Wellness in Licensed Professional Counselors: Counselor Perception of Documentation Expectations on Professional Satisfaction

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Department of Counselor Education and Supervision, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

School of Behavioral Sciences

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Abstract

Counselors are important parts of a community, helping people heal and learn to cope with life. Communities are seeing staffing shortages, counselors leaving the field, and increasing mental health needs of residents. During the COVID-19 pandemic, regulations concerning documentation requirements and service provision rapidly changed, often several times. Counselors were permitted different ways of doing things in light of the constraints imposed by the virus. This included a reduction of how much documentation is required and might have included reductions in paperwork, policy changes, and service provision exceptions for licensed professional counselors (LPCs), like switching to telehealth for health and safety. This quantitative correlational study explored the effect of LPC perception of documentation expectations on LPC wellness and professional satisfaction. Calls for study participants occurred at two different time periods and produced two distinct samples, $N = 87$ and $N = 96$. Descriptive statistics and Pearson correlation coefficient analysis were run for all study variables in each sample. Documentation expectations were found to be significantly associated with LPC feelings of burnout. LPC perceptions of working environment were assessed. Relationships between trauma-informed organizational culture and counselor resiliency and trauma-informed organizational culture and compassion satisfaction were found by correlation analysis. A negative relationship between trauma-informed organizational culture and feelings of burnout was also confirmed. Implications for counselors and counselor educators include understanding better ways to maintain wellness for counselors and counselors in training, including adding wellness components to master's-level curriculum.

Keywords: documentation, counselor wellness, professional satisfaction, trauma-informed organizational culture

Dedication

This study is dedicated to my husband and my children. Thank you for making the sacrifices you had to make to see this happen. It was not me who did it. It was you who let me know you believed in me and gave me the strength to carry on. I love you.

This study is also dedicated to my parents and grandparents. This little girl from the Blue Ridge mountains is all grown up. She still loves her mountains, and she still says y'all and ain't sometimes. Thank you for teaching me all of the things that matter more than anything I could have ever learned in school. This is for everyone who came before me and all of the ones who will come after.

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During my master's degree program, I arrived at practicum not knowing that the professor I saw would be with me to the end of the educational journey. At that time, I had not yet even conceived that I would be entering the doctoral program. Fast forward to today, as I reflect on all the tears and laughter that it took to get to this moment, and I am proud to say that I could not have done it without the guidance and wisdom that professor gave me along the way. Most importantly though, she showed me grace and helped me up when I felt like I was going to fall. I have learned so much from watching her. I hope one day that I will be half of the counselor educator she is. Dr. Lilley, you believed in me, and because of that, I believed in myself. I am grateful for what I have learned from you and am excited to see the things we will do together in the years to come. Dr. Switzer and Dr. Ford, thank you for gently helping me grow through this process. Liberty University, thank you for giving me the opportunity to learn from the best.

My husband has been beside me through the journey. He has seen the whole thing, from the start to now. I will not say the end because we are not done yet. The journey is just getting started. Without everything that you have done for me, I would never have been able to do this.

Thank you, Chris and Dr. Lilley. I love you both. You stuck with me through this. I know that has not been easy. We made it.

Table of Contents

Abstract 3

Dedication 5

Acknowledgments 6

Table of Contents 7

List of Tables 10

List of Figures 11

List of Abbreviations 12

Chapter One: Introduction 13

- Overview 13
- Background 13
- Problem Statement 23
- Purpose Statement 25
- Significance of the Study 25
- Research Questions 25
- Definitions 26
- Summary 28

Chapter Two: Literature Review 30

- Overview 30
- Conceptual Framework 30
  - The Counselor's Tool Kit 31
  - LPC Wellness 35
  - Organizational Change 38

Related Literature....40
Mental Health in the United States....41
Wellness....42
COVID-19 and the Pandemic....47
Documentation Expectations....51
Workplace Culture....54
Perceived Stress and Burnout....55
Professional Satisfaction and the Workplace....55
Summary....56
Chapter Three: Methods....57
Overview....57
Design....57
Research Questions....58
Hypotheses....58
Participants and Setting....59
Instrumentation....60
Procedures....61
Data Analysis....61
Chapter Four: Findings....64
Overview....64
Data Collection Period: November 2023–January 2024....64
Demographics....65
Statistical Analysis....65

Second Data Collection Period: March 2024 69
Demographics 70
Statistical Analysis 70
Answers to Research Questions 73
Chapter Five: Conclusion 77
Overview 77
Discussion 77
Research Question 1 79
Research Question 2 79
Research Question 3 80
Research Question 4 81
Quotes From Participants on Wellness 82
Implications 83
Limitations 94
Recommendations for Future Research 94
References 96
Appendix 113

List of Tables

Table 1: Descriptive Statistics 66

Table 2: Correlations Between Measures 67

Table 3: Responses to the Question: “What Would Make You Consider Leaving the Field?” ... 68

Table 4: Descriptive Statistics..... 70

Table 5: Correlation Analysis ($N = 96$) 71

Table 6: Responses to the Question “What Would Make You Consider Leaving the Field?” 73

Table 7: Correlation Analysis for Research Question 1 ($N = 96$)..... 74

Table 8: Correlation Analysis for Research Question 2 ($N = 96$)..... 75

Table 9: Correlation Analysis for Research Question 3 ($N = 96$)..... 75

Table 10: Correlation Analysis for Research Question 4 ($N = 96$)..... 76

List of Figures

Figure 1: Archway of Career Determinants..... 33

List of Abbreviations

Coronavirus disease of 2019 (COVID-19)

Licensed mental health professional (LMHP)

Licensed professional counselor (LPC)

Chapter One: Introduction

Overview

Counselors have faced a changing professional climate after the COVID-19 pandemic. Wellness is especially important for helper workers, including mental health workers and licensed professional counselors (LPCs). Although there has been some exploration into what keeps counselors well, the focus has been largely on burnout and how to correct the effects of compassion fatigue, vicarious trauma, and other responses to stress in the work environment, without identifying specific factors that contribute to or detract from wellness.

How documentation expectations affect the wellness of LPCs working in the field is often overlooked. The relationship between documentation expectations and professional satisfaction is unclear at this point simply because of the lack of research on this aspect of wellness. Determining the relationship between the perception of documentation expectations and professional satisfaction for those working in the helping professions, in this case, LPCs, was the focus in this study.

LPCs, counselor educators, and organizations may benefit from exploring how specific factors can affect counselors and the services they provide for clients (Singh et al., 2020). To meet the mental health needs of people in the United States after COVID-19, it is imperative to explore what workers in the helping professions need to effectively perform their job duties and maintain satisfaction in their professional and personal lives (Beckstein et al., 2022; Harrichand et al., 2021; Singh et al., 2020).

Background

Counselor wellness is quickly emerging as a critical area of research in mental health. As professionals who provide support to others, counselors experience unique stressors that can

impact their own well-being. This study was an exploration of various dimensions of counselor wellness and how the perception of documentation requirements influences wellness in counselors.

Counselors face a range of factors that can impact their overall well-being (Singh et al., 2020). These factors include high caseloads, emotional exhaustion, the emotional intensity of their work, limited control over session outcomes, and challenging client presentations. Emotional labor has been identified as a significant contributor to counselor burnout (Kottler, 2017; Maslach & Leiter, 2016). Other factors such as lack of organizational support, role ambiguity, and personal experiences also play a role in counselor wellness (Gutierrez & Mullen, 2016). The consequences of poor counselor wellness are significant, affecting not only the mental and physical health of counselors but also the quality of care they provide to clients (Ko & Lee, 2021). Burnout, compassion fatigue, and secondary traumatic stress are common outcomes of counselor distress (Figley, 2002). These conditions can lead to decreased job satisfaction, decreased effectiveness in therapy, and even attrition from the profession (Lambert et al., 2017).

Hellman and Morrison (1987) found that maintaining the therapeutic relationship and scheduling was a source of stress for psychologists at work and that therapists were able to reduce stress at work if they held a moderate case load. Further, when the therapist's case load was higher or lower, professional doubt was increased. The more severe the client's behavior, the more likely it is that therapist boundaries become blurred. Therapists with psychotic or character-disordered clients reported higher levels of work-related stresses in Hellman and Morrison's study.

Staff at institutions where therapists work with clients who are severely disturbed are less satisfied in their work (Pines & Maslach, 1978). They have a harder time maintaining therapeutic relationships with clients on their caseloads (Hellman & Morrison, 1987). Therapists in Hellman and Morrison's (1987) study reported that it was harder for them to deal with negative thoughts and behaviors from clients, regardless of client and case load type. Farber (1991) and Hellman and Morrison concluded that how much experience a therapist has is not related to stress from patient behavior. Therapists with more experience report less stress from factors at work (Hellman & Morrison, 1987). It appears that therapists in institutional settings also report higher levels of stress from client behaviors (Farber, 1991) and higher levels of stress stemming from therapeutic relationship factors (Farber & Heifetz, 1981).

There are two schools of thought regarding whether burnout is a mental disorder or whether it is something that occurs in healthy workers (Schaufeli et al., 2009; Van Dam, 2021). There is an ongoing debate on whether burnout is a mental disorder or a consequence of job stress, as noted by Morse et al. (2011). However, there is support for the idea that burnout is not a mental health impairment, as some have suggested (Awa et al., 2010), nor a response to stress at work or generalized job dissatisfaction (Awa et al., 2010; Maslach et al., 2001; West et al., 2018). According to Lazarus and Folkman (1984), stress is "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing" (p. 19). Emotional exhaustion in burnout is like depression, and this response to chronic stress includes depersonalization (West et al., 2018). West et al. (2018) reported that chronic stress at work that is "associated with emotionally intense work demands for which resources are inadequate can result in burnout" (p. 516). West et al. further described emotional exhaustion as "feeling 'used up' at the end of a workday and

having nothing left to offer patients from an emotional standpoint" (p. 516). Although West et al. studied physicians, the impact of emotional exhaustion is not limited to physicians. During COVID-19, helper workers were struggling to keep up with patient needs, and burnout may have become more akin to a consequence of some jobs than an occasional thing that happens to healthy workers who do not maintain their own wellness.

Burnout is not a new idea in the counseling field (Stamm, 2010) or in clinical psychology (Van Dam, 2021). Van Dam (2021) stated that clinical burnout is a mental disorder in the Netherlands "assessed in patients who apply for psychological treatment and no longer work because of their symptoms or experience of serious problems in functioning at work" (p. 732). On the flip side of the coin, so to speak, Maslach (1993) and Maslach et al. (1997) described burnout as a multidimensional concept. Emotional fatigue, depersonalization, and a lowered sense of personal accomplishment are facets of burnout (Maslach, 1993; Maslach et al., 1997).

Emotional exhaustion refers to counselors who have feelings of having nothing left to give or being overextended at work and/or home. Depersonalization, or a negative attitude toward work, happens when LPCs have cynical or negative views toward clients. They may look at people like objects, numbers to get through on a client list, or some other task to complete. A lower sense of personal accomplishment, or self-efficacy, may be associated with this and can also be part of burnout (Stalker & Harvey, 2002; West et al., 2018). This may include a negative outlook on the part of helpers who feel as though nothing they do makes a difference (West et al., 2018).

The LPC's response to stress at work is a key component of burnout (Farber, 1990; Stamm, 2010). Depending on the response to stress, some LPCs may have a high rate of job satisfaction when compared to others who may not be able to effectively manage their response

to the stress they encounter in their duties on the job (Stamm, 2010). Researchers have discussed the relationship between professional satisfaction and meaning in work and how workplace factors such as low pay and big workloads can decrease professional satisfaction (Borritz et al., 2005; Farber, 1990, 1991, 2001). Family and work conflict predicts lower job satisfaction (Rupert et al., 2012). Family support predicts less family and work conflict. Finally, job satisfaction predicts higher life satisfaction (Rupert et al., 2012).

Overload at work is related to psychological distress, emotional fatigue, and depersonalization (Viviers et al., 2008). Other factors that affect burnout, functioning, and job satisfaction are desperation due to low predictability (Borritz et al., 2005), lack of opportunity for personal development in a job, the idea that other positions may better acknowledge an individual's abilities (Montero et al., 2008), lack of gratification and monotony at work (Montero et al., 2008), detachment or indifference, and low sense of identity at work (Montero et al., 2008; Montero-Marín et al., 2009). Control over things at work helps workers feel more job satisfaction and satisfaction at home (Rupert et al., 2012). Family support helps workers feel more job satisfaction, and when workers have satisfaction at home and work, they are more satisfied in life overall (Rupert et al., 2012).

Burnout predicts absences at work related to personal illness (Borritz et al., 2005). Professional satisfaction and burnout seem to be related to abandoning careers (Farber, 1991; Foley et al., 2004). Farber (2001) classified burnout as having three types: frenetic, underchallenged, and worn-out. Each of Farber's three subtypes of burnout indicate specific treatment considerations and core assumptions about the individual experiencing symptoms of burnout. Montero-Marín et al. (2009) examined data to support Farber's burnout types, further

identifying characteristics related to each type of burnout. Everyone does not have the same response to burnout symptoms (Farber, 2000).

Burnout can be defined as "an experience where the worker is aware of considerable discrepancy between his or her efforts and the results, between the invested efforts and the rewards obtained at work" (Montero-Marín et al., 2009, p. 2). Burnout is triggered when workers do not feel their efforts are proportionate for the gratification achieved (Montero-Marín et al., 2009). Feelings of being unappreciated or underappreciated can lead to an inability to justify and/or cope with a worker's investment of additional effort (Montero-Marín et al., 2009). So, in this framework, burnout is the continuous perception that investment made in the form of effort spent to carry out tasks is not effective because the intrinsic rewards of gratitude, recognition, and/or success at work are not being achieved (Farber, 1991, 2001; Montero-Marín et al., 2009). In simple terms, counselors are burning out at increased rates because the return on investment is not enough to justify continuing to work this hard. The investment is generating a loss for many, and they may seek other career opportunities as a result (Foley et al., 2004).

Professional quality of life, or professional satisfaction, comprises compassion satisfaction and compassion fatigue (Stamm, 2010). Where compassion satisfaction describes positive feelings regarding one's ability to help others, compassion fatigue refers to negative symptoms that often occur when a counselor burns out (Stamm, 2010, 2012). Compassion fatigue includes burnout, depression, anxiety, stress, and vicarious trauma, all of which counselors often encounter. Professional quality of life includes many dimensions. Work environment, personal resilience, and levels of vicarious trauma all factor into an LPC's level of satisfaction on the job (Stamm, 2010, 2012). For those who experience more negative symptoms,

professional or job satisfaction is lower. For those who effectively cope with negative aspects of the job, professional satisfaction is higher (Stamm, 2010).

Counselors are expected to manage many workplace demands. This expectation is especially visible in community mental health clinics across the United States. One highly variable workplace demand is the amount of required documentation a counselor must complete at work (Harris, 2019). Although documentation requirements vary by state, Medicaid generally requires more documentation than a private insurer to make payment to the service provider. COVID-19 restrictions saw regulations concerning service provision and documentation requirements modified several times over in some locations. Many clinicians and agencies experienced a period when documentation requirements were suspended or modified. At the same time, short- and longer-term modifications to regulations concerning service provision and recordkeeping were being determined by regulatory bodies. These modifications varied in length of time for which each was effective.

Because of the state of emergency during COVID-19, many LPCs have been able to enjoy relaxed documentation expectations, allowing them to focus on those who may need services. However, many of these changes to regulations were temporary and have since ended. One change that appears more permanent is service provision via telehealth platforms. The change over to telehealth service provision was sudden and stressful for LPCs, as Singh et al. (2020) found in a recent study of mental health professionals who worked during the pandemic. The transition from face-to-face counseling to providing services online was one that some counselors referred to as challenging, with technology difficulties and a lack of training cited as reasons the change was so challenging (Singh et al., 2020).

With the changing environment, it is especially important to identify factors affecting wellness in mental health counselors. Mental health workers reported substantial and new changes in well-being as they worked through the pandemic, such as feeling isolated and physically exhausted from sitting in front of a computer all day (Singh et al., 2020). Many counselors work in agencies with fewer staff than are needed to provide services to the number of clients who request them (Reinert et al., 2022). Documentation, including service authorization requests, progress notes, and forms required by law takes time to complete. Short staffing and other concerns may mean that the staff left are expected to manage larger workloads. Counselors are working with clients who have more intensive mental health needs on average, than clients did prior to the pandemic (Gold, 2021; Reinert et al., 2022). This means that clients may seek more or additional mental health services (Reinert et al., 2022).

Clients and counselors have both been severely affected by the pandemic. Researchers have yet to thoroughly examine and understand their changing needs. It is vital that researchers and counselor educators understand what helping professionals need to effectively help those in need. When counselors experience the effects of burnout, they may not be able to do their job as well as they would like to (Stamm, 2010). The feeling of not being able to do their job as well as they would like may exacerbate mental health problems that individuals in the community experience. An alarming number of clients currently do not receive treatment for mental health needs (Reinert et al., 2022), and this number is expected to grow exponentially in the future.

The United States and the world faced complex trauma during COVID-19 that will affect generations of people. The complete picture of postpandemic mental health in the United States is yet to be seen. It will be years before the cumulative effect of the complex trauma that is COVID-19 is apparent. The deficits in mental health treatment systems are being worsened by

clinicians leaving the field for better paying work with lower costs to their overall well-being, while clients' mental health issues are worsening due to a lack of available treatment. When treatment may be available, burdened clinicians providing services may not be doing the best work that they can do due to the conditions that many must work in (Gold, 2021). Counselors working in community mental health often report feeling overwhelmed, overworked, underpaid, and unappreciated (Freadling & Foss-Kelly, 2014), all aspects of Maslach et al.'s (1997) dimensions of burnout.

One of the ways that clinicians feel overextended is when it comes to documentation expectations (Cromwell & Conrad, 2022; Freadling & Foss-Kelly, 2014). Counselors report providing shorter sessions or services they know are less than their best work so that they can meet both caseload and documentation demands (Freadling & Foss-Kelly, 2014; Gold, 2021). The low pay is reported to be not enough to live on, creating an environment where counselors may not have a choice in where they work or the position in which they must perform (Freadling & Foss-Kelly, 2014) despite having invested the time to earn a master's degree and complete a postgraduate internship. This internship, or residency, is often 2–4 years long. In some subsets of the counseling field, such as substance abuse, clinicians leaving the field for other work that pays better, has a lower level of liability, and takes less of a toll on their well-being is becoming more and more of an issue (Cromwell & Conrad, 2022). The longer counselors work in specific environments may directly affect their resilience.

In a poll conducted in February 2022 by the American Psychiatric Association (APA), 15% of 2,500 participants reported that their mood had worsened when compared to 30 days prior. Reasons cited for the diminished mood included finances (20% of participants), inflation (10%), financial stress (10%), money (10%), and COVID-19 (20%; APA, 2022). Some

populations were more likely to report a negative change in mood than others. Overall, 28% of participants in the poll stated that their mental health was fair or poor. That number rose to 35% in participants who reported making less than $50,000 annually (APA, 2022). Counselors, especially those working in community mental health, have reported low pay as a job stressor and factor affecting professional satisfaction (Freadling & Foss-Kelly, 2014). It is unfair to assume that counselors do not face mental illness themselves. This assumption is a commonly held misconception.

Burnout has been shown to be associated with depression and a lower professional quality of life (Karlafti et al., 2022). Those who care for others more than the self are at a higher risk of burnout (Ko & Lee, 2021). Self-care is an important component of counselor wellness (Ko & Lee, 2021). When a counselor cares for the self, they are able to maintain wellness and retain functioning much better than when they care for others more than themselves (Ko & Lee, 2021). Holman et al. (2019) found that school counselors who reported exhaustion that contributes to burnout cited reasons including being assigned tasks that are not related to counseling, viewing their workplace as negative, and having low support in the workplace.

A variety of strategies have been proposed and studied to address challenges to counselor wellness. These strategies encompass both individual and organizational approaches. Individual strategies include self-care practices such as mindfulness, regular exercise, maintaining a work–life balance, and seeking supervision or therapy (Skovholt & Trotter-Mathison, 2016). Organizational strategies involve creating supportive work environments, promoting open communication, and providing opportunities for professional development (Keesler, 2020).

Problem Statement

Counselors must maintain wellness to ensure they are able to continue to provide quality mental health treatment to clients in need. There has been some research examining wellness, burnout, and job satisfaction over the last two decades. However, concerns with methodology and study design have been noted (Morse et al., 2011). Also of concern are changes in the field that may affect the applicability of extending results obtained prior to the pandemic to counselors now.

Almost all disasters, like COVID-19, are followed by increases in reported mental and behavioral illnesses, depression, posttraumatic stress disorder, substance use, and violence in homes (Neria et al., 2008). It is unclear how far the effects of the pandemic's complex trauma will reach and how they will impact mental health around the world (Galea et al., 2020). For now, increased anxiety, depression, substance use, and loneliness are expected. It may be that this is the new normal (Galea et al., 2020). Maintaining wellness for LPCs is especially important in a time of rapid changes to the counseling field and increased mental health needs (Galea et al., 2020; Reinert et al., 2022).

Wellness and documentation have not been explored sufficiently enough to understand the implications of documentation expectations on LPC wellness. The pandemic changed the landscape for LPCs (Galea et al., 2020), and research is needed so that counselors and counselor educators can understand how to help keep counselors well. Additional research is needed to sufficiently examine the effect of documentation expectations (Harris, 2019) and length of time on the job in relation to job satisfaction and resiliency in LPCs.

Relatively few studies focus on the effect of documentation expectations on LPC wellness (Harris, 2019). Several studies and literature reviews have been completed on many

different aspects and theories of counselor burnout (Beatrice, 2020; Edú-Valsania et al., 2022; Farber, 1990, 1991, 2000; Montero-Marín et al., 2009; Stamm, 2010; Suh & Punnett, 2022; Tiwari et al., 2020). However, very few researchers have explored documentation expectations at work, which are a significant issue in mental health care (Harris, 2019).

The present study's researcher sought to discover whether there is an association between documentation expectations and professional satisfaction. The hope was that the study findings would help LPCs better understand how to achieve and maintain wellness. The study results may also help counselor educators better understand how the stress of perceived documentation expectations can affect professional satisfaction and wellness overall. Organizations will benefit from understanding how job satisfaction can be enhanced and therefore increase LPC retention.

In order to prepare master's-level students by equipping them with the tools that they need to be able to maintain their own overall wellness as they enter a demanding field, counselor educators must know what tools are best suited for the job at hand. Understanding how perception of documentation expectations affects LPC wellness may allow supervisors to more easily provide supervision that is relevant and useful, including training, encouragement, and support, when novice LPCs have difficulty coping with documentation requirements on the job. Identifying the relationships between perceived documentation expectations and professional satisfaction and wellness and professional satisfaction will help organization leaders know what resources LPCs need to thrive and provide quality services in the community. Identifying these relationships may help policymakers understand the implications of potential regulatory changes concerning documentation and the needs of counselors in terms of maintaining wellness. The problem is that not enough is known about the effects of documentation on LPC wellness.

Purpose Statement

The purpose of this study was to examine factors that contribute to wellness in LPCs. Specifically, whether the number of hours of documentation expectations are associated with professional satisfaction in LPCs from across the United States was investigated.

Significance of the Study

This study provided important information about the relationship between counselor wellness and LPC perception of documentation expectations. Additionally, this study explored the effect of length of time on the job as a mediator on professional satisfaction in LPCs and the relationship between job satisfaction and LPC perception of paperwork requirements. Results from analyzing the data collected for this study may allow researchers to see how these factors relate to wellness in LPCs at a significant period in time for the counseling profession. Since research on this topic is virtually nonexistent, findings from this study provided a base for further studies that may help counselor educators better understand how to equip students with the tools necessary to achieve and maintain their wellness throughout their careers. The findings also provided important data that organizations may use to develop policy, benefits, and training for clinical staff and supervisors. This study provided data that will be helpful for policymakers who make regulations concerning counseling and mental health care. Future regulations and policies can be developed with a clearer picture of how current practices are affecting LPCs.

Research Questions

RQ1: What is the relationship between hours of documentation expectations and professional counselor wellness?

RQ2: What is the relationship between hours of documentation expectations and workplace culture?

RQ3: What is the relationship between documentation expectations and perceived stress?

RQ4: What is the relationship between documentation expectations and professional satisfaction?

Definitions

1. *Burnout* is a collection of symptoms that include compassion fatigue and compassion satisfaction (Stamm, 2010).
2. *Clinical mental health counselor* is a commonly used title and is interchangeable with licensed mental health care professional (LMHP). Many novice counselors earn degrees in clinical mental health counseling now, when as early as a decade ago, curriculum and degree titles were highly variable. Counselors who have been trained and earned a degree with the clinical mental health designation are now sought after by employers..
3. *Length of time on the job* is the amount of experience a clinician has working in a certain environment. Environments may vary widely and are not limited to certain settings, as mental health workers now are often working via telehealth and in homes.
4. *A licensed mental health professional* (LMHP) is a counselor holding a valid license to practice in the United States. Titles vary in certain states due to differing regulatory bodies, and so for this study, LMHP includes any counselor who holds a valid license to practice issued by a U.S. state. Health care workers are not LMHPs, but some may apply for licensure if they meet state specific regulatory requirements.
5. *Licensed professional counselor* (LPC) refers to a counselor who holds a valid license to practice counseling in at least one U.S. state.
6. *Pandemic* refers to the period of lockdown beginning in February 2020 due to disease outbreak across the world. COVID-19 was responsible for the lockdown that occurred at

that time. The regulations and policy began to become flexible at that time (World Health Organization [WHO], 2020).

7. *Perceived stress* is how stressful life is perceived. The Perceived Stress Scale (PSS-14) is used to measure how stressful people perceive their lives (Cohen et al., 1983 The amount of stress depends on the individual's judgment.
8. *Professional satisfaction* is also known as job satisfaction. It is different from personal satisfaction in that it relates to satisfaction at home versus work (Stamm, 2012). Professional satisfaction was measured by the Professional Quality of Life, Version 5 (ProQOL 5) in this study.
9. *Trauma* has been defined in many different ways. For this study's purpose, trauma was considered a normal occurrence in life. It is the emotional processing of events by the brain, only leading to a reduction in functioning when a person is overwhelmed and unable to regulate their emotional response (Horowitz et al., 1989). The present study focused on examining and identifying the factors causing stress on the job that may be traumatic.
10. The *Trauma-Informed Organizational Culture Survey* (TIOC) is a measurement used to assess clinician perception of trauma in the work environment (Handran, 2013) and was used in the present study. Clinician perceptions of working environments may vary widely and from person to person. For this study's purpose, counselors were asked questions regarding their perceptions of their working environments. Asking these questions facilitated understanding how stress affects counselors' abilities to provide quality counseling services and therefore fulfill their roles in their professional lives.

11. *Workplace culture*, according to Maslach (1993), refers to the shared values, beliefs, attitudes, norms, and practices that shape the environment in a workplace. It encompasses the overall atmosphere, interactions, and experiences that employees encounter as they go about their daily tasks. Workplace culture has a profound impact on employee well-being, job satisfaction, performance, and overall organizational outcomes. One commonly cited definition of workplace culture is from psychologist Edgar Schein (1990), who defined culture as a

> pattern of basic assumptions, invented, discovered, or developed by a given group, as it learns to cope with its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, is to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 111)

Summary

The road to help can be long and difficult for many. When examining the research, the road appears too long and especially difficult for most people in the United States, regardless of their socioeconomic status, whether insured or not, and often, for both the counselors and the clients. The stark truth is that many people living in rural areas of the United States do not have access to mental health care that is adequate or timely.

Timely service is important for those in crisis. Crisis services in some areas are burdened with so much paperwork that clinicians are showing higher levels of dissatisfaction in their jobs, and as a result, at home. Clients who are in desperate need of services are struggling to find any mental health care, let alone services that are in line with treatment guidelines. In a growing number of areas, there are just not enough clinicians to help clients. The lack of available

services and mental health treatment providers is a challenge for the overburdened system, which can no longer support the needs of those attempting to access services. This study examined how counselors cope with everyday challenges of helping others and their impact on their own well-being and their families.

Chapter Two: Literature Review

Overview

Mental health counselors may face demanding or challenging working environments. Job demands are often determined by several factors, including the subset of the mental health field where counselors choose to work. This subset may be one or more of a combination of several very different working environments, including residential care, community mental health care, crisis services, outpatient counseling services, private practice, supervision, and others.

Counselors in the field today face ever-changing demands at work. Since the pandemic, there has been very little research on factors that keep counselors well considering the changes the pandemic initiated in the field. This study was an exploration of the relationship between documentation expectations and LPC wellness and the relationship between length of time on the job and wellness. During COVID-19, many regulations concerning documentation requirements were temporarily relaxed or otherwise changed to allow for continuation of service provision during a state of emergency. Studies on burnout and other psychological symptoms in health care workers after the onset of COVID shed some light on the state of wellness of mental health counselors (Beckstein et al., 2022; Chin & Clubbs, 2022; Cook et al., 2021; Fallahi et al., 2022; Feinstein et al., 2020; Glowacz et al., 2022; Ko & Lee, 2021; Litam et al., 2021; Rapisarda et al., 2022; Singh et al., 2020; Stefanatou et al., 2022; Suh & Punnett, 2022). These studies focused on burnout in the pandemic, but there is very little research on the effect of perceived and actual documentation expectations on professional satisfaction and counselor wellness.

Conceptual Framework

Counselors decide to be counselors for many reasons. Many begin in the helping professions as a way to give back to others, often after a struggle that they or someone close to

them experienced (Freadling & Foss-Kelly, 2014; Taylor, 2023). Counselors put together a collection of tools with which they can accomplish the goal of helping others. One of the first is education. The education that counselors obtain gives them the skills necessary to begin actively learning to help others during postgraduate internship or residency.

The Counselor's Tool Kit

A well-stocked tool bag is important for any counselor who wants to provide quality services to clients in need. Training, continuing education, and experience are all included in the ideal tool bag. These are not the only tools that will be in the bag. Over the course of the counselor's career, the bag may be changed to accommodate new tools, new tools may be added to the collection, or a broken tool may be replaced or repaired as needed. As new tools become available, other tools may be required, and others in the bag may become obsolete.

When opening the tool bag of today's counselor, the contents are vastly different than just a few years ago. For example, cultural humility is an important tool in providing quality services to clients today. There has been a great deal of emphasis on the paradigm shift toward cultural humility and the interconnectedness of the counselor–client relationship. Changes in counselors' working environments and methods, resulting from the COVID-19 pandemic and the inevitable societal changes after such a trauma is experienced by the whole of humanity, have shaped the landscape for the future of counseling.

Adaptability is a crucial tool in today's counselor's tool bag. During a crisis or emergency, there are often people nearby who are willing to help. It is these altruistic people who intuitively act to save a life or help others without regard for their own safety, a connection uncovered by David Rand (Taylor, 2023). As humans realize the interconnectedness of all, altruism begins to emerge, regardless of whether this altruistic thinking or behavior has selfish

motives (Batson, 2011). Altruistic behavior stems from empathy, a fundamental skill for counselors (Batson, 2011). Interestingly, those who are altruistic tend to be more impulsive (Taylor, 2012), which can be also viewed as the ability to adapt within their environment quickly. Adaptability within one's environment is another useful skill in the counselor's tool kit, as the counselor must be able to adapt to offer a safe space in which clients may choose to engage and heal.

Another fundamental tool in the counselor's bag is a sense of purpose (Taylor, 2023). A sense of purpose is important in meeting goals and can be responsible for motivation and meaning. With purpose comes less stress and fewer complications (Taylor, 2012, 2023). Resiliency against stress develops when an individual has a clear purpose. When a counselor has purpose in their life and work, the cost of maintaining wellness and professional/personal satisfaction may not be as high.

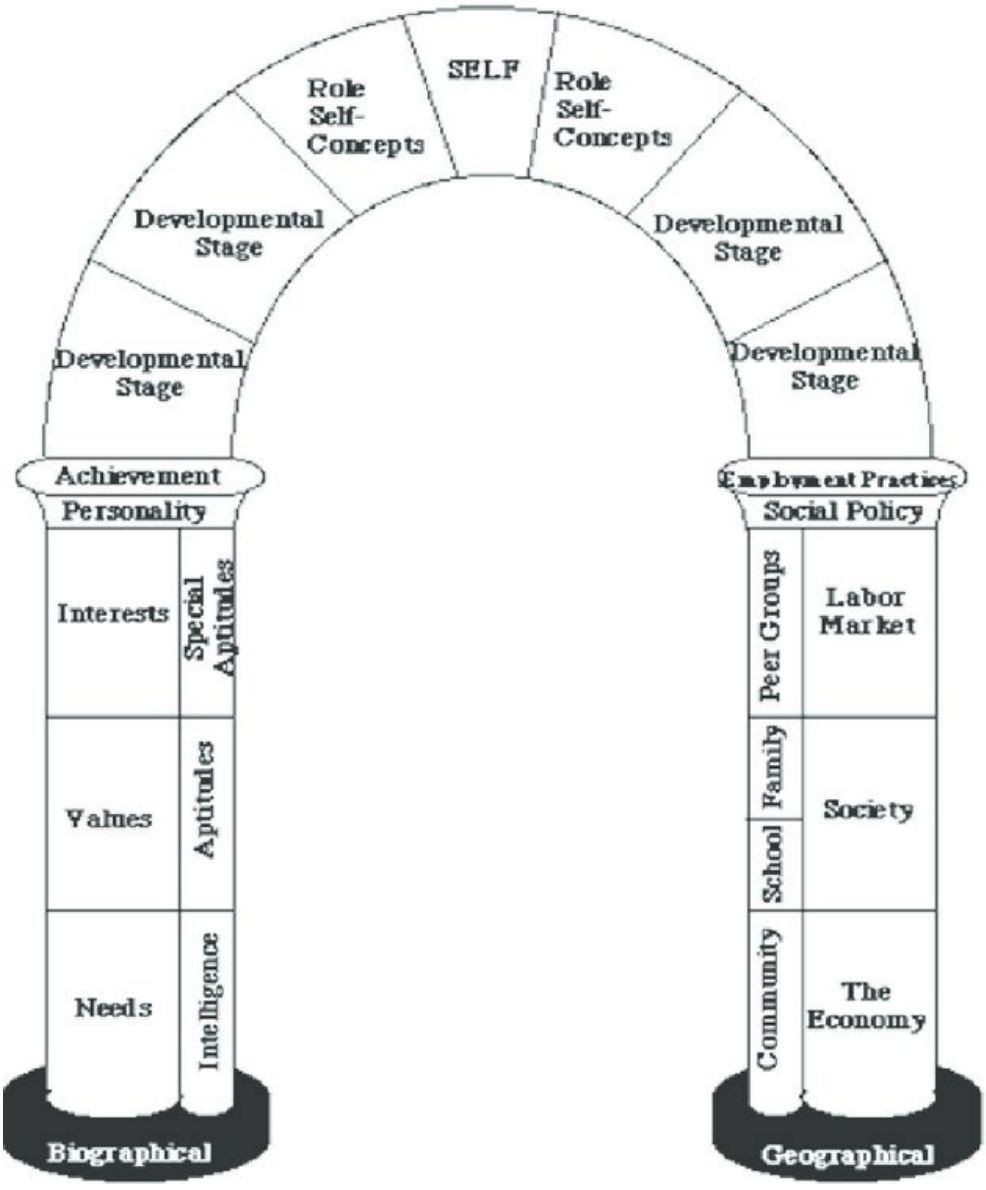
Individuals who are predisposed toward gratitude are more empathetic and seen as being generous and helpful (McCullough et al., 2002). Gratefulness is associated with more positive emotions, satisfaction in life, optimism, and reduced depression and stress. Grateful people find it easier to realize the interconnectivity of all life. They are more likely to have a commitment to helping others and may feel a responsibility to do so as well (McCullough et al., 2002).

One way to view gratitude is that it is a moral concept, with its roots firmly anchored in empathy (Emmons & Shelton, 2002). Klein (1957) saw that gratitude "underlies the appreciation of goodness in others and in oneself" (p. 187). Gratitude has been conceptualized as both an emotion and a virtue (Emmons & Shelton, 2002). Schimmel (1997) thought that gratitude is something morally owed to others but noted that "gratitude as a moral virtue is not emphasized

in our culture" (p. 208). It is, however, important to maintain societal well-being and the overall well-being of those who have a part to play in it (Emmons & Shelton, 2002).

Figure 1

Archway of Career Determinants



Note. From Super, D. E. (1990). Archway of career determinants. In D. Brown & L. Brooks (Eds.), *Career choice and development: Applying contemporary theories to practice,* (2nd ed.) San Francisco: Jossey-Bass. Copyright 1990 by Jossey-Bass. Reprinted with permission from John Wiley & Sons, Inc. See Appendix.

Donald Super introduced the concept of life space in the early 1980s. His theory of career development saw life roles as an important component of the life career rainbow, which theorizes that workers have separate roles in both their home and professional lives. Super (1980) theorized that life roles were as important as the space or environment that an individual occupies at the time.

The archway model of career determinants, shown in Figure 1, represents the influences that may affect career choice, performance, and career path. The archway shows the equal importance of personal and environmental influences that may affect life roles, and therefore choice of work and work environment. These two concepts, personal and environmental development, are the columns of the archway. The arch is completed with a capstone of the self that joins the pillars and creates strength through the arch structure. The life career rainbow is the culmination of self-actualization in roles that workers play.

Super (1980) acknowledged that there are times when workers may cycle back through professions and that stages do not necessarily occur at a specific age or in order. Super knew that both environmental and personal influences help shape workers' career paths, determining the life spaces and roles that workers will encounter throughout the span of their careers. He acknowledged that these life roles and life spaces may change at any given time. These changes may be due to environmental or other factors related to professional and/or personal growth and development (Super, 1980).

There has been a great deal of research on and expansion of Super's initial theory since it was published. However, for the present study's purpose, Super's concept of life space, the life career rainbow, and the archway of self were considered applicable to all persons equally when viewed through the lens of the archway of self, with self-actualization being an important tool for

counselors both in their personal and professional lives. Self-actualization in counselors' own careers is as important in maintaining wellness as it is in the lives of their clients who desire to grow, develop, and heal.

LPC Wellness

As the field of counseling continues to grow, so does the need for balance in the personal and professional lives of counselors everywhere. Even though Super's (1980) lens of the archway of self allows counselors to reach self-awareness, counselors still need to make choices in their careers that will shape their paths, both personally and professionally. The vast majority of jobs are simply transactional, meaning that a worker completes required duties for a certain amount of time and receives a certain amount of money in return. The worker may be salaried or paid hourly. However, there is a low level of emotional attachment that may be either required or recommended as part of the worker's duties. Examples of these workers are factory workers, store clerks, administrative assistants, executives, managers, landscapers, and, of course, there are very many more. An important point here is that workers are not required to emotionally engage with others in order to perform their duties. The worker may choose to be friends with colleagues or customers, but ultimately is not required to do these things as part of their work. There are professions that require this emotional engagement and all that comes with it. These professions are often referred to as helping professions.

Licensed counselors are helpers by nature. The very design and intent of counseling requires that a counselor engage emotionally with clients in order to create a safe space in which clients can heal. The necessity of engaging emotionally with clients creates difficulty for LPCs, as they must maintain wellness to perform their job functions, let alone do them well. Exceptional counselors must proactively maintain wellness and balance in their personal and

professional lives to provide exceptional and excellent counseling. Although counseling may be referred to as a service that is provided, counselors do not actually provide a service as much as they fully engage with clients (Miller, 2023; Shedler, 2022; Taylor, 2023). Counselors cannot block their feelings and be good at their work. Instead, they learn to compartmentalize, regulate emotional responses, and realize that the emotional connection in the counselor–client relationship is a vital part of the process (Shedler, 2022). Connecting emotionally with clients creates a safe space where the counselor and client explore the self in the counselor–client relationship together.

Counselors, as helper workers, are emotionally invested in their work because they must be (Taylor, 2023). This means they must also shoulder the cost of achieving and maintaining wellness in order to be able to work. Helper workers receive monetary compensation, with an important distinction from nonhelper workers. As helpers, counselors must monitor and maintain wellness for themselves and their families. Counselors may see their work affect their families. The additional cost to counselors of maintaining wellness in all aspects of life may be both monetary and emotional (Foley et al., 2004). For example, a gym membership, vacation, hobby, or other coping mechanism could be considered costs of maintaining wellness (Skovholt & Trotter-Mathison, 2016). Because counselors do not naturally have unlimited resources, the environments in which they work can be part of the cost of working.

When the cost of working outweighs the compensation received, counselors may consider whether it is worth it to work (Foley et al., 2004). They may have difficulty desiring to stay in the profession when the costs outweigh the compensation. The emotional cost of maintaining rapport and a safe space in which clients can explore and heal passes on to counselors as a byproduct of performing their duties (Ko & Lee, 2021; Maslach et al., 2001).

Organizations can reduce the burden of this cost by providing counselors more relevant and adequate resources for performing their duties, the ability to help others without bureaucratic delay, and increased monetary compensation.

Counselors can reduce the cost to professional satisfaction by identifying ways to improve wellness, proactively engaging in activities that enhance wellness and reduce stress, and identifying factors that may cause difficulty in achieving and maintaining wellness (Ko & Lee, 2021). In fact, according to Ko and Lee (2021), incompetence and the deterioration of personal life occur less frequently in counselors who balance self-care and caring for others. In contrast, counselors who do not participate in self-care activities and who care for others at a high level experience deterioration in their personal lives and may feel feelings of incompetence (Ko & Lee, 2021). In Holman et al. (2019), feelings of incompetence in these counselors significantly related to a lack of control, specifically referencing time and tasks.

Wellness will not look the same for any two LPCs, much less the entire set of counselors in the community or occupational field (Ko & Lee, 2021; Skovholt & Trotter-Mathison, 2016). All LPCs must decide for themselves what being well looks and feels like. The balance that one LPC requires to feel well may be very similar to or different from other LPCs (Ko & Lee, 2021). Because balance and wellness can only be determined by the counselors themselves, gestures made by organizations to enhance counselor wellness are only as important to workers as much as the actual impact to wellness.

Exploring how perceived documentation expectations affect counselor wellness after the pandemic was this study's focus. Findings from this exploration may help researchers identify potential additions to or costs of maintaining wellness regarding documentation that counselors must complete to receive compensation for their duties. This documentation includes service

authorization requests, insurance forms, organizational documentation, and any other documentation that is expected from the counselor as part of their duties.

Organizational Change

To remain in business, organizations must work to support staff in accepting change. Without LPCs, the ability to offer treatment becomes nonexistent. Staffing shortages and a lack of LPCs to meet community treatment needs are quickly becoming the norm in many parts of the United States.

Leiter and Harvie's (1998) model of organizational change describes organizational change as either *evolutionary* or *revolutionary*. Evolutionary change is that which occurs in smaller parts. Most organizations develop through evolutionary changes. Evolutionary change can be viewed as an extension of not fixing what is not broken and slowly improving it as well. (Leiter & Harvie, 1998).

Revolutionary change occurs when change is not continuous (Leiter & Harvie, 1998). These changes are those that realign the organization and how it operates. Gersick (1991) postulated that evolutionary change can be triggered by "the attraction of newcomers to crisis situations and the system's arrival at key temporal milestones" (p. 23). There can be no denying that COVID-19 and the resulting pandemic was a key point in time during which revolutionary change occurred. This change needed to happen for organizations to survive and, in the case of mental health, meet the needs of the surrounding communities.

Revolutionary change can be compared to breaking the frame within which an organization or system operates (Leiter & Harvie, 1998; Tushman et al., 1986). It occurs when rapid and defining changes in organizational structure, policy, and administrative activity are required for the organization or system to survive (Leiter & Harvie, 1998; Tushman et al., 1986).

This type of change is not required most of the time. Instead, evolutionary change is usually how organizations will choose to change if revolutionary change is not necessary or desired.

Revolutionary change comes with many costs and impacts worker productivity because of disruption. To manage the changes needed for revolutionary change, organizations must use different strategies than the ones used for incremental change through evolution. Tushman et al. (1986) believed that revolutionary changes happen extremely fast in order to, as Leiter and Harvie (1998) wrote, "alter mission and core value; distribution of power and status; structure, systems, and procedures; communication channels and decision-making patterns; and to introduce new executives" (p. 3).

Incongruence between job duties and values can raise the chances of burnout (Bao et al., 2013) and moral distress (Galiana et al., 2023) in health care workers. This moral distress is negatively associated with professional quality of life (Galiana et al., 2023). How workers perceive organizational culture and colleague support affects their risk of burnout and job satisfaction (Beatrice, 2020; Galiana et al., 2023). Survival anxiety can be most likened to when workers have to just grin and bear it in order to stay alive, keep their job, or similar environmental pressures occur due to organizational factors (Schein & Schein, 2019). It is when all is on the worker to conform in order to survive.

Organizations need competent teams to guide workers during revolutionary change, meaning that leadership changes are often necessary to begin and facilitate drastic change (Tushman et al., 1986). Building a new team of leaders to usher in change may be important for organizations to remain operational and relevant to societal needs. Workers may be reminded of the organization's history to foster a sense of satisfaction in what has been done in the past and what is still yet to come in the organization's future (Tushman et al., 1986). Regardless of how

changes are implemented, leaders cannot expect workers to accept change without great communication in the organization (Tushman et al., 1986).

Leaders need to realize that workers will feel changes both personally and in their work in teams (Gersick, 1991). Gersick (1991) noted that newcomers have a unique perspective in an organization and also noted the importance of being able to attract and recruit newcomers who can help solve issues. Tushman et al. (1986) found that executives who are recruited from outside of the organization are much more likely to trigger the type of change that breaks the frame. Predictors of worker acceptance of change include the effectiveness of management and supervisory teams, how effective communication is with workers, meaningfulness of work, and burnout (Leiter & Harvie, 1998). Organizational internal environments and accepting change are mediated by the facets of burnout (Leiter & Harvie, 1998). In a survey of 3,312 workers at two large hospitals in Ontario, Canada, that were experiencing consolidation, Leiter and Harvie (1998) found that acceptance of change was associated with the perception of positive changes in job security, worker morale, and quality of care for clients.

Related Literature

Life is not the same after COVID. Not for doctors, nurses, or counselors. It just is not. The pandemic began and the lockdown came on suddenly, with the first inklings of COVID-19 being called “pneumonia of unknown etiology” (WHO, 2020, para. 1). As of January 3, 2020, the WHO (2020) had received report of 44 patients with this pneumonia from China. Fast forward 4 years, and we now know that COVID-19 was the cause (WHO, 2024). Researchers are still investigating the pandemic’s effects. COVID-19 could be called a global trauma because it reached everyone.

This study is a snapshot of LPC wellness at a crucial point in time. Data collection occurred at the end of 2023 and beginning of 2024. Some counselors may have felt the effects of the pandemic and lockdown more than others due to working environment, position held in an organization, or even whether they worked during the lockdown. Keeping LPCs well is important. Allowing LPCs the ability to keep themselves well is important as well. Organizations have experienced counselors turning over and leaving the field for some time. In order for counselors to want to continue to remain in the positions that they have, wellness and balance are important (Ko & Lee, 2021).

Mental Health in the United States

Mental health statistics in the United States paint a vivid picture of a nation in dire need of help. Reinert et al. (2022) reported that over 28% of U.S. adults with mental illness did not receive treatment in 2022, with 42% reporting not receiving treatment due to an inability to pay for services. Of youth diagnosed with major depressive disorder, 59% did not receive mental health services for their depression (Reinert et al., 2022). Over three quarters (78%) of Asian youth with major depressive disorder reported not receiving any treatment. Mixed race and African American youth with major depressive disorder also reported not receiving treatment (68% in each group; Reinert et al., 2022).

Although these numbers vary by state and are seemingly affected by each state's adoption of the expanded Medicaid program (Reinert et al., 2022), they are troubling. The minimum number of visits recommended by the American Academy of Child and Adolescent Psychiatry is monthly for 6 to 12 months (Birmaher & Brent, 2007). According to Reinert et al. (2022), fewer than 30% of young people diagnosed with severe major depressive disorder receive more than seven visits with a mental health provider annually in the United States. There

are approximately 350 people for each person providing mental health services (Reinert et al., 2022). An estimated 50,000,000 U.S. adults are facing mental illness issues, and 16% of youth struggle with at least one major bout of depression each year (Reinert et al., 2022). According to the U.S. Bureau of Labor Statistics (2023), there were 388,200 counselors in the United States in 2022. An 18% increase in this number is expected by 2032 (U.S. Bureau of Labor Statistics, 2023).

Wellness

Hellman and Morrison (1987) explored factors related to psychotherapist wellness. They reviewed survey responses from 227 licensed psychotherapists working in the San Francisco Bay Area. The researchers focused on the type of clients the therapist worked with, the number of clients on the therapist's caseload, and the setting in which the therapist worked. Hellman and Morrison found that therapists with more years of experience were those in private practice and that experience was associated with lower reported stress at work.

Hellman and Morrison (1987) used years of experience as a covariate during analysis. The number of hours spent doing therapy instead of some other task did not change by work setting or the type of clients on the therapist's caseload. Therapists who had psychotic clients in their caseloads reported more stress that they attributed to work than those whose caseloads consisted of primarily neurotic clients (Hellman & Morrison, 1987). Analysis revealed that maintaining rapport with clients, self-doubt and self-criticism about professional efficacy, and feelings of personal depletion were the main contributors to stress reported by the therapists. Stress arising from clients' actions was higher for those who worked in private practice (Hellman & Morrison, 1987).

Interestingly, in Hellman and Morrison's (1987) study, when that stress resulted from negative client affect, client resistance to treatment, suicidal threats/gestures, and passive-aggressive client action, the amount of stress reported to have arisen from these client actions did not change by practice setting or location. Therapists working in private practice reported more overall positive value in their work, along with those who carried a caseload of primarily neurotic patients. Hellman and Morrison also noted the pattern of beginning one's career in an organizational setting such as community mental health or another facility and moving on to private practice later, after gaining more experience.

At the time of Hellman and Morrison's (1987) study, clinicians with 2–4 years of experience working in an institution earned approximately $11,700 less than therapists with the same experience working in private practice. The gap was larger for individuals with 10–14 years of experience. These therapists in private practice were making $19,700 more than those in organizational settings with the same experience (Hellman & Morrison, 1987). This pattern of beginning in an organizational setting with lower pay continues today. Low pay is also still cited as a reason for job stress in community mental health and similar settings (Cromwell & Conrad, 2022; Freadling & Foss-Kelly, 2014).

Burnout is not a new concept in counseling and is linked with reduced professional quality of life or lower job satisfaction (Stamm, 2010). Burnout and compassion fatigue are positively correlated (Star, 2014). Job satisfaction is also a predictor of burnout, along with control (Vilardaga et al., 2011). As LPCs experience feelings of burnout, they have less compassion for clients. They may experience experiential avoidance with burnout as well (Vilardaga et al., 2011). The amount of time on the job and the counselor's age were not found to be significant with regard to burnout and compassion fatigue in a study prior to the pandemic and

lockdown (Star, 2014). However, the number of recent life changes were positively correlated with burnout and compassion fatigue (Star, 2014). As rapid changes in service delivery and other accommodations that were made to ensure that clients could receive both physical and mental health care during the COVID-19 lockdown, the risk of burnout and compassion fatigue likely increased for LPCs who worked through the pandemic.

According to the Substance Abuse and Mental Health Services Administration (2014a, 2014b), trauma results from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects of the individual's functioning and physical, social, emotional, or spiritual well-being" (p. 7). Many people have experienced more than one of these events in their lives (American Psychiatric Association, 2013). For the present study, COVID-19 was considered a trauma as it fits the Substance Abuse and Mental Health Services Administration's definition of trauma.

Trauma was originally introduced as an adaptive mental process (Turnbull, 1998). When the process of adapting to unpack trauma causes stress, this means that trauma is not effectively sorted by the brain, and symptoms become pathological at that point. However, trauma from a psychological perspective may not be something that fits diagnostic criteria for mental illness. It may be part of people's survival instincts (Turnbull, 1998). This instinctive behavior to adapt only becomes mental illness when adaptation has been interrupted in some way. Mental illness can occur when the interruptions keep people so busy with other parts of their lives that they are not able to deal with the resulting inner emotional process after experiencing the trauma. Counselors in Cromwell and Conrad (2022) reported a lack of resources, lack of funding for training, lack of qualified staff and unrealistic documentation expectations as challenges of

working in rural Alaska. The counselors described a Medicaid rule that was at the root of the documentation expectations (Cromwell & Conrad, 2022).

Resiliency, or how well a person deals with stress, is an important factor in whether adaptation occurs for the individual. How resilient an individual is against stress may determine whether diagnosable mental illness occurs or the instinctive adaptation necessary for survival occurs. When people can adapt to their environments and are resilient against stress, traumatic events are experienced and do not hinder daily life. If adaptation does not occur, individuals may display negative symptoms that eventually become diagnosable as mental illness.

Counselors working in institutional settings have reported higher levels of stress, showing a link between organizational setting and stress that has the potential to impact a counselor (Hellman & Morrison, 1987). Counselor resiliency may be the determining factor in navigating organizational or other environments where counselors report more stress on the job (Hellman & Morrison, 1987). This stress can reduce functioning in one or several domains, leading to what Stamm (2010) described as a reduction in professional satisfaction.

Feelings of incompetence and a lack of control over tasks at work may contribute to a decrease in personal life satisfaction (Holman et al., 2019; Ko & Lee, 2021; Vilardaga et al., 2011). Survival anxiety occurs when workers must maintain the status quo to survive (Schein & Schein, 2019). Suicide, decreased productivity, turnover, and lowered client satisfaction may all occur when survival anxiety is present (Ko & Lee, 2021; Schein, 1990; Schein & Schein, 2019). Changes in workplace culture will be forced by an event that causes leaders to fear the consequences of not making these changes (Schein & Schein, 2019; Shanafelt et al., 2019). Survival anxiety is offset by learning anxiety. Learning anxiety is when workers learn and implement positive change (Schein & Schein, 2019; Shanafelt et al., 2019).

Helper workers often must choose between survival and being a part of positive change (Shanafelt et al., 2019). For example, physicians, like LPCs, may have to meet unrealistic client numbers, take on additional tasks, or meet other metrics that do not fully encompass the client experience (Freadling & Foss-Kelly, 2014; Shanafelt et al., 2019). Sinsky et al. (2016) found that physicians spent 49% of their office day on electronic health records and office work. Even when in the room with clients, they spent 37% of that time on electronic health record and desk tasks The doctors who participated in Sinsky et al. also reported that they devoted additional hours after work each night, again usually working on electronic health records. Another study of physicians also showed that doctors spend as much time on documentation as seeing patients (Tai-Seale et al., 2017). Electronic health record software use can be challenging in and of itself, as reported by workers at the Veterans Administration who were going through a transition to a new electronic health record system (Ahlness et al., 2023). As Ahlness et al. (2023) noted, changes in roles and responsibilities and disruptions simply because of moving to new systems are possible during such transitions.

In Star (2014), the number of recent life changes experienced correlated with feelings of burnout and compassion fatigue. Health care and mental health care workers experienced a great deal of change during recent years, with the transition to more and more services being provided remotely and via telehealth (Ricks & Brannon, 2023; Schoebel et al., 2021). The question of how to keep these workers well is important so that communities have the counselors, doctors, and nurses that they need. There is debate on whether professional dissatisfaction is associated with counselors leaving the field for other work that pays much better in relation to the emotional cost of performing their job duties (Eby et al., 2014). Often, counselors and other helpers are accused of being selfish when they engage in self-care (Flynn & Black, 2013). However, preserving the

self with self-care may be a component in maintaining the health in members of the helper workforce, including doctors and LPCs (Flynn & Black, 2013; Ko & Lee, 2021).

COVID-19 and the Pandemic

Year-end 2019 saw the beginnings of COVID-19 when the virus was identified in Wuhan, China. Because of the rapid rate of disease spread, the WHO declared a pandemic in March 2020 and advised a lockdown (Onyeaka et al., 2021). The COVID-19 virus spread around the world and developed into what is now commonly referred to as the pandemic. Mental health care agencies around the globe shut down temporarily or halted some services and provided minimal virtual services with available staff.

Fear of COVID-19 affected counselors in unexpected ways, depending on the level of fear reported (Stefanatou et al., 2022). Extreme fear of COVID-19 was associated with increased compassion fatigue for mental health workers, especially younger female staff who experienced secondary traumatic stress on the job in mental health workers surveyed (Stefanatou et al., 2022). Health care and mental health care systems have been inundated with clients who suffered effects of the pandemic on their physical health, mental health, or both (Karlafti et al., 2022; WHO, 2020). A study of 117 internists in Greece during the lockdown showed that most had high levels of exhaustion, burnout, and negative psychological symptoms (Karlafti et al., 2022). The exhaustion reported in counselors working in stressful environments reported in Hellman and Morrison's 1987 study sounds much like the exhaustion reported by health care workers during the pandemic in Karlafti et al.'s 2022 study.

The pandemic has allowed organizations to be flexible in implementing policy changes that allow clinicians to provide care. By temporarily reducing long-standing standards and documentation requirements, new ways of providing service have emerged. Clinicians providing

care are now facing challenges in integrating pre- and post-COVID care methods. Even before the pandemic, clinicians in changing environments felt the burden of job duties (Star, 2014). As policy is rewritten over the coming months, a brighter view of the field is in view. Counselors have reported being underpaid in comparison to other fields (Freadling & Foss-Kelly, 2014), despite being part of the health care worker system.

The COVID-19 pandemic created unprecedented challenges across various sectors, including mental health services. Counselors, who play a pivotal role in supporting individuals' emotional well-being, have faced significant changes in their practices due to the pandemic. The COVID-19 pandemic greatly affected the counseling profession, resulting in both challenges and innovative solutions that have emerged.

Shift to Remote Counseling

One of the most profound changes brought about by the pandemic is the shift to remote counseling. Social distancing measures and lockdowns forced counselors to adapt quickly to providing therapy through virtual platforms. This transition presented both advantages and challenges (Ehrlich, 2019). Apprehension in counselors and clients was common when the transition began (Ehrlich, 2019). In time, LPCs became more comfortable when connecting with clients virtually, and it became more the norm than the exception (Aafjes-van Doorn et al., 2022; Ehrlich, 2019; Taylor, 2023). Remote counseling allowed counselors to continue offering services while prioritizing safety (Ehrlich, 2019). However, it also required adapting therapeutic techniques to fit digital formats and to address potential issues related to technological issues, connecting with clients, authenticity, and privacy (Aafjes-van Doorn et al., 2022).

The absence of face-to-face interactions has posed unique challenges to the therapeutic relationship. Building rapport and trust is crucial in counseling. The limitations of virtual

sessions have led to adjustments in how counselors establish connections with their clients (Topooco et al., 2021). Nonverbal cues may be less apparent through screens, potentially affecting the depth of communication and conveyance of meaning (Patel et al., 2021). Because many providers were required to quickly move to virtual methods or other ways of reaching clients, counselor job duties were modified during the pandemic (Schoebel et al., 2021; Wind et al., 2021). Documentation requirements were temporarily changed in some locations during COVID-19 to allow for reductions in or streamlining of paperwork required.

Heightened Mental Health Needs

The pandemic led to an increase in mental health needs, further emphasizing the importance of counselors' roles in a healthy community. Isolation, anxiety, grief, and financial stress are just a few of the issues that people have been grappling with (Galea et al., 2020). Counselors have responded to these evolving needs by tailoring interventions to address pandemic-related concerns. The challenges posed by COVID-19 created opportunities for counselors to create fresh and unique perspectives in their work. Counselors are striving to do away with methods that no longer meet the needs of communities, clients, or themselves in favor of ones that are more efficient, flexible, and effective. Counselors are using new interventions and embracing technology for virtual workshops, support groups, and webinars, enabling broader outreach (Chakrabarti, 2020).

The COVID-19 pandemic brought about profound changes to the landscape of counseling. It caused a shift to remote counseling, impacted therapeutic relationships, and increased the need for mental health services, all of which emphasized the need for counselor well-being. The pandemic also prompted a reevaluation of the value of counseling, in turn reducing stigma surrounding mental health treatment and encouraging more individuals to seek

support (Wind et al., 2021). As a result, counselors are seeking new ways to help the growing number of clients in need of counseling services. Counselors have shown remarkable resilience in adapting their practices to meet clients' evolving needs. As people continue to navigate these uncertain times, the perspectives and experiences of counselors during COVID-19 offer valuable insights into the evolving nature of mental health support and counselor wellness.

Stigma is not new. In fact, originally, stigma was something tangible that could be seen. It was a real mark placed on a person. The mark indicated one's status as lower than in some way. For instance, it may have meant the person was a slave or a prostitute, or it could have shown that individuals should not interact with the person based on their moral decisions and actions, their state of health, and/or because they might harm them in some way or another (Crocker et al., 1998). This mark eventually dissolved into holding "some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (Crocker et al., 1998, p. 505).

Stigmatization can occur simply by belonging to a social group that is devalued in one sense or another in society (Berjot & Gillet, 2011). With regard to mental health, stigma surrounding treatment may be different depending on an individual's formed personal identity, since stigma is based on social identity (Crocker et al., 1998). Helper workers, including physicians and mental health counselors, have faced difficulties navigating the demands of their jobs during COVID-19 while also experiencing the same lack of resources that may contribute to a devaluing of their own personal wellness.

Helper workers were found to be "psychologically crashing" everywhere during COVID-19. One organization noted fear, exhaustion, a lack of sleep, crying, and secondary and primary trauma occurring at alarming rates in its staff (Feinstein et al., 2020). One attempt at preventing

crisis in the health care workers in this organization was developing a crisis hotline specifically for them (Feinstein et al., 2020). Fallahi et al. (2022) found that mental health professionals faced trauma on a personal level, experienced secondary trauma, and experienced burnout, all while attempting to continue service provision after COVID-19 began. Mental health counselors from different areas have reported that the demand for counseling has increased, resulting in larger caseloads and feelings of being burned out, stressed, and exhausted (Gold, 2021).

Active listening is an important component of counseling. However, psychological stress can result when counselors feel like they are expected to always be "on" and available for their clients (Ricks & Brannon, 2023). Further, active listening may actually cause burnout when coupled with other factors like high emotional demands, staffing shortages, excessive workloads, and more. In Ricks and Brannon's 2023 study of LPCs providing telehealth counseling during the pandemic, listening exhaustion was associated with daily social withdrawal in counselors' personal lives. When counselors feel emotionally drained from active listening, their actions outside of work may be impacted, which may negatively impact their personal lives (Ricks & Brannon, 2023).

Documentation Expectations

Documentation in counseling serves various purposes. Accurate documentation helps counselors keep track of client progress, treatment plans, and interventions provided. It enhances accountability by providing a clear record of the counselor's actions, decisions, and the rationale behind them, aiding case reviews and supervision. Accurate documentation can also help avert potential legal issues (Wiger, 2020). Documentation enables effective communication and collaboration between counselors, clients, and other health care providers. When multiple professionals are involved in a client's care, clear and concise documentation ensures that

everyone is on the same page, leading to more coordinated and holistic treatment (Dowling, 2013). Documentation provides a historical record of the client's journey, aiding in formulating and modifying treatment plans. Counselors can review notes to assess progress, modify interventions, and evaluate the effectiveness of therapeutic approaches (Gazzola & Harris, 2015). Documentation supports counselors' professional growth through supervision and self-reflection. Supervisors can review documentation to help counselors improve their skills and refine their therapeutic techniques through offering guidance and feedback (Remley & Herlihy, 2016).

Documentation expectations for counselors can vary widely. Factors in documentation perceptions and expectations also vary, including counselor work environments and organizational structures, position duties or employer demands, and insurance requirements for service authorization and payment for services. There are certain characteristics common in subsets of the mental health counseling field such as substance abuse treatment, outpatient counseling, residential and other work environments like community mental health. Each environment comes with challenges to navigate concerning documentation.

Many counselors choose to work in private practice, where they can select which insurers they will accept. Medicaid acceptance is challenging on many levels, especially concerning when documentation must be completed to meet billing requirements (Cromwell & Conrad, 2022). For example, in the state of Virginia, Medicaid insurance requires service authorization forms that consist of several pages. These forms must be completed and sent in with copies of an assessment done by a counselor, the proposed treatment plan, and any other documentation that the Medicaid managed care organization (MCO) determines necessary to allow its licensed staff to review and approve the service. The forms must be completed and signed by LMHPs, which includes LPCs Completing the documentation takes several hours of work by the LMHP and the

client, who must participate in a lengthy interview process that does not include services rendered prior to Medicaid approval. The agency must wait for this authorization to be guaranteed payment for services.

The Medicaid MCO then reviews the submitted information and makes a decision. Often, submitted documentation is not reviewed until after the requested service period for crisis and other immediate need services due to the increase in the number and severity of mental illnesses in clients seeking help. The agency is expected to operate without guarantee of being paid for mental health treatment rendered while shouldering the burden of paying the LPC and other staff to perform the assessment and complete service authorization paperwork. The agency must determine whether it can afford to provide services with no guarantee of payment. This often results in counselors providing services that they are not paid for or underqualified staff providing services while LPCs and other LMHPs sit in offices and complete documentation.

This can result in a feeling of reduced personal efficacy at work, with counselors reporting that they went to school to become a counselor to help others and instead spend much more time completing forms required for insurance payment. It is common for agencies to require service authorization request forms to be completed by unlicensed staff, who then send the form to an LMHP or LPC to sign. The staff completing the forms may or may not have been trained to complete the paperwork. Because of time constraints, busy LPCs or LMHPs sign the forms, often without reviewing, and the forms are submitted.

Insurance companies often hold the key to whether payment is given or taken. For example, in the state of Virginia, Medicaid also can examine client records in an audit whenever deemed necessary by a licensing specialist. If errors are noted, Medicaid may take back or

charge back large amounts of money from the agency without notice, and the agency has little ability to protect itself so that the organization can pay the staff performing services.

Community mental health agencies usually work primarily with clients who have Medicaid as their primary and only insurance. Many services that are payable by Medicaid, such as psychosocial rehabilitation, mental health skills building, community stabilization, and other community-based interventions for clients, are not payable by private insurance. The only way clients can receive these services is to qualify for Medicaid and wait for authorization for payment for services, which may be as long as 45 days in some cases for some services. All of this may only occur after an organization is contracted with the specific Medicaid MCO it would like to work with. Each counselor must get credentialed with that MCO as well, which often takes months or years to be able to accept a specific insurance provider when a client requests services.

Workplace Culture

Workplace culture is an external factor that may influence how well LPCs are able to navigate the stress of their working environments and therefore their resiliency against stress (Handran, 2013). Workplace culture is assessed by counselor perspectives of their working conditions and environments. In the present study, workplace culture perception was assessed with questions on how the participants perceived their working environments and the meaningfulness and efficacy of their work. Burnout and a lack of meaning in work can impact life at work and home, showing that professional and personal satisfaction are, at best, both distinct and intertwined for helper workers (West et al., 2018).

Perceived Stress and Burnout

Stress in the workplace has been linked with counselor burnout and professional dissatisfaction (Stamm, 2010). Demerouti and Bakker (2011) conceptualized burnout in their JD-R (job demands-resources) model as resulting when there are not enough resources to meet the demands of the job. Approximately 20% of mental health workers experience burnout at high levels (Demerouti & Bakker, 2011). Burnout has been associated with mental illnesses such as anxiety and depression (Morse et al., 2011). However, there is a lack of research on how counselors have maintained wellness since the beginning of the COVID-19 pandemic. It would seem that the counselor's perceptions of the meaningfulness of their work is imperative in counselor wellness (West et al., 2018).

Professional Satisfaction and the Workplace

Counselor job satisfaction varies across working environments, with some environments having higher levels of stress based on counselor reports (Agricola & Hobbs, 2004; Morse et al., 2011; Paris & Hoge, 2010). Individuals working in any of the helping professions are more likely to experience burnout (Carrola et al., 2016). Maslach and Leiter (2016) stated that burnout is a normal hazard of the job, likening it to a psychological syndrome that is associated with the counselor's response to repeated interpersonal stressors on the job.

Organizations can take steps to mitigate burnout in the workplace for counselors. Providing resources, time to maintain wellness, and improving workplace culture are all steps that may support the counselor with their bag of tools. Meaningfulness of work is crucial in counselor wellness (Leiter & Harvie, 1998; West et al., 2018), no matter which work setting or environment the counselor chooses.

Summary

Counselors face many challenges in the wake of COVID-19. The number of clients in need of mental health services in the United States is higher, and clients are struggling with more severe problems than before the pandemic began. Many organizations are seeing staffing shortages. If community mental health needs are to be met, organizations and LPCs providing treatment must remain in business and adapt to community needs.

Revolutionary changes in mental health treatment needs in communities, and, as a result, in systems and organizations that offer mental health treatment, are needed for continued access to mental health care. Organizations must facilitate positive change and provide more than adequate resources for LPCs to achieve and maintain wellness, without attempting to dictate what wellness and balance looks like for each LPC. This study was an exploration of how perceived documentation expectations affect LPC wellness.

Chapter Three: Methods

Overview

Counselor wellness is important if counselors are to continue in the counseling profession. In order for communities to keep counselors, LPCs must be able to achieve and maintain wellness and professional and personal satisfaction. The rising mental health needs of communities across the United States paint a startling picture. Shortages of counselors, counselors leaving the profession, and a lack of available mental health treatment in communities have long been issues but are now becoming more visible in the wake of COVID-19. Factors that affect wellness in LPCs need to be better understood by researchers, counselors, and counselor educators. These factors are at the core of whether communities can keep counselors and whether organizations have staff and understand how to support counselors in being well and satisfied in their professional and personal lives. This study was an examination of the effects of documentation expectations on overall LPC wellness after COVID-19 as perceived by counselors.

Design

This was a nonexperimental correlational study. Although participant responses were collected via online survey, the design was not considered a survey since a correlational analysis of variables was performed after data collection. Correlational research studies often use surveys to gather data for correlational analysis (Privitera, 2022). Correlational research measures the relationship between two or more variables to determine how the factors are related to each other when it is either hard or impossible to control for other variables that could be responsible for causing changes in variables (Privitera, 2022). Since it is impossible to control for all factors that could cause changes in LPC wellness, a correlational research design using survey data collected

from LPCs was used in this study. This research design allowed for analyzing the relationship between perceived documentation expectations and counselor wellness.

Research Questions

Four research questions guided this study:

RQ1: What is the relationship between hours of documentation expectations and professional counselor wellness?

RQ2: What is the relationship between hours of documentation expectations and workplace culture?

RQ3: What is the relationship between documentation expectations and perceived stress?

RQ4: What is the relationship between documentation expectations and professional satisfaction?

Hypotheses

The hypotheses for this study were the following:

***H*1$_0$:** There is no relationship between hours of documentation expectations and professional counselor wellness.

***H*1$_1$:** It is hypothesized that the number of hours of documentation expectations are inversely correlated with professional satisfaction and resiliency, as measured by the ProQOL 5 and the PSS-14.

***H*2$_0$:** There is no relationship between hours of documentation expectations and workplace culture.

***H*2$_1$:** It is hypothesized that the number of hours of documentation expectations are positively correlated with a perceived trauma culture in the workplace, as measured by the TIOC.

***H*3$_0$:** There is no relationship between hours of documentation expectations and perceived stress.

***H*3$_1$:** It is hypothesized that the number of hours of documentation expectations is positively correlated with a higher perception of stress, as measured by the PSS-14.

***H*4$_0$:** There is no relationship between the number of hours of documentation expectations and professional satisfaction.

***H*4$_1$:** It is hypothesized that the number of hours of documentation expectations is negatively associated with professional quality of life, or job satisfaction.

Participants and Setting

The study participants were LPCs who held a valid license to practice counseling in at least one U.S. state at the time of survey completion. There was no requirement concerning the participant's number of years of experience as a counselor. Since licensure requires a supervised postgraduate residency period that often takes 2–4 years or more to complete, it was assumed that each survey participant would have prelicensure experience as required to obtain licensure as a professional counselor. A master's-level education is required for licensure, which was a requirement for study participation.

A snowball survey collection method was used to reach the largest number of LPCs possible. LPCs surveyed were not limited to any certain type of working environment to be eligible to participate in the survey. At least 200 responses were desired for analysis. It was expected that most survey respondents would be female and over 25 years of age. Surveys were distributed via an email with a link to the survey. The survey data were recorded in Qualtrics for analysis after data collection was complete.

Instrumentation

The online survey consisted of the TIOC (Handran, 2013), the PSS-14 (Cohen & Williamson, 1988; Cohen et al., 1983), the ProQOL 5 (Stamm, 2010), demographic questions, and questions about the respondent's current and past work. Questions included length of time licensed and length of time working in specific subsets of the mental health field.

The TIOC measures how well a workplace promotes compassion satisfaction while reducing the effects of compassion fatigue on workers who provide counseling to trauma survivors by fostering safety, empowerment, support, and trauma awareness (Handran, 2013). Handran (2013) noted that traumatized systems are resistant to change and may show signs of trauma as a system that may be similar to client symptoms. There are 30 items in the scale, measuring seven constructs, including safety, support, and trauma awareness and training and responsiveness by the organization (Handran, 2013). A 5-point Likert scale is used for responses, with the following choices given: *Strongly Disagree*, *Disagree*, *Undecided*, *Agree*, and *Strongly Agree* (Handran, 2013).

The ProQOL 5 measures burnout and secondary traumatic stress, also known as compassion fatigue and compassion satisfaction (Stamm, 2010). The scale has 30 items that ask helpers about their professional experiences. The ProQOL 5 is designed to be self-administered. It has been widely used in trauma research and behavioral health research, with Stamm (2010) reporting its use in more than 200 published articles. Cronbach's alphas for the ProQOL 5 subscales are Secondary Traumatic Stress .88, Burnout .75, and Compassion Satisfaction .81 (Stamm, 2010).

The PSS-14 is used to measure how stressful people perceive their lives (Cohen et al., 1983). Respondents answer questions about how often they believe their lives are unpredictable,

uncontrollable, and overloaded during the last 30 days. The PSS-14 uses a 5-point Likert-type scale ranging from 0 = *Never* to 4 = *Very Often*. Cohen et al. (1983) noted the Cronbach's alpha for the PSS-14 at .78 and found that the instrument correlated with other measures of stress. PSS-14 scoring depends on the version used. The PSS-14 is scored by reversing the scores on the seven positive items (e.g., 0 = 4, 1 = 3, 2 = 2) and then summing the total of all 14 responses.

Procedures

Participant exclusion and inclusion criteria for this study were established by the researcher, and the survey was created and entered into Qualtrics for institutional review board (IRB) review and eventual data collection. IRB approval was requested and obtained from Liberty University after survey, recruitment document, and consent creation. The application for IRB approval included presentation of survey questions, instruments used for measurement (the TIOC, PSS-14, and ProQOL 5), consent forms, a link to the prepared survey in Qualtrics, and researcher information. The survey information and consent form were presented at the beginning of the online survey. Participants had to agree to be in the study to proceed.

Survey respondents were invited via snowball method, with potential participants sent an email that included a link to the survey and an invitation to forward the email and survey link to any other potential respondents who may be interested in participation. After data collection, data were downloaded from Qualtrics for statistical analysis by a statistician. Participants could not be identified individually through the collected data.

Data Analysis

For each hypothesis, a statistician analyzed the data to find the correlation coefficient, *r*, to help the researcher understand how changes in one variable were or were not associated with another. Statistical correlation is a quantitative measure of the degree to which two or more

variables change together (Pearson, 1909). It is used to assess the strength and direction of the relationship between variables. A positive correlation indicates that as one variable increases, the other also increases, while a negative correlation suggests that as one variable increases, the other decreases (Pearson, 1909). The correlation coefficient is commonly used to quantify this relationship, with values ranging from –1 (perfect negative correlation) to 1 (perfect positive correlation; Pearson, 1909).

The resulting correlational data were also tested for statistical significance with a *p* test. Resulting *p* values of $< .05$ were considered statistically significant, and the hypotheses were examined to determine which should be rejected. There were questions with text entry boxes in the survey. For this study's purpose, these questions provided descriptive information, and the responses provided insights into the phenomena of counselor wellness to further inform researchers and guide future research.

During initial data collection phases, a technical error on the survey resulted in study participants skipping questions related to documentation. Because data analysis could not be completed with a lack of variable data, it was decided to correct the survey issue and begin data collection again. Data from the initial collection period and first recruitment emails were preserved for analysis, as the survey included the ProQOL 5, the PSS-14, the TIOC, and demographic data. Descriptive statistics were ran on these variables. The initial collection period was November 2023–January 2024. The second data collection period began in March 2024.

Findings from the first data collection period and preliminary results from the second data collection period are reported in this manuscript. The first data collection period provides a snapshot of LPC wellness before and during winter 2023–2024. The second data collection period reflects LPC wellness at the end of winter and beginning of spring in 2024. Additional

survey data will be collected at periodic intervals for analysis and reporting in future studies and publications.

Chapter Four: Findings

Overview

This study was an exploration of how the perception of documentation expectations relates to professional satisfaction among LPCs. This facet of wellness is highly variable, simply because of environmental variances. For example, documentation expectations may vary greatly depending on whether a counselor works at a community service board, at a private mental health agency, or in private practice.

COVID-19 occurred unexpectedly and undoubtedly changed the environments that many helper workers served clients in and the manner of service provision. This applied to physicians, nurses, LPCs, and many others that are considered members of the helping professions. The landscape of a field that appeared to be well prepared and plowed for spring planting was washed away by the beginning of the pandemic in early 2020. Helper workers and organizations alike scrambled to provide necessary services to those in need, switching over to remote work and telehealth services when possible, making the necessary accommodations and allowances for getting lifesaving treatment to clients.

Data Collection Period: November 2023–January 2024

During the initial data collection phases in this study, a technical error on the survey caused a lack of response to documentation questions. Analysis of research questions could not occur without data from answers to these questions. The survey was revised, and recruitment emails were resent. Initially, descriptive statistics were run on these variables. The sample size for the first data collection period was $N = 87$. For data collected in spring 2024, the sample size was $N = 96$.

Demographics

Participants in the first sample were mostly White (86%). Most participants were female (75%). Approximately 75% were married, and the mean reported age was about mid 40s. Participants lived in the United States and were licensed in at least one state. Thirty percent of participants reported being licensed in more than one state. Almost 5% of participants reported being licensed in four states. Over 18% of participants shared having been diagnosed with a mental illness in the last 3 years. Over 40% of counselors said they have had three or more jobs at the same time. Over 6% reported having four or five jobs at the same time.

Statistical Analysis

Descriptive statistics were run on study variables in data collected in winter 2023–2024. The results are shown in Table 1. For trauma-informed organizational culture, participants reported they were undecided about many of the questions ($M = 3.48$, $SD = .48$). These questions were asked at the end of the survey, which was estimated to have taken at least 15–20 min for respondents to complete.

Participants reported high levels of compassion satisfaction ($M = 42.01$, $SD = 4.44$), low levels of burnout ($M = 19.29$, $SD = 4.72$), and low levels of secondary traumatic stress ($M = 19.00$, $SD = 4.47$). Participants reported overall satisfaction with their professional quality of life ($M = 3.11$, $SD = .35$).

Table 1

Descriptive Statistics

Variable	Cronbach's α	*M*	*SD*
Trauma-Informed Organizational Culture Survey	.83	3.48	.48
Perceived Stress Scale-14	.29	3.39	.29
Professional Quality of Life Scale 5 (ProQOL 5)	.81	3.11	.35
ProQOL—Compassion Satisfaction subscale	.87	42.01	4.44
ProQOL—Burnout subscale	.75	19.39	4.72
ProQOL—Secondary Traumatic Stress subscale	.78	19.00	4.47

All scales but the PSS-14 were reliable in this sample. Cronbach's alphas in Table 1 show that scales above .60 are reliable and anything below .60 should be interpreted with caution when reading correlation results.

The relationship between hours of documentation expectations and professional satisfaction could not be determined, and the results were inconclusive as to whether the number of hours spent on documentation weekly were related to professional satisfaction. Since data collected could provide a valuable picture of LPC wellness at a specific point in time, descriptive statistics were run on the initial data as well.

Pearson correlation coefficient analysis was used in SPSS to examine relationships between study variables. Results are shown in Table 2. TIOC scores were significantly associated with professional quality of life ($r = .39$, $p < .01$), or job satisfaction. This meant that

participants who had the perception of a more trauma-informed organizational culture reported a higher quality of life. Similarly, participants reported a relationship between being able to handle stress and quality of life ($r = .28$, $p < .05$). Additionally, participants reported an inverse relationship between handing stress and burnout ($r = –.31$, $p < .01$). This meant that as participants reported they are better able to handle stress, they also reported lower feelings of burnout.

Next, there were significant associations between the ProQOL 5 and the Burnout subscale ($r = –.49$, $p < .01$) and the Burnout subscale and the Secondary Traumatic Stress subscale ($r = .56$, $p < .01$). This meant that as participants reported higher compassion satisfaction, they reported lower feelings of burnout. Lastly, participants who reported higher levels of burnout also reported higher levels of secondary traumatic stress.

Table 2

Correlations Between Measures

Measure	TIOC	PSS-14	ProQOL	ProQOL Compassion Satisfaction	ProQOL Burnout	ProQOL Trauma
TIOC	1					
PSS-14	.147	1				
ProQOL	.393**	.282*	1			
ProQOL Compassion Satisfaction	–.157	.180	–.058	1		
ProQOL Burnout	.091	–.309**	–.018	–.495**	1	
ProQOL Trauma	.074	–.185	–.042	–.036	.566**	1

Note. $N = 87$. TIOC = Trauma-Informed Organizational Culture Survey; PSS = Perceived Stress Scale-14; ProQOL = Professional Quality of Life Scale 5.

* $p < .05$. ** $p < .01$.

Changing Careers

Participants were asked the following question, "What are things that would make you leave the field?" Choices given to respondents included too many clients/caseload too big, unrealistic work expectations, low pay, incompetent supervisors/managers, lack of structure at work, and lack of resources at work. Participants were able to select as many responses as they wanted to. Low pay was selected by 73 participants as a reason they would leave the field. Being expected to act unethically at work and being expected to act illegally at work were selected by 63 and 62 participants, respectively. Unrealistic work expectations were cited by 50 participants as reasons to leave the field and incompetent supervisors/managers was selected by 49 respondents. See Table 3.

Table 3

Responses to the Question: "What Would Make You Consider Leaving the Field?"

Response	*n*
Too many clients/caseload too big	37
Unrealistic work expectations	50
Low pay	73
Being expected to act unethically at work	63
Being expected to act illegally at work	62
Incompetent supervisors/managers	49
Lack of structure at work	26
Lack of resources at work	35
Other not listed	13

Participants were asked "Do you want to continue in your current position?" Approximately 90% of participants said no. Only 2.5% of respondents in the first data set said yes. The remainder of participants did not answer the question. Most of the counselors surveyed prefer to work in private practice (73%) or in the community (16%). Approximately 45% of

LPCs estimated seeing at least 25% of clients virtually each day, somewhere near 18% see at least half virtually, and 25% of LPCs surveyed estimated seeing all their clients virtually. No respondents reported seeing no clients virtually.

Client Caseload

Participants were also asked how many clients they estimated seeing face to face daily. Approximately 22% reported seeing no clients in person, 14% of participants see around 25% of clients in person daily, 10% of participants see half of their clients face to face, almost 36% see 75% of clients in person, and just shy of 18.5% see all of their clients in person.

LPCs were also asked to estimate the number of clients in a day they see on average who are. Over half (59%) reported that 10% or fewer of the clients they see in a day are experiencing a crisis. One respondent said 100%, 3% said 75% of clients they see daily were experiencing a crisis, almost 11% said half of the clients they see in a day are experiencing a mental health crisis, 25% said a fourth of their clients are experiencing a crisis each day. About 66% reported that they have the ability to select their clients, while the remainder have clients assigned to them. Over half of participants said that they do not have any percentage of clients who receive state-funded insurance or Medicaid.

Second Data Collection Period: March 2024

The data collected in March 2024 included the study variable hours of documentation performed or required weekly. Research questions were analyzed based on survey responses received in March 2024.

Demographics

Eighty-five percent of the participants were female. Participants self-reported race, with most being White (73%). Again, most respondents said they were married (66%). All were LPCs licensed in at least one U.S. state.

Statistical Analysis

Descriptive statistics were run on study variables. The results are shown in Table 4. For the TIOC, participants reported they were undecided about many of the questions (M = 3.41, SD = .47). Next, on average, participants reported a relatively high level of being able to handle stress (M = 4.31, SD = .48). Lastly, for the ProQOL 5, participants reported a high level of compassion satisfaction (M = 41.23, SD = 5.64), and low levels of burnout (M = 20.23, SD = 4.62), and secondary traumatic stress (M = 18.96, SD = 4.29). Participants reported an overall satisfaction with their professional quality of life (M = 3.06, SD = .29). The Cronbach's alphas in Table 4 show that scales above .60 are reliable.

Table 4

Descriptive Statistics

Variable	Cronbach's α	*M*	*SD*
Trauma-Informed Organizational Culture Survey	.82	3.41	.47
Perceived Stress Scale-14	.63	4.31	.48
Professional Quality of Life Scale 5 (ProQOL 5)	.78	3.06	.29
ProQOL Compassion Satisfaction subscale	.91	41.23	5.64
ProQOL Burnout subscale	.75	20.23	4.62
ProQOL Secondary Traumatic Stress subscale	.73	18.96	4.29

Pearson correlation coefficient analysis was used in SPSS to examine relationships between study variables. Results are shown in Table 5. Scores on the TIOC were significantly associated with higher ability to handle stress (r = .328, p < .01). This meant that the more

trauma-informed an organization's culture, the more participants reported they were better able to handle stress at work. Similarly, participants reported a relationship between being able to handle stress and quality of life ($r = .504$, $p < .01$).

Table 5

*Correlation Analysis (*N = *96)*

Measure	TIOC	PSS-14	ProQOL	ProQOL Compassion Satisfaction	ProQOL Burnout	ProQOL Trauma
TIOC	1					
PSS-14	.328**	1				
ProQOL	.200	.504**	1			
ProQOL Compassion Satisfaction	.322**	.484**	.680**	1		
ProQOL Burnout	–.312**	–.181	–.039	–.610**	1	
ProQOL Trauma	–.117	.079	.555**	–.124	.471**	1

Note. Trauma-Informed Organizational Culture Survey; PSS-14 = Perceived Stress Scale-14; ProQOL = Professional Quality of Life Scale 5.

* p< .05. ** $p < .01$.

Additionally, participants reported an inverse relationship between trauma-informed culture at work and burnout ($r = –.31$, $p < .01$). This meant that as participants reported they had a more trauma-informed culture at work, they also reported lower feelings of burnout. Next, there were significant associations between the ProQOL 5 Compassion Satisfaction scale and the Burnout subscale ($r = –.610$, $p < .01$) and the Burnout subscale and the Secondary Traumatic Stress subscale ($r = .471$, $p < .01$). This meant that as participants reported higher compassion

satisfaction, they reported lower feelings of burnout. Lastly, participants who reported higher levels of burnout also reported higher levels of secondary traumatic stress.

Study participants were given the following choices for reporting hours of documentation expected weekly: 0–5 or 6–10. Fifty-nine percent reported spending 0–5 hr on documentation weekly. Forty percent of counselors reported that they spent 6–10 hr on documentation weekly. About 60% of participants said they felt that they work in a high-stress environment, and about 40% said they felt they did not work in a high-stress environment.

When asked if they felt that the documentation they were required to perform affected their ability to provide quality services to clients, 70% said they did not feel that it did, 21% said they felt it negatively affected their ability to provide quality services to clients, and 6% said that they felt it positively affected their ability to provide quality services to clients. Lastly, 24% of LPCs said that the amount of documentation they are required to perform affected their wellness, and 16% said they were unsure about it. Of the LPCs who answered either "yes" or "unsure" when asked if they felt the amount of documentation they were required to perform was affecting their wellness, 91% felt it "negatively" impacted their wellness, and only 8% said they felt it "positively" affected their wellness.

Changing Careers

In the second sample, choices given for answers to the question "What would make you consider leaving the field?" included the additional choice "excessive documentation requirements." Again, participants could select as many answer choices as applied. Over half (51%) of participants said excessive documentation requirements would make them leave the field of counseling. This choice ranked fifth on the list of choices selected by participants. Low pay was selected by 83% of participants, incompetent supervisors/managers was selected by

46%, too many clients/caseload too big was selected by 41%, and lack of resources at work was selected by 35%. Counts for all responses are shown in Table 6.

Table 6

Responses to the Question "What Would Make You Consider Leaving the Field?"

Response	*n*
Unrealistic work expectations	60
Too many clients/caseload too big	40
Low pay	80
Lack of structure at work	27
Lack of resources at work	34
Incompetent supervisors/managers	45
Excessive documentation requirements	49
Being expected to act unethically at work	65
Being expected to act illegally at work	61
Other not listed	16

Answers to Research Questions

Descriptive correlation analyses were run on all study variables and are presented in Table 5. TIOC scores were significantly associated with higher ability to handle stress ($r = .328$, $p < .01$). This means that the more trauma informed the organizational culture, participants reported better able to handle stress at work. Similarly, analysis revealed a relationship between being able to handle stress and quality of life ($r = .504$, $p < .01$). Additionally, statistics showed an inverse relationship between trauma-informed culture at work and burnout ($r = –.31$, $p < .01$). This meant that as participants reported they have a more trauma-informed culture at work, they reported fewer feelings of burnout.

Next, there were significant associations between the ProQOL 5 Compassion Satisfaction subscale and the Burnout subscale ($r = –.610$, $p < .01$) and the Burnout subscale and

the Secondary Traumatic Stress subscales ($r = .471$, $p < .01$). This meant that as participants reported higher compassion satisfaction, they were less likely to report burnout. Lastly, participants who reported burnout also reported secondary traumatic stress.

Research Question 1

RQ1 asked, What is the relationship between hours of documentation expectations and professional counselor wellness? The wellness variable was created by combining two variables, perceived stress and professional satisfaction. Then, hours of documentation expectations and counselor wellness (measured by combining perceived stress and professional quality of life together) were analyzed. Table 7 shows the correlation results investigating the relationship between hours of documentation expectations and counselor wellness. There was no significant relationship between these two variables, meaning that individuals reported no relationship between hours of documentation and wellness.

Table 7

*Correlation Analysis for Research Question 1 (*N = *96)*

Variable	Hours of documentation	Counselor wellness
Hours of documentation	1	
Counselor wellness	.14	1

Research Question 2

RQ2 was, What is the relationship between hours of documentation expectations and workplace culture? Table 8 shows the correlation results investigating the relationship between hours of documentation expectations and trauma information culture at work. There was no significant relationship between these two variables, meaning that individuals reported no relationship between hours of documentation and workplace culture.

Table 8

*Correlation Analysis for Research Question 2 (*N = *96)*

Variable	Hours of documentation	Trauma-informed culture
Hours of documentation	1	
Trauma-informed culture	–0.012	1

Research Question 3

RQ3 was, What is the relationship between documentation expectations and perceived stress? Table 9 shows the correlation results investigating the relationship between hours of documentation expectations and perceived stress. There was no significant relationship between these two variables, meaning that individuals reported no relationship between hours of documentations and perceived stress.

Table 9

*Correlation Analysis for Research Question 3 (*N = *96)*

Variable	Hours of documentation	Perceived stress
Hours of documentation	1	
Perceived stress	0.104	1

Research Question 4

RQ4 was, What is the relationship between documentation expectations and professional satisfaction? Table 10 shows the correlation results investigating the relationship between hours of documentation expectations and professional satisfaction. Hours of documentation expectations were associated with burnout ($r = .252$, $p < .05$). This meant that as individuals reported more hours of documentation, they also reported higher levels of burnout.

Table 10

*Correlation Analysis for Research Question 4 (*N = *96)*

Variable	Hours of documentation	Quality of life	Compassion	Burnout	Trauma
Hours of documentation	1				
Quality of life	0.130	1			
Compassion	–0.058	.680**	1		
Burnout	.252*	–0.039	–.610**	1	
Trauma	0.105	.555**	–0.124	.471**	1

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

Chapter Five: Conclusion

Overview

Mental health treatment is often lifesaving. It is as important as treatment for a heart attack, stroke, or other serious physical ailment. The medical treatment that physicians, nurses, and medical professionals provide makes as much difference as the actions of a crisis counselor who stops a child with a gun from shooting someone at the beach.

The pandemic's effects on the world include increasing mental health needs, an uptick in the severity and number of symptoms and diagnoses, and a dearth of professionals available to serve the mental and physical health needs of people everywhere. Wellness is important for those working in the helping professions. Counselor attrition from the field has long been a problem in mental health, even before COVID-19. Counselors who do not maintain wellness are more likely to leave the field for other work, especially other work that has a lower emotional cost. If communities are to have counselors who can help meet the increasing mental health needs of people in the United States, counselors need to be able to stay well.

Discussion

This study was an exploration of how the perception of documentation expectations affects LPC wellness. COVID-19 changed things drastically, and counseling also changed drastically during that time. Ensuring that helper workers are well enough to provide quality services to clients is imperative for society to function. There is substantial research on burnout and wellness. However, there is little research on how documentation expectations affect helper workers, specifically counselors.

Paperwork and documentation are necessary to keep track of treatment planning, for coordination of care, and to engage in collaborative care (Wiger, 2020). If documentation

expectations cost counselors more than the rewards they receive for performing their duties, there is a real risk that communities will not have any LPCs to meet client needs. The cost that these workers may be paying to help others is high. Research has shown that burnout can also affect the families of those who are experiencing compassion fatigue and burnout (Rupert et al., 2012).

Communities might already be feeling the shortage of LPCs, especially in rural and poor areas. LPCs may choose not to accept Medicaid or other insurance because of the burden of documentation required for becoming credentialed and receiving payment for claims. If LPCs do not accept Medicaid, clients who need care might not receive it because they are not able to access services. The impact of an LPC shortage in a community where nearly 100% of residents live below the federal poverty line is likely much greater than in an area where only 20% of residents live below it. LPCs do not have to accept insurance or Medicaid, and many only accept payments in cash for services provided. If they do accept insurance payments, they may need to consult with the insurance company before providing services to see if the claim is approved. For Medicaid providers in the United States, for example, the documentation required to submit a service authorization request will take an LPC 1–5 hr to complete per client when the client initially comes in. The amount of documentation required varies by the service requested on the client's behalf and state and federal regulations.

The purpose of this study was to examine whether documentation expectations affect professional satisfaction and wellness. Four research questions guided this study. Each of these questions is discussed next.

Research Question 1

RQ1 was, What is the relationship between hours of documentation expectations and professional counselor wellness? The wellness variable was created by combining two variables, perceived stress and professional satisfaction. In second sample, hours of documentation expectations and counselor wellness (measured by combining perceived stress and professional quality of life) were analyzed. There was no significant relationship between these two variables, meaning that individuals reported no relationship between hours of documentation and wellness.

Study respondents in the winter of 2023–2024 reported low levels of secondary traumatic stress and feelings of burnout, providing a general snapshot of wellness in this sample of LPCs. During the second data collection period, participants reported overall professional satisfaction (M = 3.06, SD =. 29), with high levels of compassion satisfaction and low levels of burnout and secondary traumatic stress. More than half of the participants felt that they worked in a high-stress environment in the second sample. In the first sample, almost all of the participants did not want to continue in their current position. These findings show that although they reported generally being satisfied professionally, it is possible that the stress experienced on the job is higher than in the past or higher than would be expected, possibly due to staffing shortages or any number of other reasons.

Research Question 2

RQ2 asked, What is the relationship between hours of documentation expectations and workplace culture? A relationship between the number of hours of documentation expectations and workplace culture was not confirmed in the second sample.

Trauma-informed work environments care about workers and clients (Handran, 2015). Support from the work environment and training for workers who provide trauma services are

predictors of burnout and secondary traumatic stress (Handran, 2015). Data analysis in this study showed a significant association between compassion satisfaction ($r = –.49$, $p < .01$), and burnout and secondary traumatic stress ($r = .56$, $p < .01$). The mean TIOC scale score was 3.48. Although being a trauma-informed organization helps workers avoid burnout and secondary traumatic stress, it might not be the only factor affecting LPC wellness and professional satisfaction.

In this study, the participants who reported more feelings of burnout on the ProQOL 5 Burnout subscale also reported more secondary traumatic stress. Burnout and secondary traumatic stress ($r = .56$, $p < .01$) were significantly associated, as were the ProQOL Compassion subscale and the Burnout subscale ($r = –.49$, $p < .01$).

The participants in both samples who reported higher compassion satisfaction also reported lower feelings of burnout. The participants in both samples who reported higher levels of burnout also reported higher levels of secondary traumatic stress. Over half of the second sample reported feeling that they worked in a high-stress environment.

Although workplace culture is important, it is just one facet of wellness and LPC professional satisfaction. Participant TIOC scores and professional quality of life were positively related ($r = .393$, $p < .01$) in the first sample. Trauma-informed culture at work was significantly associated with higher ability to handle stress ($r = .328$, $p <.01$) in the second sample.

Research Question 3

RQ3 was, What is the relationship between documentation expectations and perceived stress?. A relationship between the number of hours of documentation expectations and perceived stress was not confirmed in the second sample. All scales but the PSS-14 were reliable. Cronbach's alpha for the PSS-14 was .29 in the first sample. On average, respondents in

the first sample reported a high level of being able to handle stress ($M = 3.39$, $SD = .48$). PSS-14 scores and burnout were negatively correlated ($r = –.31$, $p < .01$) in the first sample as well. Survey participants also reported a positive relationship between being able to handle stress and quality of life ($r = .28$, $p < .05$), as expected.

In the second sample, Cronbach's alpha was .63, showing that responses were much more reliable. Participants reported a relatively high level of being able to handle stress ($M = 4.31$, $SD = .48$) in the second sample. Although analysis of perceived documentation expectations and perceived stress did not confirm a relationship between the variables, responses to the question prompts about wellness being impacted "positively" and "negatively" included mentions of documentation and paperwork, as noted later in this chapter.

Research Question 4

RQ4 was, What is the relationship between documentation expectations and professional satisfaction? In the second sample, a relationship between hours of documentation expectations and burnout ($r = .252$, $p < .05$) was confirmed. This means that as individuals reported more hours of documentation, they reported higher levels of burnout. Job satisfaction is a predictor of burnout, according to Vilardaga et al. (2011).

Professional satisfaction was reported at a level of $M = 3.06$, $SD = .29$, showing that respondents are relatively satisfied professionally in the first and second samples. Scores on the TIOC were significantly associated with professional quality of life ($r = .39$, $p < .01$) in the first sample. In the second sample, TIOC scores were significantly associated with perceived stress ($r = .328$, $p < .01$). Organizations can encourage professional satisfaction and resiliency by becoming more trauma informed and providing resources for workers.

In the second sample, perceived stress and professional quality of life were associated ($r = .504$, $p < .01$). TIOC scores were negatively associated with burnout ($r = –.31$, $p < .01$) in the second sample as well. Participants who reported higher feelings of burnout also reported higher levels of secondary traumatic stress ($r = .471$, $p < .01$). Organizations may benefit from streamlining paperwork to avoid the possibility of feelings of burnout and by providing wellness resources for LPCs.

Quotes From Participants on Wellness

During the survey, participants were given the opportunity to respond to prompts about wellness, including things they do that "positively" and "negatively" impact their wellness respectively. They provided text-based responses. The terms "positively" and "negatively" were not defined for survey participants. Some of the responses to the prompt about what participants do that "positively" impacts their wellness included "Self-care in the form of creative projects and physical wellness activities. I also schedule a lunch break that does not include documentation to be protective of my wellness," "Keep a small caseload, maintain work/life balance, engage in personal meaningful activities," and "Prayer, read, sharing time with family and friends, travel, long walks." These responses will be analyzed in the future using qualitative methodology.

Some of the responses to the prompt asking participants what they do that "negatively" impacts their wellness were "Over-book sessions, spend hours working on disability paperwork, spend hours completing documentation and insurance claims," "Seeing too many clients in a day and the everyday stressors of life," "Not getting enough rest. Tolerating negative work environment," and "Spend too much time doing paperwork and filing insurance claims. More time is spent doing paperwork than seeing clients sometimes."

Survival anxiety may cause workers to continue to keep on with the status quo, sacrificing wellness and professional and life satisfaction instead of learning and implementing new ways to do things that help clients. The responsibility of maintaining wellness should not be borne solely by workers when an organization forces survival anxiety on workers with demands that they meet impossible standards (Shanafelt et al., 2019). Documentation is necessary, and the type and amount is likely to differ by position and the software used (Wiger, 2020).

Implications

Lines of patients waiting for treatment are growing in number and length (Reinert et al., 2022). LPCs need valuable tools to protect themselves and their families from the hazards of the field while they help the patients waiting for treatment. For communities to keep the LPCs that they have, LPCs must have the ability, time, and power to focus on and maintain their own wellness Statistics show that the number of open positions far outweighs the number of available LPCs in the United States (Reinert et al., 2022; U.S. Bureau of Labor Statistics, 2023). Leaving jobs and even changing careers is common in the mental health field (Eby et al., 2014). In the first sample, almost all of the participants said that they did not want to continue in their current position. However, in the second sample, most LPCs wanted to continue in their current position. This difference could be attributable to when the data collection occurred, work environment, or other factors that may affect job satisfaction. Regardless of the reason, what is clear is that findings from this study show that there is an important connection between work environment and job satisfaction.

When workers realize that the risk does not outweigh the reward, they may think about whether working at an emotionally demanding job is worth it (Montero-Marín et al., 2009), especially when their loved ones shoulder the cost too. Participants in both samples indicated

that low pay was a reason that most would consider leaving the field. It is common sense that LPCs will decide to stop working when both the tangible and intrinsic cost of the work is higher than what is received for the work they do. If part of the reward that LPCs receive for working is the intrinsic reward of helping others and giving back to the community, when LPCs sacrifice quality of services to be able to complete documentation, the reward of helping others is diminished.

Not being able to contribute their best (or even good enough) might happen for different reasons. When LPCs provide less than the best services because of emotional fatigue or because they sacrifice to complete the documentation, they may feel as though they have "failed" their clients. If the intrinsic reward of helping others is considered as part of the pay an LPC receives for working, this creates an entirely new aspect to the framework that encompasses LPC wellness. If organizations require more from workers than they can accomplish on a level that is satisfactory to the worker, the organization is, in some sense, charging the LPC to work. Since LPCs' work is helping others, it would seem that LPCs are being charged by the organizations requiring the documentation, or at the very least being heavily taxed to help others.

Documentation is important in keeping track of progress and ensuring continuity of care. However, unnecessary documentation is that which is not necessary to the LPC to provide services. Unnecessary documentation is the paperwork that does not affect whether clients receive quality services from a purely clinical perspective. It may consist of forms organizations require for liability reasons, insurance service authorization requests, and other paperwork that takes time but is not required to provide counseling to clients. Once billing and payment are factored in, the amount of paperwork that is then necessary is likely to increase. For example, consider a client who is receiving counseling. Necessary documentation includes an

intake/assessment, treatment plan, and progress notes. These may vary depending on the state and other applicable regulations. Now, consider a client with insurance who is requesting community-based mental health services from an LPC. The necessary paperwork could include several pages of service authorization request forms and other paperwork that the insurance company may request. Depending on whether the client has state-funded insurance, the assessment, treatment plan, progress notes, and treatment plan reviews may require more elements and more required verbiage for liability reasons. Then, the LPC must complete and send authorization requests periodically. One quote from a study participant about what they do that negatively affects their wellness illustrates this concept well: "Spend too much time doing paperwork and filing insurance claims. More time is spent doing paperwork than seeing clients sometimes."

The amount of documentation required by employers, insurance companies, and regulatory agencies varies depending on location. This is complicated and can be confusing because of the varying regulations. However, while organizations can do little to change documentation required by regulations, like documentation required for services for Medicaid recipients, employers are still able to streamline documentation and reduce duplicate paperwork/data entry for LPCs.

Regulatory agencies may be at a time when review of regulations may be on the horizon, simply due to the changes in service provision after COVID-19. Telehealth changes and other allowable service delivery methods may indicate that a review of regulations would be appropriate to ensure that documentation required is only what is needed for quality service provision. Regulatory agencies might not have control over what insurance companies require to

review requests for service authorization, but this might also depend on the type of insurance and whether it is state or federally funded.

The more trauma informed an organization's culture, the more it helps workers avoid burnout and secondary traumatic stress. This study provided evidence that although workplace culture is important, it is just one facet of wellness and LPC professional satisfaction. Wellness is not something that can be defined on a broad level. Individually, wellness can be defined by each LPC, but even then, how wellness is defined may vary based on when LPCs are asked about what their wellness habits are.

There was a connection in this study between work environment and job satisfaction. Participant TIOC scores and professional quality of life were positively related ($r = .393$, $p < .01$) in the first sample, and TIOC scores were significantly associated with higher ability to handle stress ($r = .328$, $p < .01$) in the second sample. Resilience is also an important component of avoiding burnout. Because feelings of burnout increase with hours of documentation required weekly, organizations working to reduce the amount of documentation required might be reducing the risk of employee turnover due to burnout. This study's results showed that work environment traits matter in terms of LPC resiliency, which helps guard against burnout as well.

Findings from this study provided important data about LPCs functioning after COVID-19. Findings provided substantial evidence about the effects of documentation for consideration regarding wellness. Before discussing the study implications in depth, the following short synopsis of findings reflects an examination through the framework of the novel theoretical model proposed in this study.

In this study, the participants who reported more feelings of burnout on the ProQOL 5 Burnout subscale also reported more secondary traumatic stress. Burnout and secondary

traumatic stress ($r = .56$, $p < .01$) were significantly associated, meaning that LPCs who reported being exposed to more trauma also reported higher feelings of burnout. The ProQOL Compassion subscale and the Burnout subscale ($r = –.49$, $p < .01$) were also significantly associated, meaning that LPCs who reported more compassion satisfaction reported lower feelings of burnout. Hours of documentation expectations were associated with burnout ($r = .252$, $p < .05$), meaning that as participants reported more hours of documentation, they also reported higher levels of burnout.

Feelings of burnout and compassion satisfaction were negatively associated as well, indicating that as participants reported lower levels of burnout, they reported higher levels of compassion satisfaction. In both samples, the Burnout subscale scores were negatively associated with the PSS-14 scores, meaning that LPCs reporting more feelings of burnout were more likely to have less ability to handle stress. TIOC and PSS-14 scores were associated with job satisfaction as well, showing that resiliency and work environment do make a difference in professional satisfaction. Job satisfaction and resiliency were positively correlated, and burnout and work environment were positively correlated.

In the second sample, a relationship between hours of documentation expectations and burnout ($r = .252$, $p < .05$) was confirmed. This meant that as individuals reported more hours of documentation, they reported higher levels of burnout. Job satisfaction is a predictor of burnout, according to Vilardaga et al. (2011). Burnout occurs when workers feel efforts are disproportionate to the gratification they achieve (Montero-Marín et al., 2009). Hours of documentation were significantly associated with feelings of burnout. Over half of participants said hours of documentation was a reason to leave the field. With turnover and counselor

attrition being as high as it is (Eby et al., 2014), this finding may be important in finding ways to retain employees.

Feelings of burnout are related to documentation expectations, so streamlining documentation for LPCs could affect LPCs, reducing burnout and enhancing LPC resiliency and job satisfaction. The practical application of this research includes intrinsic and external benefits. The external reward for many LPCs may be in the form of time. Some quotes from LPCs in this study about what they do that "negatively" impacts their wellness detail LPCs being too busy. For example, "Taking on too many tasks to the point where I 'borrow time' from the next day by staying up late to complete the tasks," "Consistently full schedule," "Work too many hours," and "Over-book sessions, spend hours working on disability paperwork, spend hours completing documentation and insurance claims." The intrinsic reward is more likely to be in the form of enhanced feelings of accomplishment, a sense of meaning, purpose, and self-efficacy. These things each could enhance wellness on their own.

As documentation expectations are reduced, LPCs are more likely to have fewer feelings of burnout. As burnout decreases, compassion satisfaction increases, and LPCs have more job satisfaction. Practical application includes streamlining paperwork and enhancing efficiency and effectiveness of existing documentation procedures. Efficient and effective documentation are components of quality service provision that are already a goal for organizations and LPCs alike. Streamlining documentation and reducing the expected number of hours of documentation required weekly by LPCs, there may be an increase in client satisfaction, LPC retention, and an increase in feelings of meaningfulness of work. The practicality of analyzing and implementing enhanced efficacy of documentation requirements, policies, and procedures is that it will reduce the amount of LPC time spent on documentation. Organizations may already be examining

existing documentation requirements, policies, and procedures for applicability due to the rapid changes and service provision and delivery by LPCs, mental health practitioners, and healthcare workers everywhere. This could be an ideal time to examine documentation requirements, policies, procedures, and regulations on many organizational levels in order to reduce the cost of analysis, evaluation, and implementation.

The increase in meaningfulness and purposefulness of work completed by LPCs is likely to enhance job satisfaction, as meaningfulness of work is related to professional satisfaction. With the shortage of counselors in the United States, it is imperative that policymakers, health care systems, organizations, and providers alike find a solution that allows all LPCs to achieve and maintain wellness on personal and professional levels. This is a step toward ensuring that communities have counselors and other mental health providers available to residents on a long-term basis.

The shortage of counselors is not only documented by federal statistics but also evidenced by the recent addition of a specific pay band for LPCs by the Veterans Administration in its health care system and Medicare allowing LPCs to bill for counseling services provided to Medicare recipients. The expansion of regulations to include LPCs as qualified providers who are allowed to bill services to Medicare and the Veterans Administration is a testament to the growing difficulty that communities everywhere have in getting clients linked with counselors. This does not even ensure that the client is linked with a counselor who is a good fit. It just means that they might have one they can try. Finding a good counselor–client fit can take a few tries. However, in many places, it is sheer luck to just find one counselor with availability who will take the insurance a client has.

After the traumatic nature of COVID-19 and the increase in mental health needs everywhere, the shortages of mental health providers are increasing. One of the problems that LPCs face is the low pay coupled with high risk as a burden of being a counselor. In one rural community in southwest Virginia, a resident professional counselor may be paid a wage equivalent to an entry-level fast-food worker or a greeter at a large supermarket-style store. LPCs bear the intrinsic cost of emotionally engaging with clients, liability to their personal assets in the event that their employer does not adequately cover them with liability insurance, and the cost of the secondary traumatic stress and vicarious trauma from work affecting those they live with and love. Communities could have a hard time finding counselors willing to fill open counselor positions once attrition has occurred.

The practical application of this research in the form of streamlining documentation protocols, reducing time spent on documentation by LPCs, and prompting regulation reviews/changes at state and/or federal levels by regulatory agencies that create the regulations requiring the amount and type of documentation required could help communities retain these valuable workers. However, this does not address the other source of paperwork requirements, private insurance providers and state or federally funded providers, along with those who contract for them. Although streamlining requirements at state and federal levels will reduce paperwork requirements for some LPCs, it does not guarantee that there will be a reduction for all of them, since community services boards and other agencies that serve primarily clients with a high percentage of clients who receive Medicaid services will see this impact the amount of documentation required in a much different manner than an LPC who does not accept insurance. Documentation requirements are much lower for an LPC who only accepts clients who self-pay prior to service. It is likely that communities are experiencing some loss of LPCs who serve

clients who are in more vulnerable populations, such as those who receive Medicare and Medicaid services, to organizations and private practices that only serve self-pay clientele. LPCs with self-pay clientele do not have a great deal of documentation requirements in most cases, simply because they do not fill out the many pages of insurance forms required for client service authorization. This, in effect, bypasses a large portion of documentation requirements. These documentation requirements are not ones required for service provision in and of itself, but instead are documentation requirements that exist simply because organizations must receive payment for services, which they then use to pay LPCs employed by the organization. The practical application of this research may begin here, but, like this research, it is the beginning of many more questions.

Ultimately, this research provided the basis for new research questions about wellness. The picture painted by the descriptive statistics findings showed that LPCs in the United States are handling stress well. Secondary traumatic stress or vicarious trauma exists for LPCs at work. LPCs know this and have been both exposed to it and work to be able to confront and process its effects.

Burnout is also a risk of working in the profession. LPCs know this and have also been trained to mitigate the risk to themselves. This education occurs in the degree process and, in many cases, continues annually at the organizational level. The findings in this study reflect that vicarious trauma and compassion fatigue are not the whole of the problem. It appears that although compassion fatigue and secondary traumatic stress can contribute to feelings of burnout, something else happens when LPCs start to write it down. As hours of documentation expectations increase, so do feelings of burnout reported by LPCs.

Why documenting services and completing paperwork significantly increases the risk of burnout is unclear through the results of this study. It is possible that anxiety due to not being able to disengage from work after hours is a contributing factor. LPCs might complete documentation after hours at home, taking time away from family. Identifying what specifically increases feelings of burnout when documentation increases may not be as important as reducing the amount of documentation required in order to simply promote wellness.

Research shows that the path to achieving and maintaining wellness on personal and professional levels for LPCs significantly varies from one licensed provider to another. Since wellness looks different for all LPCs, it may behoove those examining documentation expectations to consider that the reasoning that increased documentation requirements and expectations being associated with a higher level of burnout may be similarly variable. Communities across the United States have been operating at crisis levels in terms of mental health prevention for years in most areas. Statistics just show this getting worse. One of the benefits of COVID-19 for the counseling industry is that it showcased in the adaptability of LPCs alongside their resilience. This resilience and adaptability will be valuable in helping communities to be able to meet the needs of those who live there.

As quickly as LPCs were able to adapt to service provision changes during the pandemic, it is likely they will welcome the opportunity to adapt to a reduction in busywork and documentation that is very often very redundant. A reduction in the amount of documentation would occur as a byproduct of streamlining existing forms and combining redundant forms and requirements. This could mean that LPCs who spend more hours doing paperwork every day than seeing clients might be able to see additional clients and see more meaningfulness and purposefulness in their work, which is associated with higher job satisfaction. Job satisfaction is

also associated inversely with feelings of burnout, so reducing documentation and burnout should enhance job satisfaction and promote employee retention. Keeping counselors well is important so clients everywhere can get the treatment they need. Making sure LPCs can be well and stay well will help organizations, educators, and counselors be prepared for the future.

This study provided a snapshot of counselor wellness during the data collection periods. LPCs reported relatively high levels of professional satisfaction overall. Trauma-informed organizational culture was significantly associated with professional quality of life, showing that workplace culture is important to LPC wellness. However, it does not appear to determine LPC wellness by itself. One consideration is whether wellness is something that is identifiable and achievable for each LPC. Counseling master's programs may or may not have components of wellness in their curricula. The findings from this study can help identify factors that promote wellness. Changes in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for 2024 include wellness components added to master's-level counseling degree programs accredited by CACREP.

Teaching students about how to become and stay well as counselors is vital to keeping counselors in communities. Counselor educators can use the findings from this study and others about wellness to help create curricula with wellness information for counselors in training (Harrichand et al., 2021). Organizations can use the study results to help provide what LPCs need to enhance job satisfaction, reduce turnover, and help them provide clients with the best possible experience while preserving LPC wellness. Sacrificing LPC wellness for the benefit of the organization or clients is not healthy, as research has shown. Counselor educators must be able to see what the effects of the rapid changes in the counseling field are to train new counselors for what they will encounter after graduation. Counselor educators have the

opportunity to infuse wellness throughout the master's program, providing a solid foundation for wellness in the next generation of counselors.

Limitations

The main limitation in this study was that a survey question asking how many hours LPCs spent on documentation weekly was not answered by enough respondents in the first sample to accurately calculate the average hours for these respondents. Although the first sample provided meaningful descriptive statistics, they could not be used to confirm statistical analysis findings for research questions from the other sample. This limitation is not profound, as statistical analysis on the second sample confirmed that a relationship between feelings of burnout and hours of documentation weekly existed. Another limitation was each sample size, $N = 87$ and $N = 96$. The relatively small sample sizes may mean that results might not be representative of all counselors in the United States. The sample was primarily composed of White female counselors who were mostly in their mid 40s. However, the data collected were from LPCs during specific time periods following the COVID-19 pandemic. This means that results from each sample show LPC wellness at the time of data collection, which was in the winter of 2023 and spring of 2024.

Recommendations for Future Research

Recommendations for further research include replication of this study with a larger population to compare results, along with comparing the study results between LPCs serving primarily populations receiving state-funded insurance and LPCs who see self-pay clients to determine whether the differences in amounts and type of documentation per client impact LPC wellness. Other recommendations are investigating whether there is a causal relationship

between burnout and hours of documentation expectations and inquiry into whether documentation causes secondary traumatic stress to have an increased effect on wellness.

To produce good counselors who are resilient, counselor educators must understand what keeps counselors well (Harrichand et al., 2021). Counselors in training need to be able to achieve and maintain wellness to be happy in their work after they graduate. Counselor educators will begin to see curriculum changes in CACREP's master's-level degree programs that teach self-care and aspects of wellness. Other recommendations include examining whether some types of documentation performed affect wellness more than others, what counselor educators can do to help counselors in training achieve and maintain wellness and professional satisfaction in their work after graduation and licensure, and whether post-COVID-19 changes in the field may require adjustments to documentation requirements.

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