

The Business of Therapy: Examining the Process of Working in Private Practice

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Abstract

Therapists are continuously entering the private counselling sector, and as a result extending their occupational roles, becoming business owners and evolving in their professional identity. The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists. This study examines what behavioural and emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist; specifically, the decision to enter private practice, the process of opening a business, and ethical and supervisory concerns. Using systematic grounded theory, themes relating to counsellor development in the private sector were identified. 10 female counsellors in private practice in Manitoba were interviewed. This inquiry led to the development of Professional Development in Private Practice: A Phase Model, providing an overview of therapists' professional development in their roles as private practitioners. The five phases are seeking autonomy, logistics, transition and attitude, embracing the business and authenticity.

The implications of this study are multi-faceted, influencing institutions, professional groups and individuals. Professional identity, including professional roles and personal values are fundamental to the perceived success of the counsellor and of the profession. The emerging framework provides a foundation for future researchers to examine the changes therapists undergo throughout their transition into private practice. This is of particular importance to Canadian Universities that offer clinical and counselling graduate programs, as it will allow faculty and administration to provide current insight into the world of private practice to their students. This study will provide

students with guidance for the self-employed field of private therapy, and will have a direct influence on the next generation of novice therapists who are in the ambivalent stage of pursuing private practice employment. This study provides therapists with guidance for the self-employed field of private therapy, addressing considerations such as ethics, preparedness, financial considerations, and personal growth.

Chapter 1

Statement of the Problem

Few empirical studies have examined the challenges of private practice counselling to date. Private practice counsellors consist of psychologists, psychotherapists, and social workers. Regardless of educational background, entering and maintaining a private practice represents balancing the roles of therapist and business owner (Jarvis, 2009; Kilgore, 1975). As such, therapists must obtain, or refine existing business skills (Buckner, 1992). Learning to manage and balance the therapeutic and business components of private practice is often learnt through trial and error (Buckner, 1992; Jarvis, 2009). While resources exist for a diverse range of social service professionals entering private practice to help guide the process, these oftentimes consist of accounts of personal experiences as opposed to empirical evidence (Barry, 2005; Baer, 2005; Buckner, 1992; Courtois, 1992; Harrington, 2013; Kilgore, 1975; Lewin, 1976).

While an increased number of graduate students express interest in entering private practice upon completion of education, limited preparation is offered by graduate schools on this topic, leaving counsellors inadequately prepared for this professional avenue (Butler, 1992; Green, Baskind, Mustian, Reed & Taylor, 2007; Hixson, 2004). Students are therefore left in a situation where they must learn from peers, mentors, or through experience the process of opening, maintaining and succeeding with a private practice. While deans, faculty and students of social work agreed that MSW programs should educate its students about private practice, the majority of programs have not incorporated private practice education into its curriculums (Green et al., 2007; Hixson, 2004).

The distinguishing factor between counsellors in private practice, and counsellors who work for a school or community agency is the business component involved in private practice, the entrepreneurial role. While counsellors in all sectors have administrative responsibilities, those in private practice are responsible for operating a business, in addition to the counselling services they provide. One of the difficulties that can be experienced by counsellors in private practice is that they fail to recognize that entering private practice is opening a small business (Reynolds, 2010). Counsellors must consider the business component of entering private practice such as zoning codes, advertisement, location, daily business management, client load and billing (Reynolds, 2010). Cummings, Cummings and O'Donohue (2009) advise that therapeutic services meet the criteria of a business, and that entrepreneurial and business opportunities in psychology will define the profession in the next decade.

Gender has been determined to be influential to an individual's self-efficacy in regards to opening and successfully maintaining a business (Langowitz & Minniti, 2007). Studies that examined gender differences in entrepreneurs found that men perceived themselves as more suitable business owners compared to women, and expressed having more entrepreneurial traits whereas women describe themselves as more committed (Malach-Pines & Schwartz, 2008). This trend is reflective of the historical gender roles. Where historically psychology was a male dominated field, over the last 100 years it has become a female dominated field, a process known as the 'feminization of psychology' (Goodheart & Markham, 1992). Initially, the feminization of psychology led to questions regarding the possible decline of status and income of psychology, and male graduate students were being admitted preferentially to counteract the rise of female graduate

students (Goodheart & Markham, 1992). Historically, women becoming the dominant sex in the psychology field was concerning, primarily as it related to the possible decline of occupational prestige, the income associated with the profession, the work structure and the focus of research (Ostertag & McNamara, 1991). Goodheart and Markham (1992, p. 135) describe the devaluation of the psychological field due to the increase of women, "If women become numerically predominant in psychology, we predict there will be a major devaluation of the profession as a whole. The field is likely to suffer diminished status, lower renumeration, fewer opportunities for advancement, and male fight or flight". These societal attitudes regarding women's roles and perceptions of their professional experiences may influence women's own understanding of their professional capabilities, and need to be examined further.

Since therapists who enter private practice are primarily practitioners, and secondarily entrepreneurs it is important to recognize that the added entrepreneurial responsibility is likely to influence one's professional identity (Buckner, 1992). Currently, the understanding of the professional identity of private practice counsellors is not well represented in the literature. Empirical evidence is needed to provide an objective view of this process, how it influences the professional helper, and the profession of counselling as a whole. Training is absent from most graduate programs in relation to private practice work, and as a result the academic community needs to explore this process further and provide clarification and support to the community of helpers from various fields such as counselling, psychology and social work who enter private practice. The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private

practice therapists. This study will examine what behavioural or emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist. The central research question guiding the current study is “What process describes the development of the private practice therapist?”

The following questions will guide this study:

1. What experiences signify the process of entering and maintaining a private practice for you?
2. How has the amalgamation of therapist and business owner into private practice therapist influenced your identity?
3. What dilemmas have you experienced as a result of entering private practice?
4. How does the private practitioner maintain equanimity and connectedness to the professional community?
5. What professional roles do you employ in your profession as a counsellor and as a business owner?
6. How does being a woman shape/ influence your private practice?

Significance

Canadian counsellors are employed in diverse settings, including schools, community agencies, and private practice (Gazzola & Smith, 2007; Smith & Drodge, 2001). As a result, their professional roles vary from intake and assessment, career and academic advising, crisis counselling, group counselling, professional development and administrative duties (Smith & Drodge, 2001). With increased diversity in professional roles and responsibilities, counsellors have not developed a shared sense of professional identity (Gazzola & Smith, 2007). There is limited distinction between the experiences of

counsellors in public agencies and private practice, despite the differences in their professional experiences.

The implications of this study are multi-faceted, influencing institutions, professional groups and individuals. Professional identity, including professional roles and personal values are fundamental to the perceived success of the counsellor and of the profession, as professional identity is an integration of the personal and professional selves (Brott & Myers, 1999; Gazzola & Smith, 2007; Gibson, Dollarhide & Moss, 2010; Ronnestad & Skovholt, 2003). Empirical evidence on professional identity in private practice therapists is lacking, and as a result professionals have no validated guidance and knowledge base on this subject matter. This study will contribute to the further understanding of private mental health professionals, and their changes in identity. The framework created as part of this study will provide a foundation for future researchers to examine the changes therapists undergo throughout their transition into private practice, including their experiences, expertise, and challenges. This is of particular importance to Canadian Universities that offer clinical and counselling graduate programs, as it will allow faculty and administration to provide current insight into the world of private practice to their students. “Professional programs that do not adapt to the current needs of the profession and the larger society will soon disappear, as students look elsewhere for an education that meets their needs” (Smith and Drodge, 2001, p. 239). This study will better prepare students for the self-employed field of private therapy by informing them of the process, and will have a direct influence on the next generation of novice therapists who are in the ambivalent stage of pursuing private practice employment.

Furthermore, this study will examine the feminist component of professional identity and the professional development of women. Historically, women have fought to become equal members in the workforce. Presently, women remain underrepresented in leadership positions (as cited in Schuh, 2014). Therefore, it is essential to determine which qualities and influences impact women to prosper in private practice, becoming entrepreneurs. Moreover, this study will provide novel insight and add to the literature on what it means to be an independent, self-sufficient therapist and woman in today's society.

Theoretical Framework

This section outlines the central components of counsellor development as it relates to private practice. First, this section will outline Ronnestad and Skovholt (2003) model of counsellor development, providing the reader with an overview of an extensive career development model in the counselling field. Secondly, the motivation for counsellors to select a private practice employment path is explored. Lastly, the historical development of feminism leading to current day context is discussed as it shapes the unique career development of professional women. The section is completed with a brief presentation of the chosen methodological approach.

Ronnestad and Skovholt (2003) developed a model detailing the six phases of counsellor development. These phases include the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional phase. The Lay Helper Phase describes the period of time in a helper's life where they help others prior to entering formal and professional training. At this time, lay helpers help loved ones "make decisions, resolve problems, and improve relationships"

(Ronnestad & Skovholt, 2003, p. 10). The lay helper relies on personal experience and intuition to assess a situation, and provide support. While helping, the helper feels “natural and authentic” (Ronnestad & Skovholt, 2003, p. 10). Unlike trained professionals, the lay helper can lose the ability to regulate their emotional involvement, become overinvolved and over-identify with the individuals being helped (Ronnestad & Skovholt, 2003).

The second phase of the counsellor development model is the Beginning Student phase. During this phase the beginning student feels excitement that he/she is in a professional program, but learns that their “lay conceptions and ways of helping” (Ronnestad & Skovholt, 2003, p. 12) are not appropriate. The beginning student may feel overwhelmed, and typically questions their ability to become a successful counsellor (Skovholt & Ronnestad, 2003). The first meeting with clients is typically a highly anxiety-provoking occurrence. Students are vulnerable, and take feedback from supervisors, clients and peers seriously, allowing it to shape their own perception of their effectiveness. The beginning student searches for a counselling approach to adopt in their work with clients. Generally, throughout this phase students feel anxious and threatened.

The Advanced Student phase represents the third phase of the counsellor development model. This phase is marked by professional behaviour, and awareness that while the student has advanced due to professional training, they are not yet experts. Students employ modelling behaviour in order to evaluate models and professional behaviour. Advanced students yearn more supervision and opportunity to learn from experts, as well as autonomy.

The first five years post-graduation represent the Novice Professional Phase. In the years following graduation, counsellors first seek to “confirm the validity of training” (Ronnestad & Skovholt, 2003, p. 17). When encountering challenges, counsellors feel dissatisfied with their training and themselves (Moss, Gibson & Dollarhide, 2014). Finally, a time of deeper exploration with the profession and with oneself occurs (Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 1992).

The Experienced Professional Phase follows, and represents a time where a counsellor has worked for a number of years, in a variety of settings, with diverse clientele. This phase is characterized by a central developmental task, consisting of the professional identity, or role of the counsellor to match their personalities and self-perceptions. These include values, interests, and attitudes, thereby allowing the counsellor to be authentic in their work (Ronnestad & Skovholt, 2003, p. 12; Alves & Gazzola, 2011). Authenticity is instrumental at this stage, and counsellors find theories that fit them, and are congruent with their professional selves.

The sixth and last phase of the counsellor development model is the Senior Professional Phase, where the professional is a “well established professional who is regarded as a senior by others” (Ronnestad & Skovholt, 2003, p. 25; Alves & Gazzola, 2011). The senior professional will have practiced for 20-25 years. During this phase the professional experiences a transition from an experienced counsellor to a mentor, or leader for novice counsellors. Ronnestad and Skovholt (2003) report that while some counsellors embrace this phase, others are hesitant in their transition to become guides for younger counsellors.

While Ronnestad and Skovholt's (2003) model of counsellor development outlines the phases counsellors typically undergo in their professional growth, some counsellors experience a different professional course of events. In Canada alone, there are 92,415 helping professionals ranging from psychologists, to social workers and family therapists (Stats Canada, 2006). Counsellors typically work in agency settings, and after gaining professional experience many will slowly change the course of their careers and switch to private practice. Butler (1992) explored the reasons social workers chose private practice compared to traditional working environments, such as community agencies. Participants expressed the choice to counsel couples and families as well as choosing one's methods of intervention as contributing factors in their decision to enter private practice. Professional challenges, financial rewards, flexible working hours, dissatisfaction with agencies and a desire for independence were also provided as reasons to enter private practice (Courtois, 1992; Jayaratne, Siefert & Chess, 1988). While an equal number of counsellors are employed in private practice as in schools and community agencies, counsellors in private practice have reported higher career satisfaction, due to differences in perceived prestige, and income (Gazzola & Drodge, 2001). However, while some therapists embrace private practice, others reject the notion. Kurzman (1976) argues that while private practice represents a valuable service in the community, it only serves the clients able to afford therapeutic services. If over time, private practice became the primary source of therapeutic services, it would become inaccessible to individuals of lower socioeconomic status (Jayaratne, Siefert & Chess, 1988).

Professional identity literature has focused on counsellor professional identity at different stages in counsellors' career (Moss, Gibson & Dollarhide, 2014; Ronnestad & Skovholt, 2003), specifically with experienced counsellors (Alves & Gazzola, 2011; Alves & Gazzola, 2013), and exploring counsellors' professional roles (Gazzola & Smith, 2007; Gazzola, Smith, King-Andrews & Kearney, 2010). However, with counsellors increasingly working in private practice (Smith & Drodge, 2001), research is needed to explore the professional identity of professionals working in the private sector. A critique of the literature on counsellor professional development is offered in Appendix A. This study will further the research on this topic and contribute to existing literature.

Grounded Theory

Grounded theory is an inductive approach to research, where theories and hypotheses are generated from the data, or from the ground up, and can be used to understand social behaviour (Engward, 2013). Grounded theory is used when research needs to develop a theory or explanation of a process, or when one seeks to explain a social process (Creswell, 2012). Using a grounded theory approach in this study will allow for understanding of the development and changes in professional identity experienced among private practice therapists. The systematic design is characterized by the development of a theory that describes the process or interaction of a topic (Creswell, 2013). The purpose of this design is to develop a theory that describes the processes of a topic, and is finalized with a diagram and theory to describe the experienced processes. This approach was selected because it provides the opportunity to explore the behavioural and emotional process counsellors undertake on their path to becoming private practice therapists, and the role diversity embodies throughout this process.

The development of modern day feminism. Due to the many variations of feminism throughout the literature, there isn't a unified definition of feminism. Freedman (2001) suggests one must focus on the common characteristics of the various feminisms. Feminism represents “a diverse and multifaceted grouping of ideas...and action” (Freedman, 2001, p. 1), and refers to individuals, or groups concerned with the discrimination and inferiority women experience in society because of their sex. Feminists are concerned with changes in the social, cultural, economical and political facets of society and the roles they play in reducing discrimination towards women (Freedman, 2001). Sampselle (1990) defines feminism as having three basic characteristics: “the affirmation of gender equality or equal rights for both sexes, individuals' value to society must rest on their capacity to contribute, not on their biological and sexual characteristics, and women should be accorded the same rights over their bodies as men” (as cited in Allan, 1993). Bowden and Mummery (2009) provide an all-encompassing definition of feminism, stating that feminism is “a dynamic, multifaceted and adaptive movement that has evolved and changed in response to the different practical and theoretical problems faced by women” (p. 8). This study will adopt Freedman's (2002) definition of feminism, which states that

Feminism is a belief that women and men are inherently of equal worth. Because most societies privilege men as a group, social movements are necessary to achieve equality between women and men, with the understanding that gender always intersects with other social hierarchies (p. 7).

Feminist movements have been prevalent throughout history. The term feminism was first coined in 1880 in France, and by 1910 had extended to other European

countries, as well as North and South America. The original term *feminisme*, was the combination of the term ‘women’, and ‘social movement or political ideology’ (Freedman, 2002). Feminist history can be best understood as three divisions; first wave feminism, second wave feminism and third wave feminism, each characterized by its own issues (Pillow, Seigart & Brisolara, 2002).

The origins of the women’s rights movement began in the 1800s (O’Connor, 1996). First wave feminism refers to “the women’s movement” in the 1840s – 1920s (Freedman, 2002; Phillips & Cree, 2014), which focused on equal rights for women, including the right to vote, the right to education, and property rights (Freedman, 2001; Freedman, 2002). First wave feminism represents a time where women fought for the right to access post secondary education, as well as the ability to enter professional programs such as medicine, accounting and law. With the spread of industrialization and urbanization, middle class women had more time to engage in community activities (Ryan, 1992). Through the church, women became involved in charity work, primarily focusing on widows, unmarried mothers and prostitutes (Ryan, 1992). Through charity work a realization emerged, “the problem was not deviant women; rather it was a social problem created by an unfair system. Deviant women were...women who did not have a male protector (Ryan, 1992, p. 11). A defining time for the women’s movement resulted from their involvement in the abolitionist movement of the mid nineteenth century (Pillow et al., 2002). By identifying as abolitionists, women were able to hold public meetings and engage in public speaking (Pillow et al., 2002). The community involvement gave women the opportunity to discuss women’s rights in the context of the abolitionist movement, and in 1848 at the Seneca Falls Women’s rights convention

women's economic position, legal status, occupational and educational options, and family roles were discussed (Buechler, 1990). Following the Seneca Falls convention, multiple conventions were held and functioned to broadcast ideas relating to women's rights. In 1869 the National Women's Suffrage Association, which sought a federal constitutional amendment, and the American Woman Suffrage Association which focused on women's right to vote at the state level were founded (Buechler, 1990; Pillow et al., 2002). In 1919, the suffrage amendment passed (Pillow et al., 2002). On August 26, 1920, the Nineteenth amendment was signed into law in the United States.

The contemporary women's movement, or second wave feminism emerged in the 1950s and 1960s, and is known as the largest social movement of the United States (Buechler, 1990; Ryan, 1992; Baxandall & Gordon, 2005). Despite taking part in paid employment during World War II, in the 1950s women were re-establishing their place in the home. While some women continued working after the war, "cultural ideology defined the wife/mother role as both women's special duty and path to fulfilment...work outside the home was done only with maternal guilt, spouse shame" (Ryan, 1992, p. 41). The contemporary women's movement can be divided into two streams: equal rights and women's liberation (Baxandall & Gordon, 2005). In 1966, The National Organization for Women (NOW) was established. NOW focused on current issues, including equal rights for women in the law and in work force, such as sex discrimination (Baxandall & Gordon, 2005). Women examined and focused on power relations, and its influence on the workplace (Baxandall & Gordon, 2005). The second stream of the women's movement is the women's liberation movement. The greatest organizational and theoretical contribution of this movement was the introduction of consciousness raising,

represented as formal discussions that encouraged women to connect their personal experiences to “larger structures of gender” (Baxandall & Gordon, 2005, p. 417). Women realized that discrimination accounted for what many women felt were personal failings, such as insecurity about appearance, intelligence, exhaustion and physical and sexual abuse (Baxandall & Gordon, 2005). During this time, inequality centred on political rights but also family, sexuality and employment (Freedman, 2001). Second wave feminists were involved in recognition of rape and domestic violence, rights to equal employment and education (Phillips & Cree, 2014; Baxandall & Gordon, 2005). The greatest “intellectual influences” of second wave feminism are equality and individual rights (Bowden & Mummery, 2009, p. 2).

Third wave feminism represents a period of time that began in the late 1980s – present (Phillips & Cree, 2014). Third wave feminism reflects the emergence of postmodern ideologies, and independent thought and choice (Phillips & Cree, 2014). It exhibits a “deep respect for pluralism and self-determination” (Snyder-Hall, 2010, p. 255) and acknowledges that gender equality and sexual liberation are a personal choice that will vary among women (Snyder-Hall, 2010). During this time, it has become accepted that multiple feminisms exist and that gender is a social construct. Third wave feminism recognizes that change at the societal level will only occur when both males and females are treated equally (as cited in Phillips & Cree, 2014), and “strives to be inclusive and respectful of the wide variety of choices women make as they attempt to balance equality and desire” (Snyder-Hall, 2010, p. 259). Third wave feminism assumes diversity of gender identity and reflects a postmodern lens of multiple realities (Snyder-Hall, 2010).

While feminism has made significant contributions throughout history, women have mixed feelings about the role of feminism. Seeking to understand young women's identities in relation to feminism, Budgeon (2001) conducted semi-structured interviews of 33 women in Northern England. Women recognized that they have more choice and decision making abilities than previous generations, but felt that a disconnect existed between the older and younger generations. Specifically, younger generations grew up with women having choice, and were accustomed to it, whereas the older generation of men did not understand the need for feminist thought (Budgeon, 2001). Rúdólfssdóttir & Jolliffe (2008) identified that while young women are familiar with the concepts of feminism, they do not identify as feminists, or see feminism relating to their lives. Overall, it seems that modern feminism lacks a collective identity, and it is in fact the lack of consensus of what feminism is that creates third wave feminism. Third wave feminists are not bound to one definition, or one goal, and instead enjoy choice. Appendix C offers a critique of the literature relating to women's life career development, and Appendix D offers a critique of the literature relating to female entrepreneurs.

Contextual factors surrounding counselling in Manitoba. Regulation for the counselling profession in Canada falls under provincial jurisdiction (Alves & Gazzola, 2013; Martin, Turcotte, Matte & Shepard, 2013). Presently, only Ontario, Quebec, and Nova Scotia are regulated (Canadian Counselling and Psychotherapy Association, 2014). Manitoba, among other provinces, does not have a governing body for counselling professionals (Canadian Counselling and Psychotherapy Association, 2014). Due to the lack of regulation, any individual could use the term counsellor, or psychotherapist to

promote their services, despite lacking the appropriate credentials. According to the Canadian Counselling and Psychotherapy Association (2014), an individual must have a Masters degree in a counselling related field, in addition to other experiential requirements prior to holding the title “registered counsellor” or “psychotherapist”. Regulation is of utmost importance in order to protect the public from unethical, or unsafe practice as well as pseudo-professional mental health workers (Alves and Gazzola, 2013; Handlesman & Uhlemann, 1998). Regulation can serve to advance the prominence of the counselling profession, to increase recognition and understanding of the profession for the public and differentiate the work of the various helping professions (Alves & Gazzola, 2013). The present study will focus on professionals that belong to a professional designation, which requires a combination of academic and practical experience.

Delimitations and Limitations of Study

The study’s results will be limited to counsellors in private practice, and will not be generalizable to counsellors in other sectors, such as schools, universities, and community and government agencies. This study focuses on females who have completed a Masters and/or Doctoral degree in a counselling related educational program, are actively working towards establishing, or have already established a private practice in Manitoba, and are the present owners of said practice. Both novice and experienced counsellors will be included in the present study. Novice counsellors are those who have 0-9 years of experience in the counselling profession, specifically in private practice. Counsellors with 10 or more years of counselling experience and involvement in private practice are considered experienced counsellors.

This study will employ a systematic grounded theory approach. Grounded theory states that participant sampling must continue until saturation is reached. The present study will have between 10-12 participants, consistent with previous grounded theory research (Gazzola et al., 2011; Jones & McEwen, 2000). Due to the explorative nature of the study, semi-structured interviews will be utilized to interview participants. Due to the fact that this is a masters level thesis, the study requires that participants recall their own experiences as opposed to adopting a research approach where individuals are followed on their professional journey. Asking individuals to recall experiences may influence the accuracy of their experiences.

Definition of Terms

The following terms will be utilized throughout the study.

Counsellor – a helping professional with a Masters or Doctoral degree in counselling.

Experienced counsellor – a Masters or PhD level counsellor with 10 or more years of postgraduate experience (Alves & Gazzola, 2011).

Identity - the various meanings attached to a person by the self and by others (Gecas, 1982).

Professional identity – refers to the continuous set of professional values, beliefs and attributes that individuals use to define themselves professionally (Schein, 1978, as cited in Ibarra, 1999).

Professional Development – professional growth that occurs over time and as a direct function of experience and mentorship (Moss, Gibson & Dollarhide, 2014; Ronnestad and Skovholt, 2003).

Private practice – the process by which therapists provide services outside of community or government agencies in exchange for agreed upon fees (Green, Baskind, Mustian, Reed & Taylor, 2007).

Entrepreneur – “a person who own and leads a business” (Filion, 2011).

Summary

The process and impact of private practice on a counsellors’ professional identity remains unknown. Using a grounded theory approach, this study aims to identify the process and describe the development of the professional identity of the private practice therapist.

Insight into this process will benefit novice counsellors contemplating a future in private practice, counsellors currently working in private practice, and graduate programs who train new generations of counsellors. Furthermore, this study will examine the feminist component of professional identity and the professional development of women, provide a new outlook and add to the literature on what it means to be an independent, self-sufficient woman in today’s society. The significance of this study lies in its assistance to the profession of counseling as a whole, particularly to those professionals considering private practice work, or those already working in private practice. This study will offer a guide for the typical process that therapists undergo in their work in private practice.

Chapter 2: Counsellor Professional Identity Development

Professional development research impacts professionals of varying fields by identifying core competencies, gaps in support and resources, and providing professional development models. This chapter will provide a comprehensive review of the literature pertaining to counsellor development, women's career development, and female entrepreneurship. First, this chapter highlights the professional identity and characteristics of counsellors including frameworks of counsellor identity development and counsellor development models.

Second, a comprehensive review of women's life career development is presented which includes recent research on the topic, as well as Astin's (1984) sociopsychological model of career choice and work behaviour, and O'Neil and Bilimoria's (2005) women's career development processes. These models allow the reader to understand career development processes as they pertain to counsellor development. The complexities of gender and career development are discussed.

Third, self-efficacy and female entrepreneurship as they relate to counsellor development is explored, with a specific focus on Bandura's (1986) social cognitive theory, and Lent, Brown and Hackett's (1994) social cognitive career theory. The role of entrepreneurial self-efficacy and entrepreneurial intentionality is discussed. Finally, the author provides the reader with a critique of the current literature, and presents the contributions of the present study to the academic and professional communities.

Professional Identity and Characteristics of Counsellors

Professional identity refers to the continuous set of professional values, beliefs and attributes that individuals use to define themselves professionally (Schein, 1978, as

cited in Ibarra, 1999). It represents a self-conceptualization of one's professional roles, and values, as well as a connection to these values (Mrdjenovich & Moore, 2004).

Professional identity acts as a framework for counsellors to make important professional decisions, and develop professionally (Brott & Myers, 1999).

Professional identity is shaped by one's work roles and duties. Counsellors are employed in a variety of settings, including schools, community agencies, and private practice (Smith & Drodge, 2001). Their professional roles vary from intake and assessment, career and academic advising, crisis counselling, group counselling, and professional development and administrative duties (Smith and Drodge, 2001).

Counsellors typically have a Masters degree in counselling (Gazzola et al., 2007).

Humanistic, client centred approach to therapy is most widely used by Canadian counsellors, followed by cognitive behaviour therapy, and solution focused/narrative therapy (Gazzola et al., 2007; Gazzola, Smith, King-Andrews & Kearney, 2010).

Counsellors tend to rely most heavily on peers of equal or greater educational backgrounds for consultations, and professional development activities such as conferences and workshops. Helping others, using their abilities and knowledge, and growing and developing as a person are three main values guiding a sample of Canadian Counsellors (Gazzola et al., 2010), while prestige or public recognition does not influence or motivate their work (Gazzola et al., 2007). Counsellors who earned a greater income, had more exposure to professional identity issues in their training, and had greater career satisfaction perceived counsellors as having a "cohesive and clear identity" (Gazzola et al., 2010, p. 91) compared to counsellors who did not experience these.

However, Canadian counsellors as a whole believe that the general public does not

respect the counselling profession. Additionally, Canadian counsellors do not believe that the counselling profession has a coherent and cohesive professional identity. Despite this, individually, counsellors did report high career satisfaction (Gazzola et al., 2010; Gazzola & Smith 2007), and if had to choose again would become counsellors, and recommend the profession to others (Gazzola et al., 2010).

There is a lack of collective professional identity in the field of counselling, presumably caused by the differences in counsellor education programs and training, different accrediting bodies, diverse work environments, and ethical guidelines (Gale & Austin, 2003). Counsellors' perceptions of public understanding of the counselling profession are inaccurate, as the public cannot ascertain the difference between counsellors, psychologists and psychiatrists (Smith et al., 2001; Gazzola et al., 2010; Gale and Austin, 2003). In addition, counsellors are not respected in the public eye (Gale & Austin, 2003; Gazzola et al., 2010; Smith et al., 2001). While counsellors are dedicated helpers that feel their work is valuable and influential on their clients' lives, they also face struggles and challenges with their professional roles and identity. Therapy is a demanding profession and as such stress and burnout are prevalent (Lee et al., 2010). Counsellors' struggles with their professional roles and identity have been documented empirically. As new professionals, novice counsellors experience anxiety and fear about their new roles, scrutiny, and evaluations. They struggle with appropriate emotional boundaries and emotional regulation. Novice counsellors lack the ability to protect themselves when processing information from clients, and can become overinvolved and fall victim to countertransference (Skovholt & Ronnestad, 2003). Novice counsellors face disillusion when client change is not immediate (Moss et al., 2014). "Professional self-

worth closely coexists with client improvement [for novice counsellors]" (Skovholt & Ronnestad, 2003, p. 53). Over time, the novice counsellor understands that change is gradual, and that client change is not solely dependent on the counsellor (Skovholt & Ronnestad, 2003).

The challenges faced by experienced counsellors differ from those of novice professionals. Burnout and actively working toward rejuvenation is a prominent theme in the experienced counsellor. Counsellors can feel frustration and ultimately dissatisfaction with their work. Through education, work with clients, experienced colleagues or mentors, and adopting new therapeutic approaches, counsellors are able to reach rejuvenation (Moss et al., 2014). Furthermore, professional identity is an issue prevalent among students and experienced counsellors who "...often find themselves in the dilemma...of being unable to explain exactly how professional counsellors differ from helping professionals such as psychologists and clinical social workers" (O'Bryant, 1994, as cited in Gale & Austin, 2003).

Counsellor beliefs, and countertransference can influence the outcomes of therapy, as well as the development of counsellors. An American phenomenological study examining the personal and professional development of attitudes in therapists-in-training working with couples experiencing intimate-partner violence demonstrated that multiple factors influence their perception of clients (Brosi & Carolan, 2006). Family of origin was most impactful in how therapists perceived intimate partner violence. Key personal events, and developmental processes of thinking versus feeling, insecurity and incompetence, and self-awareness influenced perceptions of domestic violence in their clients. Ultimately, understanding oneself and increasing self-awareness will influence

work with clients, and reduce the likelihood of countertransference (Brosi & Carolan, 2006). Metcalf (2003) examined play therapists countertransference management in 154 registered play therapist supervisors. Play therapists who worked in inpatient facilities had greater countertransference management compared to play therapists working in outpatient facilities. Additionally, more experienced play therapists were better able to manage countertransference compared to inexperienced, or novice play therapists (Metcalf, 2003). In a review of the research on countertransference and vicarious trauma, Neumann and Gamble (1995) suggest that establishing a strong professional identity is Key for all trainees...clinicians must establish a sense of their own therapist ego-ideal. This vision of self includes one's preferred theoretical orientation and approach to therapy, the types of clients one will serve, and the work setting in which one will settle (p. 343).

Frameworks of Counsellor Identity Development

Identity and personality development have always been a source of interest for psychologists and researchers. Diversity in frameworks shapes the interpretation of professional identity, and allows for a comprehensive evaluation of the meaning of identity. Bruss and Kopala's (1993) developmental framework for graduate training in psychology provides an analysis of the transformations students undergo as part of the training, and its influence on professional development, whereas the person-in-environment framework views individuals in the context of the larger environment.

In a synthesis of the literature, Bruss and Kopala (1993) outlined the transformations and developmental tasks graduate students undergo as part of their training, and professional development, and compared them to developmental tasks of

infants. This model of trainee development corresponds with infant development, and how mentors' response to students mimics parental guidance. First, students are faced with a new and unpredictable training environment, which is characterized by dependence on the system. There are serious demands and expectations placed on students, which may lead them to feel uncertainty. Students are reliant on their mentors and supervisors, who play a crucial role in guiding student development. Redefining a sense of self, and facing doubts and insecurities must occur before the student feels secure and cohesive in their role. Students go through a dependence phase with their mentors and supervisors, until they feel confident in their abilities and trust their own capabilities (Bruss & Kopala, 1993). Another milestone experienced by students is the development of object relationships, where students become "incorporated into the system...[and] identify with people in her environment" (Bruss & Kopala, 1993, p. 688).

While Bruce and Kopala's (1993) developmental framework provides an understanding of graduate student development, other perspectives also facilitate understanding of professional development. Complimenting Bruce and Kopala's (1993) model of identity development, the person-in-environment framework states that individuals are affected by their environment, but also have the capability to change their environment. The framework's influences are bi-directional, and are on a continuum (Hare, 2004). The person-in-environment framework seeks to understand the world and its complexities (Green & McDermott, 2010). "The individual and his or her environment create an ecosystem which includes the individual, all of the systems that the individual interacts with, the individual's broader environment, and all of the interactions between the individual and the various systems" (Shlomo, Levy & Itzhaky, 2012, p. 241). The

person-in-environment framework recognizes the way different aspects of life are interdependent and influence daily living. For counsellors' professional identity, the person-in-environment framework serves to understand the development of professional identity. Counsellors-in-training and novice counsellors defined professional identity and learning responsibilities in terms of the expectations of their professional communities (Gibson et al., 2010). Through learning and practicum experience, counsellors-in-training develop an internalized understanding of professional development, allowing them to grow professionally, and develop a healthy and independent counsellor identity. The person-in-environment framework depicts the influence one's environment, or professional community can have on the professional identity, which in turn, will then influence the profession. Ultimately, it becomes clear that personality shapes work ethic, dedication, commitment and perceptions, and as such, affects the professional self.

Counsellor development models. Counsellor development models are based on the notion of continuous growth, and imply organized and systematic change that occurs over time, and throughout one's professional life (Moss, Gibson & Dollarhide, 2014; Ronnestad & Skovholt, 2003). Counsellor development models have focused on the professional identity and growth of counsellors in training (Auxier, Hughes & Kline, 2003; Gibson, Dollarhide & Moss, 2010) and counsellors in all stages of their careers (Ronnestad & Skovholt, 2003; Moss, Gibson & Dollarhide, 2010). Ronnestad and Skovholt (2003) developed a model detailing the six phases of counsellor development. These phases include the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional phase, described in detail in chapter one. Ronnestad and Skovholt's model of counsellor

development (2003) outline central processes of counsellor development focusing on shifts in focus, emotional functioning, and the value of reflection as it relates to personal and professional growth.

The Recycling Identity Formation model represents the process by which students-in-training give meaning to their experiences as counsellors-in-training and as developing counsellors, how they interpret these experiences, and their reactions to their experiences (Auxier, Hughes & Kline, 2003). The concepts within the Recycling Identity Formation process describe the processes counsellors-in-training experience as they learn to become counsellors. The model consists of three fundamental processes: conceptual learning, experiential learning, and external evaluation.

Conceptual learning is represented by participants' expectations to learn through traditional academic experiences, such as attending lectures and writing research papers. At the beginning of their program, students feel comfortable with this approach to learning, and felt that it was useful (Auxier, Hughes & Kline, 2003). Throughout participation in their program, students begin to value experiential learning, which took place through counselling skills courses, practicums and internships. Anxiety was commonly experienced among students when adopting experiential learning, as it required students to gain awareness of their emotional reactions to learning and change interpersonal behaviours (Auxier, Hughes & Kline, 2003). Feedback from peers, instructors and clients about counselling behaviour resulted in external evaluation, an anxiety inducing experience for students. "External evaluation constantly challenged participants' self-concepts" (Auxier, Hughes & Kline, 2003, p. 33). If external validation was perceived positively and sincerely, participants' anxiety diminished. However, when

external validation was perceived negatively, or disconfirming their personal beliefs and perceptions of their skills as counsellors, students begin a verification process. The verification process includes reflection on the feedback, and working to verify or disconfirm the validity of the external feedback. Verification also includes experimentation, consultation and clarification (Auxier, Hughes & Kline, 2003).

Using grounded theory methodology, Gibson, Dollarhide and Moss (2010) established a theory of professional identity development beginning upon entry into a graduate program, and concluding at the end of the program's internship. Gibson et al., (2010) defined professional identity as "the successful integration of personal attributes and professional training in the context of a professional community" (p. 24). The development of counsellors-in-training is exemplified through transformational tasks, and a transformational process, all experienced through a movement from external to internal validation. Counsellors-in-training experience three transformation tasks: definition of counselling, responsibility for professional growth, and transformation to systemic identity. Counsellors-in-training's perceptions of counselling changes throughout their training, reflecting growth and an internalized interpretation of the counselling profession. Accordingly, new and prepracticum counselling students place the responsibility of professional growth and learning on external authorities. Responsibilities for external authorities include course information and experiences with clients. On the other hand, preinternship and pregraduation counsellors-in-training identified responsibilities they had to complete in order to foster professional growth, which included finding resources that will enhance their professional work. The more

advanced students provided an internalized initiative for learning and goal setting. When examining the self-perceived professional identity of counsellors in training;

new and prepracticum students focused on their individual skills and qualities as defining their professional identities, relying on professional criteria to define professional identity such as certification, licensure, or job title...preinternship and pregraduation counsellors in training began to use more systemic thinking in terms of their professional identities...had started to become integrated with the professional community of counselling (Gibson et al., 2010, p. 31)

The transformation process of counsellors-in-training's continuously develops on the basis of new experiences and as time passes. This process follows a pattern; first, there is a need for external validation. Once counsellors-in-training begin their counselling experiences, their perspectives change, they feel the commitment and responsibilities of counsellors, and use "self-validation and membership in the professional community that is integrated with identity as a counsellor" (Gibson et al., 2010, p. 31). A sense of belonging within the counselling profession signifies a point in a novice counsellors' professional life where he/she begins developing an independent, and self-motivated counsellor identity.

Moss, Gibson and Dollarhide (2014) conducted a cross sectional study examining counsellors' professional identity development as beginner, experienced and expert counsellors. Three transformational tasks were identified that counsellors adopt, and which transform professional identity. These are idealism toward realism, burnout toward rejuvenation, and compartmentalization toward congruency. Six themes emerged from their research that serve to describe the process counsellors undergo, and that affect their

growth and change as professionals. The themes include adjustment to expectation, confidence and freedom, separation versus integration, experienced guide, continuous learning, and work with clients (Moss et al., 2014). These themes represented transformational tasks completed by counsellors throughout significant times in their careers that influenced the course of their professional identity.

As part of the adjustment to expectation theme, counsellors vacillated between their perceptions of their expectations as counsellors compared with other professionals' expectations of them in the counselling role. Consequently, both novice and experienced counsellors were affected by this role. Novice counsellors felt frustrated with their work environment, since it was different than from "the idealized role they had imagined" (Moss et al., 2014, p. 6). Over time, professional frustration led to dissatisfaction with professional roles and responsibilities.

The second theme experienced by counsellors was confidence and freedom. While experienced counsellors felt confident in their counselling abilities, and abilities to network within the mental health community and refer clients to other professionals, novice counsellors felt that they lacked confidence and self-assurance. Novice counsellors felt the need to act professionally in order to portray confidence. Novice counsellors also recognized that feeling insecure about one's professional abilities is a normal phenomenon, and is preferable to feeling comfortable right away (Moss et al., 2014).

Separation versus integration represents the third theme. Throughout their professional life span, counsellors' sense of personal self and professional self-change. Novice counsellors focused on separating their professional and personal identity and

compartmentalizing identities. Novice counsellors viewed professional identity as an aspect of their lives they could leave in the office at the end of the day. However, experienced counsellors embraced both their professional and personal identities and integrated them into one identity. They were able to identify and embrace the influence of their personal identity on their professional identity, and the influence of their professional identity, on their personal identity (Moss et al., 2014).

The fourth theme representing a transformational task is experienced guide. Mentors, guides and supervisors are an important part of learning and growth in order to achieve an advanced level of professional identity. Mentoring relationships are valuable to professionals in all levels of their lives. Novice counsellors sought mentors to validate their feelings and show them the way to succeed. Experienced counsellors found value in mentoring relationships as they were able to see their students and colleagues succeed. Continuous learning is recognized as a lifelong process, one that does not end upon graduation from formal education. Novice counsellors “expressed excitement about the vast amount of information in the field...the field is constantly evolving” (Moss et al., 2014, p. 8). More experienced counsellors focus their learning on gaining expertise in specific areas.

Clients represent continuous positive reinforcement for counsellors, as struggles and frustrations feel worthwhile upon experiencing the success of one’s client. “Work with clients was most meaningful to professional identity development” (Moss et al., 2014, p. 8). Client resilience, growth, and termination from therapy are reinforcing to counsellors, and lead them to grow personally and professionally. Supervision

encourages counsellors to continue moving forward, and helps establish a strong counsellor identity (Moss, et al., 2014).

While counsellor development models facilitate an understanding of the processes counsellors undergo in their professional roles, various factors affect their professional development and growth throughout their career. In a study of 8 Hispanic graduate students, Nelson and Jackson (2003) examined the influence of culture on professional development. Knowledge through course work and reflection, personal growth, and experiential learning were identified as contributors to professional development and personal growth, consistent with the literature (Auxier, Hughes & Kline, 2003). However, cultural variables did influence professional development, as participants in this study identified four other variables that affected their professional identity. These were relationships with colleagues, professors and family and the impact these had on professional identity, accomplishment through program completion, the costs associated through graduate education, and finally, others' perceptions of the counselling profession.

An exploratory national survey of school psychologists in the United States reported that school psychologists identified peer support groups as valuable ways to further professional development (Zins & Murphy, 1996). Emerging aspects of peer support groups that increase effectiveness are development of group goals and plans, a supportive environment, open communication, and discussion of local issues (Zins & Murphy, 1996).

Women's Life Career Development

North American women's career development differs from men's due to early gender-role orientation, employment inequities and family responsibilities (Coogan &

Chen, 2007). "Women face...barriers to their career development that both complicate and limit their career choices and advancement" (Coogan et al., 2007, p. 192). Betz (1994) recognizes that women's primary and initial barrier to career development begins in childhood, and consists of societal stereotypes for life and vocational roles (as cited in Coogan et al., 2007). Socialization for girls differs than for boys, as girls are taught to assume responsibilities for domestic tasks and childrearing. Girls are encouraged to express their emotions, and become nurturing and sensitive individuals. As a result of socialization, children learn to associate certain occupations with certain genders. Girls limit themselves to consider pursuing stereotypically female occupations, and do not place the same emphasis as boys on pursuing a successful career (Coogan et al., 2007; Miller & Budd, 1999). In 1999, Miller and Budd examined occupational sex role stereotypes, and occupational preferences in 594 children of ages 8, 12, and 16 in the United Kingdom. Age determined a reduction in occupational stereotypes, such that the younger school-aged children were more open minded about occupational gendered stereotypes. However, Miller and Budd (1999) reported that upon closer inspection, boys of all ages showed minimal change in their beliefs about occupational role stereotypes. Girls conversely, demonstrated significant changes in their beliefs regarding gender role stereotypes, believing that both men and women can work as different professionals. Despite changes in occupational sex roles stereotypes, girls had little interest in masculine occupations, such as pilot, police officer, scientist, fire fighter, and farmer. Accordingly, girls reported greater interests in traditionally feminine occupations, such as hairdresser, dancer, librarian, teacher and secretary. Interestingly, the study found no differences in preference for the following occupations: doctor, artist, judge and

McDonalds worker (Miller et al., 1999). It seems that while girls are more open-minded about changes in sex-role stereotypes, they are not adopting those changes to their own lifestyles and goals (Miller et al., 1999).

Employment inequities, represented by discrimination and sexual harassment exemplify external barriers of employment for women (Coogan et al., 2007; Gill & Ganesh, 2007). While the wage gap between men and women has decreased significantly over the last 30 years, women continue to earn only 92% of men's wages (Statistics Canada, 2013). Some of the proposed reasons for the wage gap between men and women include discrimination, family responsibilities, and gender stereotyping (Alksnis, Desmarais & Curtis, 2008; as cited in Coogan et al., 2007). It is worthwhile to note, that some believe that women make less money not because of discrimination, but because from an evolutionary perspective reproductive success is the ultimate goal of human beings, and not greater earnings. Because of this, "earnings are men's, but not women's, means to reproductive success"(Kanazawa, 2005, p. 269). The second employment inequity faced by women is sexual harassment. Sexual harassment is defined as

Any conduct, comment, gesture or contact of a sexual nature that is likely to cause offense or humiliation to any employee, or that might, on reasonable grounds, be perceived by that employee as placing a condition of sexual nature on employment or on any opportunity for training or promotion (Justice Laws, 2014, p. 226)

A comprehensive investigation of workplace sexual harassment in the European Union found that 30-50% of women experienced workplace sexual harassment (as cited in Di Martino, Hoel & Cooper, 2003). It is likely that the prevalence of sexual harassment increases when power differentials between men and women are evident, particularly in situations where female employees improve their power position compared to male

employees. As a result, male colleagues could use sexual harassment as exclusionary tactics (as cited in Di Martino et al., 2003).

Entering the workforce can be complex for women, as they experience gender discrimination and stereotyping (Phillips & Imhoff, 1997). Women balance multiple roles, those of wife and mother, as well as working-woman (Michailidis, Morphitou & Theophylatou, 2012). While the gap between men and women for domestic responsibilities is closing, women continue to bear the main responsibility for their households and families (Lindsay, 2008). Michailidis et al. (2012) examined the factors related to work-life balance for working women, and determined that women have difficulties balancing career and family responsibilities. Women felt that organizational programs to support the life-work balance, such as organizational daycares, would provide great assistance (Michailidis et al., 2012). Furthermore, women experience the process of exiting and reentering the workforce as a result of full time participation in family roles (Phillips & Imhoff, 1997).

Farber (1996) describes an integrative model of career development that includes career, family and developmental theories to understand that women develop and change on an individual, interactional, and intergenerational basis. Farber (1996) recognized that marital relationships and family life could contribute to career development both positively and negatively. As such, when exploring women's career development one must consider the individual, as well as their social supports and environmental influences (Farber, 1996).

Theories of Career Development

This section will examine the foundational theories and models that relate to women's life career development and then explore recent empirical research of this topic. In this section, Super's (1990) life space life span approach, Astin's (1984) sociopsychological model of career choice and work behaviour, and O'Neil and Bilimoria's (2005) women's career development processes will be reviewed. These theories and models relate to counsellor development, and particularly to women's professional development. Astin (1984) and O'Neil et al. (2005) enhance and broaden the understanding on professional development, and women's development as influenced by development and socialization. Super's (1990) theory encompasses the role of self-efficacy and learning theory into a developmental model. Independently, these theories provide explanations about various parts of the career development process. Combined, they offer a comprehensive review of the process of career development.

Super's (1990) life span life space approach represents a developmental approach that describes the life roles that develop throughout the lifespan (as cited in Sterner, 2012). Super's approach is based on self-concept, or how individuals' perceive themselves and their situations. An individual's needs, intelligence, values and interests will reflect their self-concept. Learning theory, the second aspect of the theory is influenced by external stimuli, specifically one's interactions with the environment. Interactions will influence feelings of satisfaction, and consequently lead to a learned experience (as cited in Sterner, 2012). As part of the lifelong career development process, individuals experience different roles and responsibilities, categorized as going through different stages and developmental tasks. Transitions between stages are not a

reflection of chronological stage, but instead of an individual's personality and life circumstance (as cited in Smart and Peterson, 1997). Growth, exploration, establishment, maintenance and decline reflect the life stages and developmental tasks of Super's theory. Successful transitioning from one stage to another is dependent on social and biological developmental issues. Life space is the second aspect of the life span life space approach. This dimension represents the roles individuals adopt throughout their lifetime. Roles include child, student, worker, citizen, homemaker, and leisurite. Roles are not mutually exclusive, and individuals can experience multiple roles simultaneously. According to Super (1990), self-efficacy and self-esteem help shape one's personality and perceptions, which represents the beginnings of preparing and pursuing a professional career (as cited in Smart & Peterson, 1997).

Astin's (1984) sociopsychological model of career choice and work behaviour explains the occupational behaviours of men and women, and is based on the premise that both genders have similar work motivation, but their decisions vary due to early socialization experiences and opportunities. The model is developmental in nature, and is meant to explain changes in career choice and work behaviour in individuals and groups. The model consists of four constructs: motivation, expectations, sex-role socialization, and the structure of opportunity. Three primary factors comprise the motivational factors in work behaviour, and are present whenever an individual partakes in works behaviour (Astin, 1984). They are survival, pleasure and contribution. Survival needs refer to physiological survival. Astin (1984) explains that in today's society the only way to survive is by earning an income that allows an individual to purchase basic needs. Pleasure needs refer to the emotional and intellectual pleasure that stems from performing

and accomplishing work activities. The third motivational factor, contribution, is the notion that all humans feel the need to contribute to the well being of others. In this context, contribution needs relate to contributions that are made through work, as work benefits the general community (Astin, 1984). Work expectations vary for men and women, particularly society's perceptions of the types of work that are available or accessible to men or women. Astin (1984) suggests that the needs that motivate both genders to work can satisfy men and women equally. Career expectations help determine career decisions, including exploration questions such as "what type of work or activities am I capable of performing? What options (opportunities) are open to me, and which are closed off? How likely are these various options to meet my needs for survival, pleasure and contribution?" The answers to these questions will serve to shape one's career choices (Astin, 1984). Expectations are formed by personal experiences and by larger social structures.

Socialization, the process by which work-role expectations develop begins at a young age, where parents, teachers, and other adults teach societal values. Through play and help with household tasks, children are rewarded, and as a result reinforced to partake in certain activities over others.

Participation in certain early activities is associated with reduction of the three postulated needs. Thus, in the process of satisfying these needs through work-related activities, people develop certain expectations as to what kinds of adult work activities are open to them, what activities they can best perform, and what activities will best satisfy their needs (Astin, 1984, p. 121).

These activities can also be understood through children's play; girls play with dolls, and make believe homes, all supporting nurturing behaviour, whereas boys use competitive

and outdoor play that emphasizes winning. Over time, these activities emphasize a gender difference in skills and expectations in what one can achieve in the world.

Work expectations are influenced by the combination of socialization and the structure of opportunity. Socialization influences the opportunities available for both genders. Similarly, the structure of opportunity influences the values taught and transmitted through socialization. Astin (1984) notes that history has seen changes in the structure of opportunity for women and men. (1) Individuals are living longer, and as a result, need to retire later, or find extraneous employment upon retirement. (2) With increased education for women, birth rates are decreasing, as women are dedicating more time to their careers. (3) With increases in divorce rates, women must plan for financial independence and for the possibility that they will have the sole familial income. (4) Non-traditional lifestyles are becoming more common, and deviate from traditional sex roles. As a result, women will benefit from wider career opportunities. (5) Medical advances allow women to postpone motherhood until after they have established their careers. Women are in control of when and how they would like to reproduce. (6) Legislation prohibits discrimination against women. (7) Changes in the nation's economy are forcing women to seek employment to supplement household income (Astin, 1984).

In a study of 60 women in various stages of their careers, O'Neil and Bilimoria (2005) examined women's career development processes. Specifically, this was examined through exploration of work related experiences, and personal and professional factors influencing careers, and motivations. The current phase model represents women's career development transforming from strong motivation and positive career experiences, to negative experiences in phase two, and a change later in life towards

rejuvenation and a more positive experience in phase three (O’Neil et al., 2005). The model examines career development factors and differentiates professional changes by age.

In the first phase, the driving force is idealistic achievement. Typically, women in this phase are 24-35 years old and base their career choices on satisfaction, achievement and success, and aspirations to make a positive difference in society. During this time, women perceive themselves in control of their careers, and proactively strategize for career development. Women feel they have an opportunity to “realize their dreams” (O’Neil & Bilimoria, 2005, p. 182), and approach their careers from an internal, hardworking and self-focused viewpoint where they are determined and will work to achieve their goals. While women are aware of, and may have been impacted by negative work environments, they feel they can surpass such issues. Within this study, 91% of participants in this phase did not have children, but all were considering various arrangements to manage both a career and a family. O’Neil et al. (2005) reported their participants were concerned that the workforce is not supportive of women with a dual focus on a family and a career.

Pragmatic endurance represents the second phase, which takes place mid-career, when women are typically 36-46 year old. Women are managing both personal and professional responsibilities, and unlike during phase 1, their colleagues and family now shape their career development externally. Due to the time constraints and multiple demands to which women must attend, they begin to question the significance of their work life. Dissatisfaction with one’s workplace is common, particularly for women whose careers remain at the middle management level after multiple years of

employment, in addition to work environments filled with discrimination and sexual harassment. Women in the pragmatic endurance phase feel their careers are extensions of themselves, and represent an important aspect of their identities. In this phase, women feel the need to “protect themselves at work and feel stuck in their current jobs, organizations, fields or industries” (O’Neil et al., 2005, p. 183).

In the third career phase typically applicable to women of ages 46-60, the driving force is reinventive contribution. In this phase, women’s focus is to contribute to their organizations, families and communities. Women in this stage reflect on their careers, and realize that at some points their lives had been consumed by their professional lives due to divorce or loss of a spouse. As a result, they may have advanced further into their careers and “reconceptualized and reclaimed their careers in their lives as opportunities to contribute...without losing sight of themselves in the process” (O’Neil et al., 2005, p. 184). During this phase, success relates to recognition and respect. An underlying assumption of these developmental models is that human beings go through certain steps to determine their occupational orientation, and are often influenced by socialization and perceptions of their abilities. While the above models are available, and beneficial for helpers to understand the processes clients undergo, it is important to note that women are not a homogenous group, and diversity exists within groups of women, further complicating our understanding, and requiring sensitivity when working with women.

Gender and career development. Gender, marital status, and family responsibilities are all factors in women’s career development. Comparisons of equally qualified married men and women concluded that men were more likely to receive significantly higher recommendation ratings for relocation (Eby, Allen, Tammy &

Douthitt, 1999). Decisions were made based on gender and marital status. Women were perceived to encounter greater familial resistance, and less likely to relocate for professional reasons (Eby et al., 1999). Differences relating to workload and work accreditation have been noted between men and women. Women reported having to work harder than a member of the opposite sex to receive a promotion (Lundberg & Frankenhaeuser, 1999). In regards to workload, while men and women produced similar overtime hours at their respective workplaces, women spend twice as much time involved in housework and familial responsibilities than men (Lundberg & Frankenhaeuser, 1999).

Abele and Spurk (2011) conducted a longitudinal study examining the impact of gender, gender related self-concept, and the relationship of timing of parenthood and objective career success. Participants consisted of over 1000 professionals with university degrees, who participated 5 times over the course of 10 years. Gender differences in self-concept were evident, with men being more agentic, representing stereotypically masculine traits such as ‘decisive’ or ‘active’, and women more communal, representing stereotypically feminine qualities such as ‘empathic’ and ‘warm’. Agency in males is related to parenthood 10 years later (Abele et al., 2011). Discontinued career involvement due to parenting responsibilities influences one’s objective career success. Women’s work hours were significantly predicted by parenthood, which indirectly influenced women’s objective career success (Abele et al., 2011). Conversely, parenthood does not predict men’s work hours, and therefore is a weak influence on men’s objective success (Abele et al., 2011).

A review of the literature clarifies that men’s and women’s career development differs as a result of multiple factors including socialization, gender roles, societal norms,

self-efficacy, social and environmental influences, and non-continuous career involvement due to family responsibilities. Theories of career development, such as Super's (1990) life space life span approach, Astin's (1984) sociopsychological model of career choice and work behaviour, and O'Neil and Bilimoria's (2005) women's career development processes allow the reader to gain a greater appreciation of career development for both men and women, and incorporate these models to women's professional development.

Female Entrepreneurs

Worldwide, men are more actively involved in entrepreneurial activities compared to women, and are "becoming an increasingly important component of the world economy" (Allen, Langowitz & Minniti, 2006, p. 32). Furthermore, men are twice as likely to engage in early stage entrepreneurial activity (Bosma & Levie, 2009). Business performance is often affected by gender, since gender influences the entrepreneurs' perceived self-efficacy and consequently the ability to actualize a business (Anna, Chandler, Janse & Mero, 2000). Women are often underrepresented in high-powered jobs, and typically devote more time to domestic activities compared to their spouses (Dessy & Djebbari, 2010). Due to the disparity in female representation in high-powered positions, women often take great pride in becoming entrepreneurs.

In a qualitative study of women entrepreneurs, women identified autonomy, opportunity, confidence and self-expression as their motivations for becoming entrepreneurs (Gill & Ganesh, 2007). Desire for autonomy and control motivated participants to become entrepreneurs. While they did not know with certainty whether entrepreneurship would give them autonomy, they felt that with this professional route

they would have more control over workplace conflicts, relating to scheduling and childcare. Women reported that with an autonomous work environment, they could find a way to incorporate childcare into their workday (Gill & Ganesh, 2007). Multiple factors influenced the decision to open a business. The main factor was confidence (Gill & Ganesh, 2007; Langowitz & Minniti, 2007). Some participants recognized their newfound confidence due to skills and experience, whereas others felt they simply knew they could do it without any previous experience. For others, it was the knowledge that they had come from a small town, and had already accomplished much in their lives that gave them the motivation to pursue an autonomous vocation (Gill & Ganesh, 2007).

Women entrepreneurs reported a combination of luck and control that attributed entering the business world and thriving. When opportunities presented, women took a chance but followed up with control and choice. Women embraced and created opportunities (Gill & Ganesh, 2007), and felt that starting their own business was a form of self-expression, and that entrepreneurship was “a natural extension of their upbringing and of themselves...they knew they just *had* to become entrepreneurs” (Gill & Ganesh, 2007, p. 279). In fact, perceived existence of opportunity represents one of the factors involved in starting one’s business (Langowitz & Minniti, 2007). Perceiving oneself as capable of becoming an entrepreneur, and of having the necessary skills to maintain a business greatly influences the motivation and confidence in entering an entrepreneurial opportunity. This variable is significant and valuable in understanding the differences between men and women in regards to entering entrepreneurial opportunities, as generally, men tend to perceive themselves as obtaining the skills and being capable of owning a business, and as a result are more likely to start a new business (Langowitz &

Minniti, 2007). Additionally, by creating their own employment, women could incorporate their personalities into their work lives. Women perceived entrepreneurship as a form of self-expression that facilitated positive career change, compare to a premeditated, purely rational business opportunity (Gill & Ganesh, 2007). Ultimately, Langowitz and Minniti (2007) conclude that women who are high in self-efficacy are more likely to start their own businesses.

Discrimination, employee management and a work-home balance presented as conflicts to female entrepreneurs (Gill & Ganesh, 2007; Shelton, 2006). Women felt financial discrimination, particularly from banks, which contributed to difficulties in obtaining funding. They also felt general discrimination against women in business, which meant women had to prove themselves prior to being accepted by colleagues or others in related industries (Gill & Ganesh, 2007). Employee management became a difficulty, as women adopted either feminine or masculine management styles. Women felt that men managed and perceived situations in a linear manner, whereas women's management styles are more flexible. An explanation provided for the notion that women are more emotional at work is due to the fact that they develop deeper connections with their employees. Some women chose a more feminine approach to management because they felt it created a more understanding, and respectful workplace. Balancing a work-home environment presented as a stressful and tense process, and in fact, "the most difficult constraint...faced" (Gill et al., 2007, p. 282). Difficulties arose particularly as women attempted active involvement in housework, childcare, and quality time with their families (Gill et al., 2007).

Self-Efficacy

Self-efficacy refers to an individual's beliefs and perceptions regarding their ability to complete tasks, leading them to exert control, and influence their lives (Bandura, 1977, 1994). The four primary sources of self-efficacy are mastery experiences, social models, social persuasion, and somatic and emotional states. Mastery experiences represent the most effective source of self-efficacy. If a task is mastered successfully, individuals develop positive feelings of self-efficacy. Similarly, if a task results in failure, particularly if self-efficacy has not been previously established, negative feelings of self-efficacy develop. Social models represent the second source of self-efficacy. Observing others who are similar to oneself succeed fosters feelings of hope that they are also capable of mastering the task. Similarly, observing others who are similar to oneself fail can lead to doubt regarding one's abilities to complete a task. "The impact of modeling on perceived self-efficacy is strongly influenced by perceived similarity to the models. The greater the assumed similarity, the more persuasive are the models' successes and failures" (Bandura, 1994, p. 72). Social persuasion, the third source of self-efficacy can strengthen self-efficacy beliefs and encourage individuals to successfully complete tasks. However, social persuasion provides initial motivation for success. If tasks are not mastered due to personal failure, social persuasion will not suffice in increasing self-efficacy. Lastly, somatic and emotional states influence self-efficacy. Stress and tension are interpreted as signs of poor performance. Positive mood can enhance self-efficacy, whereas negative mood can weaken perceived self-efficacy; self-efficacy can change through stress reduction and affect improvement (Bandura, 1994).

“Self-efficacy beliefs function as an important set of proximal determinants of human motivation, affect and action” (Bandura, 1989, p. 1175). Jointly, cognitive, motivational and affective processes influence action. Perceived self-efficacy influences thought process, and as a result, action as well. Individuals with strong self-efficacy beliefs are likely to set more challenging goals for themselves, and visualize successful anticipatory scenarios, whereas individuals with lower perceived self-efficacy are likely to visualize negative anticipatory scenarios and negative outcomes (Bandura, 1989). Perceived self-efficacy influences motivation, and as a result influences the effort, energy, and perseverance an individual demonstrates towards a task. In addition to affecting motivation, self-efficacy influences affect; individual’s level of self-efficacy impacts the degree of stress and depression experienced during a challenging or threatening situation. Affective processes influence motivation, which in turn influences thought processes (Bandura, 1989).

Self-efficacy represents core components of multiple theories, such as the social cognitive theory, and the social cognitive career theory. Both of these theories have been instrumental in defining the career development literature. In order to understand the concept of self-efficacy and its role and relation to career motivation, two main theoretical approaches to self-efficacy must be examined. These theories include Bandura’s (1986) social cognitive theory and Lent, Brown and Hackett’s (1994, 2000) social cognitive career theory.

Social cognitive theory is a theoretical perspective of human functioning which serves to explain the acquisition and retention of behaviours. Bandura’s (1986) social cognitive theory states that human behavior is based on a model of triadic reciprocity,

where behavioural, personal and environmental factors influence one another, and through interactions affect behavior. Social cognitive theory ascertains that “people do not simply react to their immediate environment” (Bandura, 1986, p. 19), but instead, their behaviours are purposive and a direct result of consideration and reflection. Triadic reciprocity, one model of reciprocal determinism states that environmental factors, as well as personal factors relating to cognition and behavior, interact and influence one another. These factors become determinants of one another and result in triadic reciprocity (Bandura, 1986).

The social cognitive career theory (SCCT) seeks to understand the processes that enable individuals to form interests and make decisions, particularly those related to education and occupation (Lent, Brown & Hackett, 1994, 2000). The SCCT emphasizes three aspects of social cognition related to career development. Self-efficacy, or personal judgment regarding one's beliefs about their abilities, is a central aspect of human agency (Bandura, 1989). In SCCT, self-efficacy is regarded as an active set of personalized beliefs related to “particular performance domains and that interact complexly with...person, behavior and contextual factors” (Lent, Brown and Hackett, 1994, p. 83). Outcome expectations refer to personal beliefs that a behavior or situation will result in particular outcomes (Lent, Brown & Hackett, 1994). The third aspect of SCCT related to career development is goals. Goals are important for the self-regulation of behavior. Through goal setting, individuals organize goals, are able to remain motivated about set goals in the absence of external motivation, and as a result increase the probability of the goals being achieved (Lent et al., 1994). Individuals are affected by objective factors, such as quality of education and finances, and perceived environmental factors.

According to social cognitive career theory, these factors influence career development, as women have the ability to employ personal agency in their journey of career development (Lent et al., 2000).

Bird's (1988) model of entrepreneurial intentionality focuses on predicting entrepreneurial direction. Intentionality is a state of mind that guides one's attention, experience and action for the purpose of completing a goal. "Entrepreneurs' intentions guide their goal setting, communication, commitment, organization" (Bird, 1988, p. 442). Individuals are influenced by their personalities and experiences, which in turn influence their entrepreneurial intentions and therefore entrepreneurial development. Personal factors include personality characteristics, abilities, and previous experience in entrepreneurial settings. Environmental factors that influence intentionality relate to social, political and economic variables. In her model, Bird (1988) outlines that intentionality is further influenced by rational /analytic thinking which consists of directed goals and behaviours, and intuitive or holistic thinking, which consist of one's vision for the business. Boyd and Vozikis (1994) have extended Bird's (1998) model of entrepreneurial intentionality by incorporating self-efficacy into the model. As previously mentioned as part of Bird's model (1988), intentions are formed based on personal and contextual perceptions, as well as one's predictions of the consequences of their actions (Boyd & Vozikis, 1994). Attitudes and perceptions relating to a new enterprise develop from thought processes that are a combination of rational thinking as well as intuitive, or holistic thinking. Self- efficacy is directly influenced by these thought processes, as "perceived self-efficacy will moderate the relationship between the development of entrepreneurial intentions and the likelihood that these intentions will result in

entrepreneurial actions or behavior" (Boyd & Vozikis, 1994, p. 70). Entrepreneurial action will occur only when an individual is high in self-efficacy. Ultimately, it is possible that self-efficacy is the "underlying construct (Boyd & Vozikis, 1994, p. 70) for identifying the individuals who will pursue entrepreneurial activities (Boyd & Vozikis, 1994).

Multiple researchers have provided support for the influence of perceived self-efficacy on entrepreneurship. In a study of undergraduate students Chen, Greene, Gene, and Crick (1998) reported that entrepreneurial self-efficacy was positively related to one's intention to set up a business in entrepreneurial students. Entrepreneurial students also had higher levels of self-efficacy in skills such as marketing, management and financial control compared to psychology students. Extending the research to small business owners and executives, Chen et al., (1998) identified that business founders reported higher levels of entrepreneurial self-efficacy in risk taking and innovative behaviours. Entrepreneurial self-efficacy is a distinct characteristic of the entrepreneur (Chen et al., 1998). Similarly, Zhao, Seibert, Hills and Zedeck (2005) concluded that the decision to become an entrepreneur is based on the belief that one can become a successful entrepreneur, or entrepreneurial self-efficacy. Knowing that entrepreneurial self-efficacy is a distinct characteristic of the entrepreneur allows research to focus on identifying reasons for entrepreneurial avoidance, as might be the situation with women (Chen et al., 1998). The entrepreneurial potential of an individual can be identified based on their reported entrepreneurial self-efficacy, and adequate supports can be arranged to ensure an individual's success (Chen et al., 1998).

The literature is split on the gender focus in entrepreneurship. Some researchers choose to focus on the differences between male and female entrepreneurs, whereas others focus their efforts on using a gendered lens that examines gendered assumptions, and not differences. The role of gender in entrepreneurship is complex (Zhao et al., 2005). In a discourse analysis, Kelan (2008) concluded that efforts are made to be inclusive of gender, and identified three ways the entrepreneurial and management literature discusses gender. These included awareness discourse, individualism discourse and the new ideal discourse. Awareness discourse is represented by the gender-inclusive literature, and the reduction of gender-blindness. Empirical texts are increasing the use of gender-neutral terminology (Kelan, 2008). Secondly, represented by the individualistic discourse is the notion that individuals are free and have the power to take charge of their own lives, as “it is the individual who has the chance to be successful (Kelan, 2008, p. 435). Alternatively, with this frame of mind it is also a personal failing if the individual does not succeed (Kelan, 2008). The new ideal discourse represents a future direction, where companies seek ‘female qualities’ such as creativity, multitasking, and friendliness in addition to traditional male qualities (Kelan, 2008).

Gender has not been associated with entrepreneurial self-efficacy (Zhao et al., 2005), known to be a facilitating factor in determining entrepreneurial intentionality (Chen et al., 1998; Boyd et al, 1994; Zhao et al., 2005). While not related directly to self-efficacy, gender has been associated with entrepreneurial intentionality, which has been reported as lower in women than in men (Zhao et al., 2005).

Critique of The Validity of Research Literature

While empirical evidence is recognized as a valid knowledge base, it is important to acknowledge that even empirical research has limitations that can influence the overall understanding and validity of a topic. This section offers a critique of the literature relating to counsellor development models, women's life career development, and female entrepreneurs. A detailed critique of the literature can be found in appendixes B, C, and D. Specifically, this section will focus on the lack of consistency in the research in terms of the definition of a counsellor in empirical evidence. Furthermore, this section will explore the lack of diversity in research settings. The impact of this lack of diversity on counsellor development models and women's life career development models will be discussed.

Lack of consistency. Counsellor development models are important for understanding the processes counsellors-in-training, novice counsellors, and experienced counsellors undergo throughout their careers. While variability can prove beneficial when examining a research question, the diversity in this field presents difficulties when trying to compare, or combine different research studies. Specific and detailed research papers allow readers to visualize the process of data collection, and adopt those same methods in their own studies for replication, or extension of research. A lack of specificity in empirical research poses a concern for future investigators, as identical methodology and sampling are impossible to espouse. Consequently, it is logical that research would be specific in sampling approaches.

Ronnestad and Skovholt (2003) conducted a longitudinal study on "counselor/therapist development" (p. 6) at different experience levels. Their sample

consisted of practitioners with doctoral degrees, but referred to them as counsellors and therapists. Similarly, Moss et al., (2014) also used the term counsellors to refer to their participants, however their participants' education consisted of school and community based counsellors with varying education. Alves et al. (2011), Alves et al. (2013), Smith et al., (2001) and Gazzola et al., (2007) all examined variables related to professional identity and professional development of counsellors. However, in these investigations, counsellors referred to helpers with Masters level education. The term counsellor and therapist is being used interchangeably throughout the literature, while referring to individuals with varying educational levels, and therefore different experiences. This presents as a major concern to the field of counselling, as empirical support for professional identity development is inconsistent.

Lack of Research. Research on counsellor development remains in its infancy. Existing research has focused on counsellors with Masters or Doctoral degrees in various settings, such as community-based, schools and private practice (Brott & Myers, 1999; Gazzola et al., 2010; Gazzola & Smith 2007; Moss et al., 2014; Unbrit & Austin, 2003). However, while counsellors in private practice have been included in research on professional development, no research study has focused specifically on the developmental changes and influences that private practice counsellors undergo, with any educational level. This is problematic, as an increasing number of counsellors are employed in private practice (Gazzola & Drodge, 2001). Without empirical support for process-based changes in the course of counsellors in the private field, graduate programs training future generations of counsellors, as well as novice counsellors entering the field have no validated guide to follow.

Theoretical/ Conceptual Framework

The theories and model I chose to inform my research questions, methodology and analysis of this thesis relate to the various aspects of women's professional development, counsellor development, and entrepreneurial development. Specifically, Astin's (1984) sociopsychological model of career choice and work behaviour, Ronnestad and Skovholt's (2003) counsellor development model and Boyd and Vaziki's (1994) model of self-efficacy and entrepreneurial intentionality inform the thesis topic, shape my perspectives on professional development, and as a result the lens of this research project. These models provide a context for interpreting research findings.

The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists by identifying the behavioural or emotional processes that describe the amalgamation of therapist and business owner. Answering the research question is facilitated by literature, as there is an empirical basis upon which to form ideas, identify meaning in research findings, and make findings generalizable. Even though the three models stated above were developed separately, these models complement one another, and shape an overall lens of development that relates to the areas of this research study: women's professional development, which merges counsellor and entrepreneurial identities.

Contributions of the Present Study to Literature

The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists. The implications of this study are multi-faceted, influencing institutions, professional groups and individuals. Professional identity, including professional roles and personal values, is fundamental to the perceived success of the counsellor and of the profession. Empirical evidence on the topic of the professional identity of counsellors in various settings is limited (Alves & Gazzola, 2011; Gibson, Dollarhide & Moss, 2010), and as a result professionals have no validated guidance and knowledge base on this subject matter. This study will contribute to the further understanding of private practice therapists, and their changes in identity. The framework created as part of this study will provide a foundation for future research to examine the changes therapists undergo throughout their transition into private practice and maintenance of professional development while balancing the entrepreneurial responsibilities, including their experiences, expertise, and challenges.

The results of the current study are of particular importance to Canadian Universities that offer clinical and counselling graduate programs. Faculty and administration will have gained insight into the world of private practice to offer their students. “Professional programs that do not adapt to the current needs of the profession and the larger society will soon disappear, as students look elsewhere for an education that meets their needs” (Smith & Drodge, 2001, p. 239). The emerging model established from the current study will serve to prepare students for the self-employed field of private

counselling, and will have a direct influence on the younger generation of therapists who are in the ambivalent stage of pursuing private practice employment.

Summary

The present chapter reviewed the empirical evidence on the main area of research for the investigation. Frameworks for understanding identity development were presented and discussed using Bruss and Kopala's (1993) developmental framework for graduate training in psychology and the person in environment framework. A comprehensive review of counsellor professional development models included the Recycling Identity Formation process, counsellor development models for counsellors-in-training, a longitudinal model detailing professional development over the entire counsellor career, and a model of transformational tasks and themes for beginner, experienced and expert counsellors. Professional identity and characteristics of counsellors were analyzed. Professional identity is usually shaped by an individual's values, beliefs and attributes, as well as professional roles and duties. Factors influencing counsellors were examined, including cultural, relationships and costs associated with education. Foundational models relating to women's life career development were presented, and associated to current research. Barriers and challenges working women face were examined, with a specific focus on entrepreneurial women. A critique of the research was developed based on methodologies of the research, specifically inconsistency in terminology. Gaps in the literature are significant, and impact the validity of the professional development in counsellor literature. There is a lack of consistency in the description of a counsellor, and the difference between counsellors and other professionals. Additionally, there is a gap in the literature on counsellors employed in private practice.

Chapter 3

This chapter describes the rationale for using systematic grounded theory methodology in this study. This chapter details the methodological procedures involved in conducting the present study. Additionally, the research design, including sampling, inclusion criteria and recruitment procedures, data collection and analysis procedures, limitations as well as ethical concerns are outlined.

General Method

Grounded theory is an inductive approach to research, where theories and hypotheses are generated from the data, or from the ground up and used to understand social behaviour (Charmaz, 2006; Creswell, 2012; Creswell, 2013). Theories enable prediction and explanation of behaviour, and provide insight and unique perspectives on behaviours (Glaser & Strauss, 1967). Grounded theory is a qualitative approach that focuses on integrating the strengths of quantitative methods in a qualitative manner (Walker & Myrick, 2006), and is characterized by focusing on, and exploring people's experiences, problems, and coping skills; as such, the research is guided by participants' shared experiences and data, and does not pre-determine expected results (Engward, 2013). The approach is systematic, but provides flexibility for data collection and analysis for the purpose of constructing theories (Charmaz, 2006). Grounded theory is used when research needs to develop a theory or explanation of a process, or when one seeks to explain a process (Creswell, 2012).

Grounded theory was developed in the late 1960s by sociologists Barney G. Glaser and Anselm L. Strauss. Glaser and Strauss (1967) believed that sociology over-emphasized verifying and testing theories as opposed to discovering concepts and

hypotheses from participants' data. Grounded theory was developed in response to a primarily quantitative research focus, and presented as an innovative approach that challenged common beliefs such as divisions between theory and research, beliefs that qualitative research was unsystematic and that qualitative research could not lead to the development of theories (as cited in Charmaz, 2000; Glaser & Strauss, 1967; Charmaz, 2006).

Over time, Glaser and Strauss independently refined their approaches to grounded theory research, leading to disagreement over the framework and the development of two approaches to grounded theory: the systemic design, also known as Glaserian grounded theory, and the emerging, or Strauserian grounded theory approach (Cooney, 2010). A third model of grounded theory, constructivist grounded theory was developed by Charmaz (2000, 2006). Constructivist grounded theory stresses flexibility and emphasizes the meaning participants ascribe to their experiences (Charmaz 2000, Creswell, 2012). The constructivist approach dictates that researchers are a part of the world they study and are a part of the data they collect. As a result, "neither data nor theories are discovered" (Charmaz, 2006, p. 10), instead, constructivist grounded theory presents an interpretation of the studied process (Charmaz, 2006). The following section will focus on the systematic design. Specifically, this section will detail the philosophical orientation, as well as the data collection and analysis methods of this approach.

The systematic grounded theory design. Glaser and Strauss developed the emerging grounded theory design, published in *The Discovery of Grounded Theory* in 1967. The design is characterized by the development of a theory that describes the process or interaction of a topic (Creswell, 2013). The defining features of grounded

theory include “simultaneous involvement in data collection and analysis, constructing analytic codes and categories from data...using the constant comparative method...advancing theory development during each step of data collection and analysis, memo-writing to elaborate categories, specify their properties, define relationships between categories and identify gaps, sampling aimed toward theory construction, not for population representativeness, conducting the literature review after developing an independent analysis” (Charmaz, 2006, p. 5-6). The emerging design is characterized by three ideas: (1) grounded theory exists at the most abstract conceptual level (2) a theory is not forced into categories, but is grounded in the data, and (3) a theory must fit the realities of the participants and researchers. If the theory works, it will explain variations in behaviour, it will be relevant, and it may be modified with new data (Creswell, 2012).

In systematic grounded theory, the theory emerges from the data and is utilized to explain basic social processes (Creswell, 2013). Comparative analysis is a general but strategic method for generating theory (Glaser & Strauss, 1967). Through the use of comparative analysis conceptual categories are generated. A concept can be generated from one or more facts, which lead to further inquiry, and subsequently are used for comparative analysis. The purpose of comparative analysis extends to all facets of data analysis, and includes accurate evidence, empirical generalizations, specification of concepts, theory verification and generation. Over time, Glaser and Strauss disagreed over the best methodological approach to conduct grounded theory, and Strauss developed what currently is known as the Straserian, or systematic grounded theory design (Creswell, 2013). The main differences between Glaser’s (1987, 1992) and Strauss (1987), Strauss and Corbin (1998) and Corbin and Strauss (2008) approaches relate to

differences in data analysis and the procedures used (Walker and Myrick, 2006). Strauss and Corbin (1998) describe 6 characteristics of a grounded theorist. These are (1) the ability to step back and critically analyse situations, (2) the ability to recognize the tendency toward bias, (3) the ability to think abstractly, (4) the ability to be flexible and open to helpful criticism, (5) sensitivity to the words and actions of respondents, and lastly, (6) a sense of absorption and devotion to the work process.

The first step of data analysis consists of open coding. The researcher uses line-by-line coding to code and establish categories from the data. The second phase of data analysis is characterized by axial coding. Axial coding represents the process of selecting one open coding category around which the other categories revolve. During this phase categories are connected to one another (Creswell, 2012; Corbin et al., 2008). Throughout the connection of categories, theoretical sampling continues, as researchers determine which categories to pursue. A coding paradigm, or diagram is developed to portray the relationships of the various categories that stemmed from the data. The third phase of coding in grounded theory is selective coding, where the researcher writes a theory based on the relationships determined in the second phase. The theory provides an explanation for the processes studied (Creswell, 2012).

A process known as theoretical sampling dictates data collection and analysis, and is a defining property of grounded theory (Charmaz, 2000). Theoretical sampling is a process where the themes derived from the data determine sampling (Corbin and Strauss, 2008). By using theoretical sampling, a researcher responds to the data, as “concepts are derived from data during analysis and questions about those concepts drive the next round of data collection (Corbin et al., 2008, p. 144). Concepts that arise in one interview

will shape the direction of subsequent interviews. Unlike other forms of sampling, when using theoretical sampling the researcher does not sample individuals, but in fact utilizes the sampling of concepts. Sampling continues until the researcher has reached saturation, and all concepts have been clearly defined (Corbin et al., 2008). “Only when a researcher has explored each category/theme in some depth, identifying its various properties and dimensions under different conditions, can the researcher say that the research has reached the level of saturation” (Corbin and Strauss, 2008, p. 148-149).

Following the first interview, which serves as a foundation for further data collection and analysis, as well as every subsequent interview, the data is transcribed verbatim, and data analysis begins. As part of the coding process, the researchers begin defining and categorizing the data. “Coding starts the chain of theory development” (Charmaz, 2000, p. 515). During open coding, the first stage of data analysis, the researcher highlights concepts from the raw data, maintaining broad codes (Corbin et al., 2008). Properties, or subcategories of open codes may be developed to provide more detail about the categories (Creswell, 2012). The researcher determines which categories require further exploration, and continues the data collection process. The researcher examines every single line of data, which prevents the researcher from introducing their beliefs and theories, and remain connected to the participant’s experiences, and the meaning attributed to the data (Charmaz, 2000). Upon coding the new data, the researcher uses the constant comparative method to aid in generating theory. The constant comparative method is a major technique in grounded theory, and encourages the researcher to compare data from different participants, from the same participant at different times or comparing codes with categories (Charmaz, 2000). Coding of data in

grounded theory consists of three stages: open, axial and selective coding. Open coding is the first step in data analysis. Concepts and their respective properties are identified in the data. Open coding represents the process where the researcher must open up the raw data and “expose the thoughts ideas and meanings contained therein” (Strauss & Corbin 1998, p. 102). Data is broken down, examined, and compared for similarities and differences, which facilitates the development of categories. Grouping events, objects, actions or interactions that are deemed conceptually similar lead to the creation of categories.

There are multiple steps involved in theory development. The first is conceptualizing. A concept is a representation, or label of an event, action or interaction that the researcher deems significant in the data (Strauss and Corbin, 1998). Every concept will have properties, or characteristics, which may include size, shape, colour, function or purpose. Open coding continues with the process of coding through all the available data. The researcher engages in comparative analysis and determines whether to classify incidents as new categories, or add them to a pre-existing category. There are three ways of conducting open coding: line-by-line analysis, examining sentences, or pursuing the entire document. Line-by-line analysis requires the researcher to examine the data phrase-by-phrase or word-by-word. Coding the data by paragraphs or sentences requires the researcher to look at bigger sections of data and identify the major ideas. Lastly, pursuing the entire document requires the researcher to ask themselves “What is going on here? ...What makes this document the same as, or different from the previous ones I have coded?” (Strauss and Corbin, 1998, p. 120). Once the labelling process is complete, the researcher begins micro-analysing the data in order to gain a greater understanding of the information. Microanalysis occurs through comparative analysis and

asking questions. However, the researcher would not go through data, provide labels, and then go over the information to gain a deeper understanding. It is through the process of labelling the data that the researcher exercises reflection and interpretation and facilitates a deeper analysis of the data.

Axial coding, the second type of coding in emerging grounded theory consists of the decision to focus on, and code in a more intensive manner around one single category. Strauss (1987) explains that by doing this, the researcher builds “relationships around the axis of the category being focused upon” (p. 64). In order to conduct axial coding, the researcher examines the properties of the category, and hypothesizes about interactions associated with the core category. During axial coding, the researcher relates categories to subcategories based on the categories’ properties and dimensions on a conceptual level. Strauss and Corbin (1988) encourage the use of mini-frameworks and conceptual diagrams during axial coding as they help the researcher think through, and visualize relationships among categories. Once the researcher decides the core category as part of the axial coding process, he/she enters the selective coding phase. Selective coding allows the researcher to integrate and refine the theory, bringing the categories together and providing a coherent description of an integrated theory. Integration is the first aspect of selective coding, and requires selecting a central, or core category. The central category is an abstraction that evolves from the research, and can vary depending on the theoretical orientation of the research. However, upon a detailed explanation from the researcher, other researchers with varying theoretical orientations should be able to understand the theory and the logic for its development and agree with the explanation provided (Strauss & Corbin, 1988). The criteria for selecting a central category are that it

must be central and all the other categories can relate to it, it must appear frequently in the data, the explanations revolving around the central category are logical, the title of the central category must be sufficiently abstract so that it can be used in substantive research, and the concept must be able to explain the theory derived from the data but also variations from the data (Strauss & Corbin, 1988). Writing the storyline, making use of diagrams, and reviewing and sorting memos facilitate the integration of concepts.

Generally, at the writing stage the researcher will have been immersed in the research and have basic instinctual feelings about the direction of the research and how concepts interconnect, but may have difficulty articulating the theory. Strauss and Corbin (1988) recommend writing multiple descriptive sentences detailing the possible connections within the data. “Eventually, a story emerges” (p. 148), and the researcher understands the research, and is better equipped to name the central category and relate concepts to that category. The use of diagrams can be more beneficial than storytelling in certain instances when the researcher desires to convey complex relationships between variables. A visual approach can facilitate an understanding of the theory to the reader. Additionally, using diagrams is beneficial as it helps the researcher to focus analysis on concepts and step away from the detailed data that has dominated the analytic process. Diagramming forces the researcher to examine the logic and clarity within the established relationships (Strauss & Corbin, 1988). Memos represent a “storehouse of ideas...[and] contain the clues to integration” (Strauss & Corbin, 1988, p. 153). While memos are typically sorted by categories, the researcher may opt to organize memos differently, as interrelated categories can create confusion. Once memos are sorted and organized, they can be reviewed for integration.

The second aspect of selective coding is refining the theory, which consists of reviewing the data for internal consistency and gaps in logic, eliminating unnecessary categories, improving categories that are lacking, and validating the theory. Because a theory should be consistent and logical, the researcher must go through a refining process. If the researcher encounters in the writing process that the theory lacks logic or consistency, or “senses that something is not quite right and still needs to be worked out” (Strauss and Corbin, 1988, p. 156), it is the researcher’s responsibility to return to the data, make use of diagrams, and review memos. Beginning with a review of the core category will allow the researcher to re-evaluate the properties and dimensions of the category, and the direction of the theory. Density refers to the properties and dimensions of a category that have been identified. Density allows for variation, precision, and expands the influence of a theory. Upon reflection, a category that once seemed complete is in fact lacking substance, and has not achieved density. In this situation the researcher would review memos and raw data, and hope to identify overlooked information. Alternatively, the researcher can continue data collection, as theoretical saturation has yet to be reached. However, Strauss and Corbin (1988) explain that at times the difficulty is represented not by a lack of information, but in an excess of data. The excess of information is the reason why certain categories do not fit in with the central category. The researcher then faces the decision to pursue those categories by furthering data collection, or dropping the categories with the realization that they do not directly complement the current research.

Strauss and Corbin (1988) remind grounded theory researchers that while the theory emerges from the data, the process of integration represents a change in the

originating perspective, as the theory now represents “an abstract rendition of that raw data” (p. 159). As a result, it is critical to ensure the theory, or the researcher’s understanding and interpretation of the participants’ experiences accurately represents their experiences. It is also important to review the raw data to ensure that no relevant themes were omitted from the theory. In order to validate the theory, the researcher compares the theory against the raw data, and ensures that the theory can explain the majority of categories. Secondly, participants may examine the theory and comment on how accurately the theory portrays their own experiences (Strauss and Corbin, 1988).

The present study seeks to discover the process by which therapists enter, open, and maintain a private practice, and the influence of this process on their professional identity. Due to the emphasis on exploring the process of an experience, grounded theory is the most appropriate methodological approach (Creswell, 2012, Creswell, 2013). The present study will adopt the systematic grounded theory approach by Strauss and Corbin (1998). As previously discussed, Strauss and Corbin’s systematic approach provides a detailed methodological framework that is particularly beneficial to the novice researchers (McCallin, 2003). The type of grounded theory approach selected as the best fit for the present study was determined by “user-friendliness, potential to generate theory, and compatibility with contemporary thinking” (Cooney, 2010).

Overall Rationale for Using Grounded Theory

The purpose of this design is to develop a theory that describes the processes of a topic, and is finalized with a diagram and theory to describe the experienced processes. This approach was selected because it provides the opportunity to explore the behavioural and emotional process counsellors undertake on their path to becoming private practice therapists. Grounded theory methodology complements the research question, and has been previously used for identifying counsellor professional identity and identity transformation (Alves & Gazzola, 2013; Alves & Gazzola, 2011; Gazzola, Stefano, Audet & Theriault, 2011; Gibson, Dollarhide & Moss, 2010; Maxwell-Hubert, 2004), dimensions of personal identity (Jones & McEwen, 2000), professional preparation experience (McAuliffe, 2002) and counsellor development models (Ronnestad & Skovholt, 2003).

Other methodologies are not appropriate for this project. Case studies are in depth studies of one or more individuals, focusing on a rare phenomenon, or in depth history. Ethnography focuses on an entire culture-sharing group, where the researcher is immersed in the daily lives of participants and describes and interprets the shared values, behaviours, beliefs and language of the group (Creswell, 2013). Phenomenology describes the common meaning of a lived experience or phenomenon for several individuals (Creswell, 2013). Narrative studies report the stories of an individual by providing a deeper understanding of particular life experiences (Creswell, 2013). As the purpose of the current project is to describe a process, none of the above methodologies improve the quality and align with the purpose of the research, and therefore are inadequate.

Specific grounded theory method selected. While all grounded theory methods have great merit, the present study will utilize systematic grounded theory (Corbin & Strauss, 2008). Upon selecting an approach, an objective researcher must examine multiple aspects of a qualitative method of inquiry. First, the researcher should review the theoretical and philosophical background of the methodological approach (Charmaz, 2000). Second, the researcher must consider the concepts of the qualitative approach and the manner in which these concepts influence the research design (Schneider et al., 2003 as cited in McCallin, 2003). The third step is to select a specific grounded theory approach (McCallin, 2003).

McCallin (2003) outlines that Strauss and Corbin's approach (1998) is reassuring to novice researchers as it "provide[s] a clear, explicit framework" (p. 205), and consequently makes the approach more attractive to novice researchers in particular, who benefit from direct guidance (Heath & Cowley, 2004). Strauss and Corbin's systematic grounded theory approach is compatible with the examination of the behavioural and emotional processes involved in the amalgamation of therapist and business owner, into the lifestyle of the private practice therapist. Systematic grounded theory aims to develop a theory that yields action and practice (Cooney, 2010), it provides strict guidelines that assist the novice researcher in data collection and analysis procedures (Strauss & Corbin, 2008; McCallin, 2003), it considers environmental and situational factors, and it uses a social constructivist and postmodern lens (Cooney, 2010). These aspects of the approach demonstrate compatibility with the research question and the perspective of the researcher.

Sensitizing Framework

Grounded theory is a tool used to explain social processes (Robrecht, 1995). Grounded theory is rooted in symbolic interactionism (Heath & Cowley, 2004), representing an interpretivist perspective that considers individuals' social and psychological actions and interactions (as cited in Jeon, 2004; Bryant & Charmaz, 2007). Symbolic interactionism is rooted in the concept of pragmatism, specifically, in James, Dewey, Cooley and Mead's concept of the looking glass self (as cited in Heath and Cowley, 2004). This concept specifies that individuals recognize and are self-aware as to how they are perceived by others, and as a result of the situation, they adjust their behaviour. "Social interactions create meaning and shaping of society via shared meaning" (as cited in Heath and Cowley, 2004, p. 142).

As the purpose of the present study is to explore the processes relating to therapists working independently, its influence on their professional identity and thereby its influence on the client-therapist relationship, symbolic interactionism is a key component in the sensitizing framework of the present study. The "...sensitizing concept gives the user a general sense of reference and guidance in approaching empirical instances" (Blumer, 1954). Sensitizing concepts provide the researcher with a starting point for data conceptualization and analysis. Researchers use sensitizing concepts to determine whether "observed instances of a phenomenon might fit within conceptual categories" (Bower, 2006, p. 7-8). As previously discussed, systematic grounded theory (Corbin & Strauss, 2008) was selected for the present study due to its compatibility with the research question (Jeon, 2004). Strauss' (1988) systematic grounded theory provides detail and guidelines in relation to data analysis. However, it does not detail the

sensitizing framework of the method. One of the major elements in symbolic interactionism is meaning, as it is used to understand human behaviour, interactions and social processes (Jeon, 2004). Symbolic interactionism has three basic premises.

Firstly, human beings act towards things on the basis of the meanings that the things have for them. Secondly, the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. Thirdly, these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (Blumer 1969, as cited in Jeon, 2004).

Researchers might use the sensitizing framework as a lens with which to analyze the data (Bowen, 2006). As symbolic interactionism is rooted in the meaning ascribed to the actions and interactions of individuals, it complements the approach of the present study, and thus, represents a compatible sensitizing framework.

Theoretical sensitivity. In order to remain objective and sensitive to the process of grounded theory, the researcher must examine personal bias that has emerged through the literature review. There are two frameworks that represent the two cognate areas to which the researcher gravitates and that may pose a bias during data collection and analysis. These areas include career development and women, and Ronnestad and Skovholt's (2003) counsellor development model. This section will serve to outline potential bias, thereby demonstrating the first step of theoretical sensitivity.

First, the researcher identifies as a woman in a professional field working towards her own professional development. Becoming aware of biases associated with the personal attributes and social roles surrounding career development can mitigate researcher bias of this cognate area. The second cognate area to which the researcher gravitates toward that could influence data collection and analysis is Ronnestad and Skovholt's existing counsellor development model (2003). This model reflects counsellor

development in all stages of a counsellor's career. It is the researcher's hope that substantive research could produce a similar counsellor development model that reflects professional development in a population of private practice counsellors.

Research Design

This section will detail the research design of the present study, including the research questions guiding participant interviews, the criteria for sample selection, recruitment procedures and data collection, and data analysis processes. In this section, the reliability and validity of the study will be discussed, along with the study limitations and ethical considerations.

Research Questions

This study examined what behavioural or emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist. The central research question guiding the current study is "What process describes the development of the private practice therapist?"

The following research questions guided this study:

1. What experiences signify the process of entering and maintaining a private practice for you?
2. How has the amalgamation of therapist and business owner into private practice therapist influenced your identity?
3. What dilemmas have you experienced as a result of entering private practice?
4. How does the private practitioner maintain equanimity and connectedness to the professional community?

5. What professional roles do you employ in your profession as a counsellor and as a business owner?
6. How does being a woman shape/ influence your private practice?

The significance of this study to the domains of private practice, and female entrepreneurs are multifaceted. The emerging framework provides a foundation for future researchers to examine the changes therapists undergo throughout their transition into private practice. This is of particular importance to Canadian Universities that offer clinical and counselling graduate programs, as it will allow faculty and administration to provide current insight into the world of private practice to their students. This study will provide students with guidance for the self-employed field of private therapy, and will have a direct influence on the next generation of novice therapists who are in the ambivalent stage of pursuing private practice employment. Furthermore, from a modern feminism perspective, this study will identify the values of a modern professional woman and detail what it means to be an independent, self-sufficient woman in today's society, an area that has been underrepresented in the literature.

Instrumentation (Interview Guide)

This section will detail the research questions that were used in the initial interview with the first participant. Interviews provide an “in-depth exploration of a particular topic or experience and thus, is a useful method for interpretive inquiry” (Charmaz, 2006, p. 25). Specifically, semi-structured interviews offered the researcher a flexible manner in which to explore emerging themes (as cited in Magee and Burland, 2008). Questions varied between interviews due to the use of theoretical sampling, which influences the line of inquiry (Creswell, 2013). The interview questions served as a guide

to facilitate inquiry for the purpose of answering the research questions listed in the previous section. Below is the set of questions used in the first interview.

1. Tell me what led you to choose private practice.
 - a. What contributed to this?
 - b. How would you describe the person you were then?
 - c. What were challenges you have had to overcome in opening/maintaining your practice?
2. How would you describe your professional identity?
 - a. Has your professional identity changed over time?
 - b. What are your professional roles?
 - c. Do you feel there a dichotomy between your helping self and your entrepreneurial self?
3. Tell me about the ethical issues you have encountered in your work in private practice.
4. How do you cope with the independent lifestyle associated with private practice?
 - a. Tell me about how you remain connected with the professional community?
5. What are your thoughts on supervision in private practice?
6. In what ways has feminist thinking influenced your career?
7. What advice would you offer new professionals entering the field of private practice?
8. Is there anything else I should have asked you that you think I didn't? (Hall and Callery, 2001)

Following the questions, the progression of interview questions from the first to the final interview is presented in Table 1. Questions progressed due to the process of theoretical sampling, where the data emerging from participant interviews guides subsequent interviews, thereby maintaining true to the research questions and minimizing the risk of researcher bias. The continuous development of new research questions demonstrates the deepening of the understanding of participants' experiences and concepts relating to their professional development and personal and professional identity as it relates to their work in private practice.

Table 1

Progression of Interview Questions

<u>Interview 1 (Original Questions)</u>	<u>Interview 2 (Additional Questions)</u>	<u>Interview 3-5 (Additional Questions)</u>	<u>Interview 6-8 (Additional Questions)</u>	<u>Interview 9-10 (Additional Questions)</u>
What led you to choose private practice?	What are some of the negative aspects of private practice?	Was it important to you to make your own policies?	What does your process of private practice look like?	Do you ever feel like there is a pressure to work a little bit harder in private practice because clients are paying versus in different settings?
Have you noticed any changes to your identity as you've become more involved as a practitioner?	Should graduate programs be offering education relating to private practice?	How do you balance your work and home life?	Does it take a personal toll on you when you advertise yourself online and do not get a positive client response?	Have you encountered any difficulties accessing supervision?
What are challenges you have had to overcome in opening/maintaining your practice?	Do you ever have the entrepreneurial mindset take over the therapist mindset, or look at things as a business venture?	Would previous knowledge of what private practice is like have changed your decision?	Have you noticed that your gender has influenced or shaped your experience in any way?	When you thought you were going to go into private practice did you think it was going to be more leisurely and you deciding your hours?
How would you describe your professional identity?	Is there anything in particular that's helped you with different aspects of private practice?	What is the proportion of business and therapy work you engage?	Have you encountered any challenges because of being a woman in business?	It seems like you are giving a lot of yourself to your business and to your work. How does that affect you?

Has your professional identity changed over time?	Did you encounter any challenges or issues specific to finances?	How does consultation or peer support help you in this role?	How do you go about deciding how much to charge someone especially if they are in a difficult situation financially?	Do you ever encounter any challenges with clients that haven't progressed, particularly since they are paying for a service?
What are your professional roles?		What did it look like for you to embark in this process?	Do you think that being a woman changed how, or was different asking for a loan as a woman than it would have been as a man? (In response to content)	Is isolation a concern for you?
Do you feel there is a dichotomy between your helping self and your entrepreneurial self?		What was your experience of your community's perception of you being a woman in business?	How did you go about making the business viable for yourself?	What are your thoughts on regulation in Manitoba?
Tell me about the ethical issues you have encountered in your work in private practice.		What were some of the challenges you encountered at different steps in your process?	How did you cope with the 'aloneness' of private practice? (In response to content)	Has being a generalist in your work helped your work in private practice?
How do you cope with the independent lifestyle associated with private practice?		Is the entrepreneurial piece an important aspect of this profession for you?	Are there ever any safety concerns when you are working on your own?	Are you finding there is any difference in your work in Winnipeg versus when you are in a rural setting?
How do you remain connected with the professional community?		Does the vulnerability of private practice translate into a what if way of thinking?	Does that isolation piece that you mentioned ever impact yourself enough that it impacts the work you are doing?	

What are your thoughts on supervision in private practice?	Do you engage in supervisory relationships?
How has feminist thinking influenced your career?	
What advice would you offer new professionals entering the field of private practice? Is there anything else you would like to share?	

Data Collection

In grounded theory, data collection occurs through a process known as theoretical sampling, an approach where data is collected based on the concepts that arise from the data (Corbin and Strauss, 2008). In the present study, theoretical sampling was used, as it is the most appropriate type of sampling for conceptual and theoretical development (Charmaz, 2006). Theoretical sampling began after the first participant interview. The guiding principle of theoretical sampling is that emerging categories guide the sampling process (as cited in Bryant and Charmaz, 2007). “Researchers deliberately seek participants who have had particular responses to experiences” (Bryant & Charmaz, 2007, p. 240). Subsequent data collected may be used to connect ideas, or verify emerging theories (Bryant & Charmaz, 2007). Simply stated, theoretical sampling is “a method of data collection based on concepts derived from the data” (Corbin & Strauss, 2008). Because the sampling is responsive to the data, it offers flexibility and allows the research process to feed on itself (Corbin & Strauss, 2008). Theoretical sampling offers two methodological advantages. Particularly, this approach is concept driven, allowing

the researcher to investigate emerging concepts in depth. Additionally, this approach is cumulative as “each event sampled builds upon previous data collection and analysis, and in turn contributes to the next data collection and analysis” (Corbin & Strauss, 2008, p. 146). Data collection in grounded theory is based primarily on interviews. In the present study, individual semi-structured interviews along with demographic surveys were used. Additionally, field notes and memos were a vital part of the simultaneous data collection and analysis process, and were considered instrumental for analysis.

Sampling, Inclusion Criteria and Recruitment Procedures

This section outlines the inclusion criteria of the study, as well as recruitment procedures for research participants. Specifically, this section outlines the manner in which participants were contacted, the number of counsellors contacted, the format of the interview, as well as the technology used to analyse the data. In order to participate in the present study participants needed to meet the inclusion criterion, which is listed below.

1. Participants must be female.
2. Have completed a Masters and/or Doctoral degree in a counselling related educational program (clinical psychology, counselling psychology, education, clinical social work or other related fields).
3. Are actively working towards establishing, or have already established a private practice in Manitoba.
4. Must be the owner of the private practice.
5. Both novice and experienced counsellors will be included in the present study.

Novice counsellors are those who have 0-10 years of post-graduate experience in the counselling profession. Counsellors with 10 or more years of

counselling experience and involvement in private practice are considered experienced counsellors.

Recruitment. Approval was attained from the University of Manitoba Ethics Review Board prior to beginning recruitment of the research participants. Participants were selected through online searches. Searches consisted of combinations of the following terms: “private practice therapy Winnipeg”, “counsellor”, “private practice practitioners”. Potential participants were contacted via email requesting their participation in the present study. A sample of the recruitment email is presented in Appendix E. Participants were notified of the purpose of the study, and the amount of time their involvement would require (approximately one hour). In order minimize interview time for participants, the researcher provided participants with a condensed version of the interview questions for them to contemplate prior to the interview. Specifically, the researcher provided participants with the following questions in advance:

1. What led you to choose private practice?
2. Tell me about your professional identity, and how it has changed throughout the course of your career.
3. How do you remain connected to your professional community?
4. In what ways has feminist thinking influenced your career?

Potential participants were selected through online and printed advertising for mental health providers working in private practice, as well as word of mouth. Subsequent data collection depended on the concepts that emerge after the initial interview due to the use of theoretical sampling (Creswell, 2013). These themes are

further discussed in chapter 5. Semi-structured, face-to-face interviews were the primary source of data collection in grounded theory (Charmaz, 2006). The present study data also consisted of a survey requesting demographic information, as well as field notes and memos written by the researcher. Upon contact with a potential participant, the researcher arranged to meet the participant at their workplace, or a secondary convenient location. The present study included 10 participants, consistent with previous grounded theory research (Gazzola et al., 2011; Jones & McEwen, 2000).

86 therapists were invited to participate in the study via email. Through the process of inviting individuals to participate, it became apparent that many therapists who appeared to meet the research criteria did not have an email address listed on their website, which resulted in the researcher being unable to contact these individuals. Consequently, the Manitoba Ethics Review Board was contacted and the ethics application amended to allow the researcher to contact potential participants by phone to obtain an email address. A sample of the phone transcript can be found in Appendix F. Following the ethics amendment, 16 additional therapists were contacted, and then emailed the invitation package including a consent form. 10 individuals participated in the study, a response rate of 10.41%.

Prior to beginning the formal interview, participants were asked to fill out a questionnaire with their demographic information. The demographic information the researcher collected from participants is listed below in Table 2. The decision to collect this demographic information was based on previous studies that had examined Canadian counsellors' professional development; specifically, Gazzola et al., (2010), Gazzola et al., 2011, & Gazzola and Smith (2007). The demographic questions were intended to gather

additional descriptive information from participants to inform participants' responses and to understand the approaches they identified with most strongly. The questionnaire can be found below. These questions helped shape the researcher's understanding of participants' life experiences and education which influenced the understanding of participants' experiences and therefore the development of the emerging model. The descriptive information collected in this study cannot be generalized to the general community due to its small sample size.

Table 2

Participant Questionnaire

<u>Question</u>	<u>Response Options</u>
1. What is your sex?	Male Female
2. What is your age?	22-25 26-30 31-40 41-50 51-60 61 or over
3. What is your marital status?	Single Married or Common-Law Widowed Divorced Separated
4. Do you have any dependents? • If yes, how many?	Yes No (Fill in response)
5. How many years of postgraduate counselling experience do you have?	0-5 6-10 11-15 16-20 21-25 26-30 30 +
6. How long have you been working in your own private practice?	(Fill in response)
7. Do you work in any other professional settings? (E.g. community agency, school, hospital) • If yes, please state which one	Yes No (Fill in response)
8. Please rate the degree to which you use the following theoretical orientations in your practice (1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, 5 = almost always)	Client centred/humanistic Cognitive behavioural Eclectic/Integrationist Postmodern (E.g. narrative) Cognitive Family systems

Behavioural
Interpersonal
Feminist
Analytic/psychodynamic
Other: _____

9. With which governing body are you accredited?
- Canadian Psychological Association (CPA)
The Psychological Association of Manitoba (PAM) Canadian Counselling and Psychotherapy Association (CCPA/CCC) The Manitoba Institute of Registered Social Workers (MIRSW)
Commission on Accreditation for Marriage and Family Therapy Education (MMFT)
No affiliation
In process of gaining accreditation. Please state which accreditation: _____
Other: _____
10. In what field is your educational background? Please complete all that apply.
- Undergraduate: _____
Master's level: _____
Doctorate level: _____
11. How often do you engage in the following professional activities? Please rate the degree to which you engage in these activities.
(1 = very frequently, 2 = frequently, 3 = occasionally, 4 = rarely, 5 = very rarely, 6 = never)
- Personal counselling (individual)
Intake and assessment
Crisis intervention
Career counselling (individual)
Case conferences
Psycho-educational Workshops
Community outreach and liaison
Personal counselling (group)
Receiving clinical supervision
Staff Training and Development
Administration
Academic advising
Couple's counselling
Family counselling
Consulting services
Research/program evaluation
Standardized testing
Career counselling (group)
Academic teaching
Clinical supervision of others
Rehabilitation counseling

12. Please rate the degree to which you I am satisfied with my decision to become a

agree with the following statements. (1 = Strongly agree, 2 = Agree, 3 = Undecided, 4 = Disagree, 5 = Strongly disagree)	counsellor. I am satisfied with my decision to work in private practice. If I could choose my career all over again, I would choose counselling. I would not hesitate to recommend a career in counselling to someone close to me. I am satisfied with the income I earn as a counsellor
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Garageband is an audio recording program installed on the researcher's password protected MacBook Pro. GarageBand is an advanced audio editing software provided by Apple Inc. The program can be used to differentiate sounds and add effects to recorded audio. Garageband was used for all audio recordings in the present study. Through the use of this software, the researcher had the ability to enhance audio-recorded interviews for clarification. While GarageBand is originally intended to manipulate audio recordings to create music, for the purposes of the present study, no recordings were manipulated.

Data Analysis for Grounded Theory

Data was analysed using Corbin and Strauss systematic grounded theory approach (2008). First, the researcher individually interviewed participants with data being coded immediately after each interview. Second, the researcher collected data from the next set of participants. By having a few completed interviews, the coded data informed subsequent interviews and added meaning to subsequent questions. Following that, the researcher continued with the constant comparative method of grounded theory by collecting new data and concurrently analysing data as it was collected, until saturation occurred. A core characteristic of grounded theory is the constant comparative analysis approach, a method that requires the researcher to "engage in rigorous checking and refining of the analysis during the research process" (McCallin, 2003, p. 204). Following

each interview, data is collected and immediately analysed. The data is examined for differences and similarities, and clarification questions emerge (McCallin, 2003). With further exploration and clarification, theoretical concepts emerge (Glaser & Strauss, 1967; McCallin 2003). Conceptual categories are created from evidence, typically acquired through interviews (Glaser & Strauss, 1967). The evidence is directly used to explain, and provide evidence for the concept. Using the comparative analysis method, and comparing the similarities and differences of facts, properties of categories can be generated. Comparative analysis was used to establish the generalizability of a theory, which helps delimit and broaden the theory so that it becomes applicable to a greater population in extended contexts (Glaser & Strauss, 1967). Comparative analysis is also used for the specification of concepts, as researchers must specify the dimensions of a concept. For the reader to understand the researcher's thesis, the researcher compares their concepts or units with other similar concepts. Comparisons highlight distinctive aspects of the case studied. Specification of concepts is an important aspect of the overarching goal of theory generation, and must be completed early in the data analysis stage in order to gain clarity of the topic (Glaser and Strauss, 1967). Additionally, comparative analysis serves the purpose of theory verification, as evidence is used to test hypotheses, and the relevance of the categories that emerged throughout analysis. At this time, the researcher focuses on verifying the theory. Upon verification, generating theory follows. Glaser and Strauss (1967) remind the reader the main goal when developing a theory is theory generation, and not only the verification process. However, theory verification goes along side generation; once the theory is generated, it must be verified with new evidence.

Using the systematic design, analysis consists of open, axial and selective coding, and making comparisons using the constant comparative method. During open coding, data was analysed in words, sentences, or groups of sentences to reflect single or multiple ideas. The ideas were then coded and categorized. Initial codes were then aggregated into main concepts. As part of the axial coding process a central category was chosen for the process explored which will be used to identify relationships among other categories. Finally, through selective coding, the researcher examined the interrelated categories identified during axial coding and wrote a theory.

Use of NVivo Software. All interviews were transcribed by the researcher using NVivo software on the researcher's password protected computer. The NVivo software facilitated the analysis process by allowing the researcher to maintain an electronic record of all initial open codes, both in-vivo codes as well as emerging codes in an electronic database. This system of organization for open codes provided the researcher with rapid and organized access to codes. As the researcher was using a Mac laptop, not all NVivo features were compatible and as a result the secondary stage of analysis, axial coding was conducted manually. With this limitation, the researcher used NVivo primarily for transcription and organization of codes and categories, while the in-depth analysis that led to the formation of categories, and later selective coding occurred manually.

Reflexivity. Reflexivity is a component of data analysis that must be maintained throughout the process of data analysis. Reflexivity refers to the process of "critically examining one's effect as a researcher on the research process" (as cited in Hall and Callery, 2001, p. 263). Researcher-participant interactions have the potential to influence the research process (Hall and Callery, 2001). Reflexivity is directed at the interview and

participant observation components of data collection. The impact of reflecting on sample size and sampling strategies leads to improved methods and enhanced understanding of the participant population (Neill, 2006). Related to reflexivity is the notion of theoretical sensitivity. The researcher's knowledge, understanding and skills and the way these influence the researchers' ability to code, categorize and conceptualize the data is called theoretical sensitivity (as cited in Neill, 2006). Therefore the researcher must examine their biases and personal beliefs consciously for the purpose of facilitating analysis (Neill, 2006).

Five levels of analysis and reflection were examined throughout the research process. These include, (a) personal and professional meanings of the topic to the researcher, (b) preliminary ideas and expectations of findings, (c) new emerging ideas, (d) perspectives and experiences of counsellors, and, (e) perspectives and experiences of researchers in the field. These levels of analysis were explored at the various phases of the research, including, but not limited to the data collection and analysis phase, and during write-up and dissemination of the findings. In the present study, memos were recorded electronically. Every new entry reflects a new phase of the research study. An example of the researcher's first reflexive reflection can be found in Appendix A.

Reliability and Validity (Establishing Trustworthiness)

Lincoln and Guba (1981) concluded that in order to ensure rigor, or trustworthiness in qualitative research, a researcher must maintain credibility, transferability, dependability and confirmability (as cited in Morse et al., 2002).

Credibility. If research participants believe the result of a research study are plausible, and in accordance with their perspective, a study is considered credible

(Chioncel, Van Der Veen, and Jarvis, 2003). Ultimately, the researcher must ask the question, ‘are the results realistic from the point of view of the research participants?’ In the present study, credibility was established using two measures. First the researcher implemented the interviewee transcript review technique (Hagens, Dobrow and Chafe, 2009). Participants were given the opportunity to review their transcripts in raw form. They were provided an electronic copy of the interview transcript for accuracy of raw data. Participants were provided naturalized transcriptions of their interviews, which are interview transcripts filled with detail such as “breaks in speech, laughter, mumbling, involuntary sounds, gestures, body language etc.” (Mero-Jaffe, 2011, p. 232). Participants were encouraged to comment and provide feedback on the accuracy of their transcripts. Appendix H includes a sample email sent to participants upon reviewing their raw transcripts as well as the final model. Interviewee transcript review presents an advantageous method for increasing rigor as participants will have the opportunity to edit the original interview by correcting, removing, or adding material to their original transcripts (Mero-Jaffe, 2011). Second, to enhance credibility, the researcher engaged in member checking (Magee and Burland, 2008). During member checking, the researcher seeks participants’ thoughts on the credibility of research findings and the researchers’ interpretations (as cited in Creswell, 2013). Participants were given the option of reviewing the preliminary research findings to confirm whether findings accurately reflect their experiences. Member checking is beneficial to increase accuracy of reports, and whether interpretations are representative of participants’ experiences (Creswell, 2012). Carlson (2010) warns about challenges associated with member checking. Participants may take offense, feel shame, or embarrassment due to the content of their

interview or improper grammar throughout the interview. The researcher should provide choice to aid with limitations. Choices included hard or electronic copies of transcripts, listening to the audiotapes, or having the researcher read the transcript out loud (Carlson, 2010). In the present study, 9/10 participants chose to engage in member checking, and no challenges were encountered.

Confirmability/transferability. The degree to which a study's results can be replicated by other research studies comprises to concept of confirmability (Chioncel, Van Der Veen, and Jarvis, 2003, p. 500). To ensure confirmability, findings must reflect the experiences and ideas of the participants, and not those of the researcher (Shenton, 2004). In the present study, confirmability was maintained by cross comparing findings to other research. The researcher drew references from existing literature to demonstrate external support and validation of findings. Furthermore, an external audit (Creswell, 2013) encouraged objectivity of findings, and consequently, confirmability.

Transferability refers to the extent to which a study's results can transfer, or generalize to other settings, contexts and populations (Chioncel, Van Der Veen, and Jarvis, 2003). One manner in which researchers validate their results is through triangulation. Triangulation represents a convergence of data and cross checking of multiple resources, and the corroboration of evidence from multiple sources (Creswell, 2013). In the present study, triangulation was achieved using four techniques: diverse sampling, reflective memos of the researcher, member checking of raw transcripts, and of preliminary findings.

One way to increase triangulation is by incorporating different perspectives. Consequently, the present study integrated the perspectives of both novice and

experienced counsellors. The varying perspectives and life views of professionals in different stages of their career will enhance the emerging theory, contribute to triangulation, and thereby transferability. Reflective memos of the researcher were used as an additional source of data corroboration, and to confirm the author's interpretations with participant experiences. Additionally, member checking for both raw transcripts, and emerging theory were incorporated into the study to confirm results from multiple sources of data and to enhance validity of findings, and therefore, transferability (Creswell, 2013; Chioncel, Van Der Veen, and Jarvis, 2003).

Dependability. Dependability ensures future replicability (Shenton, 2004). In fact, dependability relates to reliability, and the premise that if a study were to be replicated in the same context and conditions, similar results should be obtained (Shenton, 2004). Reporting processes related to the study with specificity and detail encourages future researchers to repeat and replicate research, and consequently, ensure dependability. Additionally, detailed results provide objective readers with the opportunity to critique the published work (Shenton, 2004). Shenton (2004) recommends the following information be stated explicitly for a dependable study:

- a) the research design and its implementation , describing what was planned and executed on a strategic level;
- b) the operational detail of data gathering , addressing the minutiae of what was done in the field;
- c) reflective appraisal of the project , evaluating the effectiveness of the process of inquiry undertaken (p. 71-72).

Measures to ensure dependability have been incorporated into the study. To

ensure ongoing record of the developing theory, bracketing was used by the researcher.

Bracketing refers to “an investigator’s identification of vested interests, personal experience, cultural factors, assumptions and hunches” (Fischer, 2009, p. 583) that may influence a researcher’s objectivity. Bracketing is used to control the negative influences of “unacknowledged preconceptions” (Tufford and Newman, 2010, p. 81). One manner of bracketing is using reflective memos throughout the research process. Memoing serves to connect ideas, hypotheses and reflections (Glaser and Strass, 1967). The researcher writes notes regarding thoughts, ideas, data collection and data analysis.

Memo writing “provides researchers with an ongoing dialogue with themselves about the emerging theory” (Creswell, 2012, p. 438). The researcher returns to memos throughout the analysis process to explore additional, or broader explanations for the emerging themes. Consequently, memo writing assists the researcher by directing inquiries regarding the sources of data, “shape which ideas to develop further, and prevent paralysis from mountains of data” (Creswell, 2012, p. 439).

Furthermore, to enhance rigor and create dependability, an external auditor reviewed a sample of the data in its raw form, and audited the researcher’s logic in developing the emerging theory (Creswell, 2013). The external auditor was a University of Manitoba faculty member with no personal gain from the researcher’s study. An external auditor reviewed the researcher’s process and logic in order to establish its accuracy. This form of external analysis “provides a sense of interrater reliability to a study” (Creswell, 2013, p. 252). A chart detailing the actions the researcher is taking to meet the needs of credibility, dependability, confirmability and transferability can be found below in Table 3.

Table 3

<i>Establishing Trustworthiness</i>			
<u>Credibility</u>	<u>Confirmability</u>	<u>Transferability</u>	<u>Dependability</u>
1. Interviewee transcript review technique	1. Cross comparing findings to other research	Triangulation: diverse sampling, reflective memos of the researcher, member checking of raw transcripts, and of preliminary findings.	1. Bracketing (reflexive memoing)
2. Member checking	2. External audit		2. External auditor

Ethics

Ethics approval was obtained from the University of Manitoba ethics committee. In order to ensure an ethical study, multiple measures were taken to minimize risks to participants. Participants signed and received a copy of the consent form. The consent form detailed the purpose of the study, risks involved in participating in the study, the researcher's email address, and the advisor's email address to be contacted if any problems arise with the researcher. Participants were informed that confidentiality was of utmost importance, and their identities, and any identifying information remained confidential. Upon publishing the results of the study, identifying information was changed or removed. Lastly, participants had the option to withdraw their participation from the study at anytime throughout the duration of the interview.

Upon writing up the results, the researcher did encounter limitations with the information that could be shared in a manner that accurately portrayed participants' experiences, but also respected their right to privacy and anonymity. Winnipeg and its surrounding rural areas represent a small community in the mental health field, where the majority of professionals are connected through involvement in professional designations, client work, trainings, or community events. Therefore, it was crucial to the researcher that no information was shared that could be used to reveal a participants' identity. Additionally, in instances where the information a participant shared was important for the development of the professional development phase model, identifying information was removed, and the participants' quote included.

Data Analysis

As described throughout this chapter, various steps must be taken to ensure proper analysis, and therefore interpretation of the data in an accurate and reliable manner. This section described the process of obtaining the emerging theory, and identifies the steps associated with reflexive memoing, as well as open, axial and selective coding. This section will guide the reader through the process of analysis and researcher's rationale for the adopted interpretation of the data.

Data Analysis: A Step-by-Step Narrative

This section describes in detail the process of data analysis, to facilitate understanding of the emerging theory. Data analysis includes open, axial and selective coding, as well as an overview of the reflexive memoing that represented an integral part in analysing and developing the emerging theory.

Reflexive Memoing

The researcher engaged in reflexive memos throughout the data analysis process, which facilitated making comparisons between interview data and asking questions, identifying and developing properties of the data and larger scale categories, and developing a process understanding of the data (Corbin & Strauss, 2008). While memoing, the researcher used five key questions to guide the process. These are: (1) personal and professional meanings of the topic to the researcher, (2) preliminary ideas and expectations of findings, (3) new emerging ideas based on current understandings and readings, (4) perspectives and experiences of counsellors, (5) perspectives and experiences of researchers in the field.

For instance, in terms of preliminary ideas and thoughts following the first interview, the following thoughts were included in the first memo: (1) Private practice is isolating; (2) You have to be very independent, self-sufficient, and hopeful that the situation will work itself out; (3) There is a need for the counsellor to want to do everything herself because of one's reputation, but it ends up being a very lonely profession and way of working; (4) In terms of a rural environment, there are many considerations: dual relationships, lack of resources – that can influence a way of working/living; (5) In terms of coping, the therapist has to put her needs second to those of her clients to be successful and avoid uncomfortable situations with clients. Extending these thoughts and observations into newly emerging finding and possible future questions for future participants led to the following questions/considerations: (1) I wonder these experiences are the same/different than counsellors in the city; (2) The Rural counsellor was especially happy to discuss these difficulties because she is experiencing them, but that might not be applicable to other counsellors; (3) I wonder the effect of the 'business/entrepreneurial self' on the quality of the therapeutic work; (4) I wonder what further ethical dilemmas are present because one is so isolated (e.g. is it easy to forget ethical rules/responsibilities, lack of accountability? Perhaps there is more accountability because one is alone?).

As the memos extended through interviews in later interviews, the thoughts, considerations and questions deepened, and led to inquiry related not to individual incidences and experiences, but to the emerging model as a whole:

Beginning to see emerging themes between interviews in that there is a life situation that really facilitated entering private practice (or becoming full time), then period of

learning the business side and being overwhelmed with the responsibility and tasks, then embracing role and seeing that it is flexible and can be personalized. Finally ‘owning’ the notion that one is a business owner and not apologizing for their rules/protocols....Therapists who have built a multi-therapist setting appear more relaxed/better able to manage the stress. Limited reports of isolation compared to the rural counselors who emphasized how lonely private practice is (Memo 5).

Additionally, memoing on the perspectives and experiences of counsellors in the private practice field allowed for a deeper understanding of how they feel towards, how they view and how they approach their private practice. Understanding their own relationship with private practice and its influence on client work helped shaped the researcher’s understanding of the overall process and experience.

Perspectives are similar throughout. Counselors are careful to not let the business side conflict with client care. E.g. this counselor has a policy where counsellors do not take clients with them when/if they leave. But for a few clients this would have interfered with their treatment, and exceptions were made. Unlike the social justice perspective which provides a perspective where private practice therapists are ‘money-hungry’ and providing a service only to the elite, therapists in private practice go out of their way to provide support and give to the community. Their frame of mind is one of giving to the community and making services accessible (such as by offering reduced fees) in a way that is compatible with making an income (Memo 5).

These memos provided a space for the researcher to reflect on the newly obtained data but also the connections of these many categories, and conceptually experiment with

various interrelationships and conclusions that could be further tested out in subsequent participant interviews.

The researcher delivered a poster presentation of an initial model of the research at the 2015 Canadian Counseling and Psychotherapy Association (CCPA) Conference. This model was well received by therapists and attendees at the conference, and the researcher was invited to present the model at the CCPA Private Practitioners Chapter. The following memo describes the researcher's thoughts following the presentation:

I am thrilled with the positive feedback I have received over my model. I have had therapists from different regions of Canada, as well as from both urban and rural areas share with me that the model resonates with them, and accurately depicts their experiences. Therapists identified that they believe this contribution to the academic literature is of great importance, and that information for those in private practice could have helped them prepare for their upcoming profession, as well as learn to work in ways that are compatible with private practice that also benefit client support. The experience of presenting at CCPA along with the feedback I received encourages me to continue questioning my research, finding gaps, and ultimately disseminating the findings.

Open Coding

Data analysis, or its first step, coding is understood as “taking raw data and raising it to a conceptual level” (Corbin & Strauss, 2008, p. 66). In grounded theory, interviews are transcribed after collection, and coded immediately prior to the subsequent interview so that the data guides further data collection. In this research, 8 of the 10 interviews were transcribed and the initial step of open coding conducted before the subsequent interview. For the remaining two interviews, logically it was not possible to analyse these interviews prior to the next scheduled participant interviews. In grounded theory, data analysis is characterized by open, axial and selective coding (Creswell, 2012). During open coding, initial categories from the data are developed. During axial coding a main category is selected to become the centre of the process, in order to relate other categories to it (Creswell, 2012). These categories make up the causal conditions, strategies, contextual and intervening conditions and consequences (Creswell, 2012). Lastly, the third phase of data analysis is selective coding, where the categorical relationships inform the emerging theory (Creswell, 2012).

All ten interviews were transcribed by the researcher using NVivo Mac software. Interviews were transcribed verbatim. Interview lengths ranged from 36 – 76 minutes, with an average interview length of 53 minutes. Table 4 provides a detailed description of participants’ interview lengths, followed by a summary of the number of participants who engaged in the interviewee transcript review technique.

Table 4

Participant Involvement

<u>Interview Number</u>	<u>Length of Interview</u>	<u>Length of Interview Transcript</u> <u>(in pages)</u>	<u>Review of Raw Transcript</u>	<u>Review of Transcript and Provided Revisions</u>	<u>Review of Results and Provided Revisions</u>	<u>Review of Results and Provided Revisions</u>
1	1:07.11	23	Yes	No	Yes	No
2	53:59	19	Yes	No	Yes	No
3	1:16.41	21	Yes	No	Yes	No
4	50.38	18	Yes	Yes	Yes	No
5	39.07	14	Yes	No	Yes	No
6	1:10.27	28	Yes	No	Yes	No
7	36.08	10	Yes	No	Yes	No
8	40.36	20	No	N/A	Yes	No
9	51:26	20	Yes	No	Yes	No
10	54:02	20	Yes	No	Yes	No

In accordance with trustworthiness procedures, participants engaged in the interviewee transcript review technique, where participants who opted to receive a copy of their raw transcript were provided with a copy in both a Microsoft Word document as well as a PDF. Of the ten participants eight opted to review their transcripts. All participants were given 10 days upon receiving a copy of their transcript to respond either with additional feedback, or to remove any information they felt they did not wish to include in the study. All participants accepted the inclusion of their interview in the present study, and one participant provided additional written information through email.

Open coding was conducted using NVivo software. Consistent with grounded theory data analysis, during the initial open coding stage the raw data was examined, and any relevant and significant information was given a code (Creswell, 2013). Data was given in-vivo codes, or titles composed by the researcher that fit the described information (Creswell, 2013). For instance, one participant shared their views on their development of professional identity over time.

...Probably like anybody in any profession you're going to have your professional identity and your personal identity but mostly I think if you can line those two things up and be as authentic as you can in your work it's going to be much easier to maintain that professional identity if you sort of kind of take care of yourself and practice what you preach. (PT 2).

This phrase was coded as 'authenticity'. Another participant shared their views on a challenge in private practice,

...Even the private practice on the therapy part is difficult because it is isolating and it is um, you go all day long with a lot of social interaction but you've been

giving and giving and giving and it's not for your own personal benefit... so it becomes very isolating. (PT 1).

The salient category that emerged from this description of daily work was isolation, however, to maintain the participant's wording, an in-vivo code was created, and initially this phrase was coded as 'so it becomes very isolating'. Open coding of all 10 interviews yielded 398 open codes.

Following the second interview analysis, codes, reflexive memos and field notes are compared using the constant comparative method. The constant comparative method is a core characteristic of grounded theory, as data is compared following collection, which subsequently influences future data collection and ensures that the emerging theory is truly grounded in the data (McCallin, 2003). The constant comparative method was heavily utilized throughout data analysis. As previously stated, the researcher engaged in open coding following every interview. Once open coding was completed, new codes were then compared to previous codes for consistency, and to amalgamate repetitive codes. For instance, the codes authenticity, personal and professional congruency, and professional identity – congruent, were amalgamated and coded as authenticity. The constant comparative method interacted with other analysis techniques, such as the use of questioning the data. By asking questions and challenging the understanding of the data, the researcher can gain further understanding of particular codes in future interviews. It allows the researcher to challenge their thinking and take on the participant's perspective in order to better understand the problem, as well as to become actively engaged in theoretical sampling (Corbin & Strauss, 2008). For example questioning the different experiences of rural and urban counsellors, or counsellors of

different clinical backgrounds allowed the researcher to identify similarities and differences in experiences, challenges and strengths. Ultimately, the use of the cross comparative method and questioning led to the identification of gaps and development of subsequent interview questions. The first interview began with eight questions, and through the answers that emerged, as well as the reflexive memoing process further questions were developed. These questions provided another layer of depth to participant responses and the understanding of the process described. The final list of the 24 codes that shaped the final model can be found in Table 5.

Table 5

<i>Final Codes</i>	
<u>Set of Code</u>	<u>Number of open Codes within Category</u>
Advice to New Professionals	6
Am I Different From Others	2
Authenticity	3
Balancing Two Different Roles	12
Busy Lifestyle	6
Clarity	6
Dual Roles	7
Education on Business	4
Embracing the Business – Becoming More Businesslike	15
Ethical Issues	10
Financial Considerations	9
Flexibility	6
Gender and Feminism	17
Increased Confidence	5
Independence	6
Logistics (Challenge)	13
Pressure to Perform	3
Professional Development	5
Professional Roles	16
Professional Support	18
Rural Specific Influences	7
Supervision	3
Transition and Attitude	86
Vulnerability	4

Axial Coding

Axial coding, as described in chapter 3 is the second phase of analysis in systematic grounded theory. However, Strauss & Corbin (2008) explain that this distinction between phases is strictly made for the researcher's understanding of the analysis process, and in fact occurs simultaneously with open coding, as the researcher breaks concepts apart during open coding, but also puts them back together by relating the concepts. As part of this process, the researcher questioned the data and the relationships emerging in the data through memos and immersion in the data to examine the questions of who, when, where, what and why. These questions led to the understanding and identification of Transition and Attitude as key throughout the process of private practice work.

To understand and clearly identify the process experienced and described by participants, upon completion of all initial open and axial coding, the researcher re-read memos, participant interviews and open codes (Strauss & Corbin, 2008). At this point initial hypotheses regarding the process began to emerge, and patterns relating to actions, interactions and emotions (Strauss & Corbin, 2008) began to clearly emerge. The final stage of analysis is integration which consists of examining the literature and identifying the ways that categories fit together to accurately depict the process and tell a story (Strauss & Corbin, 2008).

Private practice is seen as opportunity, as a chance to create something that is one's own, and to provide therapy in a manner the therapist sees as most beneficial for their clients, without the restraints of policies, criteria or a heavy workload. The core category of transition and attitude was developed through memo-ing. Confidence,

professional identity, perseverance, overcoming barriers, having faith, professional support and continuous flexibility all create the core category of attitude and transition. Additionally, the context of each therapist influenced their own relationships with private practice. For example, therapists who had enough income and started out experimenting with private practice and could afford to have it fail were in a different situation than therapists who for personal reasons depended on a certain of income, and had limited room for error.

Creswell (2012) identifies six categories of information that are related to the core category. These are causal conditions, context, core category, intervening conditions, strategies and consequences. Causal conditions refer to categories that influence the core category, or central phenomenon (Creswell, 2012). In the present study, causal conditions are the reasons that influenced therapists to enter private practice. These reasons include seeking autonomy and independence, feeling like there were no other feasible career opportunities and feeling dissatisfied with the agency setting. The context refers to “the specific conditions that influence the strategies” (Creswell, 2012, p. 426). The context in this study is heavily influenced by the causal conditions, and includes both internal and external influences. Internal influences include one’s drive to gain a more independent profession, and their overall drive for autonomy. The external influences that comprise the context includes external influences that facilitated the leap into private practice. This includes personal lifestyle that requires flexibility, or dissatisfaction with one’s current employment, as well as feeling that there was no employment alternative but to enter private practice. The core category refers to the category central to the process examined (Creswell, 2012). In this study, the core category is attitude and transition, as these

influenced every therapist's experience in private practice. Intervening conditions refer to conditions that may influence actions or interactions resulting from the core category (Creswell, 2012). Intervening conditions in this study are those that influence the core category, or attitude and transition. These conditions are consistent business, client retention, professional support and community belonging. Strategies, or the actions that result from the core phenomenon (Creswell, 2012), is entrepreneurial employment and work opportunities. Ultimately, the consequence, or outcome of employing the strategies (Creswell, 2012) in this study is the building of a business and the opportunity to make that business as personalized and unique as needed for the client population. The development of the paradigm model led the researcher into the third phase of data analysis in grounded theory, selective coding. Table 6 offers a sample of categories and codes, which demonstrate the analysis process, and relationships among variables as identified throughout the analysis process.

Table 6

Relationships Among Variables Throughout Analysis

<u>Theme</u>	<u>Categories</u>	<u>Codes</u>
Seeking Autonomy	Independence	Desire for innovation Independence/autonomy Seeking independence and control Self-motivated Decision Making
	Flexibility	Flexibility to make your practice unique Flexibility with payment (decision making) Freedom (general) Freedom with therapy Wanted to combine unique training
	Agency Setting Not Working	Agency setting not working Agency setting not working – lack of support Agency setting – no time for client work Seeking career change

Selective Coding

As part of the selective coding phase, the researcher uses the interrelationships between the categories to write a theory that describes the connection and progression of the various categories (Creswell, 2012). As analysis in grounded theory is a continuous process, there were multiple levels of analysis, and attempts to understand the relationships within the data. The table below provides samples of three models developed throughout the analysis process. The reader can see the progression of the model, and its changes as new information, and categories emerge.

The selective coding process was impacted by multiple factors in addition to the continuous data collection and analysis process. Feedback from an external auditor allowed the researcher to compare a secondary perspective on the analysis and integration of concepts and compare it with the researcher's own perspective. This occurred on three occasions throughout the analysis process, at each occasion focusing on different aspects of analysis, e.g. open coding, axial coding, or selective coding. Focusing on the different sections continuously challenged the researcher's own interpretation and allowed for accurate reflection of participants' experiences. For instance, in the initial meeting the external auditor audited two complete interviews, challenging the researcher on rationale and purpose of codes, as well as examining whether codes accurately reflected participant's experiences. This process provided a space for the researcher to justify the use of the chosen codes and re-examine whether the coding process was in fact accurate. By engaging in this justification process, the researcher could be certain that bias was being eliminated. This process occurred on two more occasions. In the second and third meetings, the external auditor reviewed emerging theories, and once again engaged in the

process of ensuring the emerging theories were representative of participants' experiences. This feedback heavily contributed to the researcher re-examining the emerging model and cross comparing it with the new incoming data, which in turn resulted in revisions of the emerging model.

Furthermore, the results of the study were influenced by the researcher's field notes, which came from multiple sources. Field notes were based on interview observations, but also the reactions of participants and others to the study's evolving model. For instance, the researcher presented the preliminary results of the study at the 2015 Canadian Counselling and Psychotherapy Association conference held in Niagara Falls, Ontario to the Private Practitioners Chapter. Informal interactions with practitioners in private practice from across Canada illustrated that others had similar experiences and felt that the study's results reflected their own experiences. These interactions further reinforced the model's generalizability to practitioners across Canada, and allowed the researcher to re-evaluate the data and ensure that no gaps were left unchallenged. A sample analysis of various aspects of the data can be found in Table 7.

Table 7

Sample Analysis

<u>Open Coding</u>	<u>Axial Coding</u>	<u>Selective Coding</u>
<p><i>Which is pop out a few babies and I'm not sure that, like to be completely transparent here I'm not sure that that's what I want to do. I feel like starting a business, if you really want to do it that's having a child. It will take everything from you if you let it, it need everything from you for a while if you want it to survive and thrive and uh and you're growing something you know. I'm not saying everyone who has a private practice needs to make that choice that it's one or the other but you need to take into consideration that you're kind of having a child when you start a private practice and so if you're going to have children well then you're going to be just as having two kids means you know splitting your resources between two kids, having a business and a family means splitting your resources between both of those. And I've been really honest with myself about my capacity to do that and my level of interest in doing that as well and you know honestly I don't I don't see a family being something that will energize me as</i></p>	<ul style="list-style-type: none"> The understanding of this model varied at different phases in of analysis. Initially, the core category influencing perceptions and understanding appeared to be gender. Initially, codes were organized to fit under the umbrella of Gender. Based on preliminary data, it appeared that gender influenced the lens, or worldview the therapist approached her business experience. However, upon further inquiry through data collection is became apparent that this conclusion would be too generalized and not accurately reflect the experiences of the many participants. While pieces of the model fit remained, there were pieces that were not accurately reflecting participant experiences. Therefore, a further examination of codes, initial analysis, and the use of the cross comparison in analysing new data led to re-evaluation of the interrelationships of the numerous variables. For 	<ul style="list-style-type: none"> Private practice is seen as opportunity, as a chance to create something that is one's own, and to provide therapy in a manner the therapist sees as most beneficial for their clients, without the restraints of policies, criteria or a heavy workload. The core category of transition and attitude was developed through memo-ing. Confidence, professional identity, perseverance, overcoming barriers, having faith, professional support and continuous flexibility all create the core category of attitude and transition. Additionally, the context of each therapist influenced their own relationships with private

much as being a business owner will, and I'm ok with that. And maybe that's going to change at some point in the next several years, I don't know, but for right now I'm ok with my decision to be a business owner and not a parent um, and and yeah I'm just aware that's, I think it's going to be challenging to hold on to what's really right for me in the face of what society wants me to do.

Code: Not conforming to societal norms

Probably like anybody in any profession you're going to have your professional identity and your personal identity but mostly I think if you can line those two things up and be as authentic as you can in your work it's going to be much easier to maintain that professional identity if you sort of kind of take care of yourself and practice what you preach. (PT 2).

Code: Authenticity

Probably as I think about it, probably a desire for independence. I am a very independent person... I was never self-employed in any aspect before starting my private practice. So, so I can do the employee thing well but I like, I like being independent (PT 3).

Code: Independence/autonomy.

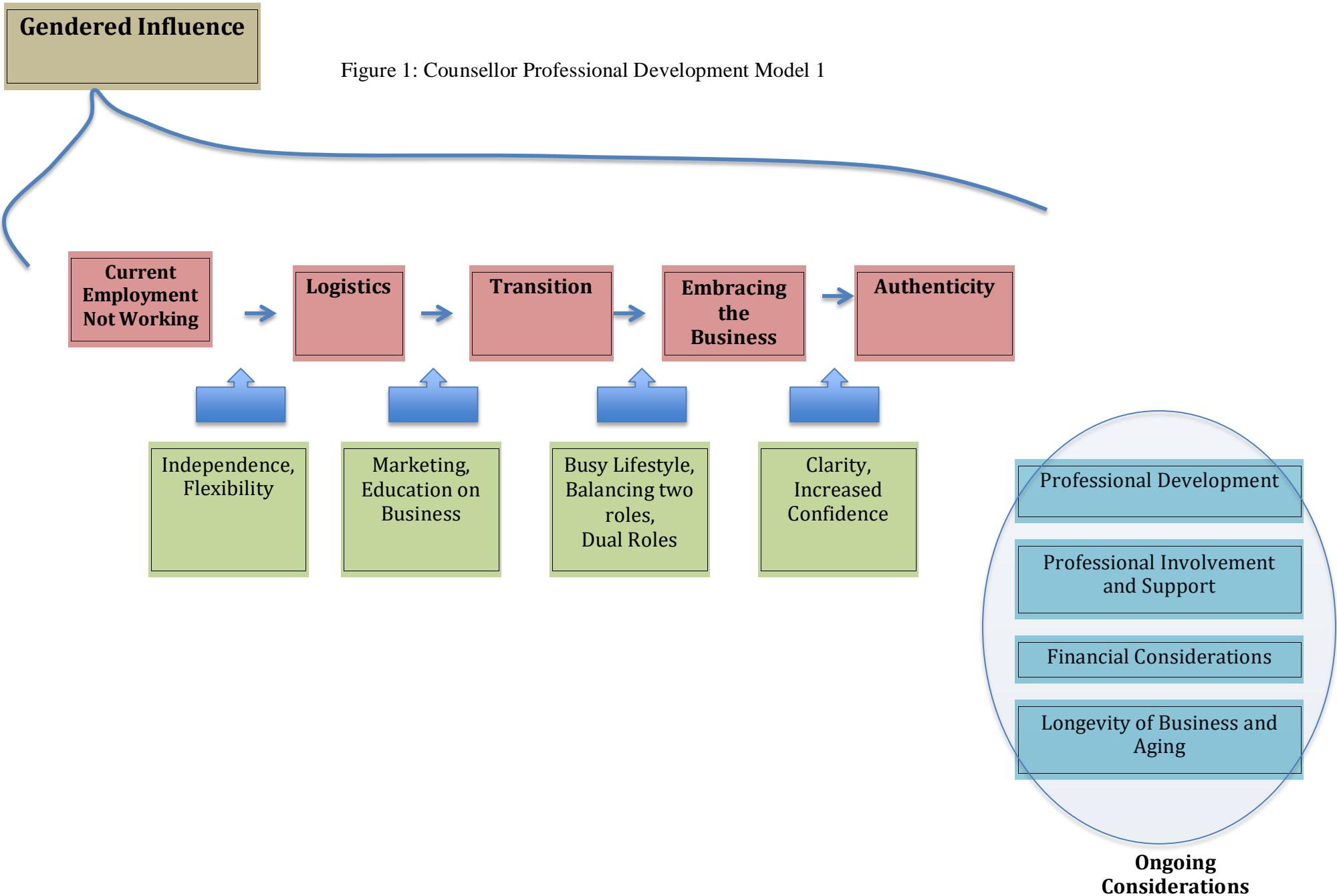
instance, it became clearer which variables were part of the growth process in having and developing a private practice, and which variables acted as consideration variables, those that influences the process but were not directly a part of the process.

practice. For example, therapists who had enough income and started out experimenting with private practice and could afford to have it fail were in a different situation than therapists who for personal reasons depended on a certain of income, and had limited room for error.

- Upon further data collection, as well as feedback from the external auditor, a subsequent re-evaluation of the data, and reflexive memos occurred. The new model developed included considerations that affected decision-making and values for therapists. The addition of these categories into the existing interrelationships provided a more thorough reflection of participants' experiences. Re-evaluating the relationships
- The table below demonstrates the final organization of a theme, including its categories and codes. This process was conducted with every theme, and used to create the final model. Two first drafts of a model, along with the final process model are included below. The reader can identify the researchers analysis process, and the influence of new codes and emerging connections on the final process model.

Developing the Final Model. The process of developing the final model can be understood in greater detail through analysis of text, and through the understanding that revisions are a crucial part of data analysis in grounded theory. It is the continuous use of revisions, using the cross comparison method, reflexive memoing, and examining the emerging model from different perspectives that results in a strong model that is representative of the collected data.

The reader can see that based on the initial data (interviews 1-3), the first model was focused on the gendered influence, and how this influence impacted the other stages of the model. The first model can be found below in Figure 1: Counsellor Professional Development Model 1. The model has a linear progression, and 5 distinct phases beginning with the issues in the current workplace, and terminating with authenticity. Additionally, this model provides the reader with markers represented at each stage of the model, such as seeking independence and flexibility at the beginning of one's journey, or learning to balance two roles while adjusting to the professional rhythm of private practice. Additionally, variables that affect the professional development are listed, including financial considerations, and the support of other professionals.



Upon on-going data collection and analysis, the emerging model began taking a more representative shape of a greater number of therapists' experiences. While the body of the model remained, it became clear that while being female had an influence on a therapists' experience, it did not have as much of a principal role as originally presented. Therefore, the second model evolved to represent the phases of development for therapists, including key influences at each phase. For instance, throughout the logistics phase therapists had to work to learn areas related to marketing, educating themselves on business plans and the ways of maintaining a business, and taking into consideration the financial aspects of a business. The reader can also see that gender, professional development and support, and longevity of business and aging are considerations that influence one's business throughout all phases of development.

The second model was presented at the 2015 Canadian Counselling and Psychotherapy Conference. The feedback received at the conference from therapists in private practice confirmed that this process was in fact representative of therapists' experiences. However, once returning from the conference the researcher felt it was important to re-evaluate the data. Upon discussions with the external auditor, and a complete review of the data, the final model was developed. The final model is an integration of the first two models, however, the phases are not presented as linear, and both considerations and influences are included, as they impact one another and can shape a therapists' experience. The second model, as well the final model can be found below in Figure 2: Counsellor Professional Development Model 2, as well as Figure 3: Professional Development in Private Practice: A Phase Model.

Figure 2: Counsellor Professional Development Model 2

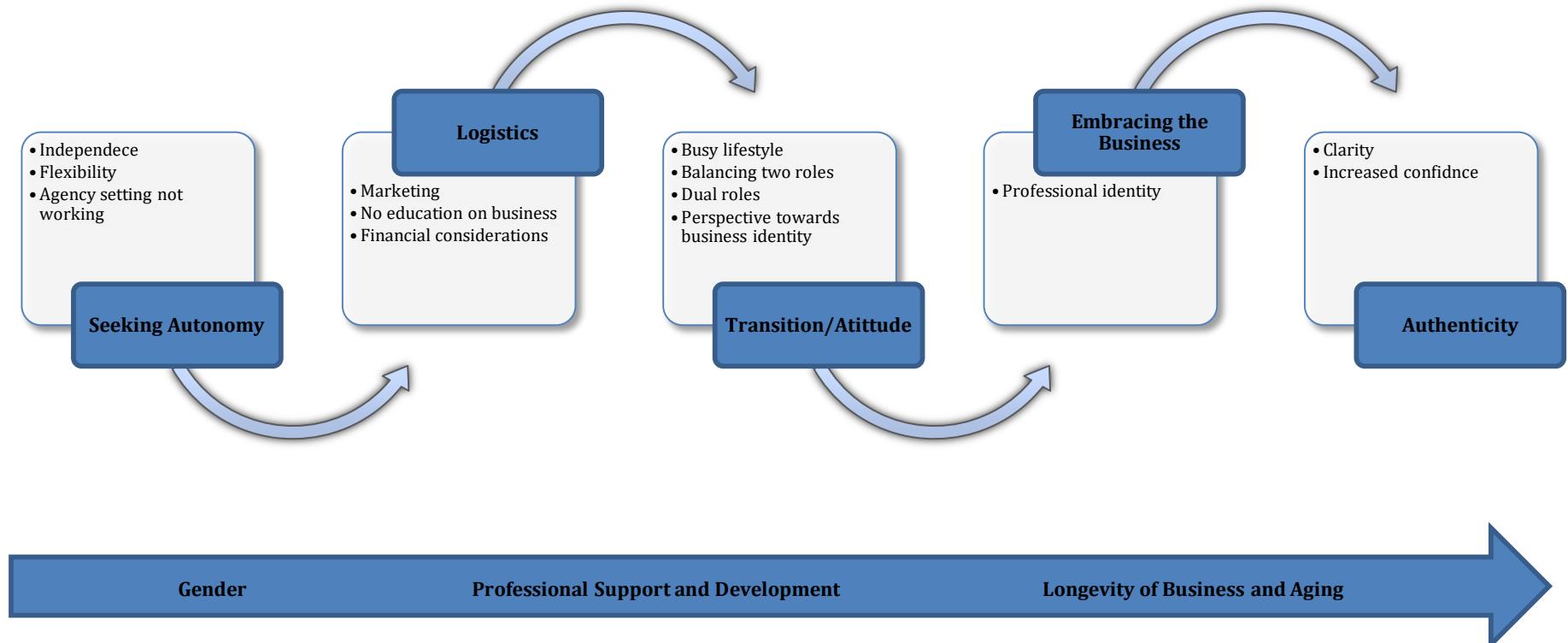
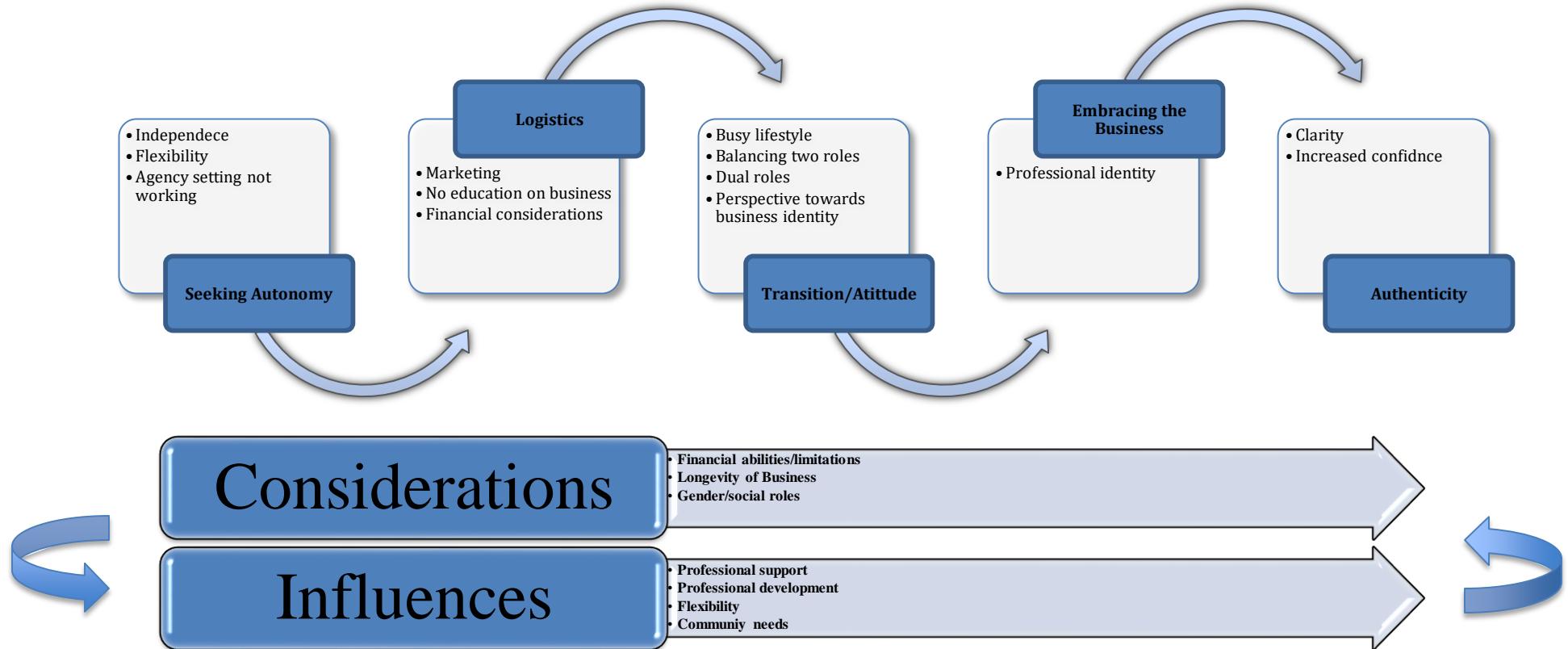


Figure 3: Professional Development in Private Practice: A Phase Model



Summary

This chapter provided support for the use of a grounded theory approach in developing a theory that describes the process of developing a private practice in the counselling field. It described the systematic approach to grounded theory research. The chapter discussed in detail the methods chosen to ensure trustworthiness, specifically, credibility, transferability, dependability and confirmability. Lastly, the chapter detailed the process of obtaining and analysing research using the chosen grounded theory approach for the current study, the systematic design.

Chapter 4 – Data Presentation and Analysis

Introduction

The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists. This study examines what behavioural or emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist. The central research question guiding the current study is “What process describes the development of the private practice therapist?”

Within this study, the following questions guided the development of the emerging theory: (1) What experiences signify the process of entering and maintaining a private practice for you? (2) How has the amalgamation of therapist and business owner into private practice therapist influenced your identity? (3) What dilemmas have you experienced as a result of entering private practice? (4) How does the private practitioner maintain equanimity and connectedness to the professional community? (5) What professional roles do you employ in your profession as a counsellor and as a business owner? (6) How does being a woman shape/ influence your private practice? Within this section a description of participants is provided, as well as a detailed summary of the emerging theory – Professional Development in Private Practice: A Phase Model.

Description of Participants

To participate in this study, participants had to own their private practice, have a Masters degree or further education in a counselling related field, and identify as female. 102 therapists were reached via email, or by phone requesting an email address to invite them to participate in this study. The purpose of the study, time involved in participation,

and tasks required of the participant were listed in the email invitation sent to participants. Additionally, participants were provided with a consent form prior to agreeing to participate in the study. 10 many participants were involved in the study. There was no participant attrition; all of the individuals who chose to participate in the study completed study participation.

To maintain participant's identity confidential, limited demographic information will be provided in this section. 10 female therapists participated in this study. Two participants were between the ages of 26-40, seven participants between the ages of 41-50, and one participant over 51 years old. Participants' education included masters and doctoral degrees in social work, marriage and family therapy, counselling psychology, and clinical psychology. Seven participants had one or more masters degrees, and three participants had doctoral degrees. Eight participants were in private practice full time, and two participants engaged in private practice work part time.

Among the full time private practitioners, participants reported working on average more than full time, and despite the flexibility to take time off, they rarely did. "You're working 6 days a week" (PT 1), "what I will do then is overwork to make sure that I have enough money at the end of the week. Cause I have to make a certain amount of money every week, it's a nonnegotiable in my head" (PT 8). In a more in-depth description of her schedule, participant 8 shared,

You spend a lot of time. So I know that I spend about 8 hours a day 6 days a week in actual sessions with just a few exceptions so maybe I am off by like, I am off on Friday afternoons, and then I am bookkeeping for several hours everyday on top of that. So right now my hours and my days are very long. That's not a

sustainable thing but I am really learning and growing and it's all highly interesting to me right now so that's alright. But it's going to have to settle down to something close to about 30 or 40 hours of client time and about another 10 or 15 hours of bookkeeping and organizing.

Particularly when first opening their practice, therapists struggled with turning clients away, especially in rural areas where resources were limited and turning a client away would mean that they would have limited to no other resources available to them.

A list and frequency of therapeutic approaches used by private practice counselors is offered in Table 8. Counselors stated they engaged in the following tasks very frequently: individual counseling (100%), couples counseling (44%), intake and assessment (66%), and administration (55%). Items counselors engaged frequently include psycho-educational workshops (44%), couples counseling (44%), and receiving clinical supervision (33%). A detailed analysis of participant responses to the 21 professional activities can be found in Table 9. 80% of counselors stated they are satisfied with their decision to work in private practice, although only 50% were satisfied with the income they earn as counselors. Table 10 details counselors' responses as they pertain to career satisfaction.

Table 8

Theoretical Orientations of Counsellors in Private Practice

Theoretical Orientation	<u>1 - never</u>	<u>2 - rarely</u>	<u>3 - sometimes</u>	<u>4 - frequently</u>	<u>5 – almost always</u>
Client Centred/Humanistic			1	3	5
Cognitive Behavioural			4	4	1
Eclectic/Integrationist			1	3	3
Postmodern (e.g. narrative)	1	1	2	4	1
Cognitive	1	3	4		1
Behavioural		3	4	1	1
Family Systems		1	1		7
Interpersonal		1	3	5	
Feminist	1	1	2	5	1
Analytic/psychodynamic	1	2	1	2	2
Other: Solution Focused					1
Other: EMDR Somatic Processing					1
Other: Attachment based therapies				1	
Other: Emotion-Focused				1	
Couple's Therapy					
Other: Self Regulation Therapy				1	

*One participant did not complete this section and therefore their questionnaire was omitted.

Table 9

<i>Counsellor Professional Activities</i>						
<u>Professional Activity</u>	<u>1 - very frequently</u>	<u>2 - frequently</u>	<u>3 - occasionally</u>	<u>4 - rarely</u>	<u>5 - very rarely</u>	<u>6 - never</u>
Individual counselling	9					
Intake and assessment	6	1				2
Crisis intervention	2	2	3	1		1
Career counselling	1	2	2	2		2
Case conferences	1	2	2	1	1	2
Psych-educational workshops		4	3		1	1
Community outreach and liaison			4	2	2	1
Group counselling	1		4	1		3
Receiving clinical supervision	1	3	4		1	
Staff training and development	1	2	5			1
Administration	5	1	3			
Academic advising		2	1	1	3	2
Couple's counselling	4	4	1			
Family counselling	2	2	5			
Consulting services	1	1	5	1	1	
Research/program evaluation		1		3		5
Standardized testing	1	2	1	1		4
Career counselling (group)			2	2	1	4
Academic teaching		2	4	1		2
Clinical supervision of others	1	2	2		2	2
Rehabilitation counselling		1	3	3		2

*One participant did not complete this section and therefore their questionnaire was omitted.

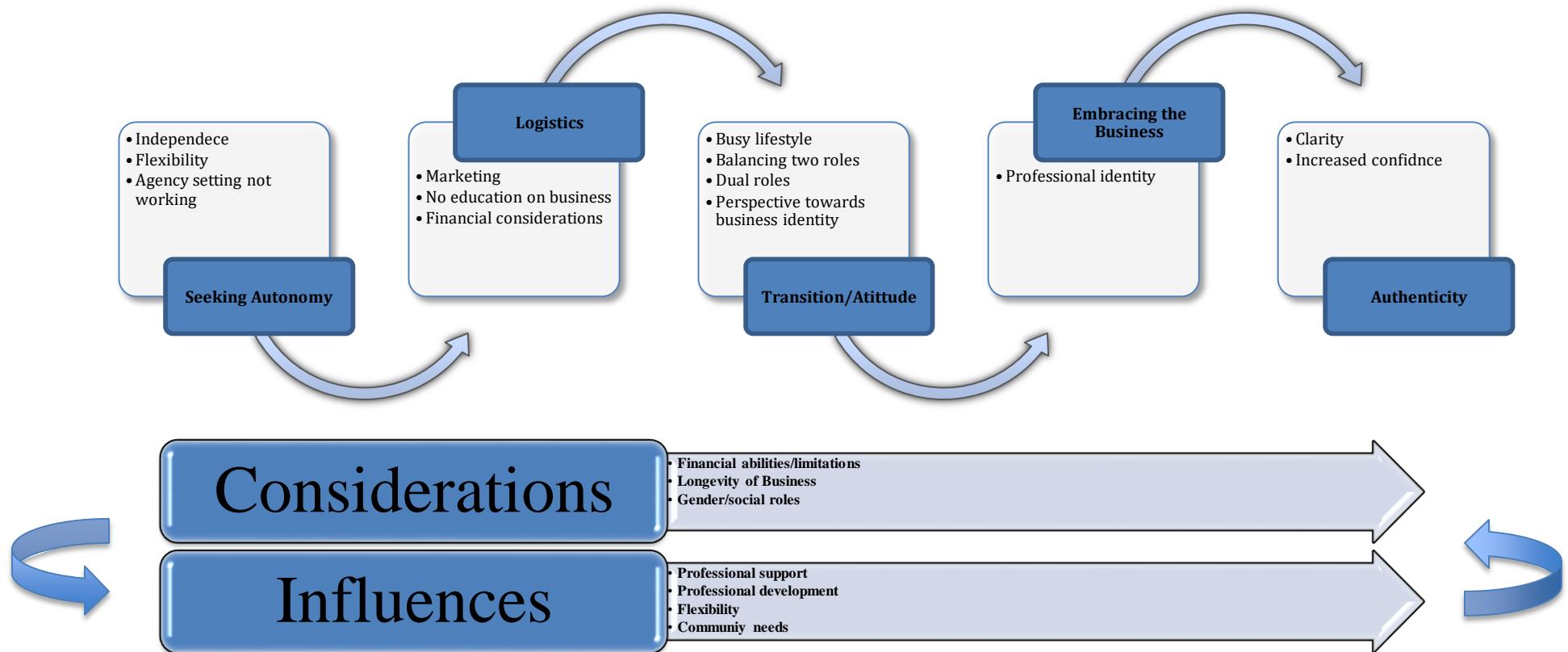
Table 10

<i>Counsellor Professional Satisfaction</i>					
	<u>1 – strongly agree</u>	<u>2 – agree</u>	<u>3 - undecided</u>	<u>4 – disagree</u>	<u>5 – strongly disagree</u>
Satisfaction with counseling	8	1		1	
Satisfaction with private practice	8		1	1	
Choose counselling again	7	1	1		1
Recommend profession	3	4	2		1
Satisfaction with income	2	3	2	3	

Emerging Model – Professional Development in Private Practice: A Phase Model

The purpose of this study was to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists. Specifically, this study focused on therapist's experiences, professional roles and ethical dilemmas specific to private practice. This process is defined by five key phases: seeking autonomy, logistics, transition and attitude, embracing the business, and authenticity. A diagram of this model can be found below.

Figure 3: Professional Development in Private Practice: A Phase Model



Within each one of these phases, counsellors experience different processes and encounter different challenges and strengths that serve to shape their continuous transition and attitude in private practice.

It is important to recognize that this model is not necessarily linear, and that some therapists may not experience all phases in the same order, and may go back and forth between the phases. Additionally, therapists may never experience all phases. Some therapists' growth process in private practice may never progress past the point of wishing to begin a private practice, or beyond the logistics phase. Some therapists professional growth and development may be permanently incongruent with that of 'the business side', or entrepreneurial professional identity.

Phase 1: Seeking Autonomy

Choosing private practice work is characterized by definition as independent work, where one can create his/her own workplace and way of working. The first step in entering private practice is deciding that this is a viable career choice for oneself. Four main reasons were provided for private practice work. The first and most prominent one was autonomy and independence to work and provide the best service without restrictions. One participant shared "my main thing is I wanted something that kind of I could dictate how it was going to be" (PT 3), ..."it is highly highly rewarding because you get to be able to craft it and make it something that you can be proud of" (PT 4). This was the case particularly for therapists who did not feel they could use all their skills in the public sector.

I chose private practice because I wasn't always um able to do what I what I liked to do in a in a setting where I was hired as a therapist on salary. So private

practice I felt would be uh more freeing and I would uh get paid a higher salary...
in the place that I was working at the time there were some um decisions that
were being made that I that I felt weren't um providing growth for myself. I wasn't
kind of given the opportunity of doing some of the things that I wanted to do (PT
7).

Another participant shared struggling with the limitations of a system:

I found the (REMOVED) system fairly constricting, like not a lot of innovative,
like, changes to work towards evidence based practices and I found that very
stifling.... I had had enough of all that kind of stuff, the secondary difficulties that
go with working in the kind of agency setting (PT 1).

In addition to the desire for autonomy, flexibility and independence, frustration with
one's agency setting work where policies and mandates stalled the direct client work
were a contributing factor in the decision to enter private practice.

Part of it was the, that whole frustration part with the system...and I just I just was
tired of how bogged down everything got. If I wanted a form changed, it took 6
months to get through forms committee, and if I started my own private practice I
could have it changed by noon. Right, if I wanted to paint the walls, I could paint
the walls. I could make it work better for the clients and I didn't have to figure out
how to make it work for the organization, I knew the organization could be very
directly client-centered (PT 4).

A need for an increase in financial compensation was also a motivating factor in the
decision to enter private practice.

Agencies don't pay as well as private practice right? When you take on a certain amount of student loan there is an expectation at the end of a graduate level degree that you're going to make a certain amount of money that doesn't happen in community agencies as much... that was a big part of the decision to do private practice, well I need to drum up some money so I can pay off this investment that I made and how do you do that working for a community agency that struggles to get funding every year too, right? (PT 6).

While not the primary reason, financial need, or the need or desire to generate more income was a contributing factor in many participant's rationales for private practice (PT 1, 4, 7, 8). Some felt that there weren't jobs available, or that the job market wasn't looking for people in their training background. "In the rural areas there is not a lot positions with government agencies and things at my level of training, um, and the pay for them is very low so private practice is kind of an answer to that" (PT 1). Another participant shared "it felt like it was especially with a masters in marriage and family therapy it felt like that was one of the only career routes that you can take just cause MFT doesn't seem to be a degree that is sought after by different mental health agencies" (PT 6).

In addition to limitations and frustrations with the public, personal needs resulting in flexibility accounted for the desire to enter private practice. Some of these reasons included parental responsibilities, accommodating to spousal travel, and needing flexible hours to support health issues in the family (PT 3, 4, 5, 10). One participant explains, "'I had to figure out how I could make enough money to support my kids... My private practice has made my private life work and that's why i'm in private practice'" (PT. 4).

Phase 2: Logistics

Once a decision is made to enter private practice, the next step consists of figuring out the logistics of the business. This includes both the logistics of actually running a business, as well as determining what one would like their therapeutic office to offer.

Well, i'm a therapist not a business person... So I really felt like I really had to problem solve each of my steps all the way through as I figured things out... I just really had to learn how to be not only a therapist but a business owner and um that's a whole other skill set which you don't graduate with but was really cool and, but I think some of the skills we learn as therapists actually transfer quite well to be able to be learned to be also business owners and so I just try to use the kind of process where we help people grow I would use that same process to help myself grow right? And yeah it was this huge learning curve and a ton of work and really interesting (PT 4).

Another participant shared, “right down to figuring out what our budgets are and you know how to set up a quickbooks account and you know all the fundaments of running a business uh it was like a super super steep learning curve” (PT 2). This phase constituted one of the greatest challenges for therapists, and many felt unprepared for the tasks they encountered. “The first year was just like, I just want this thing to survive. And the second year was like ok, can I keep my head above water now (PT 3).

but I had to figure out you know like, phone lines and business cards and logo and what were the tax rules and figure all that as an individual and then when I incorporated and had to figure out how to bring on associates and how to make sure we had a contract that would satisfy Canada Revenue Agency that they were

contractors and not employees and how to make sure I protected myself so that they didn't take advantage of me but how to have them feel safe so that they would want to work for me and stay working for me and how to have therapist retention when there's ways in which I can't compete with public industry in terms of retirement plans and vacation and how to make this an attractive place and how to attract the right people that are going to stay here rather than get a year or two of experience and then go elsewhere where they can make, where they can do better financially. So there was, like I could go and on figuring out furniture and paint colors, and moving (PT 4).

“When you start a business it's just like hold on for dear life and hope you come out alive on the other end. It's, it's like sometimes I think it's good that I didn't know what I was getting myself into in every aspect” (PT 3). For some, this phase is where their process has stalled, as they found it difficult to continue past it due to some of the ethical issues encountered. This phase constituted an overwhelming time for therapists, as they are learning new ways of working, developing a business, and learning to manage their time. “Well at times it was scary, it was frustrating and um financially it can be it can be a little scary sometimes but you have to learn to balance both [roles] and to have, to have the courage to pursue it because if it's something you like you're going to develop those skills” (PT 7). Another participant shared her experience of encountering the business aspect of private practice, “private practice doesn't have the luxury of oh business person that's not me. You have to be both, and you don't get a lot of warning about that in school like you gotta be both and you might not like it” (PT 6).

While one of the goals in private practice is to generate sustainable income, some therapists struggled with the notion of charging clients for their services. “It feels funny to be asking them to pay this fee when I know they have got all this going on in their life. So in some ways that can feel that might feel somewhat like an ethical dilemma” (PT 9). Another participant discussed her initial discomfort with the financial component of private practice, “I would prefer not to have money be a part of it and that makes it really hard to embrace the entrepreneurial spirit that I should have because it's so so not a positive thing for me... Like that's another component of private practice that feels a bit icky sometimes is that when you make money is when other people are not doing well!” (PT 6).

One of the challenges encountered is knowing how to structure one’s time in a way that is compatible with the business needs and client demands. “I feel like it took me an immense amount of time to figure out how to structure my time, and I am still figuring that out” (PT 3).

Lack of education regarding many of the challenges encountered was an important point brought up by many therapists. Therapists felt that their academic programs should have educated them on the issues to be encountered in private practice, considerations as well as realities of the business aspects of it, particularly as more and more therapists are expressing an interest in private practice (PT 2, 6,10).

So there's a few things that people don't really tell you, there isn't classes before you graduate that you can take like these are some of the considerations some of the things you have to think about if you're going to start your own private practice like how do you advertise what do you feel commutable with, how do

you make yourself safe. It wasn't a part of my program, maybe it's a part of other programs but we certainly didn't have that luxury and it's a bit frustrating because now I have this degree and you thought, Was it a good investment financially? maybe it's going to take a lot longer to really become a viable source of income as a private practice than really you're sold at the beginning. That's not the sell. They're not saying you know it's take about 10 years before you get a thriving full time private practice right? I wasn't told that.... this is little frustrating that it's never even brought up as a topic of conversation in any class in university. Like that's part of the preparation when you graduate people is how are you how are you going to work in this degree what are you thinking in your head in terms of working with this degree (PT 6).

Another theme to have emerged during this phase is the notion that therapists will oftentimes question their competency, and admit that they do not always know what the next step is, or what the right answer to a situation might be, as well as not knowing whether their decisions, attitudes and approaches are similar to those of other therapists. This notion exemplifies the isolation and disconnect present in private practice settings, even among therapists who consider themselves well connected to other professionals and their professional association.

It's a real eye opener in terms of your level of competency like how you kind of perceive yourself. Because oddly enough when you're working in a public setting it's like something has already deemed you to be competent to do that work and they are paying you a salary and you kind of, you know you meet those expectations. When you're out on your own and you have clients coming in, and

usually in private practice you're charging much more than you know, a public agency would then it's sort of, pressure's on. You know you kind of have to perform and have to meet those expectations. So I think a lot of people underestimate how much pressure that can put on them. That you are actually meeting, you know clients and a client service and on top of you know hopefully being skilled in your area you have to be thinking about are you actually bringing it so to speak (PT 2).

Another participants shares her similar experience of feeling the ‘pressure to perform’, and engage her best self in her work, however, she shares that this feeling encourages further engagement in her work and client support, “When you are doing private practice it's definitely that feeling of 'they are paying for a service they must walk away with it... But that's what engages me, keeps me engaged” (PT 8).

Phase 3: Transition and Attitude

The third phase of development in private practice is not one represented necessarily by physical improvement, but instead by personal and professional growth. The attitude employed at this stage will serve to influence continued transition and professional development. During this stage, therapists have already established most details related to private practice, including marketing, developing documents, finding office space, and seeing clients. By this time, therapists have developed an attitude towards private practice, and this can be a positive attitude that embraces private practice, or a reaction to a negative overall experience characterized by doubt and dissatisfaction. Some of the influences of this stage include overall success in client retention, professional support and professional involvement, as well as decreased isolation. The

feelings a therapist has towards private practice can be directly related to one's ability to balance both roles of therapist and business owner.

Well um, I think part of it is about recognizing that one can't exist without the other. You know that some therapists like, like to just think that well i'm a therapist so i'm just going to be a therapist. Well if you're a therapist in private practice you can't just be a therapist. Because if you just did therapy then you wouldn't have clients pay you, you wouldn't worry about getting clients in the door, you wouldn't worry about doing your paperwork, well maybe, that's debatable that's kind of a therapist part of things. But all the stuff that goes into running a business, renting a space for example, having a separate phone line, like even some of those basic things. If you're just going to be a therapist you're not worried about that stuff. So you can't tell me that you can totally shut off the business side of things. You have to be willing to own that. You've got to wear both hats, and um, that yes it can feel like a bit of a tug-of-war sometimes, but you know that's just kind of the nature of the beast. And they aren't, they aren't bad for each other. I think that somebody who is trained really strongly, like with strong clinical skills and I think that can make you really rock as a business person because a lot of the things that are good clinically like in terms of how to effectively communicate, and active listening, and some of the really basic um therapy skills are things that are really good as a business person and make you work really well with other people which you need to be able to do. So I think if people can take the perspective of it being like, those two things together can

make like a super therapist or a super business person that is better than feeling like you're at odds with one another (PT 3).

Another participant shared their experience of considering both roles of therapist and business owner.

So it has this kind of strange um, you're in the helping profession but you're also trying to build a business. So you have to find that balance, right, you have to know how to kind of market yourself, and build on your you know, client base, because that's your profession, your bread and butter but also make sure that you're mindful about meeting the needs of your clients (PT 2).

For some therapists, private practice is a means to an end, and the attitude associated with private practice is a very pragmatic and business oriented perspective.

People talk about being self-employed or being an entrepreneur, it's not like that for me. It doesn't feel fabulous, it doesn't feel, like people say oh you're your own boss you get to clock out when you want to or do what you want to and it's just not like that. The only way this is sustainable is I work from morning and I work till night. That's the only way it's sustainable. There is no free time. Because I can't charge \$600/hour and then go for a 3 hour lunch. And I will never be able to do that. So it's not like other forms of entrepreneurship in private practice. You live in the boundaries of what you can charge. And you have to really look at the numbers because you have to buy insurance, you have to protect yourself. You have no sick time you have no vacation time (PT 8).

Another participant shared their views on balancing two conflicting roles, “Well it's, I always think of it as going back and forth, you're helping people but you also have to be able to maintain your own, your own right income” (PT 5).

However, for some participants balancing both roles became a very conflicting stance, one that is intertwined with discomfort and self-doubt and is strong enough to have the therapist questioning whether this field is the right one for her.

Again those two sides of me just not integrating well it's really hard to marry the two and it does it feels really weird to sell these kinds of services and I don't know maybe it's because i've worked in agencies where the services are offered for free because the population that really needs it or if I'm just really a terrible business person... It feels weird to know how to sell yourself, especially at this technological age where you're not having that personal contact of them seeing you and you seeing them and really knowing each other until they get in there (PT 6).

Despite some of the difficulties that can become involved in the balancing of two roles, coping with it and understanding one's relationship with money and establishing boundaries for oneself can be very important in coping with these challenges.

I mean I think, I think part of how I do that I guess I mean one art of that is, one part of that is a personal/professional journey of kind of... sorting out perhaps my own relationship with money and what that means to me and kind of deconstructing a little bit the reality of how in our society often your value is dictated by how much money you make and so professionally too there can be that feeling that the value of our profession is dictated by what kind of rates can

we charge. And so and not that I fully believe that that's the whole thing but having to kind of um deconstruct that a bit and understand that and be able to kind of claim kind of move into claiming that portion of the professional identity and feel recognized that the work I do is valuable and this is how our society largely measures that and so just being able to feel comfortable with that... And so, so that is a real journey and as I was saying before for me I think in private practice that's something that has gotten a lot clearer and a lot more confident to feel like I can claim that value and I do recognize there is value in this service we provide. And so that's worth a trade and in our society that means often means money. So I think it's just, it's a developing comfort with that. Um, although I still do feel that tension sometimes and so I think part of how I cope with that quite practically in my private practice is I don't officially, some people may, but I don't have an official sliding scale chart or something like that but kind of unofficially I will negotiate that with clients and so, so for example if I have done this many times where if I have clients where they start working with me but then they go through, they want to in their family or them themselves they lose their job or there is some change in their employment, income, um or in their health and they are not bale to work as much or something like that I will renegotiate their fee to make it more accessible...we will negotiate a fee that they can actually manage so that's how I balance that and I, that feels important to me to kind of have a portion of my practice that I, and I as I say to them because they often don't want charity and people don't want, and I always say this is part of my business plan. I do need to make a living so I need to I don't have a sliding scale that I offer everybody but I

do kind of want to keep a portion of my practice where i can offer a reduced fee. And I have built that into my, I have enough full paying clients that I can do that within my business plan (PT 9).

Phase 4: Embracing The Business

The fourth stage of this model is Embracing the Business. During this stage therapists enter a space of acceptance over the entrepreneurial components of private practice and not feel that there is a constant dichotomy between both roles. This does not mean that all therapists will identify as business owners, or enjoy the business aspects of private practice. “I think that i'm really actually shifting almost more so into the business person identity at this point and seeing the therapy as one thing that I do but the business running aspect of things is kind of who I am” (PT 3). Another participant describes the change she experienced over time in her work in private practice.

It's really kind of changed from being a practitioner and a therapist to the whole entrepreneurial part of it and the business and training and um, it's kind of like a different level as you mature in your profession I guess...i've also noticed it's totally changed my mindset that I get in this weird thing of um, everything becomes a business opportunity (PT 1).

Another participant discusses her views of private practice not as a flexible lifestyle but one that is limited to financial obligations and necessities. However, despite this being the case there is an acceptance that these considerations are important and necessary to maintain the practice.

And I feel it's like the lawyers always talk, it's billable hours. So the only hours that count to me are when i'm in a session being paid for. The rest, I work around

that so that's certainly the meat and potatoes of what I do. And the other is my responsibility to myself to keep me choosing this. Otherwise I have to go work for somebody else (PT 8).

This phase is instrumental to the professional development of therapists in private practice because it represents accepting a particular way of working and establishing oneself, even if therapists have no interest in the entrepreneurial components of private practice. One participant explains her approach to managing the roles of therapist and business owner, "Basically it's very simple. I do the work and then afterwards I have to do the paperwork to maintain it" (PT 10). Therapists differ in their attitude towards the entrepreneurial aspect of their work, but the key aspect of this phase is an acceptance over the position as opposed to continuous dichotomy.

Despite the sense of safety and comfort that can emerge after multiple years in private practice, a concern discussed by participants is one related to vulnerability, and the vulnerabilities present in private practice that are unique to this setting. These concerns relate to physical safety, professional safety as well as personal emotional safeties.

I think the whole, the responsibility of working in a private practice was something that was initially really daunting to me and scared...me and we pay a lot for all different kinds of insurance. Um, and then I think after a while you forget about how scary it all is and you just work to do a really good job and and you keep that stuff in mind but you just you just start doing a really good job knowing that when you do a good job that covers you right? ...you realize how vulnerable you really are and and so I am aware that I love what I do and I am

glad at what I do but it would only take me getting sued...to have me think really?

Is this all worth it? And that's an awareness that scares me is that if somebody -

and given that we work with all different sorts of people some of whom act out

their unconscious trauma onto people who because you're a target there (PT 4).

Participant 2 elaborates on some of the unique difficulties in private practice, "The only difference I think with private practice is the buck kind of stops with you, right? When you're in an agency you have the protection of an agency but when you're in private practice you have to be super careful about some of the decisions that you're making".

Participants discussed their concerns in regards to physical safety at work, both in relation to previous experiences and concerns and precautions that they take to ensure their safety in an isolated setting.

You have some clients who end up coming in that are high and that um are so they are not thinking clearly and if you set limits with them they can get fairly aggressive. So you dont have a lot of control over who you're seeing... There's a panic button that um, you can push and a silent alarm will go off, and the [authorities], you hope the [authorities] will come (PT 1).

Moreover, one participant shared the safety concerns related to being a female alone in an office and meeting clients for the first time who had contacted her through internet advertisements.

And then being female there is the safety concerns on the other end. Um, obviously people who are not well contact therapists right? And if you have your picture and your name and you meet someone alone at your private practice then

safety considerations have to be put in place... I still dont have a plan for how to deal with that should that ever be an issue (PT 6).

Phase 5: Authenticity

Phase 5, authenticity, is closely aligned with phase 4: embracing the business, and represents an extension of this stage. Phase 5, Authenticity, represents a time where one's personal and professional identities are congruent. There is increased confidence and clarity with policies, client support and boundaries relating to both the business and the therapy. Therapists are able to 'own the business', and not feel shame or discomfort with the decisions they have made.

I used to feel kind of guilty about spending time in the business side of things because it felt like well it's my responsibility to my clients to spend any time I have on like, clinical stuff you know. Reading books, going to workshops, that kind of thing. But, I think it's also my responsibility to have a sustainable business going so that you know it doesn't crap out in 3 years and then people have nowhere to go. Or because the community I work in so starving for resources I do feel a bit of an obligation since it is my area of interest to grow the business in such a way that I can start to meet those needs (PT 3).

Another participant described her experience of the extension of her professional identity and professional roles to include not only those of a therapist, but also those of a business person.

I think it's matured. I think I have much more diversity in in my identity. Like, I see myself really as walking the line now between you know being a private practitioner and being a business woman. Um, I, it's interesting that I identify

more and more with being a business woman side and that's strange and kind of exciting at the same time (PT 2).

Private practice is unique in the sense that one's sense of professional identity, and personal and professional congruency can take many forms. The following participant shares her experience with how she views her professional identity.

I think my professional identity is exactly what I set it out to be. It's a safe place to come for individuals to get assistance and my practice looks at the whole individual, not just the issue that they're bringing in so it's a holistic approach so I think my business, and the way I even book people the location, the atmosphere it all is a more holistic approach. It's not sanitized and you know very businessy for me it's actually a little bit more casual, and welcoming and looks at the whole person and so that's my business identity is it keeps that all in mind. This is the one field I know where you can create whatever atmosphere you want (PT 10).

Summary

Within this section a description of participants was provided. The emerging theory, Positivity in Therapy: The Influence on Business was described. The process of professional development in private practice has five stages: Seeking Autonomy, Logistics, Transition and Attitude, Embracing the Business, and Authenticity. The following section outlines the results of the study in the broader context of clinical implication, as well as implications for institutions and future researchers.

Chapter 5: Discussion

Introduction

The current chapter discusses the results of the study in context to the larger clinical and academic community. First, the developed phase model Professional Development in Private practice will be discussed in relation to the original research questions identified in Chapter 1. Second, the emergent model will be discussed in relation to the theoretical framework of the study, Ronnestad and Skovholt's (2003) counsellor development model. Third, the researcher will present a comparison of the emergent model with the current literature including the counsellor professional development literature, theories of career development, and the literature in the area of female entrepreneurs. Further, the implications of the study in relation to practice, educational institutions, and future research are discussed. Lastly, the strengths and limitations of the study are presented.

Emergent model in relation to the research questions

Research Question 1: What experiences signify the process of entering and maintaining a private practice for you?

The results of this study highlighted that there aren't specific experiences that signify the process of entering and maintaining a private practice, but that it is in fact a process that is defined by one's approach and attitude. Ultimately, a therapists' experiences, goals for her community, and resources will influence and contribute to shaping her practice and her approach to her work. These experiences can have a powerful influence on one's perception of their own work. All therapists will encounter obstacles as they embark on a journey of a new profession, particularly when it involves

developing one's own business. However, the way a therapist reacts to those obstacles, as well as her community's perception, and support of the business can influence one's course of action. For instance, one therapist described that when she opened her private practice in a rural area, the community was confused as to what her business was, and how she would profit and make this business last. Consequently, she received very limited support from the bank. This particular therapist did not let the lack of financial support impede her from achieving her goal, "and I was bound and determined after that, after they told me I had nothing to offer I was like, I'm not even going to come to you again. So I did all of this on my own. It went very slowly. I had one room made, did enough counselling, worked in three different places to get where I could go full time and then generate enough to, to do the other developments" (PT 1).

For the participants in this study, entering private practice meant they were embarking on a new career path, as they developed bringing in a second career and therefore a new set of tools. For many participants, developing and implementing a business plan, as well as feeling comfortable executing the business plan and office policies meant they had successfully taken on the role of business owner. Ultimately, the aspect that stood out to all participants was the extension of the therapist role. This could have been experienced both positively or negatively, but all participants agreed that being in charge of one's own practice required a new skillset that extended beyond one's role as a therapist.

Research Question 2. How has the amalgamation of therapist and business owner into private practice therapist influenced your identity?

It must be noted that not every therapist experienced the amalgamation of both roles. Some therapists struggled with business side, others felt uncomfortable with it, and some thrived on it. Ultimately, private practice represents a balance between these two roles, and the way that balance is expressed will vary among therapists. Therefore, the influence of the amalgamation of the therapist and business owner roles on one's identity again varies, and because of this generalizations cannot be made. This study however, progresses the current understanding of the professional identity of therapists in private practice by highlighting their experiences, as well as the diversity in coping and working in this field. This study also highlights that all therapists, inclusive of those who did not identify with the business aspects of private practice, as well as those who thrived and identified as a business owner prioritized their clients' needs. All therapists recognized that they are there to help their clients and communities, and used the flexibility and independence of their profession to work in a client-centered manner.

The results of this study indicate that for most participants, their sense of identity as entrepreneurs intensified with the development of their business. Some therapists began identifying more strongly as business owners, or business owners first, and therapists second. With experience came the realization that the business needs to thrive for the therapy to continue occurring. If one is solely focused on the therapy the business will fail. However, some participants expressed strong discomfort with the financial components of private practice, and felt that it was wrong to charge participants for the therapy. A clear dichotomy between the business owner and the therapist emerged,

outlining that while for some owning a business was an accomplishment, for others it was not aligned with their values and ethics.

Research Question 3. What dilemmas have you experienced as a result of entering private practice?

While working in private practice, a number of dilemmas emerged. The dilemmas experienced by therapists can be categorized into two sections: clinical and business dilemmas. Therapists described clinical ethical dilemmas as ones that were challenging, and that were facilitated by consultation and supervision. Dilemmas such as safety concerns for both clients and therapists highlighted a need for therapists to take action if their own safety is threatened, but to also have an appropriate course of action to maintain clients safe in the event of a client threatening suicide. A concern therapists described relates to situations where clients' safety might be compromised, but a network of supports is lacking; the therapist must determine the best course of action in order to maintain the client's safety.

A secondary clinical concern described for counsellors both in Winnipeg and rural areas relates to the issues that emerged when many family members want to see the same therapist. The therapist must decide whether to refer one member elsewhere in order to avoid dual roles, or in areas where other resources are not available, they must find the most ethical way to work with the entire family. The clinical issues described by participants are similar to the clinical ethical issues a therapist might encounter in another setting, however, the challenge in private practice is that, as one participant stated, "the only difference I think with private practice is the buck kind of stops with you, right?"

When you're in an agency you have the protection of an agency but when you're in private practice you have to be super careful about some of the decisions that you're making" (PT 2). The responsibility lies with the therapist, and there isn't the added benefit of an immediate supervisor to provide support and guidance. Therapists must make the decisions and be able to confidently stand by the decisions they made.

The business issues, or dilemmas described by participants related to the logistics of the business, as well as to finding a way to balance both the roles of therapist and business owner. For instance, therapists discussed the ethical issues around advertising and marketing.

When you put an ad it says what are your areas of expertise. And you really have to make sure that they are not interests, that they are areas that you are competent in. So that's an ethical piece that I think people miss sometimes. That they have things that they took a course in in university but does that mean you are actually competent to do that work (PT 10).

There are no guidelines relating to online advertising; when does not consider themselves an expert? When is an area of expertise an actual area of expertise versus clinical interest? These questions have not been addressed in the literature, and as participants stated, have not been addressed in their graduate education. These questions address important concerns relating to how one portrays their expertise in private practice, and consequently their business.

Research Question 4. How does the private practitioner maintain equanimity and connectedness to the professional community?

The present study provides insight into therapists' connectedness to the professional community in a field that is otherwise isolating. The results of the study highlight that private practice is in fact a very isolating work setting, unless therapists make a conscious and active effort to remain connected to fellow professionals. For some, connectedness to the professional community means they have a small circle of professional contacts that they had a trusting relationship with and can have informal consultation and supervision as well as ongoing support. For other therapists, it means a range of professionals that can provide social and emotional support on a daily basis.

Some therapists recognized this area as one that is lacking attention, and that they felt required improvement. However, some therapists recognized that while this is an area that is lacking, the logistics of their profession may not allow for this area to improve. Therapists identified that social support, especially from other professionals is important to their well being and their sense of being supported, however, in actuality, was not always possible to execute and incorporate into their daily lives.

Research Question 5. What professional roles do you employ in your profession as a counsellor and as a business owner?

The professional roles employed by therapists varied depending on how much they identified with the business component, and how much emphasis they were able to give this aspect of their work. All therapists identified strongly with the therapeutic aspect of their work, both individual therapy, and for those who practiced it also couple

and family therapy. Secondary to this, therapists identified the tasks intake and assessment as one they engage in frequently. Additionally, the administrative component was one counsellors engaged 55% of the time. The unique aspect of private practice is that counsellors could modify their role as they saw fit. One counsellor highlighted, “this is the one field I know where you can create whatever atmosphere you want” (PT 10). However, for some private practice represented an illusion of flexibility. While it appears that one is flexible to make their own decisions and see only specific clientele, the realities are different. Counsellors must work to earn an income, and one cannot do so by being overly particular with the clients they see or the work they do, especially at the beginning of one’s practice. Ultimately, private practice has the potential for great flexibility, but can also be a restrictive work environment if one is struggling to have their business survive.

Furthermore, counsellors identified that their roles extended beyond those of a therapist to include developing business plans, advertising, marketing, bookkeeping, and at times managing staff and payroll. The realization that running the business might take approximately half of one’s time, despite the lack of compensation around it became evident as well. Some therapists were able to include business planning and management into their schedule, which facilitated the process of managing their practice, whereas others tried to find time for it in between clients, and quickly discovered that while they did not have a ‘better system’, their current time management remained a work in progress.

Research Question 6. How does being a woman shape/influence your private practice?

This study examined the professional development of female counsellors in private practice, and as a result it was important to provide participants with the space to discuss the influence, if any, of their gender on their practice. Results demonstrated that some gender specific influences that emerged related to societal gender roles, gender inequality and safety concerns.

Societal gender roles, or attitudes towards gender roles were described by some participants as obstacles they had to overcome. One participant describes,

It's almost like there's an excess of admiration. Like, oh you're a woman and you started this practice, you're an entrepreneur, I mean there's not that many, there's a lot of women in the field of counselling so it's not that unusual for a woman to go into private practice and run a business and so on but to do something on a grander scale, it's kind of like, it's almost like a backhanded compliment. Like, way to go, wow, that's amazing - so on the one hand it's like wow, that's great that feels really good. On the other hand it's like why wouldn't you expect that a woman could do this? (PT 2).

Women expressed that at times they felt that their accomplishments were valuable, but when compared to men's accomplishments were lesser, or 'second best'. One participants explains, "It's harder to rise in this field as a woman, the men rise quicker and easier and protect each other...you know in terms of management and all of that" (PT 8).

Furthermore, another therapist shares the pressure she felt to have children as opposed to attend to her business. Another participant questioned whether men get these questions

and comments, and addressed the notion that while gender inequality is narrowing, there remains work to be done in this area.

Lastly, safety issues came up as a concern for participants. Some participants described being mindful of meeting male client in the evening or when they were alone in their offices. Some participants shared that they have been in situations where they felt threatened by their clients and as a result had taken precautions to keep themselves safe, such as having a panic button in their office, or hiring staff to be in the office while sessions were ongoing if evening sessions were unavoidable.

Emergent model in relation to Ronnestad and Skovholt's (2003) counsellor development model.

In following with the principles of grounded theory, the emergent model presented was developed from the data, without the influence of other models, or theoretical frameworks. The completed model however, must be compared with the theoretical framework of the study to determine the place of this model in the larger context of career development. The theoretical framework guiding the present study was career development, with a lens understanding the role of feminism, and the progress of women in the workforce.

Ronnestad and Skovholt's (2003) model consists of six phases of counsellor development, each unique to the development of the counsellor both as a professional and as an individual. These phases are the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional phase. These phases will be discussed in relation to the emerging model. The core of Ronnestad and Skovholt's counsellor development model (2003) is one reflected in

phases, and describing a “process formulation of development and stagnation” (Ronnestad & Skovholt, 2003, p. 9). The model developed as part of this research study also identifies a growth in the therapist. Whereas Ronnestad and Skovholt’s model (2003) examines the professional development of the therapist throughout his or her lifetime, the present model focuses on the personal and professional growth of the therapist specifically in private practice. The first two phases of Ronnestad and Skovholt’s model (2003), the lay helper phase and the beginning student phase are characterized by an innate ability to help, and then initial anxiety relating to the learnings of a new students, and of learning the professionally appropriate ways of helping. Similarly, the current model begins with the decision to enter private practice, and with anxiety relating to the new knowledge and ways of working therapists encounter. The current model identifies the feelings of uncertainty, and of being overwhelmed with learning a new role, that private practice therapists experience.

Phase three, the advanced student phase (Ronnestad & Skovholt, 2003) is characterized by feelings of comfort in one’s counselling work, but also the realization that there is much more to learn. Additionally, gaps in one’s education are quickly identified, and during phase four, “the novice professional is usually not prepared for the felt disillusionment (Ronnestad & Skovholt, 2003, p. 18). The present model has identified similar feelings of disillusionment. Therapists recognize that as it relates to the business aspect, their education has failed them, and had several gaps. Many participants discussed that they had none to very limited exposure on the ethics, and professional duties involved in private practice.

The experienced professional phase brings with it unique experiences. Its central developmental task is that of authenticity in one's approach to therapy. Specifically, the counselling role becomes congruent with therapists' perceptions and as a result competence is applied "in an authentic way" (Ronnestad & Skovholt, 2003, p. 20). The current model proposes that therapists' success defined by feelings of happiness is dependent on their attitude and ability to adjust to their new roles, becoming authentic with all their professional roles. Similarities among both models are striking, and are reflective of consistent development in counsellor development both primarily as a counsellor, but also in other settings, such as in private practice.

Skovholt and Ronnestad's (2003) last phase, the senior professional phase describes a transition where therapists become guides and mentors for others. While aspects of this phase were observed in the present model, the present model was not able to substantiate these findings. For instance, some therapists described a desire to help novice therapists, as well as involvement in the education system, but the data that emerged was not sufficient to substantiate a phase of professional development.

This model was examined in relation to the theoretical framework to identify its congruency, or lack of congruency with the present framework. The present model was similar on various key developmental phases. However, to examine the model fully in relation to its theoretical framework, it is necessary to identify the role of symbolic interactionism in various aspects of the model, particularly the influences and considerations.

The role of symbolic interactionism in the emergent model. The sensitizing framework in this study is symbolic interactionism. The sensitizing framework "draw(s)

attention to important features of social interaction and provide guidelines for research in specific settings" (Bowen, 2006). Symbolic interactionism is often the theoretical framework in works using grounded theory. While not the direct theoretical orientation of this study, the concept of symbolic interactionism was evident in the model, and influenced participants' decisions and experiences. Symbolic interactionism was the sensitizing framework of this study, and served to understand the social interactions that shapes participants experiences that ultimately led them to become the professionals they are today. Symbolic interactionism posits that individuals are aware of society's perception of them, and as such they modify their behaviour, thereby, one's social interactions serves to shape society using shared meaning (as cited in Heath and Cowley, 2004, p. 142).

In the present study, the role of symbolic interactionism was embedded in therapists' advertising, marketing, and involvement in their communities. Two therapists described their discomfort when out in the community and a client might see her nieces and nephews, or children misbehaving. Their own interpretations that others might judge their family's misbehaviour led them to rethink behaviour in public. Similarly, reflecting positive worries were the therapists that discussed their concerns with making their practices approachable, friendly, and comfortable for clients. Therapists identified that the meaning clients took away after visiting their offices were positive as well as motivating them to work on improving themselves. Lastly, some therapists identified their gender as a consideration they needed to have when approaching their practice. This included both issues of safety, of understanding how others might interpret their actions

because of their gender, and proving their skills despite what their communities might feel their obligations should be because of the fact that they are women.

Ultimately, symbolic interactionism works to shape entire societies, as one's actions influence another's and snowball to affect entire communities. In this study symbolic interactionism affected therapists themselves, but also their approaches to their practices. These interactions led therapists to reevaluate the ways they would like to present their practices in ways that will yield utmost comfort, sensitivity, and happiness for their clients.

Comparison of emergent model with current literature

Within my main area of literature review I will be reviewing the emerging model based on the literature presented in chapter 2. This area will compare the findings from the present study to the area of counsellor professional development, women's career development, and female entrepreneurship.

1. Counsellor Professional Development

The phase model Professional Identity in Private Practice has identified that a developmental growth process characterizes private practice work. Upon a review of the literature, it became apparent that this model is congruent with previous literature on counsellor professional development. Several central ways of professional development are represented in the literature (Choate, Smith & Spruill, 2005). One important aspect of professional development and growth is the development of a professional counsellor identity (Myers, Sweeney & White, 2002). Second, there is the emerging sense of competence or expertise (Gazzola, De Stefano, Audet & Theriault, 2011). Third, counsellors engage in supervision, and have mentoring relationships (Gazzola, De

Stefano, Audet & Theriault, 2011). Fourth, there is engagement in one's professional roles and activities (Alves & Gazzola, 2013; Gale & Austin, 2003). The phase model developed through this research is congruent with the five major ways professional development is actualized in the literature, and provides a novel contribution to the literature. This section will explore the results of this study as they relate to the literature.

At this time, the literature is growing in the area of counsellor development, professional growth, and professional identity. However, there remains limited research in the area of private practice, and the professional development of practitioners in this field. The previous literature has highlighted developmental models relating to counsellor development (Auxier, Hughes & Kline, 2003; Gibson, Dollarhide & Moss, 2010; Moss, Gibson & Dollarhide, 2010; Moss, Gibson & Dollarhide, 2014; Ronnestad & Skovholt, 2003). These models have highlighted the notion that counsellor professional development is based on continuous personal and professional growth that occurs over the lifespan (Moss, Gibson & Dollarhide, 2014; Ronnestad & Skovholt, 2003).

In a study of 10 doctoral students in counsellor education working in private practice, Swickert (1997) found that counsellors in private practice were unique in that they offered pro-bono work, and expressed that “the bottom line was not money” (Swickert, 1997, p. 335). This is congruent with the results of the current study, where counsellors were looking to make a difference in their communities, and help their clients and the greater community to the best of their ability. While not all counsellors offered reduced fees, many counsellors expressed that they wanted to make services accessible to their clients, particularly clients whose financial situation changed over the course of therapy. In rural areas, counsellors expressed that it was very important to them to

support their communities, particularly as some areas have limited psychological resources. In a discussion of the realities of private practice, Courtois (1992) stated, “Great personal and professional satisfaction ensued when it was clear I was innovatively serving an in-need population that had been relatively underserved in my community and when the practice grew enough to provide a living wage” (p. 19).

Moss, Gibson & Dollarhide (2014) developed a theory of transformational tasks of professional identity development. Their study indicated that counsellors undergo changes in their perceptions of their work performance, where their initial views of their workplace are challenged, and over time confidence increases, and they gain a realization that they are able to manage their job, as well as recognize their limitations. These results are consistent with the present study, which has found that counsellors enter private practice, only to feel overwhelmed and underprepared for their new career choice. With time and practice, counsellors overcome initial concerns, gain confidence, and experience authenticity and comfort with their professional decisions and approaches.

While all counsellors experience challenges to varying degrees, rural counsellors encounter additional challenges. These include dual relationships, competence limitations and limited resources in rural communities, professional isolation, both geographic and otherwise, differing community values, and the systems in a rural community (Schank, 1998). Dual relationships may not be avoidable in rural areas, as overlapping relationships can occur in social, cultural or religious settings, particularly when the counsellor lives in the rural area he or she practices. In fact, it is important for counsellors to be seen engaging in business within the rural community so to not to be seen by the

community as an outsider (Schank, 1998). This was echoed in the results of this research, where one rural counsellor states,

... I did quite a bit of research on that [dual roles in rural areas] and basically the consensus was that it's unavoidable so really to be ethical you just need to learn how to manage it. The code of ethics says to avoid our code of ethics says to avoid dual relationships whenever possible but everyone working in a rural environment just knows you are going to have to do that and to some extent the consensus also was you need to do to have credibility within the community. Because people in rural environments don't like someone who seems to be removing themselves from the from you know held above everyone else. So they need to see you at the grocery store they need to see you doing your banking they need to see you getting involved in community groups where you may also be working with your clients, forming relationships with people outside of the therapy room basically you know. It's okay if your butcher is also your client. You can go and buy goods off of your butcher and that's actually a good thing you know. (PT 3).

While rural counsellors experience the difficulties of rural relationship, some Winnipeg counsellors described the challenges of working in Winnipeg, where the city is small enough that one is likely to bump into their clients, and also have to work through the appropriate way to manage dual roles. Dual roles appear to be an issue for both rural and urban counsellors, although this challenge is intensified in rural settings.

Professional isolation can be especially challenging for counsellors, as their own professional growth and development may become a secondary priority due to the fact

that any continuing education opportunities may be located in different regions (Schank, 1998). In a personal account of her experiences in private practice, Courtois (1992) further discusses the challenges relating to isolation and loneliness in private practice, and the fact that the isolation of the professional setting can generate a feeling of loneliness, and fear of the tremendous responsibility a private practice therapist experiences when working alone and carrying the responsibility of their clients and communities. Further, questioning one's competence is a regular occurrence, for both clinical skills, as well as skills relating to running the business. Likewise, therapists in the current study also expressed that questioning their competency as a common occurrence, as well as admitting that they do not always know what the next step is, or what the right answer to a situation might be, as well as not knowing whether their decisions, attitudes and approaches are similar to those of other therapists. These results exemplify the isolation and disconnect present in private practice settings, even among therapists who consider themselves well connected to other professionals and their professional association.

Counsellors may also experience challenges relating to their clients ability to access services, as often it can be challenging for clients in remote areas to travel, or access specialized services (Schank, 1998). These challenges echo the results of this study, where counsellors in rural areas described the need for increased electronic services, such as online or phone counseling, but stated the limitations due to the increased need for services in rural areas have not made this possible yet.

Another result highlighted in the study is the fact that ethical codes and guidelines are limited and have not been able to 'keep up' with the realities and fast changing

demands of private practice, and at times can be ambiguous in terms of helping a counsellor resolve an ethical dilemma (Schank, 1998). For instance, participants discussed issues relating to holding electronic records, and the safety around electronic records, particularly when those records may be saved in an online server out of province. Therapists identified that while they know they are working to their highest ethical standard, and following strict confidentiality, there are sometimes grey issues, such as that of online storage of confidential information that ethics and professional governing bodies have not been able to address at this time.

2. Theories of Career Development

This section will compare the emerging model with Astin's (1984) sociopsychological model of career choice and work behaviour, as well as compare the emerging model with O'Neil and Bilimoria (2005)'s women's career development processes.

Astin's (1984) sociopsychological model of career choice and work behaviour is developmental, and is meant to explain changes in career choice and work behaviour in individuals and groups. Astin (1984) explains that in today's society the only way to survive is by earning an income that allows individuals to purchase basic needs. Work expectations vary for men and women, particularly society's perceptions of the types of work that are available or accessible to men or women. Astin (1984) outlines that when determining one's professional aspirations, questions such as "what type of work or activities am I capable of performing? What options (opportunities) are open to me, and which are closed off? How likely are these various options to meet my needs for survival, pleasure and contribution?" will serve to shape one's career choices (Astin, 1984).

Furthermore, work expectations are influenced by the combination of socialization and structure of opportunity. Socialization influences the opportunities available for either gender, and the structure of opportunity influences the values taught through socialization. Astin (1984) notes that history has seen changes in the structure of opportunity for women and men.

The purpose of the present study was not to test the validity of Astin's (1984) sociopsychosocial model of career choice, and therefore, only aspects of the emerging model can be compared with Astin's (1984) model. Astin's model can help the reader understand the process of making vocational decisions, and therefore, it allows the reader to understand the first phase of the Emerging Model – Professional Development in Private Practice: A Phase Model. At this stage counsellors were influenced by one or more of the following four reasons: seeking autonomy, need for greater income, frustration with one's agency setting, and family demands. Ultimately, at this stage counsellors had to determine whether they engaging in private practice work was a viable career option for them. This decision was not made lightly, and factors such as clinical and entrepreneurial skills, opportunities for opening a business, and the survival of the business in terms of financial sustainability were all factors discussed by participants.

In their study of women's career developmental processes O'Neil and Bilimoria (2005) explored work related experiences as well as personal and professional factors that can influence motivation and thereby one's career. They developed a three-stage phase model for women's career development. In the first phase, the driving force is idealistic achievement and women base their career choices on satisfaction, achievement and success, and aspirations to make a positive difference in society. During this time, women

perceive themselves in control of their careers, and proactively strategize for career development (O'Neil et al., 2005). The second phase is characterized by pragmatic endurance, where mid-career women are balancing professional and personal responsibilities. At this stage women begin to prioritize personal life, and question the significance of their employment (O'Neil et al., 2005). In the third and last career phase, the driving force is reinventive contribution. In this phase, women's focus is to contribute to their organizations, families and communities. This stage consists of self-reflection, and success is generally associated with recognition and respect (O'Neil et al., 2005).

The emerging theory of counsellor development in private practice reflects two of the three phases identified by O'Neil and Bilimoria (2005). The first stage, described as being characterized by idealistic achievement is evident in counsellor's processes. Two novice counsellors expressed their stance on their professional development as fitting idealistic achievement, stating that at this point in their lives when they did not have children was the time to dedicate all their resources to their private practice.

I feel like starting a business, if you really want to do it that's having a child. It will take everything from you if you let it, it need everything from you for a while if you want it to survive and thrive and uh and you're growing something you know... I made something out of nothing you know and I think that that's a really important thing to do once in a while to sit back and be like there was nothing here...now there's a physical office space for sure but there's also like something bigger that exists which is a service which is the lives that have been touched by being contacted by me and my life has been altered by being in contact with all of my clients you know um if i'm looking at becoming an employer, well now i'm

creating jobs which is kind of a big deal in today's economy you know so I think it's also important to recognize that it's a bigger responsibility for it's also something that should be celebrated (PT 3).

The second phase of O'Neil and Bilimoria (2005)'s career development model was not evident in this research study. It is possible that this stage did not emerge because the participants in this study had all chosen their profession, and developed a profession of their own that meets their needs both clinically and financially. An individual that is questioning the meaning of their profession is not likely to be developing their own profession, and therefore would not be a participant in this study. The third phase of O'Neil and Bilimoria (2005)'s career development model was also evident in the current emerging theory. Seasoned professionals were looking forward to sharing their knowledge and experience. These therapists have succeeded in developing their business as well as making a contribution to their communities. And, as described by O'Neil and Bilimoria (2005), the female therapists "...reclaimed their careers in their lives as opportunities to contribute...without losing sight of themselves in the process" (p. 184).

3. Female Entrepreneurs

As described in chapter 2, gender influences entrepreneurs' perceived self-efficacy and consequently the ability to actualize a business, thereby affecting business performance (Anna, Chandler, Janse & Mero, 2000). Gill and Ganesh (2007) reported that desire for autonomy and control was a motivating factor for women to become self-employed. The results of the present study are compatible with Gill and Ganesh's research, as participants identified a desire for autonomy as well as the ability to control their own workplace as a motivating factor for engaging in private practice work. Much

like the results that emerged in this study, Gill and Ganesh (2007) described that some female entrepreneurs recognized new skills and abilities as it related to maintaining their own business. Some of the participants in the current study reported similar experiences, that they were able to incorporate their existing skills and experiences into their business in a way that made their business sustainable and compatible with client's needs. Furthermore, much like the results of this study, Gill and Ganesh (2007) reported that female entrepreneurs felt that they could incorporate their personalities into their work lives, and perceived entrepreneurship as a positive career change that could facilitate self-expression (Gill and Ganesh, 2007). The current study found that the ability to incorporate one's skills, experiences and therapeutic approaches and treatments into therapy was a motivating factor and part of the autonomy that was sought by participants. Ultimately, it becomes evident that the findings of the current research are compatible with the literature.

When examining participant's worldviews, and perceptions of their own skills, abilities, and stance in the workforce, it becomes apparent that participants as a whole identify as modern day feminists. Therapists identified as believing in a collaborative approach, one where they and their clients are equals, and one where their worldviews are based on a notion of equality, the right to choose, and the right to independent thinking. These worldviews are congruent with third wave feminism, and offer a space for therapists and clients to feel safe, be themselves, and receive caring support.

Implications of study

This section will outline the implications of this study for practice (counsellors and supervision), for institutions and graduate programs, as well as for future research.

First, this study has significant implications for professionals of all helping orientations interested in entering private practice. The first of its kind, this study offers a window into the lives of private practice therapists, depicting their successes and challenges. Many counsellors identified that it is important for new professionals in private practice to have a mentor, but this may not be within all practitioners' reach. This study offers insight that can mirror that of a mentor's, at least in terms of understanding the reality of private practice, and how it can impact one's profession and duties and responsibilities. As many counsellors highlighted, private practice is not for everyone, as one participant explains, "I think people really need to do some soul-searching and be honest with themselves about that because that's not only is that going to be a good way to determine whether it's the right thing or not but it's also going to be a really important way to say ok what do I want this to look like and how do I start making decisions" (PT 3). This study offers insight into the private practice profession, demystifying a field that has been lucrative to many therapists, despite limited empirical information. This study also has important implications for supervision. Private practice is an isolated professional field that, like the entire counseling profession in Manitoba, is not regulated. For this reason, it is extremely important that counsellors in private practice have access to supervision, or collegial support. While some counsellors expressed that they are too busy for supervision, and that while they value supervision, for reasons of time and money they do not access it. Supervision is crucial not only for counsellor development, but also for ethical practice, and for maintaining connectedness and accountability to other professionals in the field.

This study has significant implications for educational institutions, particularly graduate programs involving in training counsellors, social workers, and psychologists. The professionals interviewed for this study highlighted concerning facts relating to the preparedness of therapists to be in the private practice field. Therapists in private practice have good intentions, they are seeking to benefit their communities, help their clients, and also earn an income engaging in the best professional they can be. However, good intentions may not always translate to good and ethical practice. Participants identified that short of having mentors, and independent readings, private practice is very much a 'learn as you go' profession. This can be dangerous to both the practitioner, and the public seeking professional psychological help. From a professional standpoint, the professional can be left vulnerable to professional misconduct and lawsuits, and from the client's perspective, they are vulnerable to independent professional opinions as opposed to regulated professional standards. While it is unlikely that a practitioner would purposely behave unethically, the lack of regulation and professional support in private practice is alarming. Professional programs have an ethical obligation to provide their students with the option to explore this field in a regulated environment, such as a classroom. While some programs are beginning to do this, many remain behind. Topics such as clinical and financial ethics, connectedness to one's professional community, and mentorship need to be discussed to set a standard of professionalism in this field. Many of the therapists in private practice work diligently to uphold all of these standards; however, academic institutions, specifically, graduate programs in counseling have the expertise and means to develop a network of professionals working together to provide the best standard of care in both the private and public sectors.

It must be noted that the responsibility of professional and ethical practice does not lie strictly with universities, but also with certification board as well as the individual therapist. Certification boards such as the Canadian Counseling and Psychotherapy Association, and College of Social Workers have an ethical responsibility to offer therapists support and information about private practice and to ensure it is easily accessible to professionals in rural and urban areas. Similarly, it is up to the individual therapist considering private practice to become familiar with ethical concerns, issues and areas where they could require additional support to ensure these factors do not impact client care.

The implications of this research extend beyond practice, but also to research. This project, building on previous career development models, extends a professional development model to private practice counsellors. This study provides a preliminary framework and foundation for future researchers to continue building this field, providing clarity and support to counsellors nation-wide. This study brings awareness to the process of female therapists in private practice, and acknowledges their challenges, successes and overall process. This study represents a starting point in a specific area of counsellor development that has yet to be explored. This study's implications in the academic field are limitless in that further understanding the process a counsellor undergoes in their development serves to further understand the service provided to clients. For instance, the degree of client care provided at different phases of development may vary with therapists in different settings, or with varying levels of experience. Aspects of development and professional support that increase a counsellor's well being while building her practice may have a positive influence on client care and support.

Future researchers may want to build on the current study by incorporating more diversity in their participants, including both male and female participants, as well as participants from various parts of Canada, and not only Manitoba. It would be recommended for future researchers to further explore therapists' internal dialogue as they are working through their challenges and successes in private practice to develop a detailed account of how one's attitude, approach and internal dialogue may influence their practice. A valuable study may consist of a longitudinal approach that follows therapists from the inception of their practice throughout their careers.

Strengths and Limitations of Study

This study examined the professional development and experiences of therapists in private practice. A strength of this study was the diversity of its participants educational backgrounds. Participants varied in level of education, both masters and doctoral degrees, as well as the type of educational degrees. Participants were trained in Counselling Psychology, Clinical Psychology, Clinical Social Work, Marriage and Family Therapy, and some had more than one training type. Additionally, participants' stage of professional development varied from novice counsellors to seasoned professionals, offering diverse perspectives and experiences. A second strength of the study was its rigor and trustworthiness. The researcher used various techniques to ensure the trustworthiness of the emerging model including the interview transcript review technique, member checking, reflexive memoing, and engaging in external audits.

While the study's contributions to the literature are novel, the study's limitations may impact its results. First, this study consisted of only 10 participants, all from Manitoba. The sample size of the current study does not allow for the development of a

substantive theory. It is likely that the scope of the developmental process established would have been broadened with additional participants. Furthermore, additional participants would have added participant diversity, and therefore generalizability to the broader practitioner community. Secondly, this study lacked geographical diversity. The participant sample pool was focused on Manitoban counsellors. However, by focusing on participants strictly from Manitoba, the study was not able to represent the experiences of Canadian counsellors, but only Manitoban counsellors. Future studies should gather data from counsellors across Canada, and compare the experiences of counsellors by region. It is possible that geographical region could influence counsellors' professional experiences, particularly due to professional regulation in only parts of the country.

Summary

This chapter discussed the developed phase model Professional Development in Private practice in relation to the original research questions identified at the beginning of the study. The emergent model was discussed in relation to the theoretical framework of the study, Ronnestad and Skovholt's (2003) counsellor development model. A comparison of the emergent model and the current literature was offered to explore the compatibility of the present findings with the larger literature. Lastly, the implications and limitations of the study were presented.

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Appendix A – Sample of a Reflexive Memo

Date: June 1, 2014

My identity and life experiences heavily influence my perceptions and ability to help others. I believe that our roles in various aspects of our lives have a fundamental influence on our personalities, perspectives, and worldviews. My identity as an immigrant, graduate student, future therapist and researcher have become a reflection of the communities in which I am actively involved.

While my personal and professional experience relates to the immigration process, there are multiple service areas that could use improvement, and fresh outlooks. Similar to my involvement in the immigrant communities because of my unique experience, I am interested in knowing what aspects of individuals' experiences and life roles impact their professional development. As a future therapist, I must consider the various roles in one's life that influences the profession. This interest led me to develop my MEd thesis topic, which explores the professional development of counselors over the span of their career. The implications of this study are multi-faceted, influencing institutions, professional groups and individuals. Professional identity, including professional roles and personal values, are fundamental to the perceived success of the counsellor and of the profession. This study will contribute to the further understanding of private mental health professionals, and their changes in identity. The framework created as part of this study will provide a foundation for future research to examine the changes therapists undergo throughout their transition into private practice, including their experiences, expertise, and challenges. It will better prepare students for the self-employed field of private therapy, and will have a direct influence on the younger generation of therapists who are in the ambivalent stage of pursuing private practice employment.

While only partway through my education, I feel that I have already benefitted, and was able to serve my community with my education. Education is a privilege, and I believe a fundamental principle of education, especially in the social sciences is that we must use it to positively impact the greater community.

Consistent with the process of maintaining reflexivity, five levels of analysis and reflection will be examined. These include, (a) personal and professional meanings of the topic to the researcher, (b) preliminary ideas and expectations of findings, (c) new emerging ideas, (d) perspectives and experiences of counsellors, and, (e) perspectives and experiences of researchers in the field. At this time, these levels of analysis will reflect my (the researcher's) stance on various issues as they relate to the research study.

(a) Personal and professional meanings of the topic to the researcher:

As previously discussed, I believe that the personal aspects of the therapist greatly influence their professional personality, and style of work. For this reason, I am interested in exploring which aspects of the therapist, and the therapist's career development have become defining moments in their lives that have shaped their professional identity.

Learning of positive and negative defining moments can influence the way we teach novice therapists, and support experienced therapists. Ultimately, the more information we gain the better we are able to support the helpers in the community. As a counselling student, I am particularly interested in the research topic as I can see it directly applying to my own professional growth over the course of my career.

(b) Preliminary ideas and expectations of findings:

At this time, I believe that my study in its initial interview guide covers the core areas I expect will emerge through investigation. Simultaneously, the interview guide maintains a general investigative approach that would not influence participants' responses. These areas, as highlighted in the research questions will broaden the scope of the field, and will encourage other researchers to produce Canadian research that explores the unique process of professional identity in various communities. The areas include the unique experiences that signify the process of entering and maintaining a private practice, the identity of private practice counsellor, the dilemmas and challenges that have resulted through employment in this field, level of engagement with the professional community, professional roles, and the impact of the feminist perspective on development and execution of entering private practice.

(c) New emerging ideas based on my current understandings and readings:

I feel that this is a very exciting time to be exploring the professional identity of counsellors in private practice. After conducting a thorough literature review, I can see that the academic community is making headway, and is making progress in this area. However, direct evidence on this subject matter is lacking, and as a result the impact this research can have on the practicing community, as well as the academic community is immeasurable. Specifically since it can help existing professionals, students, and communities. This study could serve to open an unexplored area of research, which will lead to the exploration of new related ideas in cognate areas.

(d) Perspectives and experiences of counselors:

I believe counsellors will take an experiential approach on examining their development throughout the course of their career. For some, reflection will be an active component of their practice, and will come easily. However, for others, it is possible that as a result of their busy lives they may not have set the time aside to examine their own progress, and challenges they have overcome. For the latter, the experience of participating in this study might serve two purposes. First, they will contribute to the research findings and support the extension of the research topic in the field. Second, it will ask them to reflect on their experiences, on their achievements and their failures. This experience can impact the way they interpret their work, and help refine their professional values.

(e) Perspectives and experiences of researchers in the field (theoretical sensitivity):

It is difficult to say what other researchers would believe the emerging themes of this research might be. However, based on the current literature I could presume that the following themes might emerge as having significantly impacted therapists in private practice either positively or negative. In fact, likely as a result of supports, or perhaps of their absence these themes might have become influential. I believe supervision and support from the professional community would likely greatly contribute to a counsellors' motivation to enter the entrepreneurial world. Secondly, while extrinsic motivation and support is helpful, the likely and more important influence for counsellors to choose entrepreneurship is intrinsic motivation. It will be particularly interesting to uncover what motivated and influenced counsellors, and whether themes are compatible across the different generations of counsellors.

Appendix B Counsellor Professional Development: A Critique of the Literature

<u>Author, Year, Title</u>	<u>Country of study</u>	<u>Purpose</u>	<u>Sample size</u>	<u>Gender</u>	<u>Study Design</u>	<u>Critique of Methodology</u>	<u>Study Results</u>
Alves S., Gazzola N. (2013). Perceived Professional Identity among Experienced Canadian Counsellors: A Qualitative Investigation	Canada	Exploring experienced Canadian counsellors' perceptions of the collective identity of the counselling profession.	9	Male and Female	Systematic Grounded Theory	The use of convenience sampling in this study may lead to over or underrepresentation of particular participants characteristics, and bias results. Due to the small sample size, data did not reach saturation, and as a result may not provide a complete representation of counsellors' perceptions of the collective identity of the counselling profession.	Nine themes emerged from the data as it relates to counsellor professional identity: (1) national representation is important for collective counsellor identity, (2) certification for public recognition is valued, (3) there is a lack of consensus regarding regulating psychotherapy, (4) counselling profession is misrepresented in the public's eye, (5) stereotypes exist about mental health professionals that do not accurately reflect profession, (6) the title 'counsellor' was adequate, (7) sources of professional status, (8) the term 'counsellor' does not adequately represent profession, (9) differing opinions regarding counselling and psychotherapy.
Smith D., Drodge N. (2001). A Portrait of Counselling: Counsellors' Work Roles and Career Satisfaction	Canada	Collecting information on counsellors' work setting, professional activities and clientele; specifically professional roles and status of job market.	67	Male and Female	Likert Scale Questionnaire, with some open ended questions	Lack of a randomly selected sample of the counselling profession, and lack of randomization of the chosen counsellor education (MEd); participants are graduates of a single program from one university. The questionnaire used does have not have established psychometric properties. The authors report coding responses that are not applicable (N/A), or left blank as "never", which could skew and bias the results. Research should explore underlying reasons for blank	Results provided an overview of Masters level counsellors. Counsellors work in schools, community agencies, and the private sector. Personal counselling, career counselling, academic advising, clinical assessments, staff development and training, and administrative tasks are frequented by counsellors. Counsellors are satisfied with their profession, although those in community agencies are dissatisfied with their wage.

responses.

The authors do not address limitations in the study. While the sample size is impressive for a grounded theory study, no information is provided on the sample: gender, age, how many participants per phase of development, or the data collection process. The reader is not provided with sufficient information to understand the authors' logic and thought process, and consequently to replicate results.

The authors do not provide a rationale for sample selection, "we selected 8 full-time masters-degree students"(p. 27). The authors report typical case sampling, where the researcher selects participants "most likely to offer thoughtful, information-rich responses" (p. 27) and leave the reader questioning the nature of sample selection, and thus, the validity of the results.

Authors justified their use of grounded theory, and were transparent in their research process. Multiple steps were taken to ensure rigor; acknowledging biases, using multiple researchers throughout coding, member checking, memo writing and interviewee transcript review. Steps were taken to incorporate random participant selection. Focus groups were utilized for data collection, which may have

A lifelong phase model of counsellor development was developed. Phases include: lay helper, beginning student, advanced student, novice professional, experienced professional and the senior professional phase. Results detail the professional roles, responsibilities and worries that consume each phase.

Ronnestad, M., Skovholt, T. (2003). The Journey of the Counselor and the Therapist: Research Findings and Perspectives on Professional Development.	United States	To gain insight on counsellor/therapist development in the field.	100	N/A, presumably male and female	Grounded Theory	
Auxier, C. R., Hughes F. R., Kline W. B. (2003). Identity Development in Counselors-in-Training.	United States	To develop a provisional theory of counsellor identity development grounded in experiences of master's-level counsellor education students.	8	Male and Female	Constructivist Grounded Theory	Conceptual learning, experiential learning and external evaluation interact, and together describe the recycling identity formation process. The process portrays the meaning participants gave their experiences throughout their learning and training to become counsellors.
Moss J. M., Gibson D. M., Dollarhide C. T. (2014). Professional Identity Development: A Grounded Theory of Transformational Tasks of Counselors	United States	To investigate practicing counsellors' professional identity development at various points in their careers.	26	Male and Female	Grounded Theory	Results identified themes that are influential for the professional identity development of counsellors. The themes are adjustment to expectation, confidence and freedom, separation versus integration, experienced guide, continuous learning, and work with clients. Counsellors experienced transformational tasks at each career stage, which enabled them to engage in growth and development. Transformational tasks are idealism towards realism, burnout towards

impacted the depth of the results, and created an unsafe environment for sharing threatening or personal information.

Due to the small sample size, data did not reach saturation, and as a result may not provide a complete representation of counsellors' perceptions of the collective identity of the counselling profession. Factors related to a homogeneous sample may have influenced results as a result of lack of diversity.

A counsellor's professional identity is influenced by their personal identity, their personal work experiences, their perceived competencies, their valuing of self-directed learning, self-care and professional development, being part of a collective group, their place of work, time and experience in the profession and overall evaluation of career choice.

The study included counsellors from different Canadian regions, as a result of its online sample, thereby creating a diverse sample and offering a novel perspective to the literature. While geographically diverse, participants were recruited through association with the Canadian Counselling Association (CCA). Counsellors not associated with CCA were consequently excluded from the study. Future research should include counsellors from various professional designations.

Counsellors worked in multiple settings. Primary setting was private practice, followed by university student services, community agencies, schools, medical rehabilitation centres, and government. A client centered/humanistic approach was most frequently used among counsellors. Professional activities in which counsellors engaged are identified. Counsellors felt they were not respected in the general community and stated they did not have a clear sense of their identity as a professional group. Counsellors were satisfied with their career choice.

Alves S., Gazzola N. (2011). Professional Identity: A Qualitative Inquiry of Experienced Counsellors	Canada	To examine how counsellors experience their professional identity.	9	Male and Female	Grounded Theory	Examining the Process of Working in Private Practice 199 rejuvenation and compartmentalization towards congruency.
Gazzola N., Smith J. D. (2007). Who Do We Think We Are? A Survey of Counsellors in Canada	Canada	To describe the characteristics of the counselling profession in Canada.	117	Male and Female	Web-based survey	A counsellor's professional identity is influenced by their personal identity, their personal work experiences, their perceived competencies, their valuing of self-directed learning, self-care and professional development, being part of a collective group, their place of work, time and experience in the profession and overall evaluation of career choice. Counsellors worked in multiple settings. Primary setting was private practice, followed by university student services, community agencies, schools, medical rehabilitation centres, and government. A client centered/humanistic approach was most frequently used among counsellors. Professional activities in which counsellors engaged are identified. Counsellors felt they were not respected in the general community and stated they did not have a clear sense of their identity as a professional group. Counsellors were satisfied with their career choice.

Appendix C: Women's Life Career Development: A Critique of the Literature

<u>Author, Year, Title</u>	<u>Country of study</u>	<u>Purpose</u>	<u>Sample size</u>	<u>Gender</u>	<u>Study Design</u>	<u>Critique of Methodology</u>	<u>Study Results</u>
Abele, Andrea E., & Spurk, Daniel. (2011). The Dual Impact of Gender and the Influence of Timing of Parenthood on Men's and Women's Career Development: Longitudinal Findings.	Germany	To examine the impact of gender, gender related self-concept of agency and communion, timing of parenting on objective career success.	1015	Male and Female	Questionnaire based	The authors thoroughly described their data collection and analysis, allowing for accurate replication. The study examines the impact of gender related variables on a highly educated sample. As such, results are not generalizable to the general community and must be explored in diverse populations.	Men were higher than women in agency, but both men and women valued communion over agency. Agency positively influenced work hours and objective career success. Agency was a predictor of parenting among men, but had no influence on parenting for women. Results demonstrated that men's average work hours were not dependent on parenthood, which was not the case with women, whose work hours were directly dependent on parenting responsibilities. Mothers altered their work schedule based on their partners when partners worked full time. Childless women's work schedules were not dependent on their partners' schedules.
Miller L., Budd J. (1999). The Development of Occupational Sex Role Stereotypes, Occupational Preferences, and Academic Subject Preferences in Children at Ages 8, 12 and 16.	United Kingdom	To examine the extent of stereotype beliefs in children ages 8, 12 and 16.	592	Male and Female	Questionnaire based	The authors provided a thorough description of methodology and data analysis. The sample was diverse by age, gender, and geography. Instrumentation was altered to complement the children's cognitive capabilities, and was based on pre-existing questionnaires. The article presents a thorough, well thought out, ethical research study.	Occupational stereotyping decreases with age, however, this is the case primarily with females as males demonstrated minimal change in thought relating to occupational stereotyping. Females demonstrated limited interest in stereotypically male occupations, despite the belief that both males and female should be working various jobs.
O'Neil D. A.,	United	Explore the nature	60	Female	Blended	In this sample, a	A three-phase model was developed

Bilimoria D. (2005). Women's Career Development Phases	States	of women's career experiences over the life course.		approach: grounded theory and thematic analysis	majority of the women were childless, which could skew the results, as they are being generalized to women who balance families and careers.	that details women's career experiences over their professional careers. The model was based on age, and differences in career patterns. The first phase is idealistic achievement, the second phase is pragmatic endurance, and the third phase is reinventive contribution.
Gill R., Ganesh S. (2007). Empowerment, Constraint and the Entrepreneurial Self: A Study of White Women Entrepreneurs.	United States	To examine the way women entrepreneurs interpret and experience empowerment, and the way these experiences relate to entrepreneurialism.	23	Female	Semi-Structured Interviews	The methodology of the study is not clearly stated. The steps taken to gather and analyse data are consistent with grounded theory, however the authors only report using semi-structured interviews in their approach. A theoretical framework guiding the study is lacking. Reasons for becoming an entrepreneur were autonomy, confidence in oneself, embracing opportunity, and engaging in self-expression. Participants also identified constraints they experienced while becoming entrepreneurs. These included discrimination on the basis of gender, difficulties with employee management, and creating a balance between their home-work lives. Balancing work and home lives became a gendered task due to the role of partner, wife and mother.
Michailidis M. P., Morphitou R. N., Theophylatou I. (2012). Women at Work Equality versus Inequality: Barriers for Advancing in the Workplace.	Republic of Cyprus	To identify factors experienced by women that relate to discrimination, barriers that affect professional advancement and aspects related to work-life balance.	154	Female	Questionnaire based	Like many quantitative studies, the nature of the questions in this study are categorical, and limit participants to a spectrum of results (e.g. Likert scale, yes/no). Consequently, participants are forced to provide singular responses and are not given the opportunity to broaden their answers, and share their experiences. This limits the nature of the research to the researchers' questions and direction of the investigation. Women reported gender discrimination in the workplace; the researchers attributed gender discrimination to a glass ceiling "while climbing up the corporate ladder" (p. 4243). Women described difficulties balancing home and work obligations. Women identified that company programs to help with childcare would help them balance their work-home life.

Appendix D: Female Entrepreneurs: A Critique of the Literature

<u>Author, Year, Title</u>	<u>Country of study</u>	<u>Purpose</u>	<u>Sample size</u>	<u>Gender</u>	<u>Study Design</u>	<u>Critique of Methodology</u>	<u>Study Results</u>
Butler, A. (1992). The Attractions of Private Practice.	United States	Examining factors associated with students' motivation to enter private practice.	408	Male and Female	Survey based	The study rates students motivation and interest in entering private practice, however, it does not follow up on actualized plans. By only examining students' intentions, results are not representative of the social work field. Issues related to challenges in private practice that would cause a professional to choose an agency are not explored. It may be more accurate to interview a sample of social workers in private practice compared to students.	Clinically oriented social work students plan on entering private practice within 10 years of graduation. Being their own boss, earning above average income, and having flexible hours were some of the factors attracting them to private practice.
Chen, Chao C., Greene, Patricia Gene, & Crick, Ann. (1998). Does entrepreneurial self-efficacy distinguish entrepreneurs from managers?	United States	Study 1: To examine whether entrepreneurial self-efficacy affects entrepreneurial intentionality. Study 2: To examine whether small business owners differed from managers in entrepreneurial self-efficacy.	Study 1: 140 Study 2: 175	Male and Female	Survey based	The authors provided a thorough description of methodology and data analysis. Participants consist of both students, and business owners, increasing the generalizability of the results. The role of self- efficacy in entrepreneurial self- efficacy and intention are clearly described, and thoughtful limitations are detailed.	A significant positive effect was found for entrepreneurial self-efficacy on the likelihood of one becoming an entrepreneur. Individuals who were high in entrepreneurial self-efficacy were high in entrepreneurial intentionality and more likely to start their own business. Similarly, business owners had higher self-efficacy scores in innovation and risk taking behaviour compared to non- founders.

Jayaratne, S., Siefert K., & Chess, W. A. (1988). Private and Agency Practitioners: Some Data and Observations.	United States	To compare the demographic characteristics of public and private agency practitioners.	644	Male and Female	Survey based	This study does not report any limitations or discuss ways to improve its methodology, which immediately cautions the reader to be more sceptical of the data provided. However, the study does have an impressive response rate, of 66.6% for agency practitioners, and 54.7% for private practitioners, which is above average for survey-based questionnaires.	Private practice therapists report high job satisfaction, compared to agency practitioners. The primary reason to enter private practice was professional challenge. Financial reasons as well as dissatisfaction with agency settings also motivated social workers to consider private practice.
Kelan, E. (2008). The Discursive Construction of Gender in Contemporary Management Literature.		To examine how the literature describes the current worker in respect to gender.	6 texts	N/A	Discourse analysis	Using discourse analysis sheds light on the language and undertone present in the literature. The texts selected for analysis are widely used in management and business training and are often read by professionals, indicating appropriate selection. The author fails to report limitations.	Results demonstrate that gender in the literature is constructed in three ways: through awareness discourse using inclusive gender literature. Individualistic discourse states that individuals are free to take charge of their lives and careers, and lastly, an idealistic discourse representing future directions where companies are seeking 'female qualities'.
Langowitz N., Minniti M. (2007). The Entrepreneurial Propensity of Women.	International (data from 17 countries)	What variables influence the entrepreneurial propensity of women?	24,131	Male and Female	Survey based	The authors fail to provide a detailed account of methodology. Specifically participant recruitment and data collection that would enable replication.	Variables that influence the entrepreneurial propensity of women include perceived existence of opportunities, self-confidence in entrepreneurial skills and abilities, and entrepreneurial connection.

Shelton, L. (2006). Female Entrepreneurs, Work–Family Conflict, and Venture Performance: New Insights into the Work– Family Interface	United States	To extend existing theory and literature on the effectiveness of strategies to reduce family- work life conflict in female entrepreneurs.	N/A	N/A	Literature review.	The author presents a conceptual framework, and testable proposals on work-life management strategies; however, developments from this article are speculative, not empirically based. Therefore, short of interesting hypotheses the results of this study cannot be accepted as empirical evidence.	Shelton (2006) argues that reducing work-family conflict will influence female entrepreneurs' growth positively. Strategies for a balanced work-family lifestyle are offered, including role sharing, role reduction, and role elimination. The author concludes that establishing a work-family balance will increase venture growth.
Zhao, H., Seibert, S., Hills, G., & Zedeck, Sheldon. (2005). The Mediating Role of Self- Efficacy in the Development of Entrepreneurial Intentions	United States	To explore the role of self- efficacy in the development of entrepreneurial intention.	265	Male and Female	Survey- based	The study measures entrepreneurial intentionality, and the role of self-efficacy. However, due to the self- report nature of the study, there are no additional verification methods to determine whether the entrepreneurial intentionality is actualized.	High entrepreneurial self- efficacy highly influenced individuals to become entrepreneurs. Learning and experience influence entrepreneurial self-efficacy and entrepreneurial intention. Gender was not related to entrepreneurial self-efficacy; however, women did report lower entrepreneurial intentionality.

Appendix E – Recruitment Email

Dear NAME,

Therapists are continuously entering the private counselling sector, and as a result extending their occupational roles, becoming business owners and evolving in their professional identity. For this reason, I am researching the process of establishing a private practice while examining the development of the professional identity of private practice therapists as part of my M.Ed. thesis research under the supervision of Dr. Priya Mani, Priya.Mani@umanitoba.ca, Associate Professor, Faculty of Educational Administration, Foundations and Psychology (Ph: 204 474 6979).

The title of my research is “The Business of Therapy: Examining the Process of Working in Private Practice”. This study examines what behavioural and emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist; specifically, the decision to enter private practice, the process of opening a business, and ethical and supervisory concerns.

You are invited to participate in this study. Should you choose to participate,

- You will be asked to complete a short survey that collects demographic data (last approximately 10 minutes)
- You will be asked to participate in an audio-recorded semi-structured interview (approximately 1 hour).
- You will be invited to review and provide feedback on your interview, if you choose (approximately 30 minutes). All feedback/transcript changes will be immediately accepted and incorporated into the analysis process.
- You will be invited to review and provide feedback on preliminary results, if you choose (approximately 30 minutes). All feedback/transcript changes will be immediately accepted and incorporated into the analysis process.

Following the interview component, you will receive a feedback form with more information about the research project.

To participate in this study, participants must be female, have completed a Masters and/or Doctoral degree in a counselling related educational program (clinical psychology, counselling psychology, education, clinical social work or other related fields), must be affiliated with an accredited governing body (e.g. CPA, CCPA etc.), are actively working towards establishing, or have already established a private practice in Manitoba, must be the owner of the private practice. The attached Informed Consent Form includes more detailed information about the study for your information.

Your selection to potentially participate in this study was based on an online search of a combination of the following terms: “private practice therapy Winnipeg”, “counsellor”, “private practice practitioners” and “psychologist”.

All participation in this study is confidential and voluntary. Your contact information was obtained from an online search of counsellors in Manitoba.

Your participation is greatly appreciated, as it helps further the knowledge base on counsellor professional development and helps the private practice community, as well as novice counsellors.

This research has been approved by the Education/Nursing Research Ethics Board of the University of Manitoba. If you have any concerns or complaints about this project you may contact the Human Ethics Coordinator (HEC), Margaret Bowman at 204-474-7122 or e-mail at Margaret.bowman@umanitoba.ca.

If you choose to participate, feel free to respond to this email at your earliest convenience, and we will arrange a meeting time.

Sincerely,

Melanie Baruch
M.Ed Candidate

Appendix F – Phone Transcript

My name is Melanie Baruch and I am a graduate student in the Faculty of Education at the University of Manitoba. I am currently working on a thesis research project which is the final requirement needed for the completion of my Masters of Education in the specialty of Counselling Psychology. I would like to invite you to participate in my thesis project.

The purpose of this project is to gather data regarding the professional development of female therapists in private practice. The data from this interview will be used to inform a theory about professional development in counsellors who engage in private practice work.

If you are interested, I would like to ask you for your email address so that I could send you a formal invitation to participate in this study. There is no obligation to participate, and you have the option to decline this invitation.

Appendix G – Participant Consent Form



**UNIVERSITY
OF MANITOBA**

Faculty of Education

Department of Educational Administration,
Foundations and Psychology

230 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-
9018
Fax (204) 474-7550

Research Project Title: The Business of Therapy: Examining the Process of Working in Private Practice

Principal Investigator: Melanie Baruch, baruchm@myumanitoba.ca, Second year M.Ed Candidate, Faculty of Educational Administration, Foundations and Psychology.

Research Supervisor: Dr. Priya Mani, Priya.Mani@umanitoba.ca, Associate Professor, Faculty of Educational Administration, Foundations and Psychology.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Melanie Baruch, a second year Master of Education student is conducting this research study as part of her Master's thesis, under the supervision of Dr. Priya Mani. The purpose of this study is to understand the process of establishing a private practice while examining the development of the professional identity of private practice therapists. This study will examine what behavioural or emotional processes describe the amalgamation of two careers, therapist and business owner, into the lifestyle of the private practice therapist.

To participate in this study, participants must be female, have completed a Masters and/or Doctoral degree in a counselling related educational program (clinical psychology, counselling psychology, education, clinical social work or other related fields), must be affiliated with an accredited governing body (e.g. CPA, CCPA etc.), are actively working towards establishing, or have already established a private practice in Manitoba, must be the owner of the private practice. As a participant, you will be asked to complete a short survey, as well as participate in an audio recorded semi-structured interview. The interview will be audio recorded on the program Garage-band. The estimated participation time is approximately 70 minutes. All participation is confidential. There are no anticipated risks or harm to participants in this study. If you feel uncomfortable with the questions asked regarding professional identity and professional development you are encouraged to withdraw from the study. You have the right to withdraw from the study at any time before its completion, refuse to answer any questions, as well as withdraw participation after the completion of the study. Your data will only be used if you choose to withdraw with your explicit consent. Should you withdraw from the study, all

interview data and participant documents will be destroyed. To withdraw from the study after completion of the interview you may email myself, or Dr. Priya Mani stating that you would like your data to not be used in this study. Additional participation for optional involvement in feedback activities is approximately one hour.

The implications of this study are multi-faceted, influencing institutions, professional groups and individuals. This study will contribute to the further understanding of private mental health professionals, and their changes in identity. The framework created as part of this study will provide a foundation for future researchers to examine the changes therapists undergo throughout their transition into private practice, including their experiences, expertise, and challenges. This is of particular importance to Canadian Universities that offer clinical and counselling graduate programs, as it will allow faculty and administration to provide current insight into the world of private practice to their students. This study will better prepare students for the self-employed field of private therapy by informing them of the process, and will have a direct influence on the next generation of novice therapists who are in the ambivalent stage of pursuing private practice employment.

Following participation in the study, you will receive a feedback form detailing the significance of the study, and providing you with contact information should you have any questions or concerns following participation in this study. Additionally, if you so choose, there is the option that approximately 3 weeks after the interview you will receive a transcript of the interview, and you may provide feedback/changes of the transcript. All changes made by you will be immediately accepted and used to replace the original transcript. If you so choose, at the end of the research study you may also receive a copy of the preliminary results and have the opportunity to once again provide feedback on the preliminary results. Changes made by you to the preliminary results will be accepted and incorporated into the study.

Your participation in this research study is completely voluntary. Should you choose to withdraw from the study at any point or feel that you would rather leave some question(s), you are welcome to do so by stating your withdrawal verbally. Should you withdraw from participation in the study, your information will not be used without your consent.

The only individuals who will have access to your identity are the primary researcher (Melanie Baruch), the research supervisor (Dr. Priya Mani), and the transcriptionist (yet to be determined). Confidentiality is taken seriously, and no other parties will have access to any participant identifying information. The transcriptionist will sign a confidentiality waiver, and all information used by the transcriptionist will be password protected and kept in a locked space in the transcriptionist's office. The results of this study will be shared academically at conferences or through publication of research papers in academic journals, as well as through the University of Manitoba MSpace, where thesis are uploaded upon completion. Direct quotations from the interviews may be used during the dissemination of findings. Dissemination of findings will not jeopardize participant's confidentiality. Any identifying information will be given pseudonyms to protect participant's identities. Complete confidentiality can never be guaranteed, but all efforts will be made to ensure confidentiality. All data and consent forms will be stored at the researcher's locked home office, except for when in use by the transcriptionist. All electronic documents will be kept in the locked office on a password protected computer. All of these documents will be destroyed upon completion of the research project, in August, 2016.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. The University of Manitoba may look at the research records to see that this research is being done in a safe and proper way. This research has been approved by the Research/Nursing Research Ethics Board of the University of Manitoba. If you have any concerns of complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC), Margaret Bowman at 204-474-7122 or e-mail at Margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _____ **Date** _____

Researcher's Signature _____ **Date** _____

Request for Copy of Transcript:

I am interested in seeing a copy of my transcribed interview. I would like Melanie Baruch to send me a copy of this to me shortly after it has been transcribed. I will expect it to be ready approximately one month after my interview. I will be able to comment on the transcript for accuracy and to provide additional information, if necessary, within (approximately) 30 days from when I received my copy.

- I would prefer NOT to receive an interview transcript.
- I prefer to receive my interview transcript via email: address _____
- I prefer to receive my interview transcript hard copy: address _____

Request for Copy of Preliminary Findings:

I would be willing to look at the preliminary findings from this report and to discuss my impressions with Melanie Baruch. I understand that Melanie is interested in knowing whether her findings adequately reflect the experience of the participants (as a whole).

- I prefer to NOT to receive a summary of the findings.
- I prefer to receive my summary of the findings via e-mail: address _____
- I prefer to receive my summary of the finding via hard copy: address _____

I have read and understood the above, and I agree to participate in this project.

Participant's Signature _____
Date _____

Researcher's Signature _____
Date _____

If you have any questions or concerns about this study, please contact the principal investigator,
Melanie Baruch at:

Phone number: (XXX) XXX XXXX

E-mail: baruchm@myumanitoba.ca or Dr. Priya Mani at:

Phone number: (XXX) XXX XXXX

Email: Priya.Mani@ad.umanitoba.ca

Appendix H – Email for Interviewee Transcript Response

Dear NAME,

Thank you for your involvement in my thesis.

As discussed, I have attached the raw interview transcript for your review. I have included both a word document and PDF for your convenience (they are identical). All identifying information will be removed.

Please let me know if you have any questions, concerns or comments.

I look forward to hearing from you by DATE (*Participants were given 10 business days to respond*).

Have a great day!

Melanie

Dear NAME,

Please find attached the initial results of my thesis, and a copy for your review as we had previously discussed. You will find an emerging model of the process of working in private practice. If you have any additional comments, questions or concerns feel free to communicate those with me by DATE (*Participants were given 10 business days to respond*).

Thank you for your participation.

Take care,

Melanie