skovholt's (2003) lifespan developmental model and Jennings and Skovholt's (1999) description of a master therapist. The choice to become a counselor is likely inspired by a desire to help and be of service to others. Firman (2009) explored how easy it can be for new counselors to become disconnected from why they entered the field which can lead to stagnancy and lack of zest with one's work. Reasons for this can range from the high demands of coursework, licensure exams, to stressors

of new employment. These early moments in professional development are critical and it is important to stay connected to the purpose of why one chooses this field. Firman (2009) presented strategies to help counselors stay connected to their purpose. Strategies to stay connected included training, mentors, self-reflection, and on-going self-growth work. In the present study, the participants with over 20 years of experience had direct access to their motivation for their work. Therefore, it appears that professionals increase the connection to their purpose over the years.

Allan et al., (2019) examined what character strengths were most related to meaningful work and burnout. The researchers identified strengths of prudence, perspective, and zest as being related to meaningful work. The findings suggest some character strengths may contribute to a higher sense of meaningful work and decreased feelings of burnout (Allan et al., 2019). This was highlighted in my study as participants displayed zest and offered perspective through their years of experience. The researchers recommended using a strengths-based approach in supervision and identifying and cultivating strengths with supervisees may aid in creating a greater sense of meaning (Allan et al., 2019).

Theme 2: Commitment to Learning

The second theme, commitment to learning, embraces the idea that learning is a committed, ongoing journey for counselors. This commitment to learning is consistent in the literature. Previous research suggests that professional development is a lifelong endeavor and ongoing learning drives the developmental process (Rønnestad & Skovholt, 2003). Participants discussed staying curious and open to learning experiences. A protective factor in Mullenbach and Skovholt's (2016) study on burnout prevention was an "insatiable" curiosity and diversity of learning experiences. Curiosity supports cognitive wellness and stamina and should be

encouraged throughout one's training and career (Venart et al., 2007). Participants in my study held a curious perspective and zest for new learning experiences.

Subtheme: Choosing Learning Experiences Intentionally

A subtheme within the main theme of commitment to learning was choosing learning experiences intentionally. Learning experiences at this point in participants' careers are intentional. This intentionality stems from participants' specific interests as well as lack of advanced training opportunities. Continuing professional development is essential not only for licensure purposes but also for supporting wellness. Participants noted challenges with finding and funding appropriate training opportunities yet emphasized the importance and value of continuing to learn and advance their knowledge base. A question that arose for me when thinking about this subtheme was how the field can best support our advanced counselors in their professional development? What needs do counselors have throughout their career to continue to engage in appropriate and fulfilling learning opportunities?

Subtheme: Consultation and Supervision

A second subtheme under commitment to learning was consultation and supervision. Participants described the value of learning with and from peers. Participants used the terms "consultation" and "supervision" interchangeably to describe seeking out information and support from other practitioners. Peer relationships have been noted as being a significant protective factor against burnout (Mullenbach & Skovholt, 2016). Findings from Mullenbach and Skovholt (2016) highlight the importance of friendships and social connections with peers. Participants referenced the importance of connection.

In the lifespan developmental model, senior phase professionals are likely to serve as mentors and teachers (Rønnestad & Skovholt, 2003). Interestingly, the findings from the current

study do not reflect this. The participants did not reference being mentors, but rather discussed the value of peer consultation relationships. When looking towards the future of the counseling field, I am curious what role the participants and others could play in mentoring new and practicing counselors? There is a wealth of wisdom and experience that is so needed now. How can the field prioritize mentorship to utilize the skills of experienced counselors?

Theme 3: Boundaries Maintain Balance

The third theme was boundaries maintain balance. Participants stressed the importance of maintaining a boundary between their personal and professional lives. Mental and emotional boundaries consist of leaving client cases at work and not bringing the emotional weight of sessions and clients into personal lives. It also refers to not bringing personal issues into work. The necessity of this boundary setting was consistent in the literature. Counselors who are successfully able to separate the personal from the professional report less depletion and mental exhaustion and higher levels of wellness (Mullenbach & Skovholt, 2016). They have more job satisfaction due to clear and realistic expectations about their responsibilities as a counselor (Mullenbach Skovholt, 2016). In turn, enhanced job satisfaction appears to be a protective factor against burnout (Lawson & Myers, 2011).

Subtheme: Self-Care as Burnout Prevention

A subtheme within boundaries maintain balance was self-care as burnout prevention. Participants all reported that they have experienced stressors and burnout during their careers and emphasized how fundamental self-care is to burnout prevention. Self-care and personal wellness are ethical obligations and should be considered an essential part of one's personal and professional life. Wellness is defined "as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within

the human and natural community" (Myers et al., 2000, p.252). Self-care refers to activities in which one proactively engages in wellness (Meyers & Sweeney, 2005). All the participants emphatically stressed the necessity of self-care. Self-care was viewed as a means to help maintain balance as well as a burnout prevention strategy. This aligned with the plethora of literature on the importance of self-care for helping professionals (Lawson et al., 2007; Lawson & Young, 2011; Myers et al., 2000; Myers & Sweeney, 2005; Wolf et al., 2014). This finding adds to the research with a longevity perspective and reiterates the positive value counselor self-care has in the field. Participants discussed how they engage in a wide range of self-care activities. Similar to Mullenbach and Skovholt (2016) while participants described a diverse range of activities, the ultimate goal of engaging in self-care was one of restoration and connection.

Theme 4: Authentic Presence

The fourth and final theme was authentic presence. Authenticity was a highly held value amongst participants. This refers to being true to oneself and is similar to congruence. Carl Rogers (1957) described congruence as when one's self-image matches their ideal self and is a main construct of person-centered theory. Rogers (1957) explained that the more congruent a counselor is, the more they are themselves in the therapeutic relationship. In the lifespan developmental model, this construct is also known as the integration of the personal and professional self (Rønnestad & Skovholt, 2003). Mullenbach and Skovholt (2016) described this integration as the merging of values, beliefs and skills. With experience and self-growth counselors become more confident in their skills and ability to be fully present as their authentic self. Overall, participants viewed authenticity as a necessary component to longevity.

Implications

The findings may prove valuable for counselor educators, whose primary responsibility is to train and educate future counselors. Counselor educators can use the research findings about longevity experiences to better prepare emerging counselors. Students in training programs can be given assignments such as interviewing practicing, experienced counselors in order to gain a more realistic and longitudinal perspective of the profession. Inviting guest speakers who are established practicing counselors can also illuminate the realities of being a working counselor. Practicum and internship experiences can be structured as realistically as possible with an emphasis on setting and maintaining professional boundaries in order to promote longevity. Programs can also encourage counselors-in-training to create specific and tailored self-care plans. This strategy could be designed as a possible way to prevent burnout before it begins and can be used and edited throughout one's career. Strategies for self-care can be integrated into all coursework with an understanding of why self-care is a career-long practice. Encouraging ongoing personal counseling can help students better understand values, beliefs, and strengths as they develop their professional identity.

For participants in this study, peer relationships have been strong influences. Some participants mentioned having mentors and others described individuals with whom they have sustained relationships. Training programs can create formal and informal mentorship opportunities to help enhance professional growth. One recommendation is for training programs to create a mentorship program where experienced counselors serve as mentors to counselors-in-training.

Supervision is the signature pedagogy used in the preparation of professional counselors (Bernard & Goodyear, 2019). The role of a supervisor is critical as they aid in enhancing

counselors in training's competence, as well as assist in the development of a professional identity. Supervisors can use these findings to help supervisees create and maintain a restorative self-care plan. Supervisors can also use a strengths-based approach to assist in identifying and cultivating strengths with supervisees as this may aid in creating a greater sense of meaning (Allan et al., 2019).

The findings may help beginning, established, and senior counselors as they navigate the unpredictable fluctuations of their profession. The findings reiterate the positive contribution of supervision and consultation at every developmental phase. Counselors should be encouraged to seek out supervisors and mentors to help guide them in their professional growth. Venart et al., (2007) recommend counselors form peer support groups and actively participate in professional organizations. This can be particularly helpful for counselors working in small private practices with limited or no access to colleagues. Counselors should be encouraged to prioritize their own wellness. Focusing on emotional growth is an essential component of building an authentic professional identity. Counselors can engage in personal therapy to gain insight and explore patterns that may be hindering their wellness (Venart et al., 2007).

The findings may be of interest to professional associations, such as the American Counseling Association (ACA) and its numerous divisions. Findings suggest a need and desire for more advanced training opportunities. One recommendation is to create a division specifically for advanced clinicians and offer quality professional development and training opportunities. A specific ACA division could also lead to valuable networking and peer relationships. Findings may help state licensing boards as they plan conferences and CEU opportunities. State boards can tailor training opportunities to meet the needs of advanced learning experiences. High quality educational opportunities should be prioritized.

Recommendations for Future Research

The counseling field will benefit from future research studies designed to explore and examine professional longevity. Longitudinal studies would provide a better understanding of longevity experiences. Studying individuals across various work settings could provide information about the impact of the work environment on longevity. A longitudinal method could incorporate the developmental aspect by interviewing counselors at each stage of their career. Quantitative methodology could be used to examine if specific character traits are related to professional longevity. I would be curious to talk with counselors who left the field to understand the reasons behind leaving. This information could possibly highlight missing areas in training and help to understand how to better support practicing counselors.

Limitations

Conducting a phenomenological study presents some limitations. While expected, personal observations and interpretations risk the bias of the researcher. Other researchers may interpret the data differently. By doing a phenomenological study with five participants, this limited the amount of data collected and the themes that were drawn from the findings. The use of purposive and snowball sampling to select counselors for the study could have limited the number of counselors who may have participated as my sampling was not random. The participants were not representative of all counselors. Participants all worked in the same region of the country and collecting data from participants from other areas could have strengthened the study. The generalizability of the findings may have been limited by using such a small sample.

Another limitation is that I am a novice researcher. This is my first attempt at leading and writing a full qualitative research study. My limited experience may have influenced data collection and analysis.

Conclusion

The purpose of this phenomenological study was to explore the lived longevity experiences of counselors in the senior phase of professional development. I used semi structured interview questions to answer the overarching research question, “How do senior counselors experience their professional longevity?” Data was obtained through the use of in-depth interviews. For the participants in my study, the themes of meaningful work, commitment to learning, boundaries to maintain balance, and authentic presence surfaced as significant aspects of their longevity experience. My goal of the study was to better understand the longevity perspectives of individuals whose voices are lacking in the literature. I wanted to know more about these participant experiences so teaching and supervision practices can be informed as to what leads to a long, meaningful career in counseling. It is my hope that we can continually improve the ways in which we prepare and support counselors throughout their career.

REFERENCES

- Allan, B. A., Owens, R. L., & Douglass, R. P. (2019). Character strengths in counselors: Relations with meaningful work and burnout. *Journal of Career Assessment, 27*(1), 151-166.
- American Counseling Association. (2014). *ACA code of ethics: As approved by the ACA Governing Council, 2014*. American Counseling Association.
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision*. Allyn & Bacon.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Dreison, K. C., Luther, L., Bonfils, K. A., Sliter, M. T., McGrew, J. H., & Salyers, M. P. (2018). Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. *Journal of occupational health psychology, 23*(1), 18.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology, 58*(11), 1433-1441.
- Firman, D. (2009). Stepping up: Strategies for the new counselor. *Counseling with confidence: From pre-service to professional practice, 15-28*.
- Gladding, S. T. (2019). From ages 27 to 72: Career and personal development of a productive counselor over the life span. *Adultspan Journal, 18*(1), 17-26.
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. Guilford Press. 2011
- Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*(3), 288-295.

- Hogan, R. A. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research & Practice, 1*(3), 139.
- Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology, 46*(1), 3.
- La Guardia, A. C. (2021). Counselor education and supervision: 2019 annual review. *Counselor Education and Supervision, 60*(1), 2-21.
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *The Journal of Humanistic Counseling, Education and Development, 46*(1), 20-34.
- Lawson, G., & Myers, J. E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well?. *Journal of Counseling & Development, 89*(2), 163-171
- Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counselor wellness. *The Journal of Humanistic Counseling, Education and Development, 46*(1), 5-19.
- Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. (2021). Stress and resilience among professional counselors during the COVID-19 pandemic. *Journal of Counseling & Development, 99*(4), 384-395.
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology, 7*(1), 63-74.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior, 2*(2), 99-113.
- Maytum, J. C., Heiman, M. B., & Garwick, A. W. (2004). Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. *Journal of Pediatric Health Care, 18*(4), 171-179.

- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149.
- Mental Health America. (2021). *Covid-19 and mental health: A growing crisis*.
<https://mhanational.org/research-reports/2021-state-mental-health-america>
- Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development, 93*(3), 370-378.
- Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Service Review, 75*(4), 625-661.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research, 39*(5), 341-352.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- Mullenbach, M. & Skovholt, T. (2016). Burnout prevention and self-care strategies of expert practitioners. In *The resilient practitioner* (pp. 253-276). Routledge.
- National Institute of Mental Health (2022). *Mental Health Information Statistics*.
<https://www.nimh.nih.gov/health/statistics/mental-illness>.
- Neswald-Potter, R. E., Blackburn, S. A., & Noel, J. J. (2013). Revealing the power of practitioner relationships: An action-driven inquiry of counselor wellness. *The Journal of Humanistic Counseling, 52*(2), 177-190.

- O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry, 53*, 74-99.
- Official Web Site of the U.S. Health Resources & Services Administration. *Official Web Site of the U.S. Health Resources & Services Administration*, <https://www.hsra.gov/>.
- Paris, M., & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *The Journal of Behavioral Health Services & Research, 37*(4), 519-528.
- Puig, A., Baggs, A., Mixon, K., Park, Y. M., Kim, B. Y., & Lee, S. M. (2012). Relationship between job burnout and personal wellness in mental health professionals. *Journal of Employment Counseling, 49*(3), 98-109.
- Richards, K., Campenni, C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology, 21*(2), 95.
- Rønnestad, M. H., Orlinsky, D. E., Schröder, T. A., Skovholt, T. M., & Willutzki, U. (2019). The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counselling and Psychotherapy Research, 19*(3), 214-230.
- Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice, 32*(2), 181.

- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44.
- Roach, L. F., & Young, M. E. (2007). Do counselor education programs promote wellness in their students?. *Counselor Education and Supervision, 47*(1), 29-45.
- Sim, W., Zanardelli, G., Loughran, M. J., Mannarino, M. B., & Hill, C. E. (2016). Thriving, burnout, and coping strategies of early and later career counseling center psychologists in the United States. *Counselling Psychology Quarterly, 29*(4), 382-404.
- Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505-515.
- Stamm, B. (2010). The concise manual for the professional quality of life scale.
- Stoltenberg, C. D., & McNeill, B. W. (1997). Clinical supervision from a developmental perspective: Research and practice.
- Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *The Journal of Humanistic Counseling, Education and Development, 46*(1), 50-65.
- 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.
- Wardle, E. A., & Mayorga, M. G. (2016). Burnout among the counseling profession: A survey of future professional counselors. *Journal on Educational Psychology, 10*(1), 9-15.

Wolf, C. P., Thompson, I. A., Thompson, E. S., & Smith-Adcock, S. (2014). Refresh your mind, rejuvenate your body, renew your spirit: A pilot wellness program for counselor education. *The Journal of Individual Psychology, 70*(1), 57-75.

Worthington, E. L. (1987). Changes in supervision as counselors and supervisors gain experience: A review. *Professional Psychology: Research and Practice, 18*(3), 189.

APPENDIX: IRB APPROVAL



04/25/2022

Dr. Jill R Nelson
Counselor Education

Re: IRB Determination of Exempt Human Subjects Research:
Protocol #IRB0004304, "Words of wisdom: a phenomenological perspective on counselor longevity"

NDSU Co-investigator(s) and research team:

- Jill R Nelson
- Amy Ann Runcorn

Approval Date: 04/25/2022

Expiration Date: 04/24/2025

Study site(s): Interviews will be conducted either in person or via zoom, depending on participants preference.

Funding Agency:

The above referenced human subjects research project has been determined exempt (category 2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, *Protection of Human Subjects*).

Please also note the following:

- The study must be conducted as described in the approved protocol.
- Changes to this protocol must be approved prior to initiating, unless the changes are necessary to eliminate an immediate hazard to subjects.
- Promptly report adverse events, unanticipated problems involving risks to subjects or others, or protocol deviations related to this project.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.

NDSU has an approved FederalWide Assurance with the Department of Health and Human Services: FWA00002439.

RESEARCH INTEGRITY AND COMPLIANCE

NDSU Dept 4000 | PO Box 6050 | Fargo ND 58108-6050 | ndsu.research@ndsu.edu

Shipping Address: Research 1, 1735 NDSU Research Park Drive, Fargo ND 58102

NDSU is an EO/AA university.