ACTIVATING AND ENCOURAGING SUPERVISEES’ CREATIVITY AND INTUITION THROUGH THE CLINICAL SUPERVISORY RELATIONSHIP

A dissertation submitted to the Kent State University College of Education, Health, and Human Services in partial fulfillment of the requirements for the degree of Doctor of Philosophy

By

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The purpose of this study was to explore how creativity and intuition were activated and encouraged by counseling supervisors within the clinical supervisory relationship with supervisees. Past research in this area was limited in scope, and suggestions for future research included uncovering what worked to encourage creativity and intuition for counselors within supervisory relationships to aid clinical supervisors, counselors, and potentially clients and counseling training programs (Carson & Becker, 2004; Faiver, McNally, & Nims, 2000; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Koltz, 2008; Kottler & Hecker, 2002; Lawrence, Foster, & Tieso, 2015).

Constructivist grounded theory methodology was used for this study, and a purposeful sample of participants was selected via the use of Q-Methodology procedures, specifically, by using Q-sorts and Q-interviews to narrow down participants to those who used creativity and intuition in their clinical supervision practices. Twenty-nine participants (Ohio-licensed and endorsed clinical counseling supervisors) completed Stage 1 (the Q-procedures) of this study. Three factors (Factor Ci, Factor CI, and Factor ci) arose from Stage 1 ($n = 20$). Participants from Factor Ci ($n = 12$) and Factor CI ($n = 2$) were asked to continue with the study and 11 did so.
The grounded theory that emerged was the supervisory interaction vortex, which stemmed from a strong supervisory alliance and relationship. This theory was developed into a new clinical supervision model, the Creativity and Intuition Supervision Model (CISM), and expanded upon existing literature about the use of creativity and intuition within supervisory relationships.
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CHAPTER I
INTRODUCTION AND LITERATURE REVIEW

Creativity and intuition, imagination and inspiration, reflective practice, creativity and insight, clinical intuition, creative potential, informed judgment—these phrases and terms have been used to describe the act of counseling (Dietrich & Kanso, 2010; Eisengart & Faiver, 1996; Elliot, 1986; Faiver, McNally, & Nims, 2000; Jeffrey, 2012; Lowry-O’Neill, 2011; Palmer, 2007; Smith, 2011; Wadeson, 1980). However, despite the existence of such descriptions of counseling (in the professional counseling literature), and irrespective of colloquial statements and understandings about counseling being creative and intuitive, many have argued that such subjective ideas cannot be taught (Csikszentmihalyi, 1996; Sawyer, 2013; Simonton, 2012; Wahl, 2013; Williams & Irving, 1996). Exponential increases in the popularity of evidence-based, manualized treatments have seemed to suggest that insurers and clinical agencies want explicit methods, which can be taught easily en masse (regardless of developmental level or clinical experience), in order to effect change in clients (SAMHSA, 2015), rather than allowing for one’s individual development as a clinician to inform one’s practice of counseling and treatment of and for clients (Bohart, 1999; Sommers-Flanagan, 2015; Sucre, 2008). Researchers have noted that such potential discounting or discrediting of the importance of creativity and intuition within counseling for the benefit of counseling clients (Keith, 1987; Sommers-Flanagan, 2015) and within the training of counselors could impede the ability of counselors and supervisors to aid clients and supervisees.
more fully (Bohart, 1999; Carson & Becker, 2004; Jeffrey & Stone Fish, 2011; Koltz, 2008).

Purpose and Rationale

Despite the aforementioned arguments and practices that run counter to the development and practice of creativity and intuition, authors have proposed that one can activate, encourage, or enhance creative and intuitive qualities (for a clinician) within the framework of a clinical supervisory relationship (Becker, Carson, & Mansfield, 2002; Jeffrey & Stone Fish, 2011; Lawrence et al., 2015; Meyers, 2014), through a mentoring or coaching relationship (Coyne, 2009; Gash, 2017), and with the use of an encouraging environment (Koltz, 2008; Palmer, 2007; Richards, 1989; Wadeson, 1995). Since education, training, mentoring, and supervision have been promoted as necessary elements in the development of clinicians and for counseling trainees entering the clinical practice world, it would seem that supervisors’ understanding of how to engage and activate the creative, intuitive process in clinicians (new or experienced) would be pertinent and desirable. Previous research about supervision focused on the benefits of supervision, on what makes supervision experiences effective or beneficial (from both the supervisor’s and supervisee’s perspectives; Lawrence et al., 2015; Meyers, 2014), and on investigations about and practices of teaching reflection, creativity, or intuition (Becker et al., 2002; Lowry-O’Neill, 2011; Pipher, 2003). Less research has been done about how one can encourage the development of creativity and intuition within a clinician (Carson & Becker, 2004; Eisengart & Faiver, 1996; Faiver et al., 2000; Hecker & Kottler, 2002; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002) or within the context of the
supervisory relationship (Anekstein, Hoskins, Astramovich, Garner, & Terry, 2014; Carnes-Holt, Meany-Walen, & Felton, 2014; Jeffrey, 2012; Lawrence et al., 2015; Koltz, 2008). This dearth of information warranted further investigation.

The idea for this study stemmed from my initial interest in how and why practitioners selected the particular creative and intuitive interventions they chose for specific clients. That interest, in turn, led me to consider how the clinician became empowered to use his or her intuition and creativity when working with clients. I currently live and work in Ohio, so I decided to focus on clinical supervisors in Ohio for the purposes of this study. Standards and requirements related to becoming a clinical counseling supervisor differ from state to state (American Counseling Association, 2016). The strictures in Ohio were based on a tiered licensing system and, at present, only independently licensed counselors have been deemed eligible to seek supervision endorsement post-explicit training and education in supervision and post-supervision of their supervision practice (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). Irrespective of state of residence, all new counselors in the United States will have to become members of supervisory relationships at some point in their clinical practice (American Counseling Association, 2016).

Many counselors reported that their initial supervisors were powerful influences on their professional development, personal growth, and clinical practice, including the expansion or constriction of their worldviews regarding what counseling was or was not (Corey, Haynes, Moulton, & Muratori, 2010; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Keith, 1987; Meyers, 2014). Some supervisees reported that they had experienced
supervision relationships in which a supervisor’s verbal or non-verbal cues limited the supervisee’s feelings of safety, respect, and trust (Jeffrey & Stone Fish, 2011; Meyers, 2014). Supervisees also reported that they had experienced supervision relationships in which they felt empowered and supported by their supervisors, rather than fearful, unsure, or lacking in experience or knowledge (Corey et al., 2010; Jeffrey & Stone Fish, 2011; Meyers, 2014). Both constrictive and expansive supervision experiences were reported to impact where and how counselors experienced empowerment (or even creativity and intuition) within their clinical practices (specifically, with colleagues, clients, and within themselves; Jeffrey & Stone Fish, 2011; Lawrence et al., 2015). The purpose of this study was to add to existing knowledge about what works for encouraging creativity and intuition within counselors and therapists, specifically within supervisory relationships (as suggested by Faiver et al., 2000; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Koltz, 2008; Kottler & Hecker, 2002; Lawrence et al., 2015).

Many aspects of clinical practice and supervision have been connected to creativity and intuition. Creativity and intuition have been described as elements that provided opportunities for clients to receive individualized treatment and care from their counselors (Frey, 1975; Kottler & Hecker, 2002), as clinicians could practice more flexibility and become responsive to the moment—specifically, heeding and responding to what the client brought to a session and to the therapeutic relationship at that point in time. Such responsiveness to the moment could include managing transference and countertransference issues (Moon, 1995, 1998), cultural dynamics (Bakanic, 2009; Harper & McFadden, 2003), and any arising mental health symptoms (American
Psychiatric Association, 2013). Similarly, supervision has been described as needing to be tailored to the individuals involved at a specific point in time (Koltz, 2008). Both counseling and supervision have been based on relationships between two people in which the key to positive outcomes, for those in the less powerful or authoritative positions, was the relationship (Eisengart & Faiver, 1996; Miller & Rollnick, 2013; Norcross, 2002; Sexton, Whiston, Bleuer, & Walz, 1997; Sommers-Flanagan, 2015; Thomas, 2006). In order to promote positive outcomes in counseling, counselors had to feel prepared and comfortable in using varied skills in flexible and supportive ways (Hammer, 1973; Koltz, 2008; Lawrence et al., 2015; Rosenthal, 2002). Supervisors have been found to be central to this preparation process as they modeled and described such practices and skills within supervision sessions (Koltz, 2008). Supervisors also granted permission, explicitly or implicitly, for supervisees to use varied skills and practices with clients, including the use of creativity and intuition (Keith, 1987; Lawrence et al., 2015). Supervision sessions have been found to provide safe settings in which counselors could explore and play with creative and intuitive ideas regarding case conceptualization, clinical interventions, self-care, and client care prior to implementing such ideas within clinical practice with clients (Anekstein et al., 2014; Carnes-Holt et al., 2014; Carson & Becker, 2004; Eisengart & Faiver, 1996; Farber, 2010, 2012; Frawley O’Dea, 2003; Koltz, 2008; Lawrence et al., 2015).

Due to the increased written (and spoken) agreement in the counseling profession about the need for creative (Frey, 1975; Gladding, 2008, 2011) and intuitive work (Eisengart & Faiver, 1996; Jeffrey & Stone Fish, 2011) with clients, researchers and
educators determined that it was important for supervisees to develop creativity and intuition skills within supervision (Becker et al., 2002; Carson & Becker, 2004; Hecker & Kottler, 2002; Jeffrey, 2012; Koltz, 2008; Kottler & Hecker, 2002; Lawrence et al., 2015; Rosenthal, 2002). Carson and Becker (2004) noted, “The time to introduce conversations about creativity is not postgraduation, but rather at the first moment that an individual decides to become a professional counselor” (p. 114). Additionally, Charles (2004) reported:

A basic assumption is that effective therapists need to be intuitive craftspeople. . . . It needs to be remembered that at least 65 percent of interactions between people are nonverbal and therefore picked up intuitively. A good balance must therefore be struck between intellectual work and the development of intuition, if trainees are to become well-rounded practitioners. (pp. 190, 199)

Hence, counselors have been tasked with uncovering and considering how supervisors, our profession’s “gatekeepers” (Bernard & Goodyear, 2009), assist supervisees in developing their intuition and creativity during supervised practice.

My inquiries about what interventions and definitions have been used for creativity and intuition, and about the process of supervision and mentoring in combination with said interventions and definitions, were aimed at the purpose of this grounded-theory study: namely, exploring how creativity and intuition were activated and encouraged by counseling supervisors within the clinical supervisory relationship with counseling supervisees. The study was situated within a constructivist grounded theory framework, due to my beliefs that researchers affect study participants and create
meaning with them (Charmaz, 2014; Schram, 2006). I hoped to understand the process of activating and encouraging creativity and intuition in counseling supervisory relationships better through the course of this study. I believed that discovering more about creativity and intuition in counseling supervision might lead to the development of a theory about how to better accomplish the activation and encouragement of creativity and intuition in supervisory relationships by the end of the study.

**Research Question**

How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees?

**Clarification of Terms and Definitions**

The following terms and concepts were used throughout the review of literature, for the purposes of this study, and for findings that emerged as a result. The vague and oft-misunderstood concepts of creativity and intuition required specification first, as they were the two main concepts upon which this study was based.

*Creativity:* “The ability to transcend ideas, rules, patterns, or the like, and to create meaningful new [or novice] ideas, forms, methods, interpretations, etc.” (“Creativity,” n.d.). Creativity was not confined to areas of the arts (for this study). It was expanded to include, for example, choosing to use a reflecting team in group supervision settings, or deciding to give a client a stuffed cardinal toy or photograph of a cardinal to further a metaphor the client created in a counseling session. This expansion of the definition of creativity was based on an Eastern view, rather than on the more restrictive Western view about what denotes creativity (Csikszentmihalyi, 1996;
Gladding, 2011; Kaufman, 2009; Wahl, 2013). Historic Western views about creativity involved conceptions of art, music, dance, poetry, and theatre in which creativity could not be viewed as a novel method of marketing a business or product or as an alternative method of teaching (Gladding, 2011; O’Reilley, 1998; Simonton, 2012; Wahl, 2013). Eastern views about creativity have offered an expansive idea about what creativity is or can be (Gladding, 2011; Osho, 1999; Wahl, 2013). Such expansion could allow one to consider business presentations or setups, teaching methods, and the organization of a room as creative (Simonton, 2012; E. Sternberg, 2009; Wahl, 2013). This expanded definition also incorporated the concept of creativity not only being novel, but also being useful when applied in appropriate ways at appropriate times (Bohart, 1999; Gladding, 2008; Kaufman, 2009; Sternberg & Lubart, 1995).

*Intuition:* Being “given to insight,” or having “pure, untaught, non-inferential knowledge,” or “immediate apprehension” (“Intuition,” n.d.). Historically, intuition, as a concept, did not require the added element of creativity, despite the fact that intuition has been viewed as creative at times. Instead, intuition was thought of as pulling together disparate parts (of understanding, of knowing, of learning, or of experience) in a split second, be it due to a specific prompt or trigger, or seemingly “out of the blue” (Coyne, 2009; Eisengart & Faiver, 1996; Gladwell, 2005; Schooler, Fallshore, & Fiore, 1995). For example, within counseling, one may have worked with 300 clients, 50 of whom had similar, yet different, difficulties or stories. When client number 301 came to a session, something non-verbal (a shrug, a glance, a shuffling of feet, etc.) from the client activated the counselor’s memories of other clients, of past learning, of interventions and
questions, and of knowledge about this client’s specific story. As those past experiences and knowledge combined with the present (in a split second), the counselor asked if the client was currently considering suicide (Bohart, 1999; Jeffrey, 2012; Eisengart & Faiver, 1996). The client affirmed the supposition by the counselor and a conversation regarding risk assessment transpired. The counselor may not be able to identify what the client did in order to prompt the suicide question from the counselor, or how the counselor knew to ask about suicide (Eisengart & Faiver, 1996; Jeffrey, 2012). Rather, the counselor may say it was a hunch, a gut feeling, or that something just was not right. The above was an example of intuition at work in counseling. Another example could be when a client was stuck and unable to make a change. A counselor may have had an insight after the session or during the session (with the client) that having the client change positions in the room or that having the client speak through a puppet would encourage movement with regard to the client’s stuckness. The counselor might not be able to describe from where this spark of insight arose, but the counselor might say, “I knew it would work.”

Additional terms and concepts for the study were defined in alphabetical order as follows.

*Activating or activation:* “To set in motion; make active or more active” (“Activate,” 2000). “To start, triggering, turning on, switching on, animation, arousal, initiation, and mobilization” (“Activate,” 2002). One might have had experience with activation in the form of setting and turning on an alarm on a clock. An example of activation in counseling supervision would be a supervisor who noted that a supervisee appeared to be using interventions stemming from Adlerian theory, and that statement
then led the supervisee to research and explore Adlerian theory and practices
independently and in detail. The supervisor’s statement prompted, or activated, the
supervisee’s investigations into Adlerian theory and practice.

_Counseling:_ The American Counseling Association created a “consensus
definition” of counseling in 2010, which described counseling as “a professional
relationship that empowers diverse individuals, families, and groups to accomplish
mental health, wellness, education, and career goals” (American Counseling Association,
2010). This definition was used for the purposes of this study.

_Counseling supervision:_ Bernard and Goodyear (2009) defined supervision in the
following manner:

Supervision is an intervention provided by a more senior member of a profession
to a more junior member or members of that same profession. This relationship is
evaluative and hierarchical, extends over time, and has the simultaneous purposes
of enhancing the professional functioning of the more junior person(s);
monitoring the quality of professional services offered to the clients that she, he,
or they see; and serving as a gatekeeper for those who are to enter the particular
profession. (p. 7)

This definition was adopted for the purposes of this study. Additionally, in Ohio,
supervision has been required when counselor trainees provided counseling services
during their master’s programming, as well as post-licensure, until an individual obtained
an independent license to practice counseling (thereby becoming a licensed professional
clinical counselor or LPCC; Ohio Counselor, Social Worker, and Marriage and Family
LPCCs, by virtue of their independent licensure status, were granted the option to continue with supervision or not, and to consult throughout their careers with varying frequency. Particular work sites have required supervision as a component of a counselor’s position, regardless of licensure tier. Counselor trainees (CTs), counseling students, and licensed professional counselors (LPCs) may not have been allowed to select their supervisors despite the importance of supervision due to the set-up of supervision at their work sites. Some LPCs have contracted and paid for supervision independently from their jobs, and thus have been able to select their supervisors. This disparity of choosing one’s supervisor versus being assigned to a supervisor may have impacted the strength and usefulness of the supervisory relationship.

Encouraging or encouragement: “Giving courage, confidence, or hope” (“Encouraging,” 2000). “Comforting, reassuring, heartening” or “supporting and instilling confidence” (“Encouraging,” 2002). One may have experienced encouragement from a grammar school teacher who noticed one’s interest in drawing and supported one’s art endeavors by asking for assistance when art was needed or being created in the classroom. In counseling, counselors “instill hope” (J. Heisel, personal communication, April 10, 2014; Yalom & Leszcz, 2005) in clients by encouraging small acts of change and by highlighting them. Supervisors have encouraged supervisees by reminding them that the work they do with clients is meaningful and has power, even if clients leave the counseling setting to return to negative environments at home. Supervisors have suggested that supervisees offered clients alternate views about how life
could be, which clients may have used at later points in time. Support efforts such as the aforementioned examples may be viewed by supervisees as encouraging and comforting.

*Licensed Professional Clinical Counselor with Training Supervision Designation (LPCC-S):* LPCC-S has been a designation specific to Ohio. Someone who has been issued an LPCC-S in Ohio has been considered a supervisor within the profession of counseling. Since August 2008, LPCCs have had to obtain specialized training and clinical supervision in order to apply for supervisory designation rather than being granted this endorsement by virtue of length of time in the counseling profession (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). A supervisor has been described as “a person who supervises [oversees] workers or the work done by others” in parlance (“Supervisor,” 2010).

LPCC-S (or supervisor), for this study, referred to independently licensed professional clinical counselors with training supervision designations (previously called supervisory endorsements) in Ohio who provided guidance for novice, or less experienced, counselors or counselor trainees (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). Within the counseling profession, counseling supervisors also have had to perform a “gatekeeping” service (Bernard & Goodyear, 2009, p. 7), in that they have been tasked with protecting clients and the public from the licensing or graduation of counselor trainees who did not perform at the levels expected or required for admission to or continuation in the field. LPCC-Ss have always been held responsible for the work counselors-in-training do; and they have been held responsible for client care: most importantly, making sure that the care provided was non-
maleficent in nature (Cormier & Bernard, 1982). Participants in this study may have referred to LPCC-Ss as any of the following additional terms within their interviews: clinical supervisors, counseling supervisors, site supervisors, triadic supervisors, training supervisors, teaching supervisors, or supervisors within their interviews.

Licensed Professional Counselor (LPC): For the purpose of this study, LPC was used as a designation specific to Ohio (although it has been used to mean similar or slightly different things in other states). An LPC has been allowed to practice the profession of counseling while under clinical supervision from an LPCC-S (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). LPCs have completed graduate-level training programs in counseling or a related field and have passed the initial licensure examination for Ohio.

Until July 17, 2015, LPCs had to apply with the Ohio licensing board for recognition of their supervision relationship with their supervisors (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). Once the application for supervision was approved, the LPC was granted the expanded designation of being a licensed professional counselor who was also a clinical resident (LPC-CR). That status had to be renewed regularly and if the supervisor’s license lapsed, the LPC was at risk for practicing inappropriately (due to being without a currently licensed and endorsed LPCC-S). Those who were granted LPC-CR status have continued to use the title LPC-CR, and their registrations with their supervisors through the Ohio licensing board have remained in effect. Since July 17, 2015, LPCs have neither been required to register with the Ohio licensing board for clinical resident status (LPC-CR) nor to register for
their supervisory relationships with supervisors. However, the requirement that LPCs maintained supervisory relationships with LPCC-Ss until the LPCs became independently licensed professional clinical counselors (LPCCs) remained (Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, n.d.-b). As a result of the licensure rule changes, newly licensed professional counselors have been referred to as LPCs.

The differences between an LPC (or LPC-CR) and an LPCC included: having passed the diagnostic licensure examination for Ohio; not being required to be involved in clinical supervision; not having to have a clinical supervisor sign off on all of the LPCC’s documentation; and being allowed to diagnose and treat mental and emotional disorders independently (as long as the LPCC worked within his or her scope of practice). Participants in this study also used the terms clinical supervisee, counseling supervisee, counselor-in-training, counseling resident, clinical resident, and supervisee in their descriptions of LPCs and LPC-CRs.

Logic: “The science of the formal principles of reasoning” and the “interrelation or sequence of facts or events when seen as inevitable or predictable” (“Logic,” 2015). Typically, logic has been equated with being rational, scientific, reproducible (by independent, unbiased observers), and, possibly, being evidence-based (Alfaro-LeFevre, 2003). An assumption which often accompanied such use of the term has been that logic was infallible, and therefore, it was considered “the right,” safe, and ethical way to do something (Alfaro-LeFevre, 2003). This, in turn, has led people to think that it was better to use logic than other methods (such as, using creativity or intuition) for arriving at an
answer, making a decision, or solving a problem (Alfaro-LeFevre, 2003; Williams, 2014). Despite the findings that one often has used logic along with emotional thought, and that emotional thought has been found either to impede or assist one’s ability to use logic effectively, the preference for using logic to achieve a non-biased response and in order to limit liability continues to be embraced by the public-at-large and administrators in helping fields (Alfaro-LeFevre, 2003; Williams, 2014). People have the potential to enhance their abilities to use logic effectively with training, but this enhancement was found to weaken with the passage of time (Williams, 2014). The more time passed without practicing logic, the less able one was to use logic effectively (Williams, 2014). Thus, for the purposes of this study, logic was viewed as a reasoning pattern that led to answers that were predictable and lacked apparent bias.

*Student supervisee:* “One who is being trained, especially in a vocation” ("Trainee," 2010); or an “initiate” or “novice” ("Trainee," 2012). The term *student supervisee* described a person who has been enrolled in a graduate-level training program to become a counselor. Once a student supervisee began working under clinical supervision with clients in Ohio, he or she often applied for counselor trainee (CT) status with the Ohio licensing board. The CT also submitted information regarding who his or her clinical supervisor was. Supervision has been a required element for student supervisees and CTs. Student supervisees and CTs have been held accountable for their actions and decisions regarding clients, diagnoses, treatments, client care, professional behavior, ethical situations, and recommendations from supervisors by their clinical supervisors (as had LPCs). Student supervisees and CTs have been assisted in
conceptualizing about their clients and their clients’ needs by supervisors and supervisors have intervened for the interests of the client if supervisees were not providing quality or competent care. Participants in this study also used the terms *clinical supervisee*, *counseling supervisee*, *counselor-in-training*, *counselor trainee*, *trainee*, *student*, *intern*, *practicum student*, and *supervisee* in their statements about student supervisees.

**Review of Literature**

A mixture of ideas exists regarding the meaning of creativity and intuition, whether either or both are necessary for counseling practice, and how supervisors assist supervisees in becoming adept counselors who were able to benefit clients effectively. Some practitioner-researchers have argued that creative and intuitive clinicians are able to elicit or encourage change on the part of clients more effectively (Bohart, 1999; Carson & Becker, 2004; Eisengart & Faiver, 1996; Faiver et al., 2000; Hazler, 2002; Hecker & Kottler, 2002; Gladding, 2011; Jeffrey, 2012; Kottler & Hecker, 2002; Rothenberg, 1988). Others have argued that subjective ideas such as creativity and intuition had no place in the training of professionals and could not (or should not) be taught even if they were found to be helpful (Beghetto, 2007; Cropley, 2009; Karwowski, 2010; Plucker, Beghetto, & Dow, 2004; Simonton, 2012). Such arguments have been related frequently to a dislike of or antipathy toward students who were viewed as being creative (Cropley, 2009; Karwowski, 2010) or were related to misperceptions about what creativity was, was not (Madden, 2017), or what it entailed for teachers (Beghetto, 2007; Plucker et al., 2004; Simonton, 2012). Creative or intuitive practice has caused others to express concern regarding ethics, possible danger or frustration to clients, inappropriate
or ineffective use of techniques or interventions, and possible litigation due to such practices being non-evidence-based and unregulated (Alfaro-LeFevre, 2003; Carson & Becker, 2004; Cummings, 1992; Gladding, 2011; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kitchener, 1984; Sommers-Flanagan, 2015; Trepal, Haberstroh, Duffey, & Evans, 2007). All of the aforementioned ideas and concerns required a review of past understandings about creativity and intuition, a description of how creativity and intuition have been connected, an explanation of how and why both concepts have been connected to the supervisory relationship, and a description of potential obstacles to using creativity and intuition in supervision and in practice.

**Historical Underpinnings**

Using creativity and intuition in counseling and in supervisory relationships called for a look back at the history of creativity, intuition, people’s understanding of creativity and intuition, and old and new knowledge about neural processing. Throughout history, people have struggled to coexist with that which they do not understand and to live with people or experiences they could not easily categorize, define, or explain. The idea of the creative but “mad” genius has existed for hundreds of years (from before such presumptions of madness were made about Ludwig von Beethoven, Vincent van Gogh, and Edvard Munch, to when such presumptions were made about Cole Porter and James Taylor; Gladding, 2011; Kaufman, 2009; Sawyer, 2013; Simonton, 2012). Coinciding with the idea of the mad genius, those who experience or use intuition have been thought to be possessed (Kaufman, 2009; Sawyer, 2013)—from shamans, witch doctors, and midwives, to religious figures, including Hildegard von Bingen (Flanagan, 1998; Fox,
These generalizations—“you’re mad,” “you’re possessed”—have been connected to fear and lack of understanding. Though society has moved forward over the past 25 years, with better understandings about the brain and how creativity and intuition work, some people have remained the same: fearful of creativity and intuition (Kaufman, 2009; Richards, 1989, p. 125; Simonton, 1994, 2012). This fear could become an inhibitor—“I can’t do it,” “It’s too hard, I’m not creative”—when, in reality, creativity (Kaufman, 2009; Simonton, 2012) and intuition have not been the province of the few (including monks, nuns, artists, musicians, poets, writers, and composers), as once, and perhaps still, was thought (Gladwell, 2008; Moon, 1998; Sawyer, 2013; Snyder et al., 2003; Wahl, 2013).

Two other historical understandings about creativity and intuition remain present today: namely, the idea that creative or intuitive individuals were eccentric—outside of the norm of society, on the fringe—or, possibly, thinking that they were involved with drugs (Kaufman, 2009; Simonton, 2012). Although some people who were known for their creativity (Jack Kerouac, F. Scott Fitzgerald, Cole Porter, Andy Warhol, and Sigmund Freud, among others) used drugs during their lives, studies of the brain have shown that drug use inhibits intuition and creative thought overall (Sawyer, 2013; Simonton, 2012). However, Kaufman (2009) noted that some have suggested that stimulants or other drugs were capable of assisting people with refining creative ideas, or getting out the kinks, but not with having the initial insights. Regardless, new neural understandings have dispelled other myths about creative and intuitive processes. A major finding has been that these processes were not confined to the right hemisphere of
the brain, but, rather, creativity and intuition required the efforts of both hemispheres as well as the frontal and distal portions of the brain (Csikszentmihalyi, 1996; Jung-Beeman et al., 2004; Kounios et al., 2006; Sawyer, 2013; Simonton, 2012). The whole brain has always been engaged in creation, intuition, creativity, insight, and creative acts (Csikszentmihalyi, 1996; Sawyer, 2013; Simonton, 2012).

**Past Research and Conceptual Literature About Creativity**

Creativity has been used to support healing for thousands of years in a variety of forms, contexts, and cultures, so its inclusion in healing and counseling practices was not new, although it may have been viewed in such a way by many (Gladding, 2011). Creativity, as a concept, has been examined for a number of years as well, and has been thought about by philosophers and others for even longer (Gladding, 2011). However, creativity within the form of physical, client-created artworks has been studied, collected, and recorded since the 1800s (Beveridge, 2001; Junge & Asawa, 1994; MacGregor, 1983, 1989). Several compendiums of client artwork, along with ideas about what the artworks meant diagnostically, were developed (Beveridge, 2001; Junge & Asawa, 1994). The first was brought to book form by Prinzhorn in 1922 (*Artistry of the Mentally Ill*; Junge & Asawa, 1994). These conceptual explorations and collections of creative works did not result in standardized theories about creativity; instead, results were mixed and ill-defined. Some results were incorporated into the colloquial “knowledge” about creativity (for example, what comprised a criminal or what art images suggested mania), and other results were shelved to be explored later or dismissed (Beveridge, 2001; MacGregor, 1983, 1989).
Typically, research about creativity has been divided into two eras, before 1950 and everything after (Kaufman, 2009; Sternberg & Lubart, 1999). Many who claimed to research creativity before 1950 were, in truth, researching or focusing on something else (e.g., intelligence, heredity, genius, “madness,” or originality; Kaufman, 2009). Psychiatrists and psychologists who continued the exploration of creativity after client art compendiums were developed did so via nosology and testing (Beveridge, 2001, MacGregor, 1989). Projective tests, which involved either viewing art images or creating art, were developed as early as 1921 with the advent of the well-known Rorschach Test (Junge & Asawa, 1994). Other tests followed the Rorschach’s emergence and were considered useful for evoking emotions and internal states, determining intelligence, and uncovering potentially hidden personality traits or internal experiences (Junge & Asawa, 1994). The Thematic Apperception Test, The Draw-A-Man Test, The House-Tree-Person Procedure, and The Draw-A-Person Technique were other projective tests used in an effort to quantitatively measure personality (Junge & Asawa, 1994). All of these measures were developed prior to 1950 (Junge & Asawa, 1994).

In 1950, the president of the American Psychological Association, J. P. Guilford, requested that more research on creativity needed to be done; thus began the initial acceptance and propulsion toward studying creativity within psychology-related fields (Kaufman, 2009; Sternberg & Lubart, 1999). Research conducted post-1950 focused on various aspects of creativity: intelligence (specifically regarding components of divergent thinking); personality attributes of creative people; measures of creative thinking; production of creative ideas; and a focus on the person, place, process, or product related
to creativity (Kaufman, 2009; Piirto, 2011; Simonton, 2012). Institutes were even formed to investigate personality and assessment in more detail (Barron, 1958; Runco, 2014).

**Personality research.** Frank Barron and his colleagues at the Institute of Personality Research and Assessment began studying who possessed “the powers of constructive imagination and original thought” (Barron, 1958, p. 151). This research group also investigated the characteristics of those who were considered creative in order to attempt to determine just what comprised a creative individual (Barron, 1958; Kaufman, 2009). For example, in one classic study, Barron (1958) studied artistic individuals (as determined by peers or by careers in science or art) and normal individuals (as determined by random selection or by traditional careers such as history or mechanics). Both groups were presented (individually) with non-objective and objective scribble drawings to see if any particular preferences, with regard to image type, existed for either group (Barron, 1958). Barron (1958) found that artistic individuals preferred non-objective scribble drawings to objective scribbles. Conversely, normal individuals (as defined above) preferred objective scribble drawings. Similar results were true for preference tests involving abstract line drawings, cartoons, and paintings; that is, artistic individuals preferred “complex, asymmetrical,” and chaotic images, whereas normal individuals preferred simple, geometric, and ordered images (Barron, 1958, p. 155). Active expression was also tested by Barron via individually-constructed mosaics (using colored, square tiles) and incomplete line drawings (1958). In these tests, artistic individuals “introduce[d] asymmetry and complexity into their” images, unlike the symmetrical, objective additions of normal individuals (Barron, 1958,
One of Barron’s statements about his studies was “[t]he truly creative individual stands ready to abandon old classifications and to acknowledge that life...is rich with new possibilities. To him, disorder offers the potentiality of order” (1958, p. 164). His statement could be viewed as a metaphor about counseling, connecting creativity to counselors and illuminating the need for creativity in the process of counseling. Baron’s statement also could be used to sum up the counselor’s role and task succinctly, ultimately reminding us that there have always been many possibilities—including new, novel, and useful ones—which could help us, as counselors, to help our clients reach their goals effectively.

Since Barron’s work, research has continued regarding the personalities of creative individuals, with the focus on what role environments played in creativity; whether nature or nurture was important to creativity development or a hindrance (Piirto, 2011); if there was a “dark side” to creativity (that is, a proclivity towards mental health concerns; Spaniol, 2001); and other factors that might have impacted how creative an individual became (cultural affiliation, openness to experience, bilingualism, life roles, career choices, and so on; Feist, 1999; Kaufman & Sternberg, 2006; Runco, 2014; Simonton, 1994; R. Sternberg, 1999). Many of the explorations involved reviewing the histories of well-known, deceased, creative individuals to determine what aided their creativity and production (Howe, 1999; Kaufman, 2009; Simonton, 1994).

**The concept of the four Ps.** One main conceptualization about creativity that took shape after 1950 was composed of the four Ps of creativity: the product, person, process, and place (environment or press; Kaufman, 2009; Kaufman & Beghetto, 2013).
The four Ps were developed in the 1960s, and researchers have continued to consider potential additions to the Ps today (adding persuasion and potential, most recently; Kozbelt, Beghetto, & Runco, 2010).

**Product.** The *product* included the tangible, physical item that was begotten of creativity. It was most influenced by the person who engaged in creativity and the place, or press, in which it was developed (Kaufman, 2009). Researchers have defined products of creativity in different ways (Kaufman, 2009; Madden, 2017; Runco & Albert, 2010; Sternberg & Lubart, 1995). Definitions were typically determined by whether or not the product was sufficiently different from pre-existing items and novel (yet useful enough to add to the discipline), or whether the product was simply a replication of previously created works (Kaufman, 2009).

**Person.** The *person* was defined as the one who engaged in creativity and has been studied in a multitude of ways (Grohman & Snyder, 2017; Kaufman, 2009; Kaufman & Gregoire, 2015). In the past, the person has been analogously compared to a successful investment broker in that the creative person must “buy low and sell high in ideas” (Kaufman, 2009, p. 42). Personality and environmental attributes of the person have been reviewed in order to consider at what level of creativity the person produces (for example, everyday or historic; Beghetto & Kaufman, 2013; Kozbelt et al., 2010).

**Persuasion,** as defined by Simonton (1990), may also be part of the person aspect of the four Ps. He defined creativity as involving persuasion, in that the creative person has changed the way others think (Simonton, 1990). Hence, people must be recognized as persuasive in order to be recognized as being creative (Kozbelt et al., 2010).
The concept of potential (defined by Runco in 2003) may also be connected to the person aspect of the four Ps (Kozbelt et al., 2010; Runco, 2003). Runco (2003) noted that people could have the potential to be creative, but that they often required opportunities or support in order to perform at such a creative level (Kozbelt et al., 2010). Alternatively, people could have been successful at pulling off a creative performance, but they might not truly have been creative or had creative potential (Kozbelt et al., 2010).

**Process.** The process of creativity has been highly studied as well. Ideas have abounded about how one engages in the process of being creative (Grohman & Snyder, 2017; Kaufman & Gregoire, 2015). One well-known idea has been Csikszentmihalyi's concept of flow (1990, 1996), which aligned, in some ways, with being “in the zone” as Coyne described it in *The Talent Code* (2009). Being in the zone meant that one engaged with a much-favored pastime and became “lost,” or was not consciously aware, while fully immersed in the experience of sensations and feelings (Coyne, 2009; Csikszentmihalyi, 1990, 1996). Similarly, Csikszentmihalyi’s concept of flow (1990) involved an increased sense of control, a shift in time (both consciousness about time and productivity as time elapsed), a lack of self-consciousness, and a coalescing of awareness and actions.

Another idea was Wallas’s model of the cognitive creative process (Kaufman, 2009). Wallas detailed the process of creativity as being comprised of five stages: preparation, incubation, intimation, illumination, and verification (Csikszentmihalyi, 1996; Kaufman, 2009; Kottler & Hecker, 2002). Later, Csikszentmihalyi (1996)
developed his defined stages of the creative process after studying Wallas’s stage model and used the following, partially overlapping, stage names: preparation, incubation, the “a-ha” moment (which aligned with Wallas’s illumination stage), evaluation (which aligned with Wallas’s verification stage), and elaboration (which expanded the process to include further development of the creative idea).

**Press.** Lastly, the *press* or environment (or place) is the final P. Press was defined as the pressures (one’s surrounding environment), which impacted one’s ability to be creative (Kozbelt et al., 2010). This idea of environment paralleled the early roots of career counseling regarding the focus on person-environment fit: specifically, how either a good or bad fit could impact a person’s ability to thrive and succeed (Zunker, 2002, p. 30). Researchers have focused on how variables, such as birth order, multicultural experiences, bilingualism, competitiveness, noise, and climate, or environment, in learning environments or workspaces have encouraged or limited one’s creativity (Gladding, 2016; Kaufman, 2009; Madden, 2017; Omdal & Graefe, 2017; Simonton, 2012).

**The concept of the four Cs.** A final theory about creativity has been the four Cs of creativity (Big-C, Pro-c, little-c, and mini-c; Beghetto & Kaufman, 2013; Kaufman, 2009). These were expanded from the initial two Cs of creativity (Big-C and little-c; Kozbelt et al., 2010) by Beghetto and Kaufman (2013; Kaufman, 2009; Simonton, 2012). All of the Cs were focused on identifying the type of creativity one was using (Kaufman, 2009). Some have connected the Cs to the individuals who were using creativity as well,
labeling the individual as a Big-C or little-c creative person (Kaufman, 2009; Kozbelt et al., 2010; Simonton, 2012).

**Big-C creativity.** Genius-level creativity equated to Big-C creativity and included such things as the creation of the atom bomb, the art of Paul Cezanne, and the music of Beethoven (Simonton, 2012). Creativity that has been characterized in this way has made an impact on the whole world (Beghetto & Kaufman, 2013). The person who has been identified as a Big-C individual may be a household name for many, regardless of their education level (Kaufman & Beghetto, 2013). The Big-C category lacked nuance in that the creativity one had to demonstrate to be accepted as Big-C required world renown (Kozbelt et al., 2010). However, there may be those who have been creative in a discipline and have made an impact in their field but who did not impact the world at large. Such people would fall into the little-c category along with children discovering how to play an instrument and members of a high school garage band. These three groups of people could have differed with regard to their level of sophistication and impact on the larger world, but they would all be classified as non- eminent, everyday (little-c) creative people. Such blurred classification was why the Pro-c and mini-c categories were added (Kozbelt et al., 2010). Their purpose was to increase the nuance with which different types of creativity could be categorized (Kozbelt et al., 2010).

**Pro-c creativity.** Pro-c creativity includes professionals in a particular discipline or innovators within a field (Beghetto & Kaufman, 2013; Kozbelt et al., 2010). For example, a counselor who used a sand tray to engage couples in discussions about their sex lives, obstacles to sex, and sex preferences, but who was not and probably would not
become a household name like Dr. Ruth, would fit in this category (Beghetto & Kaufman, 2013; Kaufman, 2009). Such people have been professionals, have attained sophistication, and have gone beyond little-c creativity, but they may never attain the eminency required to shift into Big-C creativity (Kozbelt et al., 2010).

**Little-c creativity.** Everyday creativity was described as little-c creativity and could include inventing an edible and tasty recipe with three takeaway boxes of leftovers or an adolescent creating a comic-book-style get-well card for a loved one (Kaufman, 2009; Simonton, 2012). Little-c creativity has not changed the world, but it typically has made the day more positive and enjoyable (Kozbelt et al., 2010).

**Mini-c creativity.** Mini-c creativity was connected to those who could be replicating a previously created work, but who were just beginning to learn (Beghetto & Kaufman, 2013; Kaufman, 2009). This level of creativity could take the form of a middle school student becoming enamored with playing the tenor saxophone and learning to play a classic jazz piece (Beghetto & Kaufman, 2013). Another example might have included a fourth grade student’s realization that she could learn better by building or touching materials, than by reading an instruction manual or text (Kozbelt et al., 2010).

A person, in theory, could have experienced all four Cs of creativity in a lifetime, but many more people will have experienced mini-c, little-c, and, potentially, Pro-c creativity in their lifetimes. Counselors might begin to fall into the Pro-c creativity category as they have progress in their careers.
Past Research and Conceptual Literature About Intuition

Intuition has been an elusive and often-misunderstood concept. It has been studied with varying intensity for many years. Eastern cultures have appeared to value intuition and intuitive ways of knowing whereas Western cultures have seemed to look askance when people described using intuition in practice (Garcia & Ford, 2001; Jeffrey, 2012; Naperstak, 1996; Osho, 2001; Sternberg & Lubart, 1995). More recently, articles and books about using intuition have appeared with increasing frequency (Charles, 2004; Coyne, 2009; Gigerenzer, 2007; Gladwell, 2005; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Shallcross, 2016; Wahl, 2013). People may have become more open to discussing intuition even if few would have acknowledged using it regularly in their work.

Judgments and decision-making with intuition. Much intuition research has been focused on the predictive value or the judgment value of intuition—specifically meaning whether one could use intuition to predict a specific outcome with more precision than simple chance or other predictive measures (Berne, 1949; Bowers, Regehr, Balthazard, & Parker, 1990; Dietrich & Kanso, 2010; Gigerenzer, 2007; Ilg et al., 2007)? Often researchers have asked study participants to complete a task or to make decisions about subjects for which they have had no specialized knowledge or with which they have had no experience (Berne, 1949; Bolte, Goschke, & Kuhl, 2003; Gigerenzer, 2007; Ilg et al., 2007; Martindale & Hines, 1975; Volz & von Carmon, 2006). As a result, participants’ responses were spotty or chance at best, and random at worst (Gigerenzer, 2007). One major limitation that arose from such research was an awareness that people could not accurately take a “shot in the dark” and guess about topics about which they
knew nothing (Gigerenzer, 2007). Instead, it has been determined that in order to make an informed, intuitive judgment (or decision), people must have possessed an existing knowledge base from which to draw information to incorporate into making such intuitive judgments (Bowers et al., 1990; Gigerenzer, 2007; Gladwell, 2005; Sternberg & Lubart, 1995). The ability to use intuition as a skill to assist in making decisions and judgments, albeit present in everyone (Charles, 2004), was dependent upon how much one had encoded and how fast one made connections between seemingly disparate bits of information and knowledge to arrive at an answer (Bohart, 1999; Bowers et al., 1990; Gladwell, 2005; Kottler & Hecker, 2002).

Another piece of information that arose from intuition research included two more concepts about how intuition operated. One of the concepts described in the literature was an immediate, non-deliberate, insight spark method of using intuition that included the conscious or unconscious triggering of pathways and immediate knowing sensations (Berne, 1949; Bohart, 1999; Gigerenzer, 2007; Gladwell, 2005). The second included a manner of operating without conscious thought or of being “in the zone” (Coyne, 2009), during which one was engaged in a favored activity and became fully immersed in one’s sensations and feelings while using intuition (Berne, 1949; Bohart, 1999; Csikszentmihalyi, 1990, 1996; Gigerenzer, 2007; Gladwell, 2005).

Schooler et al. (1995) described intuition as an ability to recognize patterns and then immediately to reason between possibilities to determine what action to take. The aforementioned actions occurred at an imperceptible level and at an unfathomably fast speed (Schooler et al., 1995). These researchers also noted that intuition required the
ability to shift between the overarching, big-picture view of the problem and the minutiae of a specific aspect of the problem in tandem with the processes of pattern recognition and reasoning (Schooler et al., 1995).

Berne (1949) described two additional versions of intuition (conscious judgments and unexplainable judgments), although he focused his research on intuitions that were “synthesized from discrete sensory elements...whose perception and synthesis both take place below the threshold of consciousness” (p. 204). Another finding from intuition research has been that one had to possess an appropriate fund of knowledge from which to operate; otherwise, intuition may not have occurred or have been accessible (Jeffrey, 2012; Sternberg & Lubart, 1995). Either too little or too much knowledge could equally have inhibited intuition (Sternberg & Lubart, 1995). Much like Goldilocks’ mantra, conditions had to be “just right” (Southey, 1848, expanded by Cundall & Bell, 1849/1995), or one must have had enough knowledge with an openness to risk-taking, for intuition to occur (Bowers et al., 1990; Sternberg & Lubart, 1995). The same conditions must have been present for the intuition to be creative, in that the intuition was both novel and appropriately applicable (Bowers et al., 1990; Sternberg & Lubart, 1995). Chowder (2003) noted Louis Pasteur’s quote, “Chance favors only the prepared mind,” capturing the ideas that things had to be just right and how intuition had the potential to become blocked (p. 93).

**Stymying intuition.** Intuition could have been stymied in other ways too. Kounios et al. (2006) noted that one’s brain state impacted whether or not one was able to use intuition in order to solve problems. Focusing too much on irrelevant details, not
recognizing the patterns or possible solutions, underemphasizing relevant data, and looking in the wrong places could have inhibited one’s effective use of intuition (Berne, 1949; Jeffrey, 2012; Kounios et al., 2006; Schooler et al., 1995; Sternberg & Lubart, 1995). Additionally, spending too much time on the problem, becoming fatigued, becoming confined by what one believes is one’s knowledge, refraining from risk-taking, and shutting down or closing off one’s openness could have blocked one’s access to and use of intuition (Berne, 1949; Jeffrey, 2012; Kottler & Hecker, 2002; Schooler et al., 1995; Sternberg & Lubart, 1995).

**Encouraging intuition.** Methods to encourage intuition if one becomes stuck or blocked have been uncovered as well. Kounios et al. (2006) suggested that one could prepare the mind to use intuition by virtue of de-focusing attention and beginning to switch one’s attention between remote associations related to the problem at hand. Other examples included taking a break from the problem, changing one’s surrounding environment (people, sounds, visual stimuli, and so forth), going to a different location, focusing on another task, and realizing that one is stuck and stopping (Coyne, 2009; Gladwell, 2005; Greengard, 2011). Additionally, taking appropriate risks, redefining the problem, learning more and expanding one’s knowledge fund (broadly, not in a constricted manner), reflecting on what one has considered or seen in the past, and playing with the problem and possible solutions have been demonstrated to aid people in accessing and using intuition (Eubanks, Murphy, & Mumford, 2010; Gladwell, 2005; Jeffrey, 2012; Kounios et al., 2006; Schooler et al., 1995). Some of these activities may seem odd, but such is the nature of intuition and its use.
Difficulties with intuition. One note that recurred throughout the literature was that people who used intuition in their disciplines had to be almost contrary towards others, in some ways, while also believing in themselves fully (Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Sternberg & Lubart, 1995). This belief in self irrespective of others was because many others simply dismissed intuition, devalued the work being done, devalued the person doing the work, feared the intuition used or the person using it, or even went so far as to have punished the person for sharing, using, or having the intuition (Carson & Becker, 2004; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Sternberg & Lubart, 1995).

Another element that arose was that of attribution error or post-intuition hindsight (Chowder, 2003). When this occurred, people suddenly latched on to an idea that they previously rebuked and stated that they knew it was a great idea when it was presented initially, seemingly forgetting their previous responses and misremembering what they said or did in the past (Chowder, 2003). This often occurred when the timing for the intuition was right and when the culture was ready for the intuition or method of solving the problem (Chowder, 2003; Sternberg & Lubart, 1995). With intuition, as with creativity, timing mattered (Jeffrey, 2012; Kottler & Hecker, 2002).

Connections Between Creativity and Intuition

Creativity and intuition have mystified even the greatest scholars despite the use of both practices for healing for thousands of years (Gladding, 2011; Naperstak, 1996; Osho, 1999, 2001; Wadeson, 1980). Descriptions about creativity and intuition have always seemed flat and two-dimensional (for example, lines on paper) when they should have
been more robust, even three-dimensional (such as a ceramic vase) or four-dimensional (involving time; for instance, what Cubist artists attempted to demonstrate in their artworks). Due to recent technological advances, a more thorough definition of creativity and intuition has proposed a connection between the two (Faiver et al., 2000; Gladding, 2011; Simonton, 2012; Wadeson, 1980; Wahl, 2013). Unlike past notions of left-brain superiority with relation to creativity, recent studies regarding activation in the brain have demonstrated that the two hemispheres are linked in a multitude of ways, beginning with the prefrontal cortex and weaving throughout the entire brain (Csikszentmihalyi, 1996; Dietrich, & Kanso, 2010; Elliot, 1986; Kounios et al., 2006; Sawyer, 2013; Simonton, 2012). This connective link between creativity and intuition was found to be especially true when the percolation process prior to intuitive insight occurred, as demonstrated in past neural studies (Csikszentmihalyi, 1996; Sawyer, 2013; Sio & Rudowicz, 2007).

An even more dynamic finding was that everyone has always had the potential to use and access creative and intuitive connections (Charles, 2004; Richards, 1989, p. 27; Sawyer, 2013; Snyder et al., 2003). Every person possessed the parts and equipment; people just learned to turn the pathways off due to overthinking, concern about others’ opinions, and the natural development of the dorsolateral prefrontal cortex (DLPFC), the spontaneity/impulse control inhibitor (Limb & Braun, 2008; Richards, 1989; Snyder et al., 2003). One of the tricks to accessing intuition and creativity has been noted by many artists and scientists (from Picasso to Yo-Yo Ma), mainly that people had to ignore inhibitions, let go, enjoy what they were doing, and return to a child-like, uninhibited state of awareness and belief of, and in, the impossible (Limb, & Braun, 2008; Richards,
1989; Sawyer, 2013). For many, this appeared counter-intuitive, but for others the idea of unlearning in order to learn was natural and understood to work. Comics and actors have practiced unlearning, or turning off, their DLPFC in order to improve their acting skills and their ability to be spontaneous without concern for how others may judge them (Limb & Braun, 2008; Sawyer, 2013).

An additional aspect of neuroscience applies to the connections between intuition and creativity as well. Many have refrained from engaging in creativity and intuition because they believed both were untrustworthy, risky, or time-wasters. In part, these fears have been demonstrated to have a basis in the actual process of engaging in creativity and intuition. Creativity often required the use of “blind variation and selective retention (BVSR),” meaning that someone had to generate a multitude of ideas without knowing which, if any, ideas would have proved useful or applicable to the problem at hand (Simonton, 2012, p. 219). Hence, creativity appeared a risky and potentially wasteful process (Simonton, 2012). Intuition, too, has been viewed similarly. The neural components to using intuition involved a linking together of what had been learned and what was currently known all while considering what possibilities existed with regard to the problem at hand (Gigerenzer, 2007; Gladwell, 2005). The caveat to using either or both creativity and intuition effectively has been that one must know when and where to use creativity and intuition so that the use was not only novel and helpful but also appropriately suited to the time, place, and circumstance (Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kaufman, 2009; Simonton, 2012; Sternberg & Lubart, 1995).
Numerous researchers have found that the intuitive, creative act or idea occurred due to a fully developed process within the individual (Csikszentmihalyi, 1996; Dietrich, & Kanso, 2010; Eisengart & Faiver, 1996; Elliot, 1986; Sawyer, 2013; Volz & von Cramon, 2006). This process required accessing, assessing, combining, and reformulating information from multiple parts of the brain (prefrontal cortex, limbic system, etc.), as well as time, effort, persistence, and perseverance on the part of the person involved in the process (Coyne, 2009; Csikszentmihalyi, 1996; Sawyer, 2013). Myths about the creative right brain versus the analytical left brain have been slowly dispelled by empirical research and neural scanning (Carlsson, Wendt, & Risberg, 2000; Chavez-Eakle, Graff-Guerrero, Garcia-Reyna, Vaugier, & Cruz-Fuentes, 2007; Dietrich & Kanso, 2010; Eisengart & Faiver, 1996; Ellamil, Dobson, Beeman, & Christoff, 2012; Elliot, 1986; Fink et al., 2009; Ilg et al., 2007; Martindale & Hines, 1975; Volz, Rubsamen, & von Cramon, 2008). Creativity, intuition, and insight have fascinated many and books on such subjects have abounded in recent years, even topping the non-fiction bestseller lists (e.g., The Upside of Irrationality, Sway, The Tipping Point, Blink, Outliers, and Thinking, Fast and Slow; Ariely, 2010; Brafman & Brafman, 2008; Gladwell, 2000, 2005, 2008; Kahneman, 2011). This study seemed appropriate for the current time and many audiences due to recent cultural interest in the topic of creativity and intuition; moreover, the study had the potential for significant impact within the world of educating, training, mentoring, and supervising counselors. If we learned how to activate and encourage creativity and intuition on the part of clinicians, then clients,
counselors, supervisors, teachers, mentors, and training programs could potentially experience benefits as a result.

**Logic and Its Connection to Creativity and Intuition**

Comparisons between creativity, intuition, and logic or rational thought processes have been made in both the research and the conceptual literature about the topics (Gladwell, 2005; Jeffrey, 2012; Kitchener, 1984; Rothenberg, 1988). Part of this had to do with the discovery that intuition and creativity were accessible to all and that the whole brain was involved in the process of creative and intuitive acts and ideas (Csikszentmihalyi, 1996; Dietrich & Kanso, 2010; Gladwell, 2005; Sawyer, 2013). The trepidation people have experienced when considering the use of creativity or intuition in counseling and other professions may have been due, in some part, to the favor with which logic had long been imbued. This preference for logic, the seemingly rational and correct way to be or do, existed since the emergence of Aristotelian logic in ancient Greece (Runco & Albert, 2010). Interestingly, at the same time that logic became preferred, creativity and intuition became devalued and considered undesirable as they were associated with madness, frenzy, and lack of thought (Runco & Albert, 2010). The same shift was not true for those in Eastern cultures, as creativity and intuition have been valued in said cultures throughout history (Gladding, 2011; Naperstak, 1996; Osho, 1999, 2001; Runco & Albert, 2010).

However, in the West, logic was often referenced when one promoted the use of creativity and intuition despite evidence that creativity and intuition alone were powerful forces that had been and could be used effectively to promote change (Csikszentmihalyi,
1996; Gigerenzer, 2007; Gladding, 2008, 2011; Gladwell, 2005; Jeffrey, 2012; Rosenthal, 2002; Runco & Albert, 2010; Sawyer, 2013). Logic was included in this study due to the aforementioned referencing and because many have continued to promote a belief in logic as the safer, more appropriate way from which to operate in clinical work (possibly because logic has been validated empirically). This has been true in many professions—from the business world (Gigerenzer, 2007; Gladwell, 2005; Wahl, 2013) to the counseling and supervision world (Eisengart & Faiver, 1996; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; McNiff, 1998; Rothenberg, 1988; Runco & Albert, 2010; Shallcross, 2016).

**Connections Between Creativity, Intuition, and Counseling**

Carson and Becker (2004) succinctly stated that “creativity is central to the therapeutic process, partly because counseling is a moment-by-moment experience” (p. 111). In light of this belief about creativity in counseling (Frey, 1975; Gladding, 2008) and statements by others in the counseling field that intuition is a powerful skill and tool in clinical work (Eisengart & Faiver, 1996; Faiver et al., 2000; Jeffrey & Stone Fish, 2011), the centrality of both creativity and intuition to the counseling process has seemed both inherent in and necessary for effective and helpful clinical work (Carson & Becker, 2004; Charles, 2004; Hecker & Kottler, 2002; Jeffrey, 2012; Kottler & Hecker, 2002; Rothenberg, 1988). Gladding (2008) briefly reviewed four major realms of counseling theories—psychoanalytic, humanistic and person-centered, rational-emotive behavior, and Bowenian intergenerational family—and proposed that creativity led to the
development and expansion of counseling and other helping professions, going so far as to state that the helping fields would not exist but for creativity.

Eisengart and Faiver (1996) reviewed intuition via existing research literature and noted that intuitive judgments often outperform judgments stemming from “conscious [and] analytic cognitive processes” (p. 41). They stated that other disciplines (for example, psychology, nursing, business, and medicine) have accepted intuition as a standard and acceptable practice despite the difficulty people may have experienced with articulating explicitly why they chose the actions they chose or why they made the decisions they did. Eisengart and Faiver described how intuition was an inherent component of both psychodynamic and humanistic approaches to counseling and noted how counselors could use and have used intuition in practice. Their final recommendations were that counselors should view clinical intuition as essential to and legitimate for clinical practice and that clinicians should continue studying intuition within the confines of counseling practice “in the context of discovery” (Bowers et al., 1990, p. 72) rather than in the context of empirical validation since so little research existed.

Another way creativity and intuition have been integral to counseling was noted by Frey in 1975:

- counseling is actually a creative enterprise within which client and counselor combine their resources to generate a new plan, develop a different outlook, formulate alternative behaviors, begin a new life.... the redefinition of counseling as an exercise in creativity allows us to draw on more resources in our struggle to
help our clients, including such resources as our intuition and our own ingenuity.

(pp. 23, 27)

Counseling work, of the type proposed by Frey (1975), entailed the possibility of “failing,” or finding that a novel and potentially useful action did not fit the particular situation at present. However, such “failures” have been turned into positives by adding to, and expanding information about, the situation, the goals, the client, or the therapeutic relationship. The emergence of creative and novel statements, actions, or tasks in therapeutic relationships, counseling sessions, and treatment planning has been known, as Frey (1975) suggested, to arise from our intuition. A willingness to “let go,” to “trust the process” (McNiff, 1998), and to know when and how to be creative or to use intuition have been aligned with the belief that creativity and intuition were helpful constructs and practices (Charles, 2004; Gladding, 2008), a belief in one’s own skill and ability with these constructs, granting oneself permission to use these constructs, being open to and uninhibited by the possibility of “failing” (Frey, 1975), and a large enough foundation of knowledge and experience from which to pull (Carson & Becker, 2004; Eisengart & Faiver, 1996; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Simonton, 2012; Sternberg & Lubart, 1995).

Connections Between Creativity, Intuition, Counselor Training, Supervisory Relationships, and Past Supervision Research

Despite the fact that many realizations about creativity and intuition have occurred, literature regarding the development of creativity and intuition within counseling clinicians and supervisory relationships is limited (Carson & Becker, 2004;
Faiver et al., 2000; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Lawrence et al., 2015).

The foci of past research were not the same as the topic of this study. Instead, past studies and research have been focused on teaching creatively (Simonton, 2012); training counseling students in methods of how to be creative (Carson & Becker, 2004; Gladding, 2016) or intuitive (Faiver et al., 2000); providing a guide helpers could use individually to facilitate their own use of intuition (Jeffrey, 2012); teaching intuition (Charles, 2004; Eisengart & Faiver, 1996); uncovering how individual helpers used intuition in practice (Jeffrey & Stone Fish, 2011); determining what helped the supervision process (Meyers, 2014); and providing supervisees with interventions (Anekstein et al., 2014; Carnes-Holt et al., 2014; Koltz, 2008) and interaction styles they could use to be creative or intuitive (Kottler & Hecker, 2002; Lawrence et al., 2015).

Faiver et al. (2000) described a weeklong creativity and intuition workshop they created and taught for counseling students. During the workshop, guest lecturers spoke in the morning, with time for experiential activities in the afternoon. The workshop creators stated that they wanted to focus on teaching empirical definitions and skills of creativity and intuition to the students so that the students could then use the skills in clinical practice. The other goals for the workshop were to validate the usefulness of creativity and intuition within the counseling field and to promote further research and curriculum design for future courses related to creativity and intuition. The article included components of case study descriptions, but no particular research method was described other than a check-in (on the first day of the workshop), check-out (at the end of the
workshop during the potluck meal), and post-workshop check-up (reviewing how students had considered intuition since the workshop; Faiver et al., 2000).

Jeffrey and Stone Fish (2011) conducted a phenomenological study regarding how marriage and family therapists defined, experienced, and viewed intuition in their clinical work. The authors bracketed their beliefs about intuition and then interviewed eight marriage and family therapists about their understandings and experiences of intuition in their clinical work. Their findings suggested that the therapists valued and used intuition in their clinical work, but that there was a lack of standard forums in which to talk about and to learn more about intuition and its use in clinical work (Jeffrey & Stone Fish, 2011). Jeffrey and Stone Fish (2011) suggested “that intuition may be a powerful tool in clinical work” (p. 359) and that in order for intuition to be used effectively and ethically, discussion and training about intuition should take place in training programs or within supervisory relationships. They also noted that a demystification of intuition could take place in training programs so the idea that using intuition in clinical practice was “taboo” disappeared (Jeffrey & Stone Fish, 2011). Suggestions for future research included considering ethical issues related to using intuition; reviewing how effective intuition use was in different settings with different client populations; considering the weaknesses of intuition and when it was and was not appropriate to use intuition in session; training clinicians in the skills of intuition via supervision and training programs; and reviewing what obstacles curtailed training or discussion about intuition in supervision or training programs (Jeffrey & Stone Fish, 2011).
Jeffrey (2012) developed a clinical intuition exploration guide as a result of the findings from the aforementioned phenomenological study he and Stone Fish (2011) completed with marriage and family therapists. He noted that although clinical intuition was a common experience for clinicians, many did not know how to use an intuition or what to do with an intuition when they noticed having “gut feelings” in session (Jeffrey, 2012, p. 2). He detailed four types of intuition (as defined by Vaughan in 1979) and noted that “intuition tends to serve two primary purposes.... [it] provides an additional source of information in counseling and acts as a clinical guide” (Jeffrey, 2012, p. 2). He described, via examples and a case illustration, how to use the clinical intuition exploration guide and addressed how ethical considerations were processed within the guide (Jeffrey, 2012). Jeffrey (2012) also stated that intuition use was an imperfect process, and that ongoing reflection and exploration assisted clinicians in becoming more proficient at using intuition appropriately, ethically, and effectively. The final recommendations within the paper included the need for helpers to become more self-aware in an effort to recognize intuitions, engage in critical analysis of intuition use and experiences, and use the clinical intuition exploration guide to assist in analyzing intuition experiences (Jeffrey, 2012). He also suggested that there was a need for supervisors to foster intuition use and understanding in helpers via modeling, self-reflection, analysis, role-play, self-awareness, and permission granting for using intuition in practice (Jeffrey, 2012).

One psychotherapy practice journal provided a platform, in the form of one complete edition of the journal, to review the merits and potential concerns of using or
incorporating creativity and intuition into clinical practice (Journal of Clinical Activities, Assignments & Handouts in Psychotherapy Practice). Several articles were featured and included the promotion of incorporating creativity and intuition into counselor training and supervision. Two years later, in a review of the contents of the journal, Carson and Becker (2004) noted that “creativity is paramount to the therapeutic process” and suggested that a more thorough investigation of how the skill of creativity can be “learned, developed, and fostered over time” was necessary in order to assist counseling students and current clinicians in using the skill effectively in order to help clients reach their goals and overcome obstacles (p. 111). They suggested that creativity and the actions related to creativity were “often based on intuition” and that using such skills could potentially speed up a client’s ability to attain goals, thus shortening the length of treatment, which may be a positive outcome of creativity and intuition use in the age of managed care (Carson & Becker, 2004, p. 113). Their final recommendations included investigating how counselors could reduce inhibitions and barriers to using creativity and intuition in practice, incorporating discussions about and trainings to increase creativity and intuition skill awareness and savvy during academic training programs, realizing that “creative interventions carry power,” and recognizing that obstacles in treatment were opportunities for positive change (Carson & Becker, 2004, p. 114).

Within the special edition of the aforementioned journal, Kottler and Hecker (2002) provided a theoretical and practical application article. They wrote about creativity guiding the therapy process via three of the four Ps (specifically, person, process, and product; Kottler & Hecker, 2002). They stated that creativity in counseling
was a learned activity comprised by divergent thinking, convergent thinking, and intuition (Kottler & Hecker, 2002). Kottler and Hecker (2002) reviewed how creativity could be encouraged in the client and the counselor (person) and discussed how the therapeutic relationship could also encourage creativity (process) to promote goal attainment (product). They stated that counselors needed good training to use creativity effectively and had to practice using creativity and intuition in sessions with clients, and that the use of such skills aided change (Kottler & Hecker, 2002).

Lawrence et al. (2015) wrote a practical application and literature review article about incorporating creativity into counselor training and supervision. They noted that “[c]reativity plays a critical role in today’s society by aiding an individual’s response to the mounting complications of modern life and assisting in the maintenance of mental health” (p. 166). They supported this view by reviewing Rogers’ (1961) and Maslow’s past works and statements about the necessity of creating accepting, safe relationships and of fostering creativity within counseling for self-actualization and growth. A review of what aided the creative counseling and creative higher education environments proceeded from this and led to suggestions about how to infuse creativity into counselor training and supervision (Lawrence et al., 2015). Lawrence et al. promoted the idea that creativity should become an approach or a way of viewing counseling, rather than being seen simply as handouts of interventions provided to students for their use in counseling. Central to this way of viewing counseling was the importance of trust within relationships, appropriate risk taking, the appreciation of ambiguity, and the practice of improvisation. The authors noted that improvisation included an acceptance of all
possible offers, or the practice of “yes and” (as noted in Naasel et al., 2015) rather than saying no and stopping the process. Lawrence et al. (2015) concluded with the emphatic suggestion that “counseling programs must advocate for creativity and provide instruction” to that end.

Carson and Becker (2004) summarized Hecker and Kottler (2002) by stating that “creativity is a skill . . . that can be learned, developed, and fostered over time” and by suggesting that creativity was a useful component for counselors to learn and use (p. 111). Carson and Becker (2004) also noted that creativity was not automatically used by all counselors, despite its integral connection to counseling and existence within the field. Rather, it was a skill one had to develop in school, in supervision, and in clinical practice. As such, creativity could become a central part of the supervision process in that the supervisor could model creative counseling or creative supervision, or in that the counselor could practice creativity in the supervision session. Inclusion of creativity in supervision might lead to discussion about creative interventions and techniques that could be used with clients, or it may explore how the counseling process and the counselor were or could become creative. Intuition was viewed by the authors as a component of “the creative process in therapy” (Carson & Becker, 2004, p. 113) and as “‘a brain skill’ well-suited to situations in which ‘[t]here is a high level of uncertainty’” (Eisengart & Faiver, 1996, p. 47 quoting from Agor, 1986, p. 49). It allowed one to draw on past knowledge and experiences in order to guide one’s decisions in the present. Supervisors played an important role in assisting counselors to develop their intuition in order to practice in an ethical manner (Jeffrey, 2012; Jeffrey & Stone Fish, 2011). Such
views of intuition reinforced the idea that it should be encouraged and discussed in supervision from the beginning, even if it was not used or able to be accessed until a newer counselor had more clinical experience (Jeffrey, 2012).

Creativity has been encouraged in supervision in the form of interventions, styles, or interactions. All of these methods have been found to engage supervisees in the process of supervision and could activate their growth and development as clinicians. Intuition has been, and could be, encouraged by discussion and exploration within supervision sessions within the context of conceptualizing clients’ experiences and considering clinically appropriate actions. Jeffrey’s (2011) clinical intuition guide could be used in supervision sessions by supervisors in an effort to assist supervisees in learning how to trust and use intuition in clinical practice. He also encouraged the development of creativity and intuition within the supervisory relationship via modeling and nurturance on the part of the supervisor. Both creativity and intuition could benefit supervision by aiding the strengthening of the alliance between the supervisee and the supervisor as well as expanding both parties’ understandings about using creativity and intuition in practice (Carson & Becker, 2004; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002). Explorations about using creativity and intuition, when undertaken in the safety of the supervisory relationship and supervision session, might limit the potential frustrations or obstacles that could occur in a counseling session, including managing internal emotions, engaging clients, and incorporating interventions (Carson & Becker, 2004; Jeffrey, 2012).
Rooted in psychoanalysis, psychodynamics, and humanism. Supervision, much like elements of creative and intuitive counseling (Eisengart & Faiver, 1996), was rooted, first, in psychoanalytic and psychodynamic theories and therapies, and later, in humanistic therapeutic practices and theories (Bernard & Goodyear, 2014; Patterson, 1997). Freud was a supervisor of clinical practice as early as 1902 and he wrote that the purpose of supervision was to assist younger clinicians in becoming more knowledgeable and skillful in providing psychoanalysis to their patients (Freud, 1914/1986, p. 82 as cited in Bernard & Goodyear, 2014, p. 24). The core of psychodynamic supervision, in line with psychodynamic therapy, was viewed as the relationship between the two individuals involved in the process since that provided the “crucible” for any change to occur (Bernard & Goodyear, 2014, p. 25; Patterson, 1997; Sarnat, 2010). Humanistic supervision stemmed from humanistic psychotherapy and was focused on the here and now and on creating conditions for growth (Farber, 2010). Experiential learning and awareness in order to promote change was seen as key in both counseling and supervision (Farber, 2010, 2012; Frawley-O’Dea, 2003). Lawrence et al.’s (2015) reference to Rogers’s and Maslow’s past work hinted at a taproot of both counseling and supervision: namely, the necessity of creating accepting, safe relationships in order to provide a space in which growth, change, and self-actualization occurred (Farber, 2010; Rogers, 1961).

Supervision models expanded in the same manner that counseling theories and practices did—in that supervision models were situated initially in counseling and psychotherapy theories—with psychodynamic practitioners developing psychodynamic supervision practices, Gestalt clinicians creating Gestalt supervision practices, and so on
(Bernard & Goodyear, 2014). Many theoretically driven supervision models were simply enactments of the theory between supervisor and supervisee that had been generalized from the supervisor’s experience of enacting the theory with clients as a counselor (Bernard, 1997; Bernard & Goodyear, 2014). The modeling component, during which the supervisor engaged with the supervisee from this theoretical stance within supervision sessions, was viewed as being central to less experienced practitioners’ development as well-versed, theoretically-aligned psychotherapists (Bernard, 1997; Patterson, 1997; Sarnat, 2010). Additionally, some supervisors considered supervision an extension of therapy rather than as a completely separate and differentiated skill set and practice (Bernard & Goodyear, 2014; Hackney & Goodyear, 1984, p. 283 as cited in Bernard & Goodyear, 2014, p. 27; Patterson, 1997). The reigning belief, at one time, was that if a clinician were considered a good clinician, then that clinician would be, by virtue of positive clinical skills and the transfer of those skills to supervision, a good supervisor (Bernard & Goodyear, 2014). No additional training or skill development was thought necessary.

Eventually, beliefs about supervision shifted and new models arose. One such shift involved the awareness that the hierarchical nature of the supervisory relationship impacted the supervisee differently than it did the supervisor (Bernard & Goodyear, 2014; Cormier & Bernard, 1982; Frawley-O’Dea, 2003; Shaffer & Friedlander, 2015). Some models or components of models were constructed in an effort to address those potential impacts (Frawley-O’Dea, 2003; Friedlander & Shaffer, 2014; Shaffer & Friedlander, 2015), be they positive or negative, in an effort to provide beneficial,
culturally sensitive, and culture-affirming supervision to supervisees (Bernard & Goodyear, 2014). Other efforts at redefining supervision included stage models in which supervisees often were described as developing in a linear, progressive, or developmental manner (Bernard & Goodyear, 2014; Stoltenberg, 1981; Stoltenberg & McNeill, 1997). Such models were expanded and re-constructed through time and additional models were developed in an effort to address additional components of supervision, such as the manner in which the supervisor interacted with the supervisee (Bernard & Goodyear, 2014; Friedlander & Shaffer, 2014). More often than not, supervisors practiced supervision across multiple categories or models of supervision in order to address the many needs of their supervisees and to practice ethically (Bernard & Goodyear, 2014). So many supervision models have been constructed that it was unwieldly and too expansive to be included in this literature review. For the purposes of this study, two models of supervision that have taken root and have been used extensively within counseling training programs and supervision training, were reviewed more explicitly below (Bernard & Goodyear, 2014).

**Two existing supervision models.** Both the Discrimination Model and the Integrated Development Model have been disseminated widely throughout counselor education programs, supervision training, continuing education workshops, and literature in the counseling field (Bernard & Goodyear, 2014). The models were constructed within the same five-year timeframe, so developers of the models were influenced by the same overarching cultural events and developments in the helping professions (Bernard, 1979; Bernard & Goodyear, 2014; Stoltenberg, 1981, Stoltenberg & McNeill, 1997).
There was some overlap between the models with regard to supervisors taking on
different roles, providing different environments, or engaging in different actions based
on what the supervisee needed at a particular point in time and with specific clients
(Bernard, 1979, 1997; Bernard & Goodyear, 2014; Stoltenberg, 1981; Stoltenberg &
McNeill, 1997, 2010). Overall, the models aimed to help supervisees develop until they
reached the level of being able to work autonomously (Bernard, 1979; Bernard &
Goodyear, 2014; Stoltenberg & McNeill, 1997, 2010), or of becoming “master
counselors” (Stoltenberg, 1981, pp. 60, 63). There was also the shared concept that
supervisees have skills or domains that they needed to learn and incorporate into their
work as they learned to interact with clients appropriately and to conceptualize about
clients and their care effectively, even though these skills and domains differed slightly
based on which model was being used (Bernard, 1979, 1997; Bernard & Goodyear, 2014;
Stoltenberg, 1981; Stoltenberg & McNeill, 1997, 2010). Supervisees, in both models,
were seen as evolving and growing throughout the supervision experience (Bernard,
was how the process of supervision was described.

**Integrated development model.** Stoltenberg initially developed the counselor
complexity model of supervision in 1981 and described four stages of development, on
the part of supervisees, that were aided by the construction of an appropriate supervision
environment and the application, by the supervisor, of appropriate and specific
supervision skills (Stoltenberg, 1981). Later, Stoltenberg added to his conceptualization
about the development of supervisees and, in working with Delworth, renamed the model

Stoltenberg (1981) conceived of the process of supervision as a means of continual domain integration and practical application at varying levels. In the IDM, the supervisor provided environments that matched the supervisee’s current level of mastery in order to encourage the supervisee’s development and progression within a particular level (that is, Level 1, Level 2, Level 3, or Level 3-i; Stoltenberg, 1981; Stoltenberg & McNeill, 1997, 2010). This idea of supervisors providing specific and appropriate environments, in which supervision occurred effectively, harkened back to the roots of supervision in psychoanalytic and humanistic approaches in which the therapeutic alliance and the construction of a safe environment for growth and change were key components (Bernard & Goodyear, 2014; Farber, 2010).

Four levels of mastery (with four different environments), as well as eight domains or types of skills across three broad categorizations of what occurred within the supervision process of the IDM, were described in detail by Stoltenberg and McNeill (1997, 2010). The supervision development process was conceived as being linear overall, as supervisees were continually evolving to ever-higher levels of mastery, despite the reality that they had areas where they were more masterful (i.e., areas in which they had the most experience; Stoltenberg & McNeill, 1997, 2010). If a supervisee was confronted with a client who had a new presenting issue, or with a new theory, new interventions, or new diagnoses, the supervisee would have returned to developing at a
novice level for those specific experiences rather than performing at a higher level of mastery (even if the supervisee performed at a higher level of mastery for many other experiences and clients; Stoltenberg, 1981; Stoltenberg & McNeill, 1997, 2010). Hence, a supervisee who performed at Level 3 when working with adult clients who experienced symptoms of depression might have wound up working at Level 1 when faced with an adolescent client who used substances (Anderson, 2000), even though the supervisee’s basic counseling skills might be more advanced than a Level 1 practitioner. Researchers have investigated supervisees’ ability to self-assess their professional development within the IDM and supervisors’ assessments of supervisees’ professional development within the IDM using different measures such as inventories and questionnaires (Leach, Stoltenberg, McNeill, & Eichenfield, 1997; McNeill, Stoltenberg, & Romans, 1992). Leach et al. (1997) explored the use of a self-report measure, the Counseling Self-Estimate Inventory (Larson et al., 1992), within the IDM for the purpose of evaluating supervisees’ perceptions about their growth and development as counselors.

The supervisee began as a novice and used the supervisor as an expert from whom the supervisee learned in order to develop via the IDM framework (Stoltenberg, 1981; Stoltenberg & McNeill, 1997, 2010). Then the supervisee progressed to the stage of exploration and challenge, viewing the supervisor alternatively as an impediment or a boon and guide (Stoltenberg & McNeill, 1997). Supervisees proceeded to mastering content and practice and became colleagues (of a sort) to the supervisor, who was viewed, then, as a consultant (Stoltenberg, 1981; Stoltenberg & McNeill, 1997). The supervisee’s autonomy was viewed as progressing in tandem with the relationship
(Stoltenberg, 1981; Stoltenberg & McNeill, 1997). The supervisor shifted from being seen as the expert to being viewed as a consultant and colleague by the end of the process (Stoltenberg & McNeill, 2010). At that point, the supervisee integrated all of the skills and qualities learned, becoming the one that others, including the supervisor, sought as a consultant (Stoltenberg & McNeill, 2010).

Throughout the supervisory process, there was a focus on maintaining a positive and encouraging relationship between the supervisor and supervisee within the framework of the IDM (Stoltenberg & McNeill, 2010). The relationship was seen as being key because the supervisee’s needs had to be met in order for the supervisee to continue with development as a counselor (Stoltenberg & McNeill, 1997, 2010). Relationship also played a role in the Discrimination Model developed by Bernard (1979).

**Discrimination model.** Bernard (1979) construed the process of supervision as being one that pushed the supervisee to grow and develop professionally and personally. Bernard (1979) developed the Discrimination Model (DM) to aid her in teaching new supervisors how to supervise (1997; Bernard & Goodyear, 2014). She reduced the elements of supervision into two main ideas: that of deciding what to discuss with supervisees and that of determining how to do so in the best way possible (Bernard, 1997). These ideas were developed further into the elements of roles and foci, with there being three components of each element (Bernard & Goodyear, 2014). The three roles the supervisor took on (teacher, counselor, or consultant) assisted the process and encouraged the supervisee to explore and to develop specific skill sets (intervention and
process skills, conceptualization skills, and personalization skills; Bernard, 1979, 1997).

This process was not viewed as being necessarily linear, and it could shift from one skill set to another that was previously tackled due to current experiences and clients (Bernard, 1979). Additionally, the supervisor shifted roles throughout the supervision session and the supervision process as well (Bernard & Goodyear, 2014).

Skill development, or foci, entailed the supervisee’s efforts at learning how to act in sessions with clients and figuring out how to choose interventions and goals appropriately (Bernard, 1979; Bernard & Goodyear, 2014). The supervisee learned how to conceptualize about a client, the client’s care, the client’s diagnosis, the client’s goals, and the client’s treatment in order to integrate the material so that the client could be assisted in a beneficial manner (Bernard, 1979). The supervisee had to learn to interact effectively with clients, to accept feedback and challenges from clients without becoming defensive, and to manage personal emotions while working with clients and their emotions (Bernard, 1979; Bernard & Goodyear, 2014).

The DM included a conceptualization of the supervisor as having three distinct roles—teacher, counselor, and consultant (Bernard, 1979). These roles were used to assist the supervisee in learning about practice, learning about self, and learning about autonomy (Bernard & Goodyear, 2014). The onus in the DM was on the supervisor, in that the supervisor had to determine what role to take in order to address whichever skill set, on the part of the supervisee, needed development (Bernard, 1979, 1997). The DM included a presentation of supervisees alternately being students, clients, and advisees based upon what material and issues supervisees brought to supervision sessions
The relationship that developed between the supervisor and the supervisee required elements of support, encouragement, challenge, evaluation, teaching, and, on some level, trust and consultation (Bernard & Goodyear, 2014).

**Legal and ethical considerations.** Both models shared many of the same legal and ethical considerations, including those related to culture, population, and work setting (Anderson, 2000; Byrne & Sias, 2010; Luke, Ellis, & Bernard, 2011). One consideration was that since both models included an environment or role in which the supervisor acted as a counselor towards the supervisee, it was important that the supervisor refrained from staying in the counselor role or environment continually for the duration of the supervision process (Bernard, 1979, 1997; Bernard & Goodyear, 2014; Stoltenberg & McNeill, 1997, 2010). Supervisors have always had a responsibility to refer supervisees for clinical treatment and counseling if they determined that supervisees could benefit from such services (Cormier & Bernard, 1982; American Counseling Association, 2004, 2014). Also, this practice of the supervisor acting as counselor had the potential to cause a blurring of boundaries and to turn into a dual relationship if the supervisor continued in the counseling role or if the supervisor did not enact some form of appropriate boundaries (American Counseling Association, 2004, 2014).

There were many other responsibilities that the supervisor held in both models. The supervisor accorded the supervisee due process, meaning that the supervisee, due to having less power than the supervisor, was viewed as being similar to a client (Cormier & Bernard, 1982). As a result, the supervisor had to make sure to openly disclose all the
aspects of the supervision process (e.g., how the supervisee was evaluated; who was privy to the records from the supervisor about the supervisee; whether the supervisor was the determining factor regarding a grade, license application, or job; and what was expected of the supervisee) so that the supervisee participated fully in the process of informed consent despite the power differential inherent to the supervision process (Cormier & Bernard, 1982; American Counseling Association, 2004, 2014). The supervisor ultimately maintained responsibility for the supervisee’s clients and their care, above the supervisor’s responsibility to the supervisee (Cormier & Bernard, 1982; Wade, 2015). Supervisors were subject to vicarious liability, meaning that they could be involved in litigation regarding negligent or unethical treatment of clients on the part of the supervisee (or on the part of the supervisor; Cormier & Bernard, 1982).

Though many of the legal and ethical considerations were the same for both models, there were some which were specific to the different models. In the IDM, if and when a supervisee attained Level 3, or especially Level 3-i, there was the potential for a blurring of boundaries regarding roles since supervisee and supervisor were no longer separated by mastery level (Stoltenberg & McNeill, 1997, 2010). It was important for both the supervisor and the supervisee to maintain appropriate boundaries and to refrain from forming dual relationships in the IDM (Cormier & Bernard, 1982; American Counseling Association, 2004, 2014). The supervisor still needed to maintain close watch over the supervisee’s practice as the supervisor remained liable for the supervisee’s treatment of clients, irrespective of the supervisee’s development level (Cormier & Bernard, 1982). If the supervisee acted in a mistaken, inappropriate, or unethical manner,
it would still be the supervisor’s role to step into the situation, to address the supervisee’s gaffe, to take appropriate actions with regard to the supervisee, and to make sure that the client was not being harmed (Cormier & Bernard, 1982; American Counseling Association, 2014).

In the Discrimination Model, although there was a consultant role from which the supervisor may have worked, the idea that the supervisee would have attained the mastery, or expert, level of the supervisor was not presented as directly as in the IDM (Bernard, 1979, 1997). However, blurred boundaries were possible with the supervisee when the supervisor operated as a consultant, yet it seemed less likely as the supervisee may have been released from supervision prior to being considered an integrated master of counseling (Bernard, 1979). The consultant role in and of itself was an incorporeal concept when researched, since practicing supervisors were unable to distinguish the consultant role (in their practice) from the roles of teacher and counselor (Bernard, 1997; Bernard & Goodyear, 2014). Confusion with regard to the consultant role, on the part of the supervisor, might have been expressed to the supervisee, and, in turn, the supervisory relationship (in relation to the consultant role) could have appeared blurry to the supervisee (Bernard, 1997; Bernard & Goodyear, 2014). Finally, it seemed more likely that boundary fuzziness would have been apt to occur when the supervisor acted in the counselor role toward the supervisee, as mentioned previously (Bernard, 1979, 1997; Bernard & Goodyear, 2014; Stoltenberg & McNeill, 1997, 2010).

Overall, supervisees needed to maintain an openness to the process and to be engaged with supervisors, bringing material to supervision sessions without fail,
irrespective of model or framework used (Bernard, 1979, 1997; Bernard & Goodyear, 2014; Patterson, 1997; Stoltenberg, 1981; Cormier & Bernard, 1982; Stoltenberg & McNeill, 1997). Lack of openness, engagement, therapeutic alliance, or supportive environment inhibited the process of supervision and created obstacles to supervisees’ development as clinicians (Bernard & Goodyear, 2014).

Stumbling Blocks and Surmounting Obstacles to Using Creativity and Intuition in Supervision and Counseling

One of the greatest hindrances to the activation of creative and intuitive processes has been an unwillingness to be open, to relax, to have patience, to make time, and to feel momentarily vulnerable (Richards, 1989, p. 53). This unwillingness has been called resistance when related to clients (Miller, Forcehimes, & Zweben, 2011; Miller & Rollnick, 2013), and has been often noted within the art therapy and counseling literature when inhibition related to art tasks (or focusing on difficult issues) was described (Moon, 1998; Riley, 1999; Wadeson, 1995). Many times, adolescents and adults, less often children, have stated, “I can’t draw” or “I’m not creative.” So, too, many clinicians have said that they were not creative or that they were not intuitive, even though the process of counseling has drawn on (supposedly) spontaneous ideas regarding interventions, interactions, statements, or techniques (Carson & Becker, 2004; Eisengart & Faiver, 1996; Frey, 1975; Gladding, 2008). I have argued that these “insights” in counseling were creative and intuitive and arrived via the same mechanisms as Yo-Yo Ma’s interpretations of classical music, Jack Kerouac’s beat literature, and Richard Drew’s invention of Scotch tape (3M, 2012; Chowder, 2003; Coyne, 2009; Gladwell, 2005).
Supervisors have assisted supervisees who felt inhibited when contemplating the use of intuition and creativity by offering alternatives or by modeling how such concepts might be used (Carson & Becker, 2004; Faiver et al., 2000; Jeffrey, 2012; Kottler & Hecker, 2002).

Within a supervision or mentoring relationship, ideally, the supervisor or mentor possessed the ability to create an environment of safety and a place of containment for the supervisee or mentee (Frawley O’Dea, 2003; Hunter & Sanderson, 2007; Kealy & Lee, 2014; Meyers, 2014; Moon, 1998; Riley, 1999; Wadeson, 1980). The supervisor acted as a guide or a companion on the supervisee’s journey, and, as a guide, encouraged reflection, patience, and persistence (Frawley O’Dea, 2003; Friedlander & Shaffer, 2014). The guiding supervisor also encouraged the supervisee to take time for relaxation or to change activities in order to effect creativity and intuition positively, depending on what was required for the problem that was being solved or approached (Wadeson, 1995). This may have required a shift in positioning, on the supervisor’s part, to the role of coach or another type of leader at times (Coyne, 2009; Gash, 2017; Royston & Reiter-Palmon, 2017). A supervisor may have shifted into this coaching role by encouraging a supervisee with specific praise when merited, rather than by providing a blanket statement of praise or encouragement (Coyne, 2009; Gladwell, 2008; Royston & Reiter-Palmon, 2017). The “coach” also may have provided in-the-moment, specific feedback about corrections or changes to make (Coyne, 2009; Gladwell, 2008) to counseling style, intervention choice, or non-verbal or verbal cues (Charles, 2004). Supervisors may have observed more than they directed when coaching, and their
directions may have been brief, staccato, and urgent in nature (Coyne, 2009; Gladwell, 2008). All of these actions may have encouraged a sense of safety and trust within the supervisee toward the supervisory relationship and the supervisor. Creating a safe space also may have required that the supervisor practiced what he or she preached along with the supervisee (Frawley O’Dea, 2003), entering into the dialogue and the experience, rather than remaining the observer (Richards, 1989, p. 21). Practicing what is preached could have taken the form of engaging in an art intervention along with or while the supervisee was creating an image. Alternatively, supervisors could have shared self-disclosures about their experiences with the counseling process, with clients, or within life in an effort to normalize experiences, validate concerns, or encourage self-exploration for supervisees. It might even have taken the form of journaling about experiences with the supervisee or within supervision sessions as the supervisee did the same (Hunter & Sanderson, 2007). Journal writings could be shared at a future session in an effort to demonstrate intuitive thought processes or to explore congruence (Hunter & Sanderson, 2007; Rogers, 1961; Rothberg, 2014).

**Summary**

Creativity and intuition remain elusive, but have been found to be more interconnected than previously thought (Bohart, 1999; Dietrich, & Kanso, 2010; Elliot, 1986; Faiver et al., 2000; Sawyer, 2013; Simonton, 2012; Zhong, Dijksterhuis, & Galinsky, 2008). Investigations and speculations about the brain and its functioning have occurred through time. However, with tighter foci, as knowledge increased within the medical fields via use of imaging technology, creativity and intuition have been explored
and understood more thoroughly (Carlsson et al., 2000; Chavez-Eakle et al., 2007; Dietrich & Kanso, 2010; Eisengart & Faiver, 1996; Ellamil et al., 2012; Elliot, 1986; Fink et al., 2009; Fink et al., 2010; Ilg et al., 2007; Martindale & Hines, 1975; Volz et al., 2008; Volz & von Cameron, 2006). This information has impacted how creativity and intuition are viewed and has assisted with an expanded acceptance of the use of creativity and intuition (Kaufman, 2009; Simonton, 2012), particularly in the helping fields (Carson & Becker, 2004; Hazler, 2002; Jeffrey, 2012; Kottler & Hecker, 2002; Rothenberg, 1988). Greater acceptance led to increased use and increased use suggested that new clinicians will have to be aware of how to implement creativity and intuition in treatment for the benefit of clients (Carson & Becker, 2004; Gladding, 2008; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002). Increases in the use of creativity and intuition may continue to expand and impact many—potentially causing a kind of ripple effect, much like the Koch snowflake (Koch, 1904) or the butterfly effect of chaos theory (Bradbury, 1952; Lorenz, 1963, 1972)—as more is learned about them. Supervisors are situated in an appropriate position from which to share information about creativity, intuition, and the uses of both with supervisees (Carson & Becker, 2004; Jeffrey, 2012; Jeffrey & Stone Fish, 2011). Supervisors are also in a helpful position to assist supervisees with overcoming confusion (Hazler, 2002), obstacles, and stumbling blocks to using creativity and intuition in clinical settings with clients (Carson & Becker, 2002; Charles, 2004; Jeffrey, 2012; Jeffrey & Stone Fish, 2011).

In the past, little research existed about the supervision aspect of developing creativity and intuition, and multiple researchers have suggested a need for future studies
about creativity and intuition development, as well as the use of creativity and intuition in clinical practice (Carson & Becker, 2004; Eisengart & Faiver, 1996; Faiver et al., 2000; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002). Consequently, the need arose to look at how supervisors activated and encouraged creativity and intuition within their relationships with supervisees, for the purpose of being helpful to clients (Becker et al., 2002; Gladding, 2008; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002; Pipher, 2003). The results of my study add to the existing knowledge about the aforementioned concepts, regarding the interventions used in clinical supervision for activating creativity and intuition in clinicians, descriptions regarding creativity and intuition, and the process of supervision and supervisee development.
CHAPTER II

METHODOLOGY

Included in this chapter is the rationale for using grounded theory methodology to study the activation and encouragement of creativity and intuition in supervisory relationships, a historical overview of the development of Charmaz’s grounded theory methodology, the processes and procedures used in this study (including what methods were used to obtain a purposeful sample), and a brief overview of data analysis.

Grounded theory methodology has been used to explore qualitative data in order to construct theories from the phenomena under study via the collected data and analysis (Charmaz, 2014). This methodology allowed the theory to be grounded in the data that were collected and were specific to the study, or phenomena, at hand (Charmaz, 2006). My current inquiries about what interventions were used to activate creativity and intuition, about how creativity and intuition were defined, and about the process of supervision and mentoring were aimed at the purpose of this grounded theory study and led to the research question for this study: How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees?

The study was situated within a constructivist grounded theory framework due to my beliefs that researchers affected study participants and created meaning with them (Schram, 2006). Charmaz (2014) noted that grounded theory research was a journey one embarked upon with participants, the research question, the data, and the analysis. I hoped to better understand the process of activating and encouraging creativity and
intuition in counseling supervisory relationships through the course of this study. Uncovering more information about the aforementioned process within counseling supervision led to the development of a theory about how to better accomplish the activation and encouragement of creativity and intuition in supervision by the end of this research journey.

**Rationale for the Use of Grounded Theory Methodology and Q-Sort Procedures**

The current study was based on the need to fill gaps in the literature about counseling supervision and the nurturance of creativity and intuition in the supervision process. I determined that the research question was best suited for grounded theory methodology with a focus on Charmaz’s constructivist grounded theory methodology, since Charmaz’s version paid more attention to individuals’ experiences, feelings, and meanings (Charmaz, 2006; Schram, 2006) and the impact of the researcher on the research and with the participants than Glaser and Strauss’s or Strauss and Corbin’s forms of grounded theory (Charmaz, 2006). The end product I hoped to achieve was the “progressive building” of a “substantive theory” (Glaser & Strauss, 1967, p. 35), which emerged from the data and focused on a particular aspect of professional practice and pragmatic, real-world situations (Charmaz, 2006; Glaser & Strauss, 1967)—namely, clinical supervision.

I took advantage of Charmaz’s social constructivist grounded theory framework for this study: specifically, the flexibility inherent in her method (Charmaz, 2014). I was able to use the flexibility with regard to obtaining a purposeful sample by having used the Q-sort to filter the potential participants for inclusion within the study. I would not have
been able to include this procedure if I had chosen to work within Glaser and Strauss’s or Strauss and Corbin’s versions of grounded theory methodology because of the strictures regarding the procedures that had to be followed (Charmaz, 2006, 2014). Glaser and Strauss as well as Strauss and Corbin focused on the specific methods one had to follow in order for a study to be considered a grounded theory study, rather than focusing on the philosophy underpinning grounded theory (Birks & Mills, 2015). A Q-Sort procedure would not have fit into their parameters of what constituted a grounded theory method. Shifting the focus to the underlying philosophy of a grounded theory study allowed for more flexibility within the process of completing a study, since many methods were used to guide the process leading to the completion of the study (Birks & Mills, 2015).

**Q-Sort Procedure to Obtain Purposeful Sample**

Grounded theory methodology supported the idea that participants needed to be relevant to a study in some specific way because the study was constructed by both the participants and the researcher (Charmaz, 2006, 2014). Clinical supervisors in Ohio (LPCC-Ss) would have fit this category of participant, but grounded theory methodology further expanded the idea of participants’ specific usefulness and relevance in research with the concept of purposeful samples (Charmaz, 2006). A random selection of LPCC-Ss would have included participants who did not believe that creativity and intuition were part of the process of counseling or part of the process of supervision. Charmaz (2006) described the concept of purposeful sampling as one in which the participants are selected to fit the study parameters (that is, factor loadings on the Q-sort) and to make sense as the best possible participants for the specific study, even though
outliers are present in research. In order to meet these expansion criteria, participants were winnowed down to those who were invested in using or considering creativity and intuition in their clinical supervision practice. This also met the grounded theory requirement for including participants, having had direct experiences with the phenomena under study, who were accessible and possibly known by the researcher; and who have been referred to as key informants at times (Hatch, 2002, p. 48).

LPCC-Ss who believed that creativity and intuition were part of the process of counseling and supervision were the most appropriate participants for the study at hand. The use of a Q-sort provided the ability to gather initial data about how supervisors thought and about what they believed, hence, removing LPCC-Ss who did not consider creativity and intuition to be part of the counseling or supervision process from the study (S. R. Brown, personal communication, March 13, 2013; Brown, 1993, 2008). The factor loadings of participants were the determinants of whether or not participants were included in stage two, the grounded theory semi-structured interviews and analysis of this study. This narrowing down reduced the number of participants who were needed in order to conduct and to complete the study. Plus, the initial data from the Q-sort also provided an idea of where to start the interview process with each participant in a responsive interviewing style (Rubin & Rubin, 2005; Smith, Flowers, & Larkin, 2009). Responsive interviewing was epitomized by participants leading the interview, in that their answers led the interviewer to ask related questions that may or may not have been on a written list of possible interview questions (Rubin & Rubin, 2005; Smith et al., 2009).
Grounded Theory Methodology

Grounded theory arose when positivist methodologies were viewed as the only appropriate method of conducting research within the field of sociology (Charmaz, 2006). Glaser and Strauss (1967) proposed that qualitative research could be conducted through which researchers could develop theories that emerged from and were grounded in the data they were collecting. This represented a rejection of the concept that a pre-existing and accepted theory was a required element for hypothesis formation, leading to and resulting in research about the theory (Charmaz, 2006). This also represented a rejection of the idea that research had to lead to causal explanations regarding the known or knowable world (Charmaz, 2006). The initial focus and purpose of grounded theory methodology was to provide an additional means by which researchers could “construct abstract theoretical explanations of social processes” to better understand people, their interactions, and the world around them (Charmaz, 2006, p. 5).

Strauss differed from Glaser in that he was informed by pragmatism and field research, whereas Glaser was trained in positivism and continued to use positivist-imbued practices to research in a qualitative manner (Charmaz, 2006). Strauss embraced the concept of symbolic interactionism that aligned more, to some extent, with social constructivism (Charmaz, 2006). Symbolic interactionism was informed by pragmatism, the idea that theory and research should be practically applicable, and included the assumption that everything around us, including us, was constructed via interactions, specifically those connected to language and communication (Charmaz, 2006, 2014).
Within the theories of symbolic interactionism and social constructivism, the idea prevailed that people could think and respond to stimuli with thought, rather than presuming that people were only able to respond in a mechanical or Pavlovian manner (Charmaz, 2006).

Later in their work, Strauss and Glaser broke apart and Strauss joined Corbin to further work within grounded theory by moving toward verification (Charmaz, 2006). Glaser went on with his work and remained fairly consistent with his earlier descriptions of grounded theory as a method of discovering emergent categories and analyzing social processes (Charmaz, 2006). Others trained by Glaser and Strauss moved into their own practices and understandings of what grounded theory methodology was, including Charmaz (2006, 2014). Charmaz (2014) adopted the iterative logic of Strauss and traditional pragmatist ideas regarding action and meaning, and she adopted the “inductive, comparative, emergent, and open-ended approach” from Glaser and Strauss’s original work in the 1960s (p. 12). She added the flair of considering grounded theory a set of principles and practices with flexible guidelines rather than strict rules and requirements (Charmaz, 2006, 2014). Charmaz (2014) also adopted the social constructivist theoretical framework of viewing the world as socially constructed via multiple layers, including the concept that the researcher and the researcher’s engagement in research (including the researcher’s roles, privileges, perspectives, and interactions) were also constructed. The results of such research provided “an interpretive portrayal” of the world under study, rather than “an exact picture” of said world, which was
reflective of the stance in which Charmaz’s version of grounded theory was situated (Charmaz, 2006, p. 10).

This study was situated within Charmaz’s social constructivist grounded theory framework. The flexibility inherent in her version of grounded theory was used for this study with regard to the use of the Q-sort to filter the potential participants for inclusion in the study to obtain a purposeful sample.

Q-Sort Aspect of Q-Methodology

Q-sorts are an integral aspect of Q-methodology and they assist researchers in studying people’s communications of their opinions (McKeown & Thomas, 1988; 2013). Many people believe that Q-methodology is comprised simply of Q-sorts; however, this is an incomplete description of Q-methodology (McKeown & Thomas, 1988; 2013). Q-methodology is actually a distinct methodology oriented “toward the systematic study of human subjectivity” (McKeown & Thomas, 1988, p. 9). Q-sorts allow study participants to construct their viewpoints about a topic via the rank-ordering of Q-statements based on whether the statements are most characteristic or least characteristic of their viewpoints about the topic (McKeown & Thomas, 1988). This particular aspect of Q-methodology was what I chose to use in order to determine which potential participants to include or exclude from this study.

Once Q-sorts are completed by participants, the Q-sorts are analyzed regarding what intercorrelations occurred among the variables, which are composed of the persons involved rather than the Q-statements themselves (McKeown & Thomas, 1988; 2013). A factor analysis is completed post-sorting, resulting in factors that “represent points of
view” (McKeown & Thomas, 1988, p. 13). The participants are then associated with the points of view based on how much each individual participant matches the factor in question, which is called loading on a factor (McKeown & Thomas, 1988). The closer a participant matches a factor, the more that participant is considered to have loaded on that factor (McKeown & Thomas, 1988). The factor loadings related to creativity and intuition were what I was concerned with for this study with regard to selecting which participants were included in the study.

The reason that this study was not considered a mixed methods or Q-method study was because I did not use the final analysis of the Q-sorts to complete this study. Rather, I limited myself to describing the factor loadings briefly, determining which factor loadings were most related to creativity and intuition, and matching the respondents to their specific factor loadings in order to determine who advanced as a member of the purposeful sample for the rest of the study.

**Researcher Perspectives**

The constructivist aspect of grounded theory includes the concept that researchers create meaning with participants and that researchers impact the study throughout the process of the study, including impacting the creation of the study, the selection of participants, data gathering, data generation, data analysis, and the reporting of study results. A researcher has to have an awareness of self and of how aspects of self could impact the study and, potentially, the participants. Researchers need to acknowledge their perspectives, their beliefs, their status or roles, their role as an instrument in their
studies, and what they use as their research lens. I addressed these particulars in the following section.

While I was studying different research methodologies during my coursework and in reading, an idea sparked the notion that I could include a Q-sort from Q-methodology in this grounded theory study in order to determine who the initial, purposeful sample participants might be (Brown, 1993; Charmaz, 2006; Glaser & Strauss, 1967). From this, I realized that I could try something different with methodology, even if I could not find a reference for it anywhere in the literature.

**Researcher Beliefs**

The research question arose from my own experiences of working with supervisees and clients. I was interested in learning how supervisors encouraged their supervisees to enter the process of developing and growing whilst struggling and facing challenges (which supervisees may have created in order to push their own boundaries). I was also interested in how the developing clinician impacts clients and what we, as supervisors, can do to assist supervisees in developing skills that allow them to assist their clients better. Clinicians are often the key factor in helping clients facilitate change (Miller et al., 2011). In learning more about how to assist supervisees in developing helpful skills, supervisors ultimately impact clients in a positive manner by providing them with beneficial clinicians (Carson & Becker, 2004; Jeffrey & Stone Fish, 2011; Kottler & Hecker, 2002). I viewed being allowed to join supervisees on the journeys that are their clinical (and occasionally personal) lives as an honor. The concept of honor has assisted me in viewing the supervision relationship and all supervision time as sacred and
useful, even if little visible work was accomplished. Visible work may entail coming up with a plan for engaging with a particular client or planning to use a specific intervention with a particular client. Non-visible work, on the other hand, may include building the supervisory relationship by virtue of learning more about each other or by allowing supervisees a space in which they vent about frustrations or experiences without fear of reprimand or negative consequence. Despite the invisible nature of such work, these aspects of supervision are essential for positive supervision experiences and outcomes to occur (Meyers, 2014). Having been allowed to join with supervisees many times, I wanted to be able to share a theory with other guides that could help with training a new generation of counselors and art therapists, all the while remembering Glaser and Strauss’s statement that “the published word is not the final one, but only a pause in the never-ending process of generating theory” (1967, p. 40).

**Researcher’s Roles**

I am a licensed professional clinical counselor and a registered, board-certified art therapist who supervises clinicians, who seeks supervision and guidance, and who always views creativity and the metaphysical sense of intuition as a wellspring. I believe creativity and intuitive actions are more commonplace and more accessible than once thought. I became increasingly convinced of this via progression in my career. As I navigated the terrain between logic, creativity, and intuition in my clinical practice and experiences, I am increasingly convinced that the three worlds are more integral to each other and more integrated than typically acknowledged. Medical, educational, and behavioral science researchers appeared to have caught up with this concept (Dietrich &
Kanso, 2010; Eisengart & Faiver, 1996; Ellamil et al., 2012; Elliot, 1986; Fink et al.,
2009; Fink et al., 2010; Jeffrey, 2012; Zhong et al., 2008). Due to this progression in our
understanding of logic, creativity, and intuition, it seemed apt to explore creativity and
intuition further to find practical uses within the counseling world for the training of
clinicians so that clients, clinicians, and supervisors could potentially benefit (Carson &
Becker, 2004; Faiver et al., 2000; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Kottler &
Hecker, 2002).

**Research Lens**

My stance is grounded in social constructivist thinking. I believe there are no
“absolute realities” or truths and that “multiple realities” are constructed by individuals
(Hatch, 2002, p. 15). One effect this had on the current study was that I viewed
researchers as people who co-constructed reality with the study participants; such
presence contributed to the perspectives that others held and created. Another effect this
perspective had on the study was that I was interested in and focused on learning about
and understanding the participants’ “individual constructions of reality;” hence, I had to
engage with the participants in order to attain this goal (Hatch, 2002, p. 15).

I worked from the notion that reflecting upon and percolating about the data and
the analysis were essential to the study. Glaser and Strauss noted that researchers
“should not be afraid to take, literally, months off . . . data collection, if necessary (and if
possible), to think through . . . emergent theory before returning to the field”
(presumably, for more data collection; 1967, p. 73). The idea of flexibility—being able
to shift and to explore other avenues as data collection, generation, and analysis
occurred—was one that, in particular, was comfortably aligned with my thinking processes.

I moved toward grounded theory without hesitation because it resonated as a method that fit with the current study and made sense. Part of this was due to the way one gathers and generates data and analyzes it, seeks new sources of information throughout the process (be it from the initial “actors” or participants, or from new additions; Creswell, 2009, p. 178) and analyzes again; and, finally, watches as a theory arises from the muddled muck of overwhelming amounts of information and resources. I was captivated by the idea that what emerges from this conglomeration is a coherent, potentially applicable and useful theory. Glaser and Strauss (1967) noted that although an arising theory is not a “perfect” description of what is occurring in a field, it could account for much of the behavior related to an area of study (p. 30).

**Researcher as Instrument and Role in the Study**

My role was to negotiate and construct realities with the participants and to become aware of the meanings that were made as a result. Trustworthiness practices served as a method of bracketing my bias (and perspectives) and allowed readers and participants to see what my thoughts were and how they differed from or were similar to the data that were collected. I considered myself a data collection instrument throughout the study since I brought myself into the room with each participant and created meaning with him or her. I viewed the experience through my own filters and through my research lens. This impacted how I construed the data when analyzing them. My constructed relationships with the participants also changed how I viewed the data, and
that continued to shift throughout the study. Even though I shared similarities to the participants with regard to licensure, I differed from them in other ways. These similarities and differences affected the study as well.

**Researcher’s Plan**

I began my work with the current study by considering how to use the Q-sort procedure effectively for the grounded theory. As previously described, the Q-sorts were used to determine which participants would be included in the purposeful sample for the study (based on their factor loadings related to creativity and intuition). The intricacy of this combination required a detailed plan regarding how to proceed. I decided to create the concourse for the Q-sort first. Then I decided to have two stages for the study: the first involving the determination of the purposeful sample via Q-sort and the second including the grounded theory interviews and data analysis. The Q-sort aspect of the study was Stage 1 and the grounded theory aspects of the study comprised Stage 2. The concourse construction and both stages are explicated in the procedures section below.

**Procedures**

In 2012, I began a research journal as a place to write questions about the study, to reflect on my thinking about the study, and to explore possibilities for the study for the purposes of managing the process, exploring reflexivity, noting my progress, and establishing trustworthiness. Once the research question was formalized, I constructed the Q statements via the concourse. Then I completed the paperwork for submission to the Institutional Review Board (IRB). Next, I obtained IRB approval to conduct the study from the IRB of Kent State University (see Appendix A). I continued writing in
the research journal about the study, about my progress with the study, and about my thoughts and questions about the study throughout the process. This process of reflection continued so that I had a place to write about my perspectives and thoughts regarding the study and to form questions that arose from the information I collected.

**Concourse Construction**

The concourse was selected from multiple literary sources (including psychological studies, medical studies, nonfiction bestsellers, meta-analyses, personality studies, and education studies) in order to account for many understandings of the topics under consideration in this study, namely, intuition and creativity, with an overview of logic. Each of these three effects (intuition, creativity, and logic) was cross-classified with the four Ps (person, place or press, process, and product, as defined in Chapter I; Kaufman, 2009) in order to create a thorough and representative sample of stimuli to provide for generality within the Q-sort itself (Brown & Unsg, 1970, p. 515).

The concourses of Q sorts are constructed via the conversations (e.g., literature, popular media, discourse, and discussions) that take place about a topic, including what people are saying, writing, and doing (Brown, 2006). These conversations are continually progressing, so it would be easy to add continually to a concourse ad infinitum. However, researchers have to select items from the ongoing conversations in order to construct the concourse for the research at hand. The Q-sort for this study was comprised of 48 statements that were drawn from the selected concourse of 516 chunks of information. For example, this chunk was taken from Berrett’s (2013) article about creativity being a possible cure for standard curricula:
The appreciation for creativity is also growing despite lingering cultural baggage. For many, the belief persists that creativity is a rare gift given to a select few. According to this view, artists and creative thinkers are lone geniuses with innate talent who must rely on flashes of inspiration that arrive without warning. These “myths” are ultimately destructive, says R. Keith Sawyer, an associate professor of education at Washington University in St. Louis who studies creativity and learning. “It’s a matter of hard work, and a lot of it, and consistently engaging in practices that help you come up with good ideas,” he says. “It’s a series of small sparks over a long period of time.” (Berrett, 2013, pp. 4-5)

The above quote was transformed into this statement: “On occasion I have been fortunate enough to have had surprising flashes of inspiration and creativity which impact my work.” The following is another example of a chunk of information that was later transformed into a statement for this study:

These new paths of thought and progress can happen as often as they need to. But first you have to learn to trust more than your current know-how. You have to learn to trust your gut too. The best strategy entails relying, not on one or the other, but on both. (Wahl, 2013, p. 87)

The transformation was as follows: “I have to trust both my gut and know-how to be the most effective supervisor I can be. I cannot rely on just one or the other.” A final example began with this information chunk: “‘Intuition,’ explained the distinguished medical researcher Jonas Salk, ‘will tell the thinking mind where to look next’” (Wahl, 2013, p. 100). This was transformed into the statement, “Intuition tells me where to look
next for the answers I seek.” Once the transformations were completed, the statements were sorted into the following 12 crossed categories (for example, creativity x person, intuition x product, logic x process, etc.), four in each for a total of 48 statements, as shown in Figure 1.

<table>
<thead>
<tr>
<th></th>
<th>Creativity</th>
<th>Intuition</th>
<th>Logic</th>
</tr>
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<tbody>
<tr>
<td>Person</td>
<td></td>
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<td>Product</td>
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<td>Place</td>
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*Figure 1. Cross-categorization for concourse construction*

Finally, the four most different statements from within each cross-categorization from the entire concourse were compiled to form the final list of Q-statements for this study. The full list of Q-statements post-transformation from the concourse is included in Appendix B. More information is provided about the concourse and the Q-sort in the chapter about findings, Chapter III.

Once the concourse construction was completed and the IRB approval was granted, I began work on Stage 1. Stage 1 included the recruitment of initial participants, my completion of the Q-sort, participants’ completion of individual Q-sorts, and the completion of four theoretical Q-sorts. Some of these participants continued into Stage 2
of the study if their factor loadings reflected a preference for or practice of using or considering intuition and creativity within supervisory relationships.

**Stage 1**

Stage 1 included the initial recruitment of participants for a purposeful sample via Q-sort for the grounded theory study. In order to be considered for inclusion in the study, potential participants had to have a current Ohio license as a licensed professional clinical counselor with a supervisory endorsement (LPCC-S). Potential participants, even if they expressed interest in the study and the focus of the research, were excluded from the study if they did not meet this criterion.

**Participants.** Once the Institutional Review Board at Kent State University granted approval for the study, participants were recruited via my own suggestions as well as those given by my colleagues, fellow LPCC-Ss, LPCs, and LPCCs, of potential key informants. I defined key informants as people who knew more information about supervision than would laypeople (Hatch, 2002, p. 48). Some participants, who completed the Q-sort, made suggestions about other supervisors who might be willing to complete the Q-sort. These suggestions included people well-suited for the study since participants who made suggestions had knowledge about the Q-sort (from having completed it themselves). Based on participants’ firsthand knowledge of the Q-sort and about their colleagues, participants and I assumed that their suggestions included people who were creative or intuitive or those who used creativity or intuition within their supervision practice and who might be relevant for this study. This “snowball sampling” method, beginning with the initial participants and moving to participants’ suggestions of
whom I should contact (including names and contact information), resulted in the initial and final lists of LPCC-Ss to contact (Biernacki & Waldorf, 1981; Creswell, 2013, p. 158; Maxwell, 2005).

Participants varied in ethnic background, gender, age, and length of time as a counselor and supervisor, and no one was eliminated based on these demographic points. All participants were licensed professional clinical counselors with a supervisory endorsement from the state of Ohio. All participants had received master’s degrees in counseling (or related disciplines) prior to their being granted counseling licenses in Ohio.

Participant recruitment. It was expected that 24 participants (for the Q-sort) would establish factors on the Q-sort in keeping with Watts and Stenner’s (2012) guiding suggestion regarding participant numbers for Q-studies, namely, that one participant per every two Q-statements was typically sufficient (pp. 72-73). However, in order to obtain an effective p-set (or participant group), 55 LPCC-Ss were invited to complete the Q-sort. Initial contact with potential participants was made via an e-mail containing an introduction about the study and the process of data collection (see Appendix C). The initial contact e-mail contained a request for interested parties to make contact with me in order to set up a time (from the dates and times provided in the e-mail) to complete the initial Q-sort in-person. Twenty-nine people, of those initially invited, agreed to complete the Q-sort and scheduled in-person Q-sort meetings.

Q-sort administration. The administration of Q-sorts began with my completion of a Q-sort. After that, participants completed individual Q-sorts and interviews (n = 29).
Q sorts were analyzed using PQMethod software (Schmolck & Atkinson, 2014). Post-analysis, I completed four theoretical Q sorts and analyzed all 34 Q sorts (i.e., my sort, 29 sorts from participants, and four theoretical sorts) using PQMethod software. Below the reasoning for including the researcher’s Q sort, the administration of participants’ Q sorts and Q interviews, and the reasoning for completing four theoretical Q sorts is detailed.

**Researcher’s Q sort.** I believed that it was important for researchers to experience their own study protocols prior to asking participants to complete the protocols. This belief stemmed from my practices as a clinician and informed my work as a researcher. Trying treatment interventions myself before asking clients to try them has been my practice throughout my clinical career; and, as a result, I chose to complete my own Q sort before asking participants to complete their Q sorts. The reasoning for this included becoming more aware of how it felt to complete the Q sort, recognizing phrases and words that could have caused consternation or elicited questions from participants, and having an understanding of what thoughts and feelings could have been triggered by participating in and completing the Q sort.

**Administration of participants’ Q sorts and interviews.** After I completed my Q sort and in-person Q sort times were set up, I met with participants (n = 29) individually to continue the informed consent process (see Appendix D) and to complete the Q sort procedure. I had each participant complete the demographics form (see Appendix E) and then I described the Q sort (see Appendix F). I provided each participant with a Q sort set and asked each participant to sort the cards into three piles:
agree, disagree, and do not know. Once each participant completed the initial sort, I asked each person to sort by ordering the statement cards from most disagree (-5) to this was relatively unimportant or I had no experience with this (0) to most agree (+5). Each ordinal ranking card (+5 to -5) had a noted, prescribed number of cards that could be placed underneath each ranking category. I asked participants to try to follow the prescribed number when ranking the Q-statements. This forced choice practice was used in an effort to assist participants in making more explicit decisions about the importance of each statement in relation to their experiences and purviews, specifically to try to obtain those participants whose agreements aligned most with creativity and intuition (McKeown & Thomas, 1988, 2013). Even if participants veered away from the forced choice practice, as nine participants did, it did not impact the subsequent Q-factors as their opinions were still represented via “the patterns of item placement” through all of the Q-sorts (Brown, 1980, p. 289, 1993; Cottle & McKeown, 1980). Each participant completed the final Q-sort with the Q-statement cards (see Appendix B). Upon completion, I asked participants if they had the cards where they wanted them to be placed and I recorded each participant’s final sort on the recording form (see Appendix G).

I briefly interviewed each participant about the sort, the participant’s experience of having completed the sort, and why certain cards were selected for different placements (see Appendix H). Examples of follow-up questions were:
• I see you put these cards under +5 and +4. Why did these particular cards stand out as being so important to you? What differentiated the placements (between +5 and +4) for you?

• I see you put these cards under -5 and -4. Why did these particular cards stand out as being so unimportant to you? What differentiated the placements (between -5 and -4) for you?

• How did you decide to place statement cards under zero? Was it easy or difficult? Would you prefer to have these cards anywhere else?

• Please tell me how you decided to begin the sort and what your understanding of the sort statements is. Was there a particular theme within which you thought the statements were organized? Or, did you decide that the statements were organized in a particular manner?

Q-sort participants were informed that continued contact would be based on their Q-sort factor loading results. Participants were told that they would be contacted post-Q-analysis with a brief summary about the overall results of the Q-sort and with information regarding whether they would be asked to continue in the study for Stage 2 or not. Next, I inputted my Q-sort and participants’ Q-sorts (totaling 30 sorts) into the PQMethod software and ran an analysis. My Q-sort did not skew the results as it was simply a representation of my subjectivity with regard to the Q-statements and their relevance to my practices and me as a supervisor. As Stephenson (1979) stated, “The Q sort sorter . . . can have no prior awareness of either the factor structure or the factor arrays issuing from his or her Q sortings. Nor can he or she, by intention, succeed in creating
factors” (p. 356). I received assistance from my advisor regarding how to interpret the results and upon his suggestion, I completed four theoretical Q-sorts before proceeding to the final Q-sort analysis process.

**Theoretical Q-sorts.** I completed four theoretical Q-sorts after all Q-sort participants completed their Q-sorts. Theoretical Q-sorts were defined as “operationalizations of theoretical constructs” by McKeown and Thomas (1988, p. 30) and have been used to provide a means of comparison, both in single-case and multiple-case Q-methodology study designs, for a single individual’s varied perspectives and values, as well as in order to compare emerging factors with existing theories and literature (Brown, 1993; McKeown & Thomas, 1988, 2013; Stephenson, 1979). William Stephenson, the creator of Q-methodology, used theoretical Q-samples and Q-sorts throughout his career as a method of demonstrating the multiple manners in which Q-methodology could be applied effectively. One specific study was focused on Isaac Newton’s fifth rule of reasoning and the use of theoretical Q-sorts (Stephenson, 1979). Stephenson (1979) put forth that a concourse could be constructed from Newton’s and his colleagues’ (Descartes, Copernicus, Leibnitz, More, Berkeley, and Bruno) understandings about the universe as they saw it and that Q-sorts could be completed by Newton using his knowledge about his colleagues’ subjective perspectives about “the universe as I see it” (p. 355). The completed Q-sorts would have included theoretical suppositions about how each individual might understand the universe in relation to the condition of instruction (“The universe as I see it”; Stephenson, 1979, p. 355). As such, there was a theoretical Q-sort that was meant to be representative of Rene Descartes’s
subjectivity in relation to his understanding of the universe, and another that was representative of Nicolaus Copernicus’s understanding of the universe, and so on (Stephenson, 1979). The completed theoretical Q-sorts provided Stephenson with a way to compare these subjective viewpoints about the universe via Q-analysis (Stephenson, 1979). Others have used theoretical Q-sorts too (Brown, 1993; McKeown & Thomas, 1988, 2013). Brown (1993) described theoretical Q-sorts in his primer about Q-methodology and noted that although a person did not need to imply emphatically that any theoretical Q-sort was a “‘true’ reflection of . . . anyone else’s view,” it might be surprising to find that theoretical Q-sorts were not fairly well-aligned with the viewpoints they were meant to represent (p. 106).

The theoretical Q-sorts for this study were based upon the research that was completed in order to compose the concourse (S. R. Brown, personal communication, January 19, 2016). I completed the theoretical Q-sorts, after Q-sort participants completed their Q-sorts, based on my knowledge of the literature about creativity, intuition, and logic. All four theoretical Q-sorts were included in the final Q-sort analysis as well. One theoretical Q-sort was completed for each of the following: creativity, intuition, logic, and creativity and intuition. These theoretical Q-sorts, along with my own Q-sort, did not skew the results as they were simply representations of subjectivity with regard to the Q-statements and their relevance to the aforementioned theoretical constructs (or my own experiences as a supervisor). Stephenson (1979) stated that Q-sorters were unable to alter or create the factors that emerged from the Q-sorts within a study either with their own Q-sorts or due to the inclusion of theoretical Q-sorts.
The completed theoretical Q sorts for this study represented the strongest possible sorts for creativity, intuition, logic, and creativity and intuition. For example, I sorted for the logic theoretical Q-sort by considering the Q-sort statements in relation to the literature about how logic was defined, what logic was comprised by, and how logic was demonstrated. Logic was described in the literature, as neither involving quick thinking nor intuition. Instead, it was described as being rational and as being able to be empirically validated (Gigerenzer, 2007; Gladwell, 2005; Runco & Albert, 2010). For example, the statement, “I am suspicious of rapid cognition and intuition. I have found that time and effort must go into the making of any and all decisions,” was ranked as a +5 statement for the logic theoretical Q-sort. Similarly, the statements, “I prefer questions that have right answers. That way, I know what I have to do to succeed” and “I often reward supervisees for making the right decisions” were ranked at the +5 level. In opposition, the following statements were ranked at the -5 level with regard to logic: “I find all forms of creativity to have merit, regardless of whether the form is tangible or intangible, or a product, person, process, or place;” “I try to use intuition as a guide, a tool, a relationship builder, and an additional source of intel in my work;” and “Intuition tells me where to look next for the answers I seek.” The theoretical Q sorts were included to provide a reference point for further analysis of and understanding about the rotated factors (S. R. Brown, personal communication, January 19, 2016).

**Analysis of Q sorts.** I completed my own Q-sort before asking participants to complete their Q sorts as detailed above. Q-sort participants (n = 29) then completed their Q sorts. After that, I completed four theoretical Q sorts. First, the participants’
Q sorts and my Q-sort (30 total sorts) were analyzed via PQMethod software without the inclusion of the four theoretical Q-sorts (Schmolck & Atkinson, 2014). The results were reviewed, rotated, and saved. Then, all 34 Q-sorts (including my Q-sort, the participants’ 29 Q-sorts, and the four theoretical Q-sorts) were analyzed via PQMethod software (Schmolck & Atkinson, 2014). The inclusion of my Q-sort and of four theoretical Q-sorts did not skew the results of the analysis as each Q-sort was solely representative of the subjective beliefs of the individual who completed the Q-sort (or the concept from which the Q-sort was ranked). The factor analysis merely provided “a probe into the meanings so represented” (Stephenson, 1979, p. 355). To alleviate any concerns regarding skew having been caused by the inclusion of my Q-sort and the theoretical Q-sorts, I have offered this statement made by Stephenson, the creator of Q-methodology:

The Q sorter is clearly unaware of the above [the schema derived from factor analysis of the Q-sorts] and can have no prior awareness of either the factor structure or the factor arrays issuing from his or her Q sortings. Nor can he or she, by intention, succeed in creating factors. (Stephenson, 1979, p. 356)

The PQMethod software analysis illuminated the factor arrays that were representative of participants’ thinking (as well as my thinking) regarding creativity, intuition, and logic within clinical counseling and clinical supervision work. Varimax rotation and hand-flagging were completed during analysis and three factors were uncovered. These factors “emerge[d] [from the software analysis], from the actual thinking of the population under observation, hence are indigenous to it [that
population],” and provide information about what that group thinks or believes (Brown, 2006, p. 374). As a result of analysis, the commonality between all of the included Q‐sorts was represented (Stephenson, 1979). I, as the researcher, then had to inductively figure out what the three factors that arose from analysis meant (Stephenson, 1979).

Twenty participants loaded significantly on three factors, which accounted for 49% of the variance. Brown (1980) stated that the final set of factors in a Q‐study “should account for as much of the variability in the original correlation matrix as possible” (p. 209). An additional suggestion regarding variance in Q‐studies has been that a study in which 35‐40% of the variance was accounted for could be considered a “sound solution” (Watts and Stenner, 2012, p. 105). One participant’s Q‐sort was a null case, meaning that there were no significant factor loadings for the Q‐sort. The remaining eight participants’ Q‐sorts were mixed cases, meaning that their loadings were significant on more than one factor. Once the Q‐sort factors emerged from this analysis and the participants’ Q‐sorts were matched with their factor loadings, it was determined that an acceptable number, at least 12, as suggested by Guest, Bunce, and Johnson (2006; in Charmaz, 2014, pp. 106‐107) of people had been pinpointed for Stage 2. This constituted a total of 14 people who loaded on two different factors related to creativity and intuition. No additional participants were recruited to complete Q‐sorts.

Three factors. Three factor arrays arose from the Q‐sort data and included nuances between factors regarding the amalgamations of creativity and intuition within each factor. Specifically, the main differences between the factors stemmed from what was most prominent within the factor array as shown in Figure 2.
Three factors were present post-analysis. The first factor was named Factor Ci and represented participants’ views that creativity was needed in their work to enable them to work effectively. Additionally, during the Q interviews, these participants described and said they felt that there were practical aspects to their work that could impact their ability to use creativity and intuition, even though they used both creativity and intuition in their work. The second factor, named Factor CI, was representative of participants who viewed creativity and intuition as the essential core of their work. They could not define any instances in which they would not use creativity or intuition together. Their Q-sorts were situated in opposition to the logic theoretical Q-sort as well. The final factor, Factor ci, included both creativity and intuition, but differed from the other two factors in that there was neither a component of practical necessity impacting creativity and intuition use nor were their Q-sorts situated in opposition to the logic theoretical Q-sort.

<table>
<thead>
<tr>
<th>C = creativity was prominent and easy to identify</th>
<th>CI ($n = 2$, plus 4, the researcher and 3 theoretical sorts)</th>
<th>Ci ($n = 12$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>c = creativity was present, but less identifiable</td>
<td></td>
<td>ci ($n = 6$)</td>
</tr>
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</table>

*Figure 2. Q-Factors*
Although practicality was not a concept I initially looked for and was not part of the concourse, it was present. Practicality, for this study, was considered the limitations that job sites, job roles, client populations, and liability placed on LPCC-Ss with regard to using creativity and intuition in their work. I explored my understandings about practicality and Factors Ci and CI further in my research journal (see Appendix I).

Participants who loaded on Factor Ci and Factor CI were invited to continue with Stage 2. More details about each of the three factors are included below.

**Factor Ci.** Factor Ci was more closely related to the theoretical creativity Q-sort than Factor ci, but also was slightly related to the theoretical logic and creativity and intuition Q-sorts. Participants who loaded on Factor Ci described limitations that they believed impacted their ability to use creativity and intuition in their clinical and supervision work during the Q interviews. Some of their concerns included liability and risk with regard to client care and the gatekeeping feature of supervision. They also described their practicality in a pragmatic way, stating that their work needed to aid their clients first and foremost. The following details illuminated the connections between practicality, creativity, and intuition for Factor Ci.

Examples of highly ranked (+5 and +4 respectively) Q-statements for this factor included:

- My work is a calling, much like other caregivers, and my experience has been that my own experiences of pain provide me with additional awareness and make me well-suited to join with others in the journey to face the struggles of life. (+5)
• If something is not working, then something new should be tried. “We’ve always done this” is not a good reason to continue on a path. I try to reframe problems to generate new possibilities so I can experiment to see what works best for the situation at that time. (+5)

• My capacity to be creative in counseling and supervision helps me to provide supervisees with more changes to express themselves in multiple ways, which provides more opportunities to bring their thoughts and feelings into awareness. (+5)

• I try to be courageous in the face of past and potential failures because failures help me learn. I believe transgression, persistence, and creative discontent help to solve problems; however, I recognize that such practices entail the possibility of failing again. (+4)

• I have to trust both my gut and know-how to be the most effective supervisor I can be. I cannot rely on just one or the other. (+4)

• My role is to serve as an incubator for those who will shape the future of counseling. (+4)

• The ability to see differently helps me to be innovative, especially if I am open to the possibilities of doing something different or of seeing alternatives. (+4)

In contrast, the following statements were representative of the negative end of the ranking scale (-5 and -4 respectively) for Factor Ci:
- I have felt sometimes that I was teetering on the edge of being “mad” when providing creative guidance to supervisees. Such forms of guidance may implicate mental health issues. (-5)

- I prefer questions that have right answers. That way, I know what I have to do to succeed. (-5)

- I tend to use “fast and frugal” thinking to arrive at many of the answers in sessions with clients and supervisees. I know and feel something that is an answer, but I do not always know what I know. (-5)

- If I feel disconnected, fearful, or know I will have to explain myself, then I often have difficulty engaging or using my rapid cognition skills easily. (-4)

- If I stay in the same physical location doing the same role, I can lose my ability to think outside the box. I may become confined in my ways of thinking and acting. (-4)

- I am suspicious of rapid cognition and intuition. I have found that time and effort must go into the making of any and all decisions. (-4)

- Intelligence has been oversold. I only need enough of it in order to do well. More than enough does not assist me in becoming expert at the discipline or successful in the field. (-4)

More details about participants from this factor were described in Chapter III in relation to the grounded theory and supervision model developed from the grounded theory. The majority of the factor loadings occurred on Factor Ci (n = 12), so the Q-sort participants from Factor Ci received requests to continue with Stage 2 of this study as their
perspective seemed representative of the focused population selected for the study, namely LPCC-Ss who considered creativity and intuition within their counseling supervision thinking and practice.

Factor CI. Factor CI aligned at a significant level both with the theoretical creativity and the theoretical creativity and intuition Qsorts, and was in opposition, at a significant level, with the theoretical logic Q-sort. Participants who loaded on this factor (not including the researcher) struggled with wording in some of the Q-statements. The statement, “My role is to serve as an incubator for those who will shape the future of counseling” was described by both Factor CI participants in their Q interviews as seeming to be condescending towards supervisees and as giving too much credit to the supervisor with regard to the impact supervisors have within supervisory relationships. Other statements, listed below, were more resonant for participants on Factor CI.

Factor CI was represented by the following highly ranked statements (+5 and +4, respectively):

- In my experience, real-world creativity looks different and has different standards than that of “art.” It involves adaptive novelty, not simply originality; and creativity can be a noun and a verb as it can challenge conventions and inspire changes. (+5)
- I try to use intuition as a guide, a tool, a relationship builder, and an additional source of intel in my work. (+5)
- I have to trust both my gut and know-how to be the most effective supervisor I can be. I cannot rely on just one or the other. (+5)
• I tend to use “fast and frugal” thinking to arrive at many of the answers in sessions with clients and supervisees. I know and feel something that is an answer, but I do not always know what I know. (+4)

• Intuition tells me where to look next for the answers I seek. (+4)

• I find all forms of creativity to have merit, regardless of whether the form is tangible or intangible, or a product, person, process, or place. (+4)

• I try to be courageous in the face of past and potential failures because failures can help me learn. I believe transgression, persistence, and creative discontent help to solve problems; however, I recognize that such practices entail the possibility of failing again. (+4)

Additionally, Factor CI was not represented by the following items (-5 and -4, respectively):

• I prefer questions that have right answers. That way, I know what I have to do to succeed. (-5)

• By applying evidence-based treatments or mimicking counseling masters, I can ensure my effectiveness with helping supervisees to grow and develop, regardless of who they are, all the while maintaining their interest in, support for, and engagement in the process. (-5)

• I am suspicious of rapid cognition and intuition. I have found that time and effort must go into the making of any and all decisions. (-5)

• I often reward supervisees for making the right decisions. (-4)
I have felt sometimes that I was teetering on the edge of being “mad” when providing creative guidance to supervisees. Such forms of guidance may implicate mental health issues. (-4)

Clinical intuition is a mystery. (-4)

I believe that ten thousand hours of practice in a specific discipline is required to attain expert status. This translates into about ten years of hard practice. That amount of time and work is the critical mass. (-4)

The Q-sort participants from Factor CI received requests to continue with Stage 2 of this study as a result of their viewpoints regarding creativity and intuition in clinical practice, as well as their significant alignment with the theoretical creativity and intuition Q-sort and their significant non-alignment with the theoretical logic Q-sort. More details about this factor were described in Chapter III.

Overlap and differences between Factor Ci and Factor CI. There were some statements that were representative of both factors, including both positive and negative rankings. Examples of overlaps between Factor Ci and Factor CI included:

- I try to be courageous in the face of past and potential failures because failures help me learn. I believe transgression, persistence, and creative discontent help to solve problems; however, I recognize that such practices entail the possibility of failing again. (+4 for both factors)

- I have to trust both my gut and know-how to be the most effective supervisor I can be. I cannot rely on just one or the other. (+5 for Factor CI, +4 for Factor Ci)
• I prefer questions that have right answers. That way, I know what I have to do to succeed. (-5 for both factors)

• I have felt sometimes that I was teetering on the edge of being “mad” when providing creative guidance to supervisees. Such forms of guidance may implicate mental health issues. (-5 for Factor Ci, -4 for Factor CI)

These connections may have accounted for the overlapping aspects of categories that arose during Stage 2 of the study, whereas the distinguishing statements for each of the factors accounted for the differences between them with regard to practicality, logic, and the use of creativity and intuition in supervisory practice.

Factor Ci was distinguished from Factor CI (and from Factor ci) by two highly positively ranked statements:

• My work is a calling, much like other caregivers, and my experience has been that my own experiences of pain provide me with additional awareness and make me well-suited to join with others in the journey to face the struggles of life.

• My role is to serve as an incubator for those who will shape the future of counseling.

Factor Ci was also distinguished by one negatively ranked statement: “If I stay in the same physical location doing the same role, I can lose my ability to think outside the box. I may become confined in my ways of thinking and acting.”

Factor CI had a total of 16 distinguishing statements in comparison to 12 distinguishing statements for Factor Ci and 14 distinguishing statements for Factor ci.
The most positively ranked statements that differentiated Factor CI from Factor Ci (and Factor ci) included:

- In my experience, real-world creativity looks different and has different standards than that of “art.” It involves adaptive novelty, not simply originality; and creativity can be a noun and a verb as it can challenge conventions and inspire changes.
- I tend to use “fast and frugal” thinking to arrive at many of the answers in sessions with clients and supervisees. I know and feel something that is an answer, but I do not always know what I know.
- Intuition tells me where to look next for the answers I seek.

These statements provided definitive examples of how participants on Factor CI may act in creative and intuitive ways as supervisors and counselors in their work. There were two negatively ranked statements that most distinguished Factor CI from the other factors:

- By applying evidence-based treatments or mimicking counseling masters, I can ensure my effectiveness with helping supervisees to grow and develop, regardless of who they are, all the while maintaining their interest in, support for, and engagement in the process.
- I often reward supervisees for making the right decisions.

The negatively ranked statements aligned with the idea of acting in a creative manner and acknowledging and believing that there may be more than one way to act or to make decisions that was suggestive of both intuition and creativity.
*Factor ci, null case, and mixed case Q-sort participants.* Factor ci was slightly unrelated to the theoretical logic Q-sort, but aligned more with the theoretical creativity and intuition, creativity, and intuition Q-sorts. The distinguishing Q-statements (both positively and negatively ranked) for Factor ci included:

- I sometimes use humor, metaphor, and ritual to transform strangeness into something more familiar or accessible.
- I find I have to listen on multiple levels and that it is minor, seemingly unrelated events which often yield signs leading to solutions. This is my adaptive unconscious at work, presenting a new path to try after I have begun with a specific agenda.
- I tend to look for small improvements on the part of my supervisees. Big, quick improvements are not as powerful and they do not last like small improvements do.
- It has been my experience that talent plays the smaller role; instead, it is preparation that is the key to achievement.

These statements were less related to creativity and intuition in clinical practice than the distinguishing statements for Factor Ci and Factor CI and did not meet full criteria for inclusion in Stage 2. However, the six Q-sort participants who loaded on Factor ci were held in reserve in case more participants were needed to reach saturation for this grounded theory study.

The one Q-sort participant who did not load on any of the factors (i.e., a null case) was not held in reserve and was not asked to continue. The eight Q-sort participants who
significantly loaded on two or more factors (i.e., mixed cases) were not held in reserve or asked to continue because their loadings on the three factors were not distinguishable from one another.

**Outcomes of Q-sorts.** I contacted participants (individually) via e-mail to inform them about the overall results of the Q-analysis and to let them know whether they would be asked to continue to Stage 2 of the study (see Appendix J) or not (see Appendix K). A total of 12 Factor Ci participants and two Factor CI participants were invited to continue with the study. Nine Factor Ci and two Factor CI participants agreed to continue with the second stage of this study (see Appendix M). The three Factor Ci participants who did not continue with the second stage of the study had different reasons for not continuing. One never responded; one scheduled three meetings, but cancelled all of the scheduled meetings; and one agreed to participate, but was unable to schedule a meeting when she was in the region. For those who continued into Stage 2, their study continuance e-mail (see Appendix J) included possible dates and times for meeting in-person to complete the first grounded theory interview and included a list of possible interview questions (see Appendix L).

**Stage 2**

Stage 2 continued with data collection and data generation for the grounded theory portion of this study. Two semi-structured, responsive interviews were conducted and audio-recorded with each of the eleven participants for Stage 2. Semi-structured, responsive interviews begin as conversations (with a specific list of questions), but questions are added and personalized based on a participant’s responses to questions.
Such interviews are not simply question-and-answer sessions. Questions asked during responsive interviews come from both the initial list of questions and from questions stemming from participants’ responses and shared examples (Birks & Mills, 2015; Charmaz, 2006, 2014). Specific details about interviews, artifacts, and analysis follow below.

Initial grounded theory interviews. Stage 2 initial grounded theory interviews were scheduled via e-mail (see Appendix J) and completed in-person. I followed an interview protocol to assist me in navigating the interview (see Appendix N). The informed consent process was continued during the interview and the informed consent documents participants had previously signed were reviewed again (see Appendix D). Releases for digital audio-recording (see Appendix O) were presented, explained, and signed. None of the participants refused to be audio-recorded for the study. The audio-recorder was turned on after releases for digital audio-recording (see Appendix O) were signed. At this point, the results of the Q-sort were reviewed and discussed. I explained aspects of the Q-analysis process with participants if and when they asked specific questions.

Descriptions of the Q-sort and the factors were, at first, general statements about how creativity and intuition were represented by the factors (e.g., Factor Ci participants valued creativity, but were also intuitive depending on practicalities related to their work situations, but Factor CI participants were very creative and intuitive regardless of situation). These descriptions about the Q-sort factors were explicated more fully and in
more detail as data were collected and generated (from the initial grounded theory interviews) due to uncovering more specific details that more thoroughly explained similarities and differences between the factors. For example, Blanche (see Appendix M), who loaded on Factor Ci, began her grounded theory interview by stating that a clinician could develop creativity, but not intuition. This statement seemed to contrast sharply with her Q-sort factor. However, as the interview continued, I discovered that she used intuition throughout her work, but that she did not always trust supervisees’ or other staff members’ intuition. Her hesitancy in trusting others’ intuition was connected to practical aspects of her work, specifically, her intense focus on serving the client’s best interests first and foremost, regardless of what else was happening. She also stated early on that creativity could be learned, but later said that creativity was more necessary to clinical work than she had realized. Her statements and my efforts at understanding them (via memoing, thinking, and immersion in data) assisted me in creating more intricate descriptions about the Q-factors and in considering potential connections between the Q-factors and the initial codes that were developed as the first round of grounded theory interviews continued.

I began the semi-structured aspect of the interview by asking initial grounded theory questions once any initial discussion about the Q-sort and Q-analysis was completed. The following are examples of initial grounded theory interview questions that were asked (see Appendix L):

- If I asked what type of supervisor you are, how would you describe yourself?
- How do you describe your work with supervisees?
• How do you define and describe creativity?

• If intuition is part of counseling and supervision, then what piece of intuition might be an aspect within the development of supervisees? Could you describe an example of this?

• In your support of creativity and intuition within supervision, what do you believe you do? Could you provide me with a few specific examples? Are there specific techniques or interventions you implement?

• When and how have you seen creativity and intuition work together in practice?

• Since you find creativity and intuition to be powerful forces, what do you think happens for supervisees and clients as a result of creativity, intuition, or both being used in supervision and in counseling sessions?

As initial grounded theory interviews concluded, participants were invited to bring and share artifacts related to the process of supervision such as images or artwork by supervisors, written intervention examples, a set of questions the supervisor used during supervision, activities the supervisor used during supervision, or art the supervisor did during supervision sessions that supervisors had created and that were not created by supervisees or clients to their second interviews or to send them to me via e-mail (Merriam, 2002; Schram, 2006). The purpose of obtaining artifacts was to further my understanding of the participants’ use of creativity and intuition within supervisory relationships. Two participants (Aurora and Waylon, see Appendix M), during the first interviews, said that they had artifacts for inclusion in the study and described the
artifacts. Digital Photographs of Artifacts Consent Forms (see Appendix P) were presented, explained, and signed by Aurora and Waylon. No Digital Photography of Artifacts Consent Forms (see Appendix P) were presented if participants did not offer an artifact or artifacts for the study during the first interview. Aurora e-mailed a digital photograph of her artifact (a chalk pastel drawing created by her, see Appendix Q) to me after her initial grounded theory interview. Both Aurora’s and Waylon’s artifacts were described in the Artifacts section later in this chapter.

After I invited participants to share artifacts, I told participants to expect either an individualized e-mail from me after the first interview with a summary of concepts or a conversation at the beginning of the second interview regarding concepts for review, clarification, and possible additions. The concept summaries and conversations were planned in order to determine how to proceed with second grounded theory interviews and to make sure I thoroughly understood participants’ meanings. This elicitation of feedback from participants was part of the process of theoretical sampling (Birks & Mills, 2015; Charmaz, 2006). Theoretical sampling, in grounded theory, entailed a process of eliciting increasingly specific information from participants and analysis in order to further understand and develop codes and categories in an effort to develop the emerging theory (Birks & Mills, 2015; Charmaz, 2006).

Second grounded theory interviews were scheduled at the conclusion of the first grounded theory interviews for the majority of participants. When scheduling was not possible at the end of the first grounded theory interviews, second grounded theory interviews were scheduled via e-mail or in-person at a later date.
Analysis of initial grounded theory interviews. I began transcribing initial grounded theory interviews once the first initial grounded theory interview (Cleo, see Appendix M) was completed (Birks & Mills, 2015). I started analyzing the first initial grounded theory interview (with initial and focused codes) upon completion of the transcription (Charmaz, 2006). I coded Cleo’s transcript by hand. One of the initial codes that stemmed from my first review of her transcript was “being structured yet flexible.” This was connected to an additional code of “scraping the agenda” in that Cleo entered supervision with a structure and plan, but that she was willing to change the plan or drop the structure altogether if the supervisee needed something else or asked for something different.

I wrote a memo (see Appendix R) about each transcription once it was coded in longhand (Charmaz, 2006, 2014). My practice of writing both the codes and memos by hand assisted me in immersing myself in the data deeply because I am a kinesthetic and visual learner. Typing on a computer did not provide the same level of depth that I needed in order to fully understand the data. The memos contained information about the codes; questions that arose for me from the interview and analysis process; and links I made between interviews, codes, and details related to the Q-sorts (Birks & Mills, 2015; Charmaz, 2014). For example, my first memo about Cleo included a review of the codes that were developed, linkages between codes, questions I had about whether I fully understood what she said, reactions and responses I had when engaged in the interview and when reviewing the transcripts, and questions about further details that would help me to develop the codes more explicitly. The following was included in that memo:
Her intuiting process is more internal, whereas her creating process is collaborative, brainstorming, and action-oriented. Verifying before proceeding, learning more in order to aim, leading to creativity. Distrusting of intuition based on developmental level. Needing people to prove they know before trusting their intuition. What else does proving or proof look like? I began having a reaction to the phrase “thinking outside the box.” It made me cringe . . . seems cliché, but was meaningful for her . . . I feel like I didn’t learn enough, perhaps, about her intuitive actions.

Transcriptions, analysis, and memos were all done as the initial grounded theory interviews were being conducted in accordance with the grounded theory process of constant comparison (Birks & Mills, 2015; Charmaz, 2006; Glaser & Strauss, 1967). Each transcription that was analyzed provided me with more questions and heightened theoretical sensitivity (an increased ability to note and pull out elements from the data that were relevant to the emerging categories and, eventually, to the emerging theory; Birks & Mills, 2015, p. 181).

Initial and focused codes. I reviewed the first transcript for Cleo and used line-by-line coding (assigning a gerund code to each line of transcribed text; Charmaz, 2006) at the beginning of the coding and analysis process. Line-by-line coding proved unsuccessful for determining initial codes because not enough data were contained within each line of text; thereafter, all transcriptions were coded by chunks (assigning a gerund code to sections of transcribed text larger than a single line of data; Charmaz, 2006).
Each code was defined and recorded. Examples of initial codes and the definitions of the example codes (for all participants) are included in Figure 3.

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking outside the box</td>
<td>Both supervisors and supervisees need to be creative in problem solving and in conceptualizing clients’ and supervisees’ needs and concerns. This requires a willingness to meet clients and supervisees where they are in the present moment and to veer from pre-planned activities, interventions, structures, theoretical orientations, or evidence-based treatments as needed. This also requires individualizing treatments to meet specific individuals’ needs at specific moments in time.</td>
</tr>
<tr>
<td>Becoming comfortable with ambiguity</td>
<td>Part of the developmental process in supervision is for supervisees to become more comfortable with making mistakes, not having the answers all the time, and being willing and flexible enough to drop an agenda or plan to meet the needs of clients.</td>
</tr>
<tr>
<td>Being open</td>
<td>Supervisees need to be receptive to the process of supervision, to be invested in the process of ongoing development as a counselor and human being, and to be willing to learn and grow from both mistakes and successes.</td>
</tr>
<tr>
<td>Needing “proof” of intuition</td>
<td>Supervisors need to see that supervisees have a basic foundation of knowledge and some ability with basic counseling skills before trusting supervisees’ intuition and investing time in processing and developing supervisees’ intuition more fully.</td>
</tr>
<tr>
<td>Being intentional with creativity</td>
<td>Supervisors and supervisees must use creativity purposefully to meet specific needs, rather than simply using creativity or creative interventions because they are interesting to them.</td>
</tr>
</tbody>
</table>

*Figure 3. Examples of initial codes and definitions*

A multitude of initial codes were noted during the beginning of the analysis process. However, as my theoretical sensitivity and knowledge of the data increased, fewer initial codes were developed (Birks & Mills, 2015). I was able to see more connections between codes and more code-encompassing concepts (or focused codes) arising in the data (Charmaz, 2006, 2014). As an example, my memo about the first
interview and transcript with George (see Appendix M) demonstrated my increasing theoretical sensitivity:

So George demonstrated one of his themes to me from the get-go—his caring . . . he was concerned about me and my process even more than the outcome of the study. . . . Blanche also talked about knowing supervisees, their strengths and weaknesses, and helping them grow/challenge themselves, and about CARING for them, as did Aurora (with nurturing) and Waylon (with advocating). The idea of creativity as a burnout preventer reappeared (as it had with Noah). Everyone having creativity due to curiosity, others have gotten to this. Everyone having intuition (different levels), Aurora and Roy [said this] too.

Some of the initial codes became focused codes, or codes that synthesized larger amounts of data as a result of this ever-increasing sensitivity (Charmaz, 2006, p. 57). For example, “thinking outside the box” encompassed actions by the supervisor and supervisee, actions during supervision sessions, actions during counseling sessions, and overarching means of viewing and engaging in the process of supervision and counseling. Focused coding, rather than initial coding, became the norm as I continued through the analysis process with the initial grounded theory interviews.

I engaged a peer reviewer throughout the process of analysis as well. She offered a fresh perspective on the data and was able to challenge my coding and analysis throughout the study. She also assisted me in better articulating what was emerging in the data with regard to codes and categories. She read each of the initial grounded theory interview transcripts and e-mailed me bulleted lists of “themes” (as she came from a
phenomenological perspective rather than a grounded theory perspective) and concepts that stood out to her in her review of each transcript. The following was what she sent after she reviewed the first two transcripts from Cleo and Courtney (see Appendix M):

I reviewed your transcripts and I think that you identified some great potential themes. It is always interesting to see how similar and different the interviews can be. These are some ideas that jumped out to me:

• Thinking outside the box
• Active versus internal processes
• Collaborative
• Intentionality
• Experience versus non-experience of the supervisee

Overall, as I was reading the transcripts, the concepts of ambiguity and flexibility jumped out to me!

She, too, became more theoretically sensitive as the analysis process continued and sent fewer “themes” and concepts in her later lists. As an example, she sent two concepts each for Noah and Blanche (see Appendix M) after she had read through half of the first round of grounded theory interview transcripts. Her comments about Noah’s transcript were “themes of liability and risk, [and] confirmatory information before basing decision on intuition.” For Blanche, she noted, “listening!!! Flexibility.” She also began making connections between “themes” and concepts from different interview transcripts as the process continued. Her comments regarding Waylon (see Appendix M) exemplified this, “Interesting discussion of senses beyond the five—nature—is this spiritual like Aurora?”
I also saw [a] reference to getting out of head—parallel to Aurora.” My shift to focused coding and my peer reviewer’s shift to more focused “themes,” were related to the combination of both inductive and abductive thinking, connecting, synthesizing, and thought-leaping that typifies the constant comparison process and leads to ongoing theoretical sampling within grounded theory analysis (Birks & Mills, 2015; Glaser & Strauss, 1967).

*Theoretical sampling.* Birks and Mills (2015) defined theoretical sampling as “the process of identifying and pursuing clues that arise during analysis in a grounded theory study” (p. 181). Theoretical sampling can be described as sampling according to the emergent theory in an effort to fill the holes that require answering in order to explain fully the theory stemming from the collected and generated data. The point of theoretical sampling is both to expand understanding and to narrow understanding (by becoming more specifically focused) of the topic being studied (Birks & Mills, 2015). Holes in the emerging theory and existing data can be filled by asking participants additional questions, adding participants to the purposeful sample for additional data collection and generation, or conducting an expanded literature review, among other options.

Theoretical sampling does not require expanding the purposeful sample, but researchers have sought additional participants after the first round of grounded theory interviews as an aspect of the theoretical sampling process. Such expansion of the purposeful sample has been done in order to assist researchers to fill any gaps in their understanding of the topic being researched, to answer any questions that arose in memos and during other aspects of analysis, and to assist them in becoming more pointed in their efforts toward
developing theory (Birks & Mills, 2015; Charmaz, 2006). Additional participants are often sought by researchers due to knowledge that the participants possess or experiences the participants had (Charmaz, 2006).

The theoretical sampling that resulted from the first round of grounded theory interviews in this study differed from what typically occurs in other grounded theory studies (Birks & Mills, 2015; Charmaz, 2014). I did not seek additional participants once the first grounded theory interviews were completed due to the purposeful sampling that occurred at the outset of the study. The purposeful sampling that stemmed from the Q-sort process in Stage 1 was so theoretically driven (with regard to creativity and intuition) that the results were so highly sensitized that additional theoretical sampling was unnecessary (A. R. Crowe, personal communication, July 15, 2016). The reason the purposeful sampling was highly focused from the beginning was due to the fact that little literature and information on creativity and intuition within clinical supervisory relationships existed. The Q-sort process allowed me to capture a highly specific purposeful sample from the outset of the study and eliminated the need to continue with theoretically sampling additional participants throughout the study.

I did use theoretical sampling within the construction of additional and specific interview questions in an effort to fill gaps that existed in the data. I began adding questions to initial grounded theory interviews as I continued the constant comparison process in order to acquire more explicit information from participants and to clarify participants’, and my own, thinking about concepts related to creativity and intuition within supervisory relationships. These questions stemmed from my memos and from
earlier initial grounded theory interviews. For example, the code, “needing ‘proof’ of intuition,” came from the first interview I conducted with Cleo (see Appendix M). A question I wrote in my memo regarding the analysis of Cleo’s interview was “What else does proving or proof look like?” I inquired, in future interviews, about the idea of supervisees “proving intuition.” This inquiry provided me with additional details of what constituted “proof” that a supervisee could use intuition effectively and aided my understanding of how this concept and code connected to the data as a whole.

Concept summary e-mails and participant feedback. Participants made specific requests about what they wanted to have sent to them prior to their second grounded theory interviews. One participant (Courtney; see Appendix M) received an e-mailed summary of emergent codes and concepts (see Appendix S) related to her first grounded theory interview and a total of four participants received individual e-mails that included possible interview questions (which arose from the analysis and were related to topics discussed at the first grounded theory interviews) for the second grounded theory interviews (see Appendix T). All other participants did not receive concept summaries or questions before their second grounded theory interviews as it became evident (as the second grounded theory interviews proceeded) that this process was neither helpful nor necessary for participants to be able to participate in the second grounded theory interviews. I expected such shifting to occur in relation to the procedural steps for this study as grounded theory studies often change once a study begins as a result of the emergent nature of the grounded theory process (Birks & Mills, 2015; Charmaz, 2006).
I decided to incorporate discussions about arising concepts, or initial and focused
codes, and questions into the interviews that followed the first grounded theory
interviews since the individualized summaries of concepts and questions had not been e-
mailed to the majority of participants or reviewed by participants who did receive e-
mails. Participants who did receive individualized summaries or possible second
interview question e-mails later stated that they did not review the e-mailed materials due
to time constraints and that it was more helpful for them to have “unplanned”
conversations with me. Discussions about developing codes and arising categories as
well as questions related to content from the first round of interviews involved an
overview of all the participants who had completed the first round of interviews and of
the status of the analysis at the time of each discussion. Content from these discussions
(including participant feedback) added to the theoretical sampling process for the study
and provided me with answers to some of the holes that had been unearthed due to the
analysis process. The process of eliciting participant feedback, having discussions about
codes and categories, and asking additional questions added to the second grounded
theory interviews and aided me in becoming aware of theoretical saturation as the study
continued.

**Second grounded theory interviews.** Interview questions (see Appendix T)
were developed from the emerging initial and focused codes, memos, the peer reviewer’s
feedback, and content from the initial grounded theory interviews. I prepared an
interview guide to assist me in navigating the second grounded theory interviews (see
Appendix U). Participants met with me for the second grounded theory interviews
(which were audio-recorded) and informed consent was reviewed. Any thoughts participants had about the research, their interviews, their Q-sorts, the Q-analysis, or other topics related to the study were discussed at the beginning of the second grounded theory interviews. These discussions led directly into an ongoing review and clarification of codes, concepts, and questions throughout the second ground theory interviews. I described similarities and differences with codes and concepts that were arising in the analysis and asked for feedback from participants about the analysis.

The following interview questions were asked of every participant during the second grounded theory interviews (see Appendix U):

- When and why are there times when creativity and intuition do not work together in supervision?
- What happens to the supervisory relationship through the process of activating and encouraging intuition and creativity? Does it change it in some essential way? Explain what that looks like. Is it different depending on whether or not the focus was on intuition or on creativity or on both?
- How does the incorporation of intuition and creativity impact clients or the relationships that counselors or supervisees have with clients?
- What changes occur to clinicians’ feelings about ability and efficacy as a result of the activation and encouragement process? Or as a result of being exposed to or incorporating creativity and intuition in practice?

Other questions were developed and asked based on participants’ statements and examples they provided during the second grounded theory interviews.
Interviews were transcribed and analyzed following the same procedures that were used for the initial grounded theory interviews (e.g., chunk coding to uncover initial and focused codes, memoing, and obtaining the peer reviewer’s feedback) all while continuing to complete the second grounded theory interviews with participants. Artifacts were also offered by several participants (after signing appropriate consent forms) for inclusion in the study analysis during the ongoing interview process (see Appendix R).

**Artifacts.** Four participants signed the Digital Photography of Artifacts Consent Forms (see Appendix P) and provided me with artifacts (see Appendix R). Artifacts were collected in an ethical manner, adhering to confidentiality measures and ethical codes (see the Ethics and Ethical Principles section of this chapter). I saved digital photographs or digital documents on my laptop (and later printed a copy of each artifact for review and analysis) of the six artifacts that were provided (with participants’ permission, see Appendix P) and I asked participants questions about their artifacts (see Appendix V).

Aurora (see Appendix M), who sent the digital photograph of her artwork via e-mail after the first grounded theory interview, was asked about her artifact in detail at the beginning of the second interview. Questions I asked Aurora about her artifact included (see Appendix V):

- Please tell me about the artwork you e-mailed me.
- How do you use this drawing in your supervision practice?
- Has the drawing come up in supervision before?


- What did that do for her [the supervisee]? Being able to see your art in the space and interplay with you?

Two other participants, Cleo and Blanche (see Appendix M), described artifacts (see Appendix Q) during their second grounded theory interviews and that prompted additional questions (see Appendix V) during the interviews regarding their artifacts. Cleo handed me copies of her supervision session log forms (two different artifacts in total), on which she wrote notes both in preparation for and during each supervision meeting, immediately after the second grounded theory interview concluded. One of Cleo’s forms was related to supervising counseling students enrolled in masters’ programs who were learning to counsel clients and the other form was related to supervising clinicians and counseling students enrolled in doctoral programs who were learning to supervise. Blanche e-mailed me a copy of her supervision session log form several days after the second grounded theory interview, even though she said she was in the process of revising the document, and she agreed to send the revised form once it was completed (for a total of two artifacts). Blanche e-mailed me the newly revised copy of her supervision session log form post-grounded theory interviews (see Appendix Q).

Another participant, Waylon (see Appendix M), mentioned his artifact (a sculpture of Buddha) at the first grounded theory interview, but did not discuss or describe it during the second grounded theory interview, other than to point it out on a shelf in his office. He e-mailed me a photograph of the artifact (see Appendix Q) after the second grounded theory interview. I sent Waylon an e-mail after the second
grounded theory interview containing specific questions about his artifact (see Appendix V) and he responded via e-mail with additional information about the artifact.

Artifacts are described in further detail in the Artifact Analysis section of this chapter and in Chapter III. Other supplemental data sources (Q-related data, post-interview reflections, artifacts, and feedback elicitation e-mails) were reviewed for analysis, too.

**Q-related data.** I incorporated Stage 2 participants’ \(n = 11\) demographics forms (see Appendix E), Q-sort recording forms (see Appendix G), and Q-sort interview forms (see Appendix H) from Stage 1 as additional data for the study. This data served as an additional method of theoretical sampling, to fill gaps in my understanding about the data, as I proceeded with the second round of grounded theory interviews. Additionally, the analysis of the Q-related data provided me with an extra method of assessing for theoretical saturation as the study continued due to the overlap between the Q-related data and data from interviews and artifacts.

*Analysis of Q-related data.* I coded these materials from Stage 1 in a qualitative manner similar to how I coded the first grounded theory interviews. For example, I reviewed the forms related to Tabitha’s Q-sort and underlined and circled statements and notes that became codes or represented specific actions, skills, or behaviors related to a developing category. Tabitha described creativity on the demographics form as “encouraging myself to consider what is potentially being left out of the discussion/analysis/interaction…. Flexibility and certainly courage to try something new at the expense of looking foolish, incompetent, etc.” This was linked to the categories of
actions as a supervisor and qualities of a supervisor respectively. Roy stated during the Q-interview: “I don’t think you can separate creativity and innovation from education and experience. They work together. It provides a safer platform from which to work.” I linked these statements to the concept of a specific environment being an essential foundation for supervision. This concept of environment was later developed into the supervisory interaction vortex as described in Chapter III.

Memos about Q-related data. I also wrote memos about the Q-related materials as I transcribed and analyzed the second grounded theory interviews. Memos about and analysis of Q-related materials illuminated each individual participant’s meanings and supervision practices and helped me uncover additional connections between participants with regard to their beliefs, thinking, and supervision practices. One example of this was my multiple notations about “actions as a supervisor” or “role as a supervisor.” These notations led to my realization that there were actions every participant had described as essential to supervising and led to the further development of an eventual core category called “supervisor actions.”

Peer review of Q-related data. My peer reviewer reviewed details and concepts from the Q-related materials during a telephone conversation with me. She agreed that a number of the concepts were connected to supervisory practices and actions. She highlighted the idea of “verifying intuition” and stated that the idea of a “gut feeling” being negative was one, at least as described by Hayley, seemed to have a slightly different meaning than when other participants had used the phrasing. She suggested that gut feelings and verifying intuitions could be areas for additional questions and memoing.
Post-interview reflections from Noah. One participant, Noah (see Appendix M), approached me in person after his interviews were over but while I was analyzing the second grounded theory interviews. He said he had been reflecting about the two interviews and our conversations during the interviews. He stated that he “had a revelation,” one that ran counter to what he said during the interviews. Noah said he realized he used intuition “all the time” when supervising and that when he was unable to use intuition in supervision, that supervision become rote, linear, no longer motivating, and uninspiring. This was incorporated into the analysis and added specific information I needed to answer questions from my memos about Noah’s interviews. My first memo about Noah contained my note that he seemed to be experiencing “an internal fight about intuition [as] he struggled to define it or even to hold the concept for too long.” I also asked in the memo whether his “discomfort [was] due to his role as ‘guardian of liability’” and I proceeded to ask him about this in more detail during the second interview. His “revelation” explained what I had sensed during both interviews and during the memoing process: namely, that he was using intuition regularly but that he was unaware he was doing so. In addition, he was hesitant to use the word intuition to describe his process of working. This explained why his descriptions of the supervision relationship and the supervision process aligned with other participants’ descriptions of the relationship and the process despite his lack of describing the process as being intuitive. More explicit detail about these ideas and Noah’s descriptions were included in Chapter III.
**Deepening analysis.** I used the additional data from the artifacts, Q-related data, and reflections from Noah to continue deepening the analysis in order to answer the research question. Memoing and continual peer review process were of assistance with regard to my immersion in the data as I worked to understand what began to emerge from the existing data. The ongoing memoing process (see Appendix W) included information about the codes, questions and thoughts that arose, for me, from the interview and analysis process, and links I made between interviews and rounds of interviews, codes, and additional details related to the Q-sorts (Birks & Mills, 2015; Charmaz, 2014). Transcriptions, analysis, and memos were all done as the second grounded theory interviews were being conducted in accordance with the grounded theory process of constant comparison (Birks & Mills, 2015; Charmaz, 2006; Glaser & Strauss, 1967). Each transcription that was analyzed provided me with more ever-expanding, yet more explicit, codes, questions, and connections. This process, in turn, assisted me in continuing to increase my theoretical sensitivity towards the data and the developing theory (Birks & Mills, 2015). I moved into intermediate coding as my theoretical sensitivity increased, as some questions were answered, and as my understanding grew about the data that had been generated and collected.

**Intermediate coding and theoretical sampling.** Birks and Mills (2015) defined intermediate codes as identifying “properties, dimensions, patterns and relationships during the process of category development” (p. 179). I began identifying patterns related to my initial and focused codes near the end of analyzing the initial grounded theory interviews. I asked questions in my memos about how these patterns were related
to the research question and began, with the analysis of the second interviews, to concretize, tentatively, the overarching concepts in the data. For example, I listed components of the supervisory relationship (initial and focused codes) that had been described by multiple participants and asked if such components comprised the foundation that was needed in order to activate and encourage creativity and intuition within the clinical supervisory relationship. This intermediate code of “foundational supervision elements” was developed as an initial category named “supervision environment” as the analysis progressed.

I engaged in the following theoretical sampling tasks during this round of interviews and analysis to fill in gaps in my understanding: reviewing memos, writing new memos, soliciting peer reviewer feedback, reviewing the analysis of Q-related materials, and reviewing codes from initial grounded theory interviews. My peer reviewer continued to provide a different and fresh perspective towards the data, challenging and encouraging my coding and analysis process as I continued the analysis process. I provided her with five of the second grounded theory interview transcripts for review. I chose the five interviews that covered the greatest breadth with regard to similarities and differences in the data (from my perspective). My reviewer e-mailed me descriptions about what she saw emerging in the data and made connections between different participants’ second grounded theory interviews, as well as comparing and contrasting concepts from both the initial and second rounds of interviews.

I continued conducting the second grounded theory interviews while comparing the data, my emerging ideas, my peer reviewer’s feedback, and the analysis in order to
develop more specific questions for the ongoing second grounded theory interviews. These questions were related to what participants stated during interviews and to the constant comparison process. The additional questions were used to elicit more explicit information to answer questions I had about how the data fit together in an effort to continue advancing the emerging theory.

*Initial categories, core categories, and theoretical saturation.* Initial categories arose from focused and intermediate coding and data analysis. One of the aforementioned intermediate codes that become an initial category was the example of “foundational supervision elements” being developed into an initial category named “supervision environment” as the analysis progressed. I continued memoing about the codes and initial categories I saw in the data and heard in the interviews. I used memos (see Appendix W) to define the initial categories and to specify when categories were present in participants’ supervision practices and when they were not present in supervision practices. I also used memos to define why categories were not present in participants’ actions and what differentiated those practices from the actions encompassed by the categories. Some of the resultant memos led to the construction of new categories that were used to explain more of the data. One initial category I described in memos was that of “liability” within the supervision process. This category was later subsumed by the core category of “supervisor actions” once I became aware, through further memoing, that “liability” was merely one aspect of “supervisor actions.”

Core categories were developed from initial categories and were defined by Birks and Mills (2015) as being concepts that fully encompassed the phenomena apparent in
initial categories and sub-categories, as well as the relationships between initial categories and sub-categories (p. 177). Six core categories emerged from the data analysis process (supervisor qualities, supervisor actions, supervisee qualities, supervisee actions, outcomes for supervisees, outcomes for clients). A seventh all-encompassing core category was developed from an abductive leap during theory generation, specifically, that of “supervisory relationships and interactions within supervision.”

Three examples of core categories were included in Figure 4, but were explained in more detail in Chapter III.

An eighth category, “outcomes for supervisors,” appeared after an abductive leap during theory generation. The eighth category was present in the data, albeit hidden, but was uncovered when I diagrammed the grounded theory. All of the participants discussed the eighth category, in a veiled way, within their interviews, but they did not focus on it or explicitly describe it. As a result, that category was not uncovered until I became aware of a gap while diagramming the theory and generating the theory. This category was not described as a core category due to the lack of focus on the part of participants with regard to the category. However, future research about the category and the supervision model from this study may uncover that “outcomes for supervisors” was essential to use of the creativity and intuition supervision model. Explicit detail about the core categories, including the eighth category, and their incorporation into the grounded theory and the resultant supervision model were included in Chapter III as full descriptions required more space than could be allotted in Figure 4.
<table>
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<th>Core Category</th>
<th>Definition</th>
<th>Examples of Codes and Categories within the Core Category</th>
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| **Supervisor Actions** | The supervisor tries to model behaviors, skills, attributes, and desirable counseling/counselor/supervising qualities, actions, and practices in all interactions with the supervisee. The supervisor endeavors to create a relationship built on trust with the supervisee. The supervisor encourages the supervisee to grow and develop in varied ways, including, challenging the supervisee to try new things and to take calculated risks; encouraging the supervisee to explore intuitions and to become more reflective; assisting the supervisee in recognizing strengths, weaknesses, and areas for growth; using mistakes to lead to new thinking and courageous actions; experiencing ambiguity as a positive and comfortable space; and learning to develop more options and to problem solve in creative and varied ways. The supervisor uses intuition and creativity throughout the supervisory process and demonstrates how to use both creativity and intuition in effective ways for the benefit of clients. | Being a guardian of liability  
Liability  
Demonstrating belief in the supervisee  
Pointing out supervisee successes  
Modeling the roles of counselors  
Meeting supervisees where they are  
Using intuition as an underpinning to supervision  
Encouraging supervisees |
| **Supervisee Qualities** | The supervisee brings a willingness to learn and try new things; an openness to the process of supervision and to clients; an interest in the process of supervision and counseling; and a level of caring for clients as human beings of value. The supervisee is internally motivated, curious, and focuses on the client’s needs rather than on the supervisee’s own agenda. | Being open  
Being willing  
Being motivated  
Caring about clients and their needs  
Having a solid foundation of counseling skills and knowledge  
Listening to clients and supervisors |
<table>
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<th>Core Category</th>
<th>Definition</th>
<th>Examples of Codes and Categories within the Core Category</th>
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| Supervisory Relationships and Interactions within Supervision | The key feature of the creativity and intuition supervision model is the creation and development of the supervisory relationship. Both the supervisor and supervisee must possess particular qualities and act in particular ways to fully develop creativity and intuition; however, a solid supervisory relationship, built on interest, caring, support, investment, and safety must be present as a foundation from which all else can develop. The supervisory relationship develops more fully as the supervision process continues, but at the core, the development of rapport, as in counseling, is essential. | Foundational supervision elements  
Being collaborative  
Being interested in the supervisee and supervision  
Supervision environment; Caring about the supervisee  
Supporting the supervisee  
Investing in the supervisee and the supervision process  
Creating a safe environment |

*Figure 4. Examples of core categories*

As I proceeded with interviewing, analysis, theoretical sampling, constant comparison, category construction, and peer review, it became evident that participants were expressing the same ideas about supervisors, supervisees, supervisory relationships, supervision practices, supervisee development, and the outcomes of using creativity and intuition on clients, supervisees, and the supervision relationship. No new concepts or codes appeared as I continued my process of data collection and data generation (including within the supplemental data from artifacts, Q-related data, and reflections from Noah). The initial seven core categories had been fully developed from the data and I determined that there were no additional new materials to incorporate into the analysis. I recognized that theoretical saturation, a lack of additional new ideas and codes in tandem with fully developed categories, had been reached as had been described in the
grounded theory literature (Birks & Mills, 2015; Charmaz, 2006, 2014; Glaser & Strauss, 1967). Charmaz (2006, 2014) wrote that saturation was reached once all viewpoints and experiences were accounted for within the codes and categories and once the codes and categories had been incorporated to account for all aspects of the research question, ultimately meaning that the same ideas appeared over and over and that no new ideas appeared in additional interviews, memoing, or analysis. Upon review, I determined that the current study met Charmaz’s (2006, 2014) criteria for theoretical saturation and as a result, I prepared to generate and diagram the emergent theory.

Once theoretical saturation was reached, data collection (acquiring data from outside sources that were less influenced by the researcher) ceased, but data generation (in which the researcher engaged with data to produce analysis materials, such as memos) continued (Birks & Mills, 2015, pp. 71-77, 178). I stopped obtaining data from outside sources after reaching theoretical saturation. No third grounded theory interviews were scheduled as theoretical saturation for the grounded theory had already been reached and additional interviews would not have elicited any new ideas and concepts from participants. Participants reinforced this decision as they stated that they did not have anything else to add to what they had shared via the Q-sort process and the grounded theory interviews by the end of the second grounded theory interviews. Participants asked me to share details about what emerged from the development of the grounded theory post-analysis due to their interest and investment in the outcome of the study. I decided not to send individualized summary e-mails of concepts after the second grounded theory interviews as a result of participants’ statements and preferences.
However, I continued generating data through the analysis process once theoretical saturation had occurred to assist me in generating the emerging grounded theory. I continued analyzing and incorporated the artifacts into the analysis process, as secondary data and via memos, once the second grounded theory interviews were analyzed.

**Artifact analysis.** I analyzed the six artifacts provided (see Appendix Q) via coding, memoing, asking the participants questions about the artifacts, sending e-mails to participants containing questions about their artifacts, and reviewing analysis with my peer reviewer. The process of analyzing the artifacts was similar to the processes described above, used with the Q-related data and the reflections Noah provided after completing the grounded theory interviews.

Cleo (see Appendix M) provided the first two artifacts: two different supervision session log forms (see Appendix Q). The log forms differed in that one was created for a non-licensed, counselor-in-training supervisee in a master’s program and the other was created for a potentially licensed, potentially already supervising, supervisor-in-training in a doctoral program. I coded both as being “structured, yet flexible” which aligned with earlier codes I used in Cleo’s first transcript. Cleo was consistent throughout all of the data in that she approached supervision in a structured but flexible and responsive manner. She was willing to drop any pre-existing agenda in favor of meeting the needs of her supervisees or of the supervisees’ clients. One of my memos about Cleo and her artifacts included, “I was struck by her genuineness throughout. All of these things ‘feel’ like Cleo, no façades, no guises. I don’t question what she says. I believe she lives it.”
also wrote in the same memo, which suggested that theoretical saturation had been reached, that:

This idea of raw and open honesty and vulnerability was present both in rereading the interviews and the Qs. The Qs were very reflective of the individuals doing them. They even showed things people tried to hide from themselves ([such as] Noah). I didn’t expect them, and I am still taken aback by the honesty within these interactions. I felt honored then and now to be privy to their thoughts and beliefs and practices.

No new data emerged from Cleo’s artifacts, but the data that was present aligned with what had been discovered already and assisted me in better understanding the data related to the artifacts. Thus, Cleo’s artifacts were components of theoretical sampling and they became supportive elements for my belief that theoretical saturation had been reached.

I received two artifacts (see Appendix Q) from Blanche (see Appendix M) as well. She, too, offered two different versions of supervision session log forms, but for use with licensed counselors. The first was a form she used as it was provided at her new place of employment and the second was her altered version of that same form. I noted that the first form included a section for goals in supervision that aligned with Blanche’s statements in interviews about wanting to assist supervisees in aiming toward their professional goals, even if attainment of those goals meant the supervisee would have to leave the current place of employment. Blanche said that she planned for the second form to include more about culture with regard to clients and supervisees’ incorporation of cultural components in their case conceptualizations. Once I received the second
form, I noted that less was included regarding culture than I had suspected, and in my memos, I reflected:

The new one [supervision session log form] has space for document review and case review and other issues. Partly, this may be due to her need to “know” more about the clients and due to the fact that her ultimate and overarching focus is on client care. It’s a modeling (in the document) of what she, as a supervisor, models every day. It seems appropriate and in keeping with what she said. Since she also focuses on the person and is caring and culturally aware . . . I wonder if she didn’t include those aspects on the form as they’re so natural to her and probably come up regardless of cheat sheet. I would guess so.

Much like Cleo, Blanche’s supervision session log forms seemed to reflect or model aspects of the supervisor. This concept of modeling was one that was present throughout every aspect of the data and was subsumed into the core category of “supervisor actions.” Again, no new data was found as a result of analyzing Blanche’s artifacts, but the artifacts were related to pre-existing data and helped me in further developing my understanding about what the data meant. Blanche’s artifacts, like Cleo’s, became part of the theoretical sampling process and supported that idea that theoretical saturation was reached.

Waylon (see Appendix M) stated that he had an item that might be a useful artifact during the first grounded theory interview. However, I did not receive a photograph of the item (a small Buddha sculpture) until I asked post-second grounded theory interview. Waylon e-mailed me a photograph of the sculpture (see Appendix Q)
and then answered questions about the artifact via e-mail. I was surprised to learn that, like Aurora, Waylon had not intentionally used the artifact in supervision. Waylon said that he neither used the Buddha sculpture with supervisees nor believed that the sculpture had any impact on his supervisory relationships, which was unlike Aurora, who was concerned about being judged for her artwork. I struggled to code the image Waylon provided and my memos included descriptions of my confusion in relation to the artifact, as well as Waylon’s descriptions of the artifact:

He described it as a token that adds a peaceful note to the room, helping with patience and gratitude and mindfulness. He connected the patience aspect to creativity in that you have to be patient to use creativity. He said he thinks mindfulness and patience can foster more creativity and lead one to having intuition. Despite all this, he doesn’t actually use artifacts with supervisees (other than sharing books) and doesn’t believe that it has any actual effect on the relationship. So I am left wondering: why he thought he should include it? Does it maybe help him remember to access creativity and intuition more in his work?

Waylon’s statements about mindfulness and patience were connected to other participants’ ideas about aides to creativity. Additionally, Waylon’s thought that creativity could lead to intuition was echoed by other participants throughout the study. Waylon’s artifact did not add new information to the analysis process, but it also did not alter my realization that theoretical saturation had occurred.

Aurora (see Appendix M) initially described her artifact, a chalk pastel drawing that she created (see Appendix Q), as a self-portrait about her multiple roles, as artist,
supervisor, dually-credentialed clinician, healer, and nurturer, and about the work she did. As we discussed the image more, she said that it also represented the process of supervision by which the supervisor activated and encouraged creativity and intuition in the supervisee and within the supervisory relationship. She described the idea that the vessel in the image was a womb in which supervisor, supervisee, and client could all grow together, but in different ways, as they were inherently connected and journeying together toward growth. Four codes arose from the transcript that included descriptions of the art: specifically those of “helping them birth,” “being a gardener of growth,” “being a midwife of the spirit,” and “taking care of souls.” The codes were developed more fully and were eventually subsumed by categories related to “supervisor qualities” and “supervisor actions” along with codes from other participants’ materials. Aurora later shared that The Vessel was one image of a triptych about the counseling process. She sold the first image from the triptych and gave the last image to a former employer. Aurora described the other images (as was detailed in Chapter III), but did not have photographs of the other two images to share with me for the study.

As we progressed in our conversations, Aurora and I determined that the image was a rather good representation of the emerging theory about supervision. I discovered, through the process of theory generation, that the artifact was truly representative of the grounded theory overall. I shared this discovery with Aurora via e-mail and she agreed that The Vessel was a “fantastic” example of the theory and the Creativity and Intuition Supervision Model. I asked if the image could be used to represent the model and Aurora agreed. My memos about the image included these statements:
This is so representative of her and it represents the model of supervision of this study. . . . Finally, something quite creative and intuitive to demonstrate everyone’s thoughts and words. After talking to my advisor, I realized it is a representation for the model. . . . Into the results chapter it will go. That makes me want to put my own piece in, and maybe do a final image related to the outcome.

Aurora’s image inspired me to create my own final image about the supervision model that was developed from the grounded theory. That inspiration was indicative of codes I used to describe Aurora’s statements and images (and that were related to codes from other participants): “helping them birth” and “being a gardener of growth.” Aurora’s artifact, titled The Vessel, appears in Figure 5 and is described in detail in Chapter III.

Figure 5. Aurora’s artifact

There was nothing from the artifacts that countered the codes and categories that had already emerged from the data. The artifacts, then, became an additional aspect of theoretical sampling as the artifacts were gathered to provide additional detail about participants’ supervision practices and beliefs. However, because no new data stemmed
from the artifacts, the artifacts represented a kind of checking for theoretical saturation and were helpful to me in ascertaining that theoretical saturation had been reached.

**Diagramming and generating theory.** I moved towards theoretical coding once I analyzed the artifacts. Theoretical coding is described as the means by which a researcher explains and connects all of the data “in a way that is recognizable to others” by moving from simple description to abstracted conceptualization (Birks & Mills, 2015, p. 121). Theoretical codes are not like initial, focused, or intermediate codes. They are not like sub-categories, categories, or core categories. Rather, theoretical codes are part of the process through which the framework for the grounded theory that emerges from the data is created (Birks & Mills, 2015). This framework of theoretical codes leads to the theoretical integration necessary for the generation of a robust, or substantive, grounded theory (Birks & Mills, 2015; Glaser & Strauss, 1967). I began the process of theoretical coding within my memoing process and within my ponderings in my research journal.

My memos (see Appendix W) became increasingly inductive and abductive throughout the analysis process, moving from descriptions of interviews and themes to questions about and connections between overarching categories and the emergent theory. My research journal entries were filled with emotional responses and reactions to data and the research process, as well as to experiences with participants. Drawings were included in my research journal as a method for me to sort out inductive and abductive thought processes that were occurring as my immersion in the study deepened. For example, I created a drawing (see Appendix I) about potential attributes I associated with
Factor Ci and Factor CI. The image was titled, *Compartmentalizing versus Genuine, Transparent Self*, and was a means by which I began to make sense of some of the differences between the factors. These concepts (none of which were associated with values or judgments about good or bad) were eventually subsumed by the core category “supervisor qualities.”

I developed the core categories and looked across the data to see how the core categories combined to explain and provide a foundation for the emerging theory. I drew diagrams of the six core categories that stemmed from the data on note cards: supervisor qualities, supervisor actions, supervisee qualities, supervisee actions, outcomes for supervisee, and outcomes for client. I then moved them around on a table until I realized that the missing piece for theory generation was a seventh core category, “supervisory relationships and interactions within supervision.” This core category illuminated the missing link for the generation of the theory, namely, the vortex of the supervisory interaction process. By uncovering the seventh core category, I discovered that there was an additional eighth category, “outcomes for supervisors,” that had been described by every participant, but that had remained hidden as it was not the focus of their work in supervision. Ultimately, I was able to construct a description of the Creativity and Intuition Supervision Model based upon my abductive understanding about the data, the core categories, the emergent grounded theory, and the connections between all three. I wrote a summary about the core categories and the Creativity and Intuition Supervision Model (see Appendix X), I created a diagram representing the model (see Appendix Y), and I e-mailed the summary (see Appendix X) and the diagram (see Appendix Y) to
participants to elicit their feedback about the model. The Creativity and Intuition Supervision Model was described thoroughly in Chapter III.

**Feedback elicitation.** Participant, or respondent, feedback has been used in grounded theory studies instead of member checking (O’Neil Green, Creswell, Shope, & Plano Clark, 2010, pp. 485-486). This feedback was used as a means of eliciting expansion from participants about their beliefs, practices, thinking, and understanding rather than as a means of confirmation, verification, or validation (A. R. Crowe, personal communication, July 15, 2016; O’Neil Green et al., 2010, pp. 485-486). Member checking does not provide the researcher with a full understanding of participants’ meanings and understandings and in grounded theory methodology, ongoing conversations with participants are considered central to generating theory (A. R. Crowe, personal communication, July 15, 2016). Feedback elicitation had the possibility to promote theory development as participants had time to reflect upon their experiences during interviews and to develop their understandings about the topic being studied (A. R. Crowe, personal communication, July 15, 2016).

As mentioned above, participants requested that I refrained from sending them individualized summaries about their concepts after interviews, but they asked for a summary of the study results. I decided to elicit feedback from participants upon generating the grounded theory, developing the Creativity and Intuition Supervision Model, and constructing a diagram of the model (see Appendix Y). I wrote an e-mail to participants that included a summary about the core categories and the Creativity and Intuition Supervision Model (see Appendix X). I provided a diagram representing the
supervision model (see Appendix Y) as an attachment to the e-mail (see Appendix X) and I thanked participants for their assistance with the study. I asked them to review the materials and to provide me with any feedback they had regarding the model by a specified date. I used this e-mail (see Appendix X) for elicitation of feedback and to debrief the study for the participants’ post-interviews.

Three participants, Waylon, Roy, and Blanche, responded to the feedback elicitation e-mail (see Appendix X). Waylon wrote, “Great work!” and both he and Roy congratulated me on finalizing the study results. Blanche responded, “This is awesome!” and congratulated me on finalizing the study. No other participants responded to the feedback elicitation e-mail (see Appendix X). The feedback I received did not run counter to the generated theory and model. Since no new data were elicited from the feedback elicitation e-mails, the e-mails I received from participants provided an additional means of checking for theoretical saturation.

**Study conclusion.** The grounded theory, an overarching theory about the activation and encouragement of creativity and intuition within supervisory relationships, emerged from the data and analysis of this study as theoretical saturation was reached (Charmaz, 2006). A supervision model, directly connected to the theory, was developed and this model (the Creativity and Intuition Supervision Model) accounted for all aspects of the research question, all of the data and interpretation, and all of the participants’ and peer reviewer’s responses and feedback. This study was concluded. I completed the continuing annual review form and submitted it to the IRB of Kent State University for approval and filing (see Appendix A). I wrote in more explicit detail about the results of
this study and included them in Chapter III. I compared the Creativity and Intuition Supervision Model to existing models of supervision, described implications related to the results of the study, noted limitations within the research and results, and suggested future avenues of research related to the results in Chapter IV. I sent a final summary about the results of the study via e-mail to any Stage 1 Q-sort participants who requested one and who had not participated in Stage 2 (see Appendix Z). Study completion paperwork, containing a synopsis of the results, was filed with the IRB of Kent State University.

**Ethics and Ethical Principles**

As a counselor and art therapist, I was bound by several ethical codes of conduct, as well as the Ohio Revised Code. Those codes formed parameters within which I had to perform, study, present, and write. As a result, my distribution and presentation of findings and my relationships with the participants were guided by those codes. Additionally, had I discovered any unethical information my responses would have been guided by those codes. In addition to the aforementioned codes, I was also bound to work within the confines of being a student researcher who had to adhere to Kent State University’s and the Institutional Review Board’s rules regarding dissertation studies and within the confines of being the researcher of a study when one of my dissertation committee chairs was the acting primary investigator for the study. I strove to behave in an ethical manner as a counselor, as an art therapist, as a supervisor, as a researcher, as a presenter, and as a writer at all times, but for the purposes of this study, my main role was
as a co-investigator in a research study. The following descriptions explicated how I applied ethical principles to my study, data collection and generation, and data analysis.

**Fidelity and Veracity**

One of the most important ethical codes is related to fidelity in relationships, specifically, keeping promises, being faithful, and acting in a trustworthy manner (Cormier & Bernard, 1982; Kitchener, 1984; Wade, 2015). A connected code and value was veracity, which entailed the practice of acting in a truthful manner with those with whom counselors came into professional contact (Wade, 2015). In order to account for both of these codes, I informed my participants of my role as a researcher and of their roles as participants throughout the process of the study. I divulged information about myself as was warranted to create trusting relationships with the participants. I was as genuine with participants as I have been with clients, students, and supervisees. I refrained from lying to or misleading participants. I shared the results of the study with participants (specifically, Q-sort factors, concepts arising from their data, and a final summary of study results if requested), even when they had removed themselves from the study prior to the end of data collection and generation. I focused on the process of terminating the relationships I made with participants so that no one was left feeling abandoned or surprised by the end of our unions. Overall, I remained as transparent as possible, so that participants felt comfortable and able to share.

**Non-Maleficence and Beneficence**

Another essential ethical code is to refrain from doing harm (Cormier & Bernard, 1982; Kitchener, 1984). As noted in the informed consent document, this research study
did not pose risks that were greater than those participants faced on an everyday basis (see Appendix D). I did not engage in deceit or other potentially harmful practices when interacting with the participants throughout the study. Being beneficial was another important ethical tenet (Wade, 2015). This research was intended to benefit the profession of counseling by expanding the knowledge base regarding creativity and intuition in counseling and clinical supervision. Participants’ participation in the study was both beneficial for the profession of counseling and, potentially, for them as supervisors as they may have clarified their thoughts and understandings about creativity and intuition within supervisory relationships and within their personal practices in supervision.

**Autonomy and Justice**

In counseling (and other professions), autonomy and justice are also components of practicing ethically (Cormier & Bernard, 1982; Kitchener, 1984). During this study, participants had the option to choose to participate and to choose to leave at any time without any negative effects. Such options allowed the participants autonomy. Justice was provided in the structure of the study by being fair to all involved in the process. Part of that was accomplished by my openness with participants about the purpose of the study and about my interest in studying this particular area of research. The component of justice was also tackled by selecting participants throughout Ohio (not just those from one town or from one workplace). All of these efforts helped to maintain an ethical study throughout the process.
Trustworthiness

Qualitative research differs historically from quantitative research in that it is not able to be generalized (Merriam, 2002). Instead of being able to generalize the results of a qualitative study to all aspects of the studied topic or to all topics related to the studied topic, researchers attempt to create trustworthy studies which may be applied to certain situations with certain conditions, namely the specific ones from which the research arose (Glaser & Strauss, 1967). One of the aspects of qualitative research which makes it impossible to generalize, in the manner that quantitative research is generalizable, is that it is often focused on people and people are not easy to quantify. Since qualitative research tends to focus on people and people’s experiences, qualitative researchers attempt to create studies which are trustworthy, meaning that the researchers use multiple methods of data collection, methods of self-regulation and reflection, and methods of consultation to support their research findings (Hatch, 2002; Lincoln & Guba, 1985; Merriam, 2002; Schram, 2006). Trustworthiness allows studies to be applied or transferred to other situations and conditions that are related to the topics that were originally studied, rather than presuming that study results are generalizable or transferable to all situations and conditions, putting the onus on the one who is interested in transferring the results to a new situation (Hatch, 2002; Lincoln & Guba, 1985; Merriam, 2002; Schram, 2006). I incorporated triangulation, or multiple methods of data collection, to develop rich descriptions about the discovered findings for the purposes of this study and to add to the credibility, dependability, confirmability, and transferability of the results of this study (Geertz, 1973; Lincoln & Guba, 1985; Merriam, 2002, p. 25).
Research Journal

I wrote in a research journal regularly, from the time I first conceptualized the ideas for the study and throughout the process of the study. This journal served as a kind of “audit trail,” where other researchers could go to follow the course of data collection and generation, data analysis, and the full study (Merriam, 2002, p. 27). Within the journal and later in presentations and writings about the study, I noted my perspectives, potential bias of which I was aware, my values, and my positioning regarding the study and my interest in the study (Lincoln & Guba, 1985; Merriam, 2002; Schram, 2006). I included entries about my feelings and experiences during the process of preparing for the study, throughout the study, and during the analysis and write-up of the study. This process assisted me in managing my own emotions that were activated by the process of completing the study, be it from interactions with participants or from interactions with the data. Reviewing journal entries was also helpful to me when I became stuck in the process of conceptualizing processes within or related to the study.

Throughout the process of interviewing, observing, and studying artifacts, I made notes about my experiences, my thinking, and new questions that arose. When participants struggled with interview questions, I worked on formulating alternative questions in my research journal and in using the alternative questions to help with clarification during follow-up interviews. I brought questions to each interview in order to have some structure regarding what I hoped to learn or pay attention to, with an awareness that questions may have had to be adapted due to what was presented during the session. This has been referred to as responsive interviewing (Rubin & Rubin, 2005;
Smith et al., 2009). This process involves bringing questions to the interview, then adapting the questions based on how the interview proceeds (Rubin & Rubin, 2005; Smith et al., 2009).

I made notes about the perspectives, values, beliefs, and potential bias I held regarding supervision, the supervision process, supervision relationships, creativity, intuition, the activation and encouragement of creativity and intuition, the growth and development of clinicians, and interventions and techniques for encouraging intuition and creativity. I drew in my research journal and created large paintings outside of my journal, as artwork was one method I used to push myself out of ruts when I was stuck in my thinking or in my processing of experiences. These drawings and paintings assisted me in formulating fuller ideas about the research process itself and in identifying what I was hoping to accomplish by completing the study. I also incorporated some of the drawings in interviews with participants as a means to elicit additional information from participants about their thinking, beliefs, and practices related to the study.

**Credibility, Accountability, and Maximization**

Qualitative researchers conduct research in an effort to illuminate a specific question or experience, to understand a situation or experience, and to be able to extrapolate information about a specific experience or situation to other similar situations (Golafshani, 2003, p. 600). Such extrapolation has been referred to as the transferability of study results, rather than being referred to as the generalization of study results (Lincoln & Guba, 1985). Since qualitative research is unable to be generalized and applied to all populations in the same way as is typical in quantitative research,
qualitative researchers have focused on making their research credible while accounting for the methods incorporated in the research so that those researchers who follow them could decide whether or not the research was trustworthy, transferable, and credible (Beeman, 1995, p. 100, Lincoln & Guba, 1985). Maximization is one form of increasing credibility via accounting for the methods used to gain information for a study (Maxwell, 2005, p. 89). Within this study, I attempted to maximize by the selection of the participants who were involved and with how the data were gathered. Several methods were used in an effort to maximize the participants and data all while attempting to increase credibility and to account for what was done.

First, participants were not limited other than by the need to hold an independent clinical counseling license with supervisory endorsement in the state of Ohio, so the variation within the study was maximized to a certain extent (Maxwell, 2005; Merriam, 2002). As a result, the findings and the theory generated may be able to be transferred to more cases (Merriam, 2002). However, the Q-sort procedure and snowball sampling efforts used to construct the purposeful sample may have limited the maximization that actually occurred due to the specificity of the factor loadings that led to the selection of the purposeful sample (Biernacki & Waldorf, 1981; Creswell, 2009, 2013; Maxwell, 2005, p. 89).

Second, participants were involved in three interviews (the Q-sort interview, the first grounded theory interview, and the second grounded theory interview). Each interview was semi-structured in nature and was conducted in a responsive fashion. These interviews provided ample opportunity for participants to add meaning to their
answers for the questions that were asked. Some participants chose to provide artifacts. These materials were incorporated into the data analysis and added to the theoretical sampling process inherent in the study.

Third, participants received feedback elicitation e-mails that included a summary of the core categories, the theory and model of the study, and a diagram of the Creativity and Intuition Supervision Model. I sent these e-mails in response to participants’ requests for a summary of the study results, to debrief participants post-interviews, and to elicit any additional feedback related to the study that stemmed from their continued thinking about the study (A. R. Crowe, personal communication, July 15, 2016). This feedback elicitation cycle provided participants a final formal opportunity to add materials to the study, if they so desired.

Fourth, I used a peer reviewer with whom I shared the data, the analysis, the interpretations of the analysis, and the summary of the generated grounded theory and supervision model. She provided an additional lens through which to view the data and to check potential bias and values I may have imparted without awareness (Lincoln & Guba, 1985). She was an encourager and a supporter throughout the process as well. The assistance of the peer reviewer was meant to increase the credibility and trustworthiness of this study as she was a knowledgeable outsider who provided additional interpretations and challenged me to view the data in a different way. She also assisted me in better articulating what was present in the data and analysis, as well as being someone who did not have a vested interest in the outcomes of the study.
Fifth, I wrote memos about the data, including questions about the data, ideas that arose as a result of the data, and thoughts and reactions that I had about and to the data throughout the analysis process. I was able to compare the data, to question my ideas about the codes, categories, and concepts, and to consider future directions for data gathering as the study, the analysis of the data, and constant comparison of the data continued (Charmaz, 2014). I continued memoing throughout data collection and generation, data analysis, theory generation, and writing about the study results. These memos differed from my journal entries in that they were directly related to the data, the codes, and the emerging categories and concepts. However, the memos were similar to the journal entries in that the memos were another form of “audit trail” for the research and the study overall (Merriam, 2002, p. 27). The memoing process provided me with a means for exploring connections between participants and data, considering differences that arose in the data and between participants, and gave me a space in which I could pose questions about the data that prompted my abductive and inductive thinking processes (Birks & Mills, 2015). I also found the memoing process to be soothing, providing me with a sense of safety as I continued with the study, as I was able to write down the thoughts that were occurring in my head about the study and to review the memos at later points in time.

Finally, I endeavored to present the study orally and in writings with “thick description” (Geertz, 1973; Lincoln & Guba, 1985) so that enough information was provided for audiences to be able to “determine how closely their situations match, and thus whether findings can be transferred” (Merriam, 2002, p. 29). This allowed readers
to determine whether I had maximized enough and to decide whether or not the study was trustworthy, credible, and transferable to other similar situations and conditions (Lincoln & Guba, 1985).

**Peer Reviewer**

I requested the assistance of a peer reviewer, Dr. Nicole L. Bradley, in reviewing the analysis of and interpretations about the data throughout the process. Dr. Bradley recently graduated from the doctoral counseling program at Kent State University and is a current faculty member (contributing and part-time) at two different institutions. She is also an LPCC-S in Ohio. She completed her dissertation using a phenomenological methodology; hence, she had experience with the dissertation process at Kent State University, with qualitative studies, with the counseling doctoral program, and with qualitative analysis. She was familiar with the processes of writing, interviewing, coding data, and analyzing data that I completed during this study. As a result, she was a knowledgeable source who understood the process of study analysis and completion as required for the doctoral program and the university.

I talked to and e-mailed my peer reviewer throughout the study. She served as an outside data analysis reviewer and assisted me in considering alternatives with regard to interview concepts, data analysis, coding, categorizations, saturation, the interpretations of data, and the generation of theory (Charmaz, 2014). I asked her to review specific sections of raw data, codes, categories, emergent concepts, and the associated results of the analysis to see what she observed in the data. She e-mailed me “themes” (her concepts about what was appearing in the data) and, eventually, comparisons and
connective categories upon her review of transcripts. She challenged me to view the data in different ways and assisted me in understanding the data more fully. Her feedback helped me to describe what was in the data and analysis and to generate the grounded theory and model more effectively. I reviewed her feedback and included it in the analysis process. I wrote memos about connections between her views of the data and mine. From the memos, I was able to fully incorporate her feedback as the data analysis process continued and led to theory generation and the development of the supervision model. Additionally, my peer reviewer offered encouragement and support throughout the process of collecting and analyzing data, generating theory, and writing about the study.

**Data Immersion**

Finally, I was immersed in the collection, generation, and analysis of data, including reviewing the literature, for an extended period of time in an effort to increase my understanding of the material and to reach theoretical saturation for the emerging grounded theory. I began considering options for the study in 2012, including beginning work on the literature review and developing the concourse for the Q-sort, and I began the actual IRB-approved study in 2015. I continued studying research and literature, throughout the study, about supervision, the supervision process, supervision relationships, creativity, intuition, activation and encouragement of creativity and intuition, and the growth and development of clinical counselors throughout. I made notes about questions and connections I uncovered within my research journal and within my memos. I reviewed literature regarding Q-methodology, the creation of Q-samples,
the construction of Q-sorts, representativeness with regard to response stimuli, concourse
construction, and grounded theory constructs and analysis practices throughout the
process of conducting and concluding the study.

In addition, I met with each participant three times throughout the study. We
spent an average of four hours together conversing about creativity and intuition within
clinical supervisory relationships. I transcribed all twenty-two grounded theory
interviews. No interviews were sent out for transcription. I hand-coded all of the data on
paper using multiple colors of pens and markers. I did not use computer software to
assist with the grounded theory analysis as all analysis was handwritten on paper and I
spoke to and e-mailed with my peer reviewer for the majority of the grounded theory
analysis process (about seven months). All of these processes were efforts I made to
immerse myself fully in the data.

Summary

In toto, this study was situated within a constructivist grounded theory
methodology, and a Q-sort was used as an inclusion-exclusion tool to obtain a purposeful
sample of participants based on their factor loadings related to the Q-sort (Charmaz,
2014; Lincoln & Guba, 1985; McKeown & Thomas, 1988). Each Stage 2 participant
completed one semi-structured Q-sort interview and two semi-structured grounded theory
interviews and four participants provided artifacts (totaling six items) as additional data
for the study. Selected sections of data analysis, codes, and themes were reviewed by a
peer reviewer and her feedback was incorporated into the grounded theory analysis.
Memoing and journaling were completed throughout data generation, collection, and
analysis, and both continued through theoretical saturation and the generation of the grounded theory and model. A theory and model, grounded in the data, emerged from the study. Stage 2 participants were sent a summary of the core categories, a description of the generated grounded theory and model, and a diagram depicting the Creativity and Intuition Supervision Model in an effort to elicit additional feedback from them regarding the theory and model. The grounded theory and model were reviewed by the peer reviewer and her feedback was incorporated along with participant feedback into the final analysis process as the study was concluded. Stage 1 participants, who requested a summary of study results, were sent an e-mail containing a summary about the generated grounded theory and Creativity and Intuition Supervision Model. Finally, the study conclusion paperwork was completed for the IRB.

Trustworthiness was established by the involvement of the peer reviewer, extended data immersion, maximization of participants and data, ongoing writing and drawing in a research journal, memoing, and feedback elicitation (Birks & Mills, 2015; Creswell, 2013; Lincoln & Guba, 1985; Maxwell, 2005; Merriam, 2002; O’Neil Green et al., 2010; Schram, 2006). Also, multiple methods of data collection occurred throughout the study which established triangulation for the purposes of trustworthiness (Lincoln & Guba, 1985; Merriam, 2002). A description of data analysis was presented in this chapter along with an explanation of the methodology, the rationale for the use of the methodology, and the procedures of this study. A fuller explanation of results and findings was provided in Chapter III.
CHAPTER III

RESULTS

The purpose of this study was to generate a theory grounded in the data, which answered the question, “How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees?” I hoped that the resulting theory could be developed further as a method that supervisors and educators could use to better accomplish the activation and encouragement of creativity and intuition within supervisory relationships. Ultimately, a new supervision model was developed from the grounded theory that emerged from this study. This supervision model, the Creativity and Intuition Supervision Model (CISM), may eventually be able to be incorporated both in training programs and supervision practices in an effort to activate and encourage creativity and intuition on the part of counselors-in-training and on the part of novice and more experienced counselors. A diagram and a brief description of the CISM was included below. Then, a participant’s (Cleo’s; see Appendix M), experience of practicing supervision in accord with the model was presented. Cleo was chosen because she did not describe herself as being creative or intuitive, yet through data collection, data generation, and analysis, she stood out as the most cohesive example of both a supervisor trying to activate and encourage creativity and intuition within supervisees and a supervisor who was representative of Factor Ci’s version of creativity and intuition. Next, the supervision model was broken into parts and described in detail before it was re-integrated as the model in toto. The final portion of this chapter was devoted to an explication of the grounded theory. Specifically, I
describe what occurred within the theory and the resultant supervision model and provide some suggestions (that stemmed from participants and connections I made via analysis) about what theoretical outcomes may arise as a result of using the CISM.

Much of this chapter was created using the participants’ voices and experiences. Please note that due to the interconnected and intimate nature of the counseling community in Ohio (the site of these interviews and this study), and in an effort to protect participants from any potential consequences from participating in this study, all participants were given pseudonyms (see Appendix M). Additionally, participants’ quotes, phrasings, word usage, and structuring of language may have been altered throughout to protect their anonymity.

The Creativity and Intuition Supervision Model

The CISM resulted from the grounded theory of this study and what supervisors who participated in this study believed was happening within their supervisory relationships with supervisees during the supervision process. The descriptions herein were based on supervisors’ perspectives and the grounded theory about their understandings and interpretations of the supervisory process and what occurred when activating and encouraging creativity and intuition within supervisory relationships. Supervisors perceived that specific actions on their part led to certain outcomes for supervisees. Supervisors believed that these supervisee outcomes led to certain actions on the part of supervisees and that those supervisee actions led to certain outcomes for clients. Clients’ and supervisees’ outcomes led to specific outcomes for supervisors,
ultimately leading supervisors to reflect on their practice and shift and grow as a result of their reflections about their actions, their supervisees’ actions, and clients’ actions.

The creation and development of the supervisory relationship was identified as being the key characteristic of the Creativity and Intuition Supervision Model (CISM). The supervisory relationship and the interactions therein comprised the supervisory interactionary vortex from which all else sprang (as represented by the central swirl in the diagram; see Figure 6). The combination of the supervisory relationship and the interactions within were described as the supervisory interaction vortex because vortices have been described as non-linear, recursive, swirling masses. Such an image seemed an appropriate representation of the relationship and the interactions that occurred during and within the supervisory relationship. Both the supervisor and the supervisee had to possess specific qualities and act in particular ways to activate, encourage, and fully develop creativity and intuition according to the CISM. Each individual involved in the process was represented in the diagram by a colored square (red for the supervisor, purple for the supervisee, and green for the client in Figure 6) as each person involved brought individualized actions and qualities to the process (represented by the solid, colored lines in Figure 6). However, a solid supervisory relationship, built on respect, interest, caring, support, investment, and safety, had to be present as a foundation from which all else could grow (represented by the central swirl in Figure 6). The supervisory relationship developed more fully as the supervision process continued, but at the core, the development of rapport, as in counseling, was essential (Sexton et al., 1997). A key to the diagram was presented in Figure 7.
Figure 6. Diagram of the Creativity and Intuition Supervision Model and Supervisory Interaction Vortex
<table>
<thead>
<tr>
<th></th>
<th>Supervisor as a human who has particular qualities, beliefs, values, and life experiences.</th>
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<tbody>
<tr>
<td></td>
<td>Direct actions made by the supervisor.</td>
</tr>
<tr>
<td></td>
<td>Effects of the interactionary vortex on the supervisor.</td>
</tr>
<tr>
<td></td>
<td>Indirect effects on or indirect actions toward the supervisor.</td>
</tr>
<tr>
<td></td>
<td>Supervisee as a human who has particular qualities, beliefs, values, and life experiences.</td>
</tr>
<tr>
<td></td>
<td>Direct actions made by the supervisee.</td>
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<tr>
<td></td>
<td>Indirect effects on or indirect actions toward the supervisee.</td>
</tr>
<tr>
<td></td>
<td>Effects of the interactionary vortex on the supervisee.</td>
</tr>
<tr>
<td></td>
<td>Client as a human who has particular qualities, beliefs, values, and life experiences.</td>
</tr>
<tr>
<td></td>
<td>Direct actions made by the client.</td>
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<tr>
<td></td>
<td>Indirect effects on or indirect actions toward the client.</td>
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<td>Potential outcomes.</td>
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</table>

*Figure 7*. Key for the Diagram of the Creativity and Intuition Supervision Model and Supervisory Interaction Vortex
A supervisee met with a client and translated what the supervisee learned from the client (represented by the solid green line in Figure 6) through the supervisee’s own filters and added it to the supervisory interaction vortex (represented by the dashed purple line in Figure 6). The supervisor had an awareness of the client (from meeting the client, reading the client’s chart, the supervisee’s descriptions, and live-viewing or reviewing video-recorded sessions of the supervisee and client, among others). What the supervisor knew, or thought was known, was filtered through the supervisor’s lens of past experiences, training, knowledge, intuition, and creativity (represented by the dashed red line in Figure 6). This, too, was added to the supervisory interaction vortex. The supervisor tried to model (for the supervisee) how to engage with the client and conceptualize about the client’s experiences (represented by the solid red line in Figure 6). The supervisor may have had to issue directives or to provide suggestions about conceptualization, clinical treatment, diagnosing, or other actions (represented again by the solid red line in Figure 6). Both the modeling and the suggestions and directives were filtered through the vortex (represented by the dotted purple line in Figure 6) and by the supervisee’s lens of knowledge, experiences, training, feelings, intuition, and so forth, and were translated into the next interaction with the client (represented by the solid purple line in Figure 6).

The activation of creativity and intuition occurred through the process of the qualities and actions of both the supervisor and the supervisee combining and interacting via the supervisory relationship and process, and was seen as comprising the foundation of the supervisory interaction vortex. Throughout the supervision process, the supervisor
continued to model and use creativity and intuition with the supervisee, as well as encourage the supervisee to use and develop creativity and intuition in the supervisee’s clinical work and practice. If the supervisory relationship had not developed with a solid base of respect, interest, caring, support, investment, and safety, the activation of creativity and intuition would not occur, as the elements necessary for that process would have been hindered or would be non-existent. Ultimately, all three people may have been impacted indirectly or directly by the vortex and may have experienced the potential for positive outcomes as posited by the supervisors involved in this study (as represented by the yellow stars in the diagram).

This new supervision model, the CISM, was complex and required a fuller description than simply the diagram and key presented in Figures 6 and 7. I decided to provide an overview of how the CISM might look in action by using one of the participants from the study. I chose Cleo (see Appendix M) because, although she did not describe herself as being a creative and intuitive individual or supervisor, her Q-sort loaded on Factor Ci. This loading suggested that Cleo used both creativity and intuition in her supervision practice and that there may be particular instances when practicality dictated that she act differently, potentially limiting her use of creativity and intuition. As the study progressed Cleo began to note that she used intuition from the first moment she made contact with a supervisee and that she used creativity more than she initially thought. Furthermore, Cleo stood out from the other participants as the most cohesive example of a supervisor who tried to activate and encourage creativity and intuition within the supervisory relationship with counseling supervisees. A narrative regarding
Cleo’s experiences with demonstrating the grounded theory and ultimately, the CISM, was written and provided below.

**An Example of the Creativity and Intuition Supervision Model at Work**

Cleo, an LPCC-S (for the past six years) and an administrative and business supervisor within other disciplines for even longer, explained that she enters the supervisory relationship with the first and foremost goal being to create a safe environment. She stated that she began each supervisory relationship with curiosity about, respect for, and an interest in the supervisee, as both a developing clinician and as a human being. She said that she always prepared an agenda ahead of time, but that during the supervision session, she sought and read cues from the supervisee, so she knew whether or not to drop the agenda in favor of trying to better meet the supervisee’s needs in the current moment. This mixture of structure, intuition, and flexible creativity were omnipresent in Cleo’s approach to her work with clients and supervisees alike. Her descriptions of her work with supervisees and her supervision session log forms (see Appendix Q), as detailed below, highlighted her practices of using structure, intuition, and creativity in different ways, for different purposes, and to different degrees in an effort to make sure supervisees and clients experienced positive outcomes.

**Entering the Supervisory Relationship as a Supervisor**

My first conversation with Cleo involved a discussion of how she defined creativity and intuition. She noted that she did not consider herself to be creative, and she focused on her use of intuition throughout the rest of the conversation; however, I found her descriptions about her work and her Q-sort suggestive of creativity, too. Cleo’s past
experiences, knowledge, training, and ability to recognize patterns laid the foundation for her to engage her intuition as she used that in every aspect of her work with supervisees because, “…intuition is always going to be activated when my supervisee walks in the door…. my intuition is always informing what I’m saying and how I’m reacting to how they’re receiving the information.” As the conversation progressed, Cleo recognized that she did use creative actions within her work with supervisees and said she found that to be surprising, although I did not share her surprise. She later shared this revelation when she struggled to delineate and describe the connections between supervisory relationships and creativity and intuition and said:

I’m trying to think of a supervision relationship where it was more creative than intuitive, and I, because I think that both of them have to be there, because intuition is a part of everything, I can’t really think of one that was more creativity, because I think there’s so much of a balance between creativity and structure.

Her statement about the mixture of creativity, intuition, and structure being necessary within supervision relationships was even evident in physical form; that is, Cleo’s supervision session log form (see Appendix Q). She described the document as being “very concrete, but it’s also designed to elicit collaboration. It actually starts with, ‘What would you like to make certain that we accomplish during the session?’” Cleo continued her explanation of using the document in supervisory sessions and stated that “. . . if they [the supervisee] walk out of the door and they don’t have what they need, then it’s not been a success.” This statement, again, aligned with Cleo’s description of herself as a
supervisor: specifically, that she was structured in how she approached supervision, but that she was flexible with regard to what the priorities and foci were, since those always came from the supervisee.

She continued her description and said that she was responsive, collaborative, encouraging, supportive, and confrontive. Cleo added that, as the supervisee developed and became more comfortable as a counselor, Cleo shifted to being more consultative within the supervisory relationship and process of supervision. Cleo noted that this shift in stance occurred because she trusted the supervisee and had a history of demonstrations from the supervisee with regard to clinical skill, conceptualization of clients, treatment individuation, and use of creativity and intuition within counseling sessions. All of the aforementioned elements were viewed as essential to Cleo when she entered a new supervisory relationship. We furthered our discussion and explored how the supervisory relationship continued to develop throughout the process of supervision, focusing next on what supervisees brought to the vortex.

**Entering the Supervisory Relationship as a Supervisee**

Cleo said that in order for the supervisory relationship to develop in a creative and intuitive way, there were essential ingredients supervisees had to bring with them. This idea of enhancing the likelihood of creative and intuitive supervision by incorporating essential supervision ingredients (on the part of supervisees and supervisors) is similar to what is needed for the CISM supervisory interaction vortex to function and begin its swirl. Cleo’s list for developing creative and intuitive supervision included that supervisees: be invested in the process; be open, receptive, and willing to learn, explore,
and grow; be collaborative; be curious and interested in the client as an individual; have a base of knowledge about counseling; reflect upon their own life experiences; investigate independently; be open to multiple approaches; be active in managing personal barriers to the act of counseling; and focus on the client and the client’s needs. The elements listed above allowed for openness and collaboration within the supervision process and aided supervisees’ development as clinicians, as well as supervisees’ ability to assist clients, according to Cleo.

Cleo described instances when she had tunnel-visioned, unreceptive, inflexible, and “regimented” supervisees who entered supervision with a narrowed vision of what was possible. She noted that when that occurred, her response was, “Whew! (with a facial expression of hesitancy, disdain, and distress while mimicking wiping her brow of sweat),” and that such supervisees presented a challenge to her as a supervisor:

I need supervisees to be as flexible and open and receptive as possible. Especially in my role as clinical director, because I’m assigning those clients to them. So it’s very difficult for me . . . if I want what’s in the best interest of the client, then it makes sense for me to direct them [in one] way and to direct other clients in a different way.

She said her fear for more “rigid” practitioners and supervisees was that they were not continuing to grow, because “They’re sticking with what they know and they’re not willing to learn more so that they can be more versatile.” This unwillingness to try and to continue growing disturbed her because it limited the supervisee’s ability to individualize treatment effectively in a way that ultimately benefitted the client. Cleo said that she
tried to develop the supervisory relationship and to encourage the supervisory process from the first time she met supervisees by establishing the idea that supervision was a safe place in which supervisees experimented, reflected, practiced, and grew as counselors.

**Developing the Supervisory Relationship and the Supervisory Interaction Vortex**

Cleo said once the initial safety of the relationship was developed, complete with a foundation of respect and caring, that the relationship was developed further with Cleo’s:

- desire to get to know them as a person. And who they are, what’s important to them, what brings them into the field, and how do they view themselves in terms of their role as a helper. And then, I get a sense [emphasis added] of how to take those next steps. How do I challenge? How do I encourage them to be creative? How do I help them overcome that fear of saying something . . . stupid. . . . How do I help them in overcoming that so they can feel safe to express their thoughts and feelings and know, that even at this stage of their development, while they still have all of these doubts, they still have a great deal of knowledge and they still have much to contribute.

Cleo’s focus on the supervisee as an individual was a helpful representation of her use of modeling within the supervisory process. She demonstrated in a genuine way an example for supervisees of how counselors interacted with others, including clients, to build rapport. This example may also be suggestive of what might happen in the CISM as the supervisor begins to develop a relationship with the supervisee.
The other elements that Cleo said she offered early on, as well as throughout the supervision process, were curiosity and transparency:

I think the other component is being transparent myself. Not just about what I’ve done and my experience and my accomplishments, but what I don’t understand, when I make mistakes, when I might be off the mark. And that’s something I share with them at the very beginning: “I don’t have all the answers, and there’re gonna be times when we talk about an approach that I’d like you to consider with your client, and you may try it and it may not work at all, and that’s okay because you’re gonna try some stuff and it’s not gonna work either.” So they understand that I recognize that, you know? “If it doesn’t work, let’s just make sure we have a contingency plan” . . . And when I present it that way, they recognize that this isn’t a perfect scenario. There isn’t a perfect approach to working with a client and the session isn’t predictable. It can’t be. But how do you navigate through those uncertain waters?

Cleo described the idea that the supervisory process (and in the CISM, the supervisory interaction vortex) provided an environment in which such musings, reflections, and active planning processes could occur collaboratively, from the very beginning of the supervisory process. For example, Cleo noted that there was a mental shift that took place on the part of the supervisee. She stated that the supervisee’s shift included moving from entering a counseling session with an agenda and plan to “fix” the client’s concerns to becoming more comfortable with not knowing, ambiguity, having curiosity, and being receptive to what the client brought into the session. Cleo said that this process entailed
the supervisee’s recognition that each session and each person were individual, no two were ever the same, and that non-individualized, prescriptive, checklist approaches, manualized treatments, and “blanket approaches” to all sessions or all persons neither met clients where clients were nor met clients’ needs effectively. According to Cleo, the interactions within supervision included a process by which supervisees received suggestions and feedback, as well as “getting them to thinking about how they can use what the client gave them, instead of thinking, ‘Well, I have to go in with all of these answers.’” This was simply another example of aiding supervisees in moving from more rigid methods to more creative and intuitive ones.

Additionally, Cleo’s introduction of the idea that all clinicians continued developing professionally throughout their careers, rather than becoming static, was key to understanding her as a supervisor and her supervisory practices. Cleo described that she always took time to reflect upon her interactions with clients and supervisees in an effort to continue her own growth as a counselor, supervisor, and human being. She, again, demonstrated this personal practice for supervisees within the supervisory process and encouraged them to experiment with the process to further their growth too.

Examples of the CISM at Play

Cleo began the interviews stating that she was not very creative, but that she was flexible. She later realized that everything she did in supervision stemmed from a base of intuitive sensing; dot connecting; modeling; and creative, collaborative actions. She used all of these roots with the intention of aiding the supervisee in the supervisee’s growth and development toward being a more effective, and possibly more creative and intuitive,
clinician. The following included some of Cleo’s examples of using creativity and intuition within supervision to aid supervisees’ growth and development.

**New clinical populations.** One example of this process at work was related to a supervisee (who had previous clinical experience) learning how to acclimate to a new client who differed significantly from his former clients in all ways but one—struggling to manage emotions effectively. Cleo stated that the supervisee had been approaching the client as though the client did not differ from his former clients, applying “blanket” conceptualizations to the client’s situation and considering applying “blanket” treatments for emotional regulation as well. Cleo determined this was her supervisee’s approach early on in the process and proceeded to help him develop his clinical practice. She helped the supervisee expand his focus on his clients and their concerns via conversation and Cleo’s go-to creative intervention, writing “facts” and ideas on a dry-erase board without filtering or editing the notations in an effort to connect the dots about the client’s triggers and needs. This process involved collaboration for both, and comfort, on Cleo’s end, with not knowing how the process would develop. She described it as follows:

I’m putting facts up on the white board, saying, “Okay, tell me about who the client is.” Based on, because I watched [a video-recording of] the session as well, I remember this about the client. “What else do you remember?” And once we’ve got the facts up on the board, then I started to speculate about what this picture looks like and I encouraged him to do the same. That’s when he realized: “Wait a minute! Maybe the client does have control issues. Maybe this is where
the frustration’s coming from. And what does that mean for how we help the client to understand and then deal with it a little more differently?”

No resolution was determined as a result of the creative brainstorming experience during the supervision session. Cleo ultimately sent the supervisee home with a challenge: to think about it a little more, because I really wanted him to kind of work through that process on his own a little bit. Because while it’s helpful for students . . . to have a background in the field in some capacity, because it reduces their anxiety about some portions of what we do, it can also be a hindrance if they rely on that as their frame of reference for what they’re doing with clients in this environment—not recognizing the differences between what works with one population versus what works with another, taking kind of a blanket approach to treatment. So I wanted him to take some time and think about how that might be different based on the distinctiveness of his new client’s characteristics versus the population that he works with, and then to come back to me with his thoughts about that.

This was a new action for her, as a supervisor—sending the supervisee away to ponder new possibilities and to discover his own resolution to his conceptualization of the client’s concerns and the resulting treatment plan. She stated that she was unsure what the supervisee would return with but noted this experience was a combination of both activating and encouraging the supervisee’s creativity and intuition. Cleo shared that she had not focused her efforts and supervisory actions toward the activation of creativity and intuition in the past. Rather, she had focused on being intentional in encouraging
creativity and intuition within her supervisory relationships and the supervisory process.
Cleo’s explanation of her past practice (of encouraging creativity and intuition within the supervisory relationship and the supervisory process) included the idea of partnering with supervisees and brainstorming potential plans for client care. Regardless, both of the aforementioned practices—activating creativity and intuition within the supervisee and encouraging creativity and intuition via the supervisory relationship and supervisory process—aligned with the CISM and supported the concepts of a strongly aligned supervisory relationship being essential, including the encouragement of exploration, expansion, and play as being necessary, and including the activation of self-reflection and experimentation as being crucial to supervisees’ development toward being creative and intuitive practitioners.

**Limited clinical information.** Another potential example of the CISM process at play was shared by Cleo and involved a different supervisee who met with her first client (as a counselor trainee) for the first time. An intake assessment had been completed by a different counselor trainee and Cleo and her supervisee were preparing for the upcoming counseling session. They reviewed the assessment paperwork and determined, due to the conflicting nature of the statements in the assessment, that the assessment was not fully credible. As a result, they shifted their approach to figuring out how best to meet the client and engage in rapport-building while trying to verify what little the supervisee believed she knew about the client before “proceeding from there.” In order to alleviate some of the supervisee’s fears, they role-played the session in supervision, with Cleo acting as the client and the supervisee in the role of counselor. Cleo also said she tried to
assist the supervisee in finding some level of comfort in being flexible in the moment and knowing that even if she was “wrong” in her suppositions about the client, she could continue to develop a relationship and to build rapport with the client. Additionally, Cleo asked the supervisee to heed and remember her experience with a questionable source of clinical information (that is, the assessment the supervisee received) and to use her experience to become a better clinician. Cleo turned the supervisee’s experience with the document in question into a learning moment in the following way:

“So when you start to complete intakes . . . think about this . . . I want you to take a look at the entire document when you’re done and make sure that it’s congruent . . .” It kinda drove home that point, not in a way that I would want her to have it made, but, you know? It’s a good thing [to turn the negative experience into a positive teaching moment].

According to Cleo, this example of working with and in spite of limited clinical information illuminated the importance of supervisees’ retaining an openness to flexibility and learning to be comfortable with ambiguity. These concepts were included in the CISM as part of the potential outcomes and indirect effects of the supervisory interaction vortex on the supervisee. In contrast, Cleo also described experiences with direct actions in supervision that could be interpreted, in terms of the CISM, as direct actions within the supervisory interaction vortex that impacted the supervisee and potentially changed the outcomes of clinical practice for the supervisee.

**Needing a supervisee to make significant changes in clinical practices.** Cleo discussed her experience with a third supervisee, one who received explicit feedback and
directives about what she needed to change in order to be successful in her counseling endeavors and in a clinical course. What began as a tightly focused supervision session with a specific agenda developed into a two-hour meeting with creative and spontaneous actions on Cleo’s part. Cleo said she planned to stick to her agenda, but, instead, as the session unfolded, she departed from it:

I couldn’t script what I was going to do because I didn’t know how. I didn’t know what my supervisee needed. . . . I ended up creating time lines [on the dry-erase board] and filling in the starting point and the ending point to engage my supervisee in concrete conceptualization of where the supervisee’s skill set is now versus where it needed to be. And then I had to encourage that brainstorming of ideas about how to get from point A to point Z.

Cleo shared that she wanted to learn whether the supervisee was aware of what changes needed to happen. Cleo also wondered whether the supervisee knew what the consequences would be if the supervisee was not able to complete the directives that were issued in order to make the necessary changes. Cleo noted that she held a hope “to come away from that session with a sense of how the supervisee was going to bridge the gap.” However, she had to let go of that expectation:

The supervisee knew where they needed to be . . . they felt that they had the information they needed in order to start to make those adjustments. . . . that was good enough for me because, at the end of the session, I also conveyed to the supervisee that, “This is your responsibility. This isn’t my responsibility to get
you there. I’m giving you the tools and I’m processing this with you, but you now have a clear understanding of what needs to happen.” . . . So, time will tell. This supervision experience led Cleo to recognize that she was not always conscious of being creative when she was. Instead, she noted it was simply what she did as a supervisor, in that moment and with that supervisee, even though Cleo viewed herself as being more structured in supervision overall. Not unlike supervisors’ continued growth and awareness-expansion during supervisory and reflection processes, in the CISM, supervisees also grew and developed within and as a result of the supervisory interaction vortex. Cleo further explained her view of supervisees’ development processes as detailed below.

**Supervisees’ Growth Within the Vortex**

Several times during our conversations Cleo described what happened to supervisees as they developed and grew within supervision, as well as how that was demonstrated by supervisees’ actions or thinking. The main aspect of growth she noted was that the supervisee had a “more advanced level of case conceptualization . . . a 360-degree view of the client . . .” Cleo relayed that supervisees began their supervision relationships with a “base of knowledge about counseling and a very small amount of experiences.” They then moved through the process of learning to be with a client alone in a room for the full session with reduced anxiety and self-doubt. Cleo said the next point of development was learning to conduct assessments and move into documentation, treatment planning, progress review, and into the termination transition and beyond. Eventually, according to Cleo (and in line with the Integrated Development Model;
Stoltenberg & McNeill, 2010), supervisees developed enough that they were comfortable and had skills, but they needed increased support when presented with new issues or client populations with characteristics with which or with whom they had not previously worked. Cleo said she also aimed for supervisees to get “used to being creative in different ways at different points in time, and they get used to being able to access an intuitive edge” in order to provide “what’s going to be most helpful for [the] client.” Meeting the client’s needs in a helpful manner was a main focus for each of the supervisors in this study, including Cleo, and was developed further as a potential outcome resulting from the application of the CISM. An additional goal, in the CISM and for Cleo and other supervisors in this study, was the growth and development of the supervisee into a creative and intuitive practitioner. As such, a description of theoretical outcomes for the supervisee involved in the supervisory process was explicated below.

**Cleo’s View of Supervisee Outcomes**

Cleo noted that the activation of creativity and intuition within the supervisory relationship and process led to a number of outcomes for supervisees. The first outcomes she described were related to creativity and included her statement:

> Once creativity has been activated, it expands the scope of the work that they can do. They’re more versatile. They can work with clients with a wider variety of issues and they are probably more effective . . . [because] they are not just looking at one particular approach to working with a client with a particular issue. They are open to multiple approaches and then trying to determine which one is going to be the best fit to produce the best outcome for that client.
Her statements reflected her belief that meeting the client’s needs in a helpful manner was essential to counseling effectively and that the supervisee’s ongoing development and ever-expanding openness to any and all possibilities aided that goal best. Cleo added that the activation of intuition assisted supervisees with both handling “the unexpected in a way that’s appropriate” and “being able to more effectively connect with their client”:

Rapport is just extremely strong . . . and even though there’s that strong rapport, there’s also strong boundaries . . . they’re both committed to working and they both recognize . . . “Mission accomplished! It’s time for you to move on.”

When both creativity and intuition were activated, supervisees could work effectively with “a broader scope of clients so that . . . they were impacted [positively].”

Cleo said that supervisees whose creativity and intuition had been activated were better prepared for continuing supervision with a new supervisor. She explained this statement as follows:

They’ve already generated ideas about what they’re doing, they’re already prepared to discuss what they’ve done—what’s worked, what hasn’t worked—and they have a clear idea of what they need from that supervisor. So I think it changes the dynamic of their experience of supervision.

Within the CISM, the desired outcomes were in line with Cleo’s statements and included supervisees’ development into creative and intuitive counselors who provided effective client care as a result of encouraging supervisory relationships.

The ultimate result from creativity and intuition activation and development within supervision, according to Cleo, was becoming “imperfect” advocates who could
reflect upon past experiences and use experiences, mistakes, and reflections to become better at and more effective in their work with supervisees and clients. Cleo added that she hoped her efforts at modeling transparent genuineness and self-advocacy in supervision sessions assisted supervisees in feeling more invested, empowered, open, and courageous as clinicians and as supervisees. Cleo summarized her thoughts about what resulted from creativity and intuition activation with regard to supervisees as follows:

They’re able to articulate what they need . . . that that’s the appropriate place to get those questions answered. They’re encouraged to really think holistically about their client and what their client needs; and going out and getting that information and then bringing it into supervision and having that supervision session be a sounding board with someone who’s more experienced. . . . And [becoming more] self-evaluating. . . . they’re able to critique what they did and recognize that certain things aren’t gonna work. . . . and that’s okay. Being okay being imperfect.

All of these outcomes led to the potential for more positive outcomes for clients from Cleo’s perspective. Cleo’s list of supervisee outcomes was determined to be part of the theoretical outcomes stemming from the CISM, as described in more detail later in this chapter.

**Cleo’s View of Client Outcomes**

Cleo described a number of outcomes for clients. She stated that these outcomes stemmed from clients working with practitioners whose creativity and intuition had been activated. She explained the initial outcomes for clients in this way:
[supervisees] have that connection with the client. The client has that connection with them . . . so they both know, “. . . we’re here to work . . .” It feels very collaborative . . . And the client recognizes, “Yeah, even though we had that strong connection, it was because they wanted the best for me. And now it’s time for me to move on and make ‘em proud.”

Time and again, Cleo, as well as other participants, reiterated the importance of clinicians establishing positive therapeutic alliances with their clients. She explained that in the context of creative and intuitive therapeutic relationships:

My impression of the experience of the client is that the client tended to be more open, the client was more engaged, the client was more expressive during the session; and I think the pace and the focus of the session was more tailored to what the client needed, as opposed to what the supervisee was trying to accomplish . . . It truly became client-focused . . . [and] as they ended the session, the client was more enthusiastic about what they were gonna do the next time. You could tell [from the video-recording] . . . at the end of the semester, the client was actually looking forward to coming back . . . They felt good about what they had accomplished . . . it went well.

The other supervisors in this study added to Cleo’s descriptions about outcomes for clients, contributing points in line with their beliefs about supervision, counseling, and rapport. These statements contributed to the CISM with regard to the core category of “theoretical outcomes for clients,” as described later in this chapter.
Cleo summarized and said that in situations when counselors were creative and intuitive, clients left these therapeutic relationships having been positively impacted and aided by their counselors. Cleo’s view included the ideas that a client felt good about what happened and about what the client and clinician were able to accomplish. Additionally, she said the client looked forward to what came next in the client’s journey through life. Her ideas about the power of relationships to impact people in positive ways was echoed within her statements about outcomes resulting from supervisory relationships and for the supervisor.

**Cleo’s View of Outcomes for the Supervisory Relationship and the Supervisor**

Cleo shared that as supervisees developed their clinical skills creatively and intuitively, and as supervisory relationships continued, she was able to trust supervisees more and more. Specifically, she said she believed in and trusted a supervisee’s case conceptualizations; intuitions; and creative and client-focused, appropriate, and individualized applications of treatments fully and without concern or extra supervision regarding a supervisee’s actions. She reported that the supervisory relationship “ends up being… extremely collaborative,” with increased focus on the supervisee’s ideas and the client’s needs. She stated that in situations when supervisees were learning skills or forming better understandings of issues in order to better assist clients, the process of teaching and learning was beneficial to both the supervisee and the supervisor. Cleo extrapolated by describing an experience in which she had helped a supervisee learn to work with a new population, and, in turn, had helped herself grow as a supervisor:
[The supervisee had to] adjust to working with clients [with Intellectual Disability (Intellectual Developmental Disorder)], and so I think that it was helpful, for me, to realize how I need to help them through that process. But that was more of an intuitive process on my part, but then it turned out to be very creative when the two of us were working together.

This example was representative of Cleo’s ongoing reflection about her work as a counselor and supervisor. Cleo shared she had erroneously assumed that, because she had experience working with the population in question, the supervisee understood how to relate to members of the population. However, as she reflected upon her interactions with the supervisee and the supervisee’s statements, Cleo realized that she needed to act as a teacher, sharing her prior experiences in order to aid the supervisee, and ultimately the client, more effectively. Her willingness to return to prior conversations with supervisees, noting that she may have missed something essential due to her own experiences or bias, also demonstrated to me (and most likely to her supervisees) that she cared about their development as clinicians, their ability to help their clients, her own development as a supervisor, and supervision and supervisory relationships. Continual reflection about clinical and supervision practices was an aspect of clinical practice that all of the participants described as key to their roles as supervisors and counselors. The aforementioned ideas about practitioner inquiry and reflective practice added to my understandings about actions on the part of supervisors within the supervisory interaction vortex of the CISM and emphasized how evolutionary supervision and supervisory relationships truly were.
The developmental nature of supervisory relationships required Cleo to shift her stance within those relationships as they changed over time. Cleo said that as supervisees and she worked together, and as their mutual supervisory relationships grew over time, the following transformations took place:

[I begin to] take on a more passive role in the relationship, as one of, I wouldn’t say an expert, but a more experienced clinician, so that it’s a more collaborative relationship… I’m more in a consultant role than a supervisory, authoritative role.

Regarding the end result of those shifting supervisory relationships, she said:

Those are the relationships that I’ve had with supervisees that have been the most rewarding for them, as well as for me. And I’ve heard that from them—semesters later, years later, from the ones that I’ve supervised in the agency—and I still keep in touch with some of them, and they still let me know how much they appreciated all the work that we did together . . . That’s what resonates with me about those [relationships].

Cleo smiled as she described the above supervisory relationships and said that she thoroughly enjoyed the work she was able to do with those supervisees. She stated that she learned a lot about herself as a clinician and supervisor within and during such relationships and that she appreciated the opportunities she had been provided within supervision experiences to continue to grow.

Many of Cleo’s beliefs were echoed by other participants. The following section includes participant-constructed definitions of creativity and intuition and a comparison of their definitions to my initial definitions (see the section titled Clarification of Terms
and Definitions in Chapter I). Specific examples concerning participants’ experiences within supervisory relationships and potential linkages to the CISM follow the definitions section of this chapter. A final integration of participants’ ideas and experiences into the grounded theory of this study and the CISM conclude this chapter, complete with visual representation provided by Aurora (see Appendix M).

**Participants’ Definitions of Creativity and Intuition**

All of the participants defined creativity and intuition during the first round of grounded theory interviews. I anticipated some overlap between their definitions and the definitions I developed at the beginning of the study, since the definitions I developed were fairly broad in nature. However, participants’ definitions of creativity and intuition aligned closely with the definitions I initially developed and were compared in this section. These alignments made sense to me based on the manner in which participants were selected for the grounded theory study, namely, via their factor loadings from the Q-sort. I loaded on Factor C1, and my bias about creativity and intuition was included, with some latitude, in the definitions presented in Chapter I. Specifically, the idea that all people had the ability to access intuition and to use creativity in all aspects of life and work represented my beliefs about the expansive and useful nature of creativity and intuition. However, participants were not shown the definitions from Chapter I at any point during the study. Furthermore, although I engaged in conversations about creativity and intuition with participants throughout the study, these conversations were led by the participants rather than by me.
Creativity

To recapitulate, the definition for creativity included “[t]he ability to transcend ideas, rules, patterns, or the like, and to create meaningful new [or novice] ideas, forms, methods, interpretations, etc.” (“Creativity,” n.d.). Creativity was not confined to areas of the visual, written, or performance arts (for this study) and the expansion was based on an Eastern view, rather than on the more restrictive Western view about what denoted creativity (Csikszentmihalyi, 1996; Gladding, 2011; Kaufman, 2009). This expanded definition allowed people to consider matters such as business presentations or setups (Wahl, 2013), teaching methods, and the organization of a room as being creative (Simonton, 2012; Sternberg, 2009), rather than only considering artistic products as having the potential to be creative. This expansion also incorporated the concept of creativity not only being novel, but also being useful when applied in appropriate ways at appropriate times (Bohart, 1999; Gladding, 2008; Kaufman, 2009; Sternberg & Lubart, 1995).

Initially, a few participants said that although they were aware that creativity did not require a product, they still tended to reference a tangible item when considering how to define creativity. Courtney and Blanche both used the creative arts (such as visual, written, or performance art) as their standards when they defined creativity. Both said they recognized that creativity was more expansive than such a narrow definition suggested and they expanded their definitions as our conversations continued. In addition, several participants (Courtney, Blanche, Cleo, and Noah) said that they did not consider themselves to be creative, but all of them had an appreciation for creativity.
They also said that others would not describe them as creative. For example, Courtney noted that she enjoyed solving problems in inventive ways and said inventive problem solving was as creative as she ever got. As the study continued, all discovered moments, through recounting their experiences, when they had acted or thought in creative ways. These realizations often led to redefined versions of creativity that accounted for participants’ past experiences and were often even more in line with the definition of creativity that was developed for this study.

To that end, all participants either defined creativity as being more expansive than simply being artwork, or tangible, or they shared an example illustrating creativity as an expansive act or thought. However, even with this alignment, participants supplied their own unique flavors when they defined creativity. For example, Waylon noted that creativity included not simply art, but rather “anything outside the box . . . finding new avenues to reach people.” This focus on connecting with and helping others was present in other participants’ definitions of creativity as well. George shared his thoughts about creativity and connection within counseling sessions:

I think creativity is seen as something fun and interesting and alternative in session that clients are going to embrace. I think [that] could be true, but I think there’s also a piece of being creative that pushes clients to a deeper level that might be, in some cases, even more painful, but it gets to a deeper level . . . I think the people who [use creativity] intentionally, or do it for the best outcome of the client, [the client’s experience] could be really crappy. I mean, “This is gonna be
a really shitty experience, but we’re gonna do it, because it’s gonna get us to point B in a different way.”

For George, creativity was inherent within the discipline of counseling, but required that counselors took care and were aware when incorporating creativity into counseling sessions due to the potential for harm. He noted that he was concerned about how to help newer counselors learn to use creativity effectively, rather than in a step-by-step recipe format. He said creativity was more than a technique: that it was something that had to be “articulated” for each individual involved—the counselor and the client—and for the ultimate purpose of meeting the client’s needs in the best way possible.

Roy, like George, used a cooking theme in his description of creativity within counseling and supervising. He focused on combining disparate elements into something new and defined creativity in the following way:

What I’ve learned from cooking that applies to a supervisee or counselor, or a client, is that creativity involves taking things that you learned here, something you learned here, something you learned here (all said while gesturing to different locations in the air), and sort of bringing that together in a way that’s hopefully helpful to someone.

This idea of creating from bits and pieces was echoed by others too.

Amos began his definition by linking the idea of connection to others with the concept of creativity needing to have some merit in order to be applied to a situation. This tying together of both ideas led to a fuller description of creativity that incorporated
aspects of Waylon’s, George’s, and Roy’s definitions as well. Creativity, in Amos’ view, was defined as follows:

I think it’s turning imaginative ideas—and maybe they’re new ideas, maybe they’re just ideas from before that maybe hadn’t been looked at, maybe they’d been forgotten, maybe they’d been hidden—I think they’re taking those imaginative ideas that are *relatable* [emphasis added] to people and turning them into some kind of an action that may be a bit new, or different, and appropriate . . . It’s something that’s taking these imaginative ideas and turning them into something that’s positively impacting the client, the student, whoever it might be that you’re working with. It doesn’t have to be, in my opinion, a painting hanging on the wall, or a poem, or a sculpture. Creativity is just taking ideas that somebody has and making them new and unique, at times, and fitting with the situation.

The notion that creativity did not have to result in an artistic work, artistic performance, or something tangible wound through participants’ statements about creativity, along with the concept that creativity needed to be purposeful in some way in order to be applicable.

According to participants, this combination of generally intangible, possibly tangible, yet purposeful attributes was specific to using creativity in counseling and supervision. Participants described a need for creativity in counseling and supervision to be useful rather than simply “fun” or exciting due to concerns about the potential for risk
and harm coming to supervisees and clients when using either standard or nonconventional methods creatively. Blanche stated emphatically:

   It can be out of the box and original, but if it does not serve a [constructive] purpose for me in the work that I do, it’s like somebody making a brand new pair of tennis shoes—it makes you jump higher—that has nothing to do with counseling for me, so it’s not creative for me. It has to be useful in the work that we’re doing.

Throughout the study, participants noted that despite being clinical supervisors who were concerned about the growth and development of their supervisees, they were more concerned with making sure that clients’ needs were met. This need to tend to clients first and supervisees second was prominent in the conversations I had with most participants and led back to their statements about the need for creativity to be used purposefully and with an individual focus to achieve a positive outcome.

   Intuition, too, was described as being intangible and as having to be useful in the moment with the individual clients or supervisees involved. This overlap with creativity was not surprising, as definitions of creativity and intuition often include similar statements and words in an effort to define these two somewhat nebulous concepts. An added component of “checking” was included by many participants in their definitions of intuition as described below.

**Intuition**

   My bias about intuition and how helpful intuition or insight have been within counseling and supervision was included in the definition of intuition used for this study.
For review, the definition of intuition constructed at the beginning of this study involved being “given to insight,” or having “pure, untaught, inferential knowledge,” or “immediate apprehension” (“Intuition,” n.d.). Intuition did not require creativity, although creativity may have been interwoven with intuition at times. Immediate insight was a phrase intermingled within writers’ descriptions about intuition. Additionally, intuition was thought of as pulling together disparate parts (of understanding, of knowing, of learning, or of experience) in a split second as a result of a specific prompt or trigger, or seemingly, “out of the blue” (Coyne, 2009; Eisengart & Faiver, 1996; Gladwell, 2005; Schooler et al., 1995). I did not share this definition of intuition with participants, and I followed their lead in any conversations we had about intuition. Nonetheless, all aspects of this definition were included in some way by participants; however, they formulated their individual perspectives during the course of this study.

Many of these supervisors struggled to describe intuition succinctly, and they often shifted their perspectives as their conversations with me, and their thinking about intuition, developed. Amos started by saying:

I think it’s more difficult to describe intuition than creativity, because I think it’s much more of a feeling . . . I don’t think, a lot of times, it’s something that is describable in a logical sense . . . It could be like a gut feeling. I think that it’s something that everyone has . . . I don’t think it’s something that everyone always knows where it comes from, but, at the same time, I think that it has a connection with previous experiences—whether you recall them or don’t recall them. And it could be a thought that comes to mind. It could be an emotion. You just feel
[emphasis added] an uncomfortableness. It could be associated with fight or flight, and something just happens and you decided, “Okay, this isn’t a good situation.” Or it could be just something in the moment that comes up as, “You know what? Let’s go here. I think this could be a good idea. This is a good direction to go.” And maybe it’s not. Intuition, I don’t think, is always correct, but it’s, in essence, almost unexplainable.

Amos’ difficulty explaining intuition was shared by many participants. However, all of the participants noted that they have experienced intuition in the past in some form or manner. Noah expressed the most discomfort with the concept of using intuition within clinical work and later noted that his discomfort possibly stemmed from his work role. Noah asked to speak to me after the interviews were completed and stated that he had a realization about intuition that was earth-shattering to him. He shared that he used intuition in an unconscious manner every time he engaged in supervision. He said that when he was unable to use intuition in his work, or to use a supervisee’s intuition within his work, his work became exceedingly more difficult. Noah’s struggle highlighted, for me, how exceedingly difficult it was for some clinicians to identify whether or not they had, in fact, used intuition in their work due to the intangible and ill-defined nature of the concept. In that vein, participants tried to make sense of their experiences with intuition within their clinical work as the study continued, and they were kind enough to share their thoughts and struggles with me.
Participants reiterated, time and again, that intuition included an intangible feeling or sense that was somehow connected to one’s previous experiences, training, and knowledge. Blanche noted intuition was a kind of “sixth sense”:

Where you feel something you don’t necessarily know for sure, but maybe you’ve experienced it before and so this, whatever it is, feels similar; and so you have a thought or feeling and a discussion about how that feels because you’ve been there before . . . So intuition is more, I think, based on experience? If I had to give it one word, intuition equals experience . . . Because it’s not, you can’t feel it, you can’t touch it, you can’t hear it, see it, it’s not, I mean, I feel like you can feel it, but it’s not like a (tapped table) touch feel, it’s more of a think feel.

Particular phrases that have been used to describe aspects of clinical work added to the struggle for some participants. For example, some participants balked at the idea of gut instinct or gut feelings. George exemplified this struggle during our conversations as he tried to explain his concerns about using the term “gut” to describe any element of clinical work:

I don’t understand the concept of going by your gut, because I feel like that’s less informed than what intuition is, and it’s not a guess . . . it’s more nurture than nature . . . There’s a connective element. You can’t get it if you’re just curious, you can’t get it if you just have your education, and you can’t get it if you just based [it] off of your life experience, but I think those three things in conjunction with each other help you make intuitive statements.
Noah’s statement about gut feelings was more succinct early in the study, as he said, “Intuition is just crap,” when describing hunches. He added that he felt torn about intuition as he was aware that he used something akin to intuition in his practice, although he struggled to name it. He said he believed intuition needed a base of knowledge and experience from which to spring in order to be useful. He also explained his process of supporting, or checking out, his intuitions before proceeding to act upon the intuitions. His synopsis of the process entailed the idea that “intuition informs the direction of my conversations in order to support or refute that intuition.” Courtney described a similar process of “noticing subtleties” and then asking or checking out the intuited subtlety with the other person before proceeding.

This idea of checking into the strength and usefulness of an intuition, that some called “verifying,” was noted by each interviewee in varying ways. Noah described it this way:

You can’t just say, “Well, it’s my gut feeling.” [Instead, you say,] “Well, it’s my gut feeling, but also as exhibited by this, this, this, and this; in session they said . . . ; research shows that people with previous attempts . . .” so you have to connect your intuition. I think [intuitions are] there in supervision, I think they’re there in clinical work, but if intuition can’t be supported by knowledge, then I don’t know how useful it is.

Aurora had a different way of describing the verification of intuition. She said her history of accuracy with intuition provided enough proof for her to continue using intuition in her work. She explained intuition as follows:
A guide, or a voice, or an impression that says, “Do that, say that, go there, look at that, open that, read that.” When I stop [following] that [guide], it keeps coming back up, and I know that, “No, I shoulda done that. No, I need to do that.” So it’s listening and following that and not doubting that or fearing that. Trusting that after all these years (chuckled). It got me this far.

Aurora said she found intuition to be a useful element throughout her many work roles because it kept her on track, as well as being something that could speed up or slow down processes depending upon what was needed at the time. In other words, intuition helped her to individualize treatment for her clients and to individualize supervision for her supervisees. Other participants shared that intuition was helpful in counseling in a multitude of ways.

Even though some struggled to define intuition, all of the participants determined, through our conversations and their thinking, that they viewed intuition as a helper in and necessary element of counseling and supervision relationships. Noah noted this for those supervisees and counselors who exhibited limited or no intuition:

I think they have to work twice as hard. They have to rely on that knowledge and their knowledge base is 100% of what they’re drawing from, so their knowledge base has to be pretty vast; whereas, if I have intuition and I’m operating from one theory, I can probably make that work . . . So, in a way, intuition, I guess it makes counseling a little bit easier, I think, if you have it.

Other participants bemoaned working with supervisees who lacked intuition or were more rigid in their ways of interacting in the world. Blanche noted that working with
such supervisees was “a disaster.” Cleo simply made a face of disdain and concern, while wiping her brow and exclaiming, “Whew!” Roy was even more blunt and said, upon sighing:

Well, if you’re not intuitive, they shouldn’t be counselors (laughed). We’ll start there. If you can’t imagine what’s going on on the other side of the room, that’s going to be a problem. I’m not as worried about creativity because it can be developed. I think intuition is like the cornerstone to being helpful with people when they’re stepping outside of their everyday, normal lives looking for help.

His ideas inevitably wound back around to meeting the client’s needs and providing clients with the best possible individualized care, as did every other participant’s descriptions regarding their ideas about intuition and creativity. This focus on meeting clients’ needs led to numerous conversations about how creativity and intuition generally worked together in counseling more often than not.

**Creativity and Intuition Together**

Participants tried to talk about creativity and intuition as separate concepts and actions, but inevitably, the two concepts were woven together. Over and over participants stated that they were not sure how to unravel the true differences between creativity and intuition. For Courtney, the phrase “thinking outside the box” was representative of the combination of creativity and intuition. She shared that in working with clients, clinicians [have to set] aside what you think you’ve learned, and just thinking about what’s in front of you . . . It’s like . . . you’re putting together a puzzle and half of it’s
blue sky and you gotta figure out how to fit the pieces together . . . so you gotta try lotsa different things.

Courtney added that, for newer clinicians, tools such as treatment planners and therapy technique books have been helpful to offer new ideas, but that she still challenged her own supervisees to consider their clients by asking themselves, “Okay, is this working with this client?” If they determined it was not, her rejoinder was, “Then I don’t care what the book says. You have to try something else.” Similar examples were described by most of the participants as they shared about their supervision practices and their efforts towards encouraging and activating creativity and intuition within their supervisees.

George discussed his desire to have counseling trainees and counselors using intuition, taking risks, and being creative so long as they had grasped the fundamental elements of counseling. He said, “I wanna make sure they can make those creative acts, and intuition, and risky stuff, and all those kinda wishy-washy concept things, that they can make those in an informed way.” He added that there was a process of professional development that had to occur in order for new counseling trainees and clinicians to use creativity and intuition together effectively. Other participants stated that supervisees needed to understand the basic components of counseling before a supervisor would feel comfortable with supervisees exploring creativity and intuition more fully. In contrast, a few participants shared that they felt creativity and intuition were so inherently connected that people used both concepts together when they thought that they were using only one, or even when they were unaware of using either. Hayley noted that creativity and
intuition involved a combination of acceptance, curiosity, questions, and action, as creativity and intuition always led to intuition and creativity, respectively. This continued difficulty with separating the concepts led to questions by Roy and Tabitha about whether or not something other than creativity or intuition was happening at particular points in time. Other participants used different language, but hinted at the same question that Roy and Tabitha asked. All of those conversations led to discussions about insight, what that entailed, whether it may be the same as intuition (or not), and how it may be connected to creativity and intuition.

Creativity, Intuition, and Insight as One but Not the Same

Several participants described the idea that insight, a flash of awareness, or a lightning bolt of knowledge had struck them in the past. They wondered whether such instances were the same as intuition or different, or whether they were connected in some way to either intuition, creativity, or both. Tabitha was finishing her description of intuition and ventured into this terrain by saying:

So I think intuition is based in prior experience . . . maybe? But is that always true? I don’t know (chuckled). Like, I have a very strong radar or detector for certain types of personality disorders. Now, why is that? . . . So I’m like, “Okay, is that prior experience? Why am I so sensitive to it?” Like when I meet somebody, like a flash, and if I get to know them, almost always I tend to be right, but a lot of times, I’m like, “Tabitha, come on, quit writing that person off,” you know? Because it’s an anathema to me because I’ve been written off before. So I don’t know, but there really seems to be more to it than that.
Her question about what those flashes of insight were was piggybacked by Roy when he described insight the following way:

Insight is just sort of that out of the blue thunderbolt. You may not have had all the information ahead of time put together, but for some reason, it just sorta hits you that maybe this is the solution to the puzzle in front of you at the moment . . . Insight seems to add something new, or at least something outside of your awareness . . . I don’t know where all the pieces came from . . . And I think that that happens more often in counseling than in other places; and that’s because I have other people involved. Especially in supervision, I have someone who has training and experiences that I don’t really have access to and there’s just something about them every once in a while that (gestured an explosion with hands), “You know? This might really connect with someone that they’re working with,” and that leads to more insight.

Roy’s description of insight differed from his descriptions and examples of creativity and intuition, although he found some connection between all three concepts. He tried to clarify his definitions of creativity and intuition after introducing the concept of insight.

Roy said that creativity and intuition were more similar than not, but that intuition involved “more of all of” the individual than creativity or insight. Like Aurora, he said that intuition included guidance and added that it included what he knew about a person, reactions and feelings he might have had, and an additional sense of “gestalt.” He said that creativity was “more an intellectual process” and that insight was “you don’t know how you got there, but you got there.” He noted that the three concepts stemmed from
the same nebulous space, but were separated based on how they were transformed by the person, or people, involved. I created a drawing to represent Roy’s statements about the transformation process as he continued to describe creativity, insight, and intuition within our conversation. He asked that the drawing be included to demonstrate visually what he was talking about. He described part of the above process in the following way:

Figure 8. Roy’s description of the transformation process

Intuition is guided. I see creativity as more an intellectual process and intuition as involving more of all of you . . . It’s like there’s more involved in intuition than there is in creativity, more gestalt . . . [Insight is] where you don’t know how you got there, but you got there . . . Sometimes we do things completely out of our own awareness. We do things for reasons we don’t understand. And where it
comes from, I couldn’t hazard a guess, but I imagine there’s a connection to something.

I asked whether insight was connected to intuition and creativity and he added, “I would imagine so. I think it’s almost like two labels on something similar. It’s more your own experience with how you get to the end that’s gonna decide which label you choose.”

The interwoven nature of creativity and intuition, or of creativity, intuition, and insight, was mentioned by all involved. Even when these conceptual categories were split up, they were reconnected by participants in their descriptions of their thinking and practice. The drawing of Roy’s process seemed to accommodate the shared comprehension of that interconnectivity by effectively representing common components of what every participant explained regarding their use of creativity and intuition within their clinical work, the development of supervisory relationships, and their work within the supervisory process. On the basis of these expanded and personalized definitions I delineated codes, categories, and core categories that led to the grounded theory and the development of the CISM as described in the next section.

**Concepts and Core Categories that Led to the CISM’s Development**

I reduced the number of intermediate codes and began to develop categories based on my emerging understanding, stemming from my immersion in the data during the analysis process. The ideas that appeared over and over again were studied closely to determine whether or not they were stand-alone ideas or whether they were connected to other concepts. An example included the concept of modeling. This was described by every participant. However, it became evident that modeling was not a stand-alone
concept as it did not encompass other codes. Instead, modeling was found to describe a major action on the part of the supervisor during the supervisory process. Modeling, along with other concepts and codes about actions, was an element of an overarching idea, or category, about supervisors’ actions. This category regarding supervisors’ actions, that included all of the focused and intermediate codes about supervisory actions, was found to fully encompass the breadth and depth of the codes and was elevated as a core category. A similar process occurred with other focused and intermediate codes until I was left with six core categories: supervisor qualities, supervisor actions, supervisee qualities, supervisee actions, outcomes for supervisees, and outcomes for clients. I diagrammed these categories on notecards and shifted their positions on a table until a physical gap appeared. This gap highlighted where all of the other, as yet uncategorized, codes existed. Specifically, they were components within the core category of supervisory relationships and interactions within supervision. This core category then led to the generation of the theory of the study—the vortex of the supervisory interaction process.
Figure 9. Flowchart depicting the transition from core categories to the grounded theory to the CISM

The seven core categories (in Figure 9) became components of the CISM that had, at its foundation, my abductive understanding about the data that participants provided, the core categories, the emergent grounded theory, and the connections between all three entities. An additional concept appeared upon further reflection, memoing, and analysis, that of theoretical outcomes for the supervisor and the supervision relationship. This concept was not a focus for the participants, as they were focused on clients first and foremost, and then on supervisees. However, despite the fact that this concept was not a requirement for the CISM to work, it could occur as a result of the CISM functioning effectively. The following sections included descriptions about the seven core categories
(i.e., supervisor’s qualities, supervisor’s actions, supervisee’s qualities, supervisee’s actions, supervisory interaction vortex, theoretical outcomes for supervisees, theoretical outcomes for clients, see Figure 9), as well as participants’ explanations about concepts and components of each core category.

**Supervisor’s Qualities**

For the CISM, the CISM supervisor brought a number of qualities into the supervisory interaction vortex (as represented by the red square in Figure 6). Below are the qualities necessary for supervisors to use the CISM:

1. Supervisors value creativity and intuition and use both in their work;
2. They are humble, respectful of others, and open to experiences;
3. Supervisors are aware (of the power differential inherent in supervision, of the supervisee, of the client, and so on), approachable, genuine, transparent, and vulnerable;
4. They are flexible, have compassion, are curious, and are invested in supervisees, the supervisory process, and clients;
5. Supervisors are observant, person-oriented, supportive, encouraging, motivating, nurturing, and reflective;
6. They have trust, belief, and faith in their supervisees and their supervisees’ ability to development as clinicians, and are open to becoming mentors;
7. Supervisors are courageous, caring, and humorous; and
8. They view their work as a calling, are comfortable with ambiguity, and focus on others’ success.
The first supervisor quality was an inherent valuing of both creativity and intuition as well as a certain level of being creative and intuitive in clinical and supervisory work. The existence and valuing of creativity and intuition was evident in participants’ Q-sorts, their factor loadings, and our conversations. Hayley was confused when I asked about times when creativity and intuition might not be appropriate to use in clinical or supervisory work. She said, chuckling, “I guess I’m resisting that idea because I don’t see it being inappropriate. It’s like, ‘Well, that just doesn’t happen.’ I think creativity [and intuition] is a part of everything.” Other participants struggled to separate their use of creativity and intuition from their work or to point to specific examples of when and where creativity and intuition would be inappropriate to use in their work.

Much like the inherent nature of creativity and intuition within supervisors’ selves and work, the next two qualities they brought to the table were so central to their being that they did not address either quality explicitly. Humility and respectfulness were the next two essential qualities. The participants strongly implied these qualities by virtue of what they left out of their descriptions about themselves and their own work. Most of the participants described themselves as being practitioners who had multiple roles, rather than describing themselves as leaders or as being hierarchically superior in any way to their supervisees. Participants described situations that required them to step into the realm of being more directive as gatekeepers: namely, remediation situations, risk to clients, duty to warn situations, and other liability concerns. Generally, though, participants operated from a more open, humble, and respectful position in relation to their supervisees. Aurora typified this stance. When asked how she would describe
herself to a new supervisee, she said in a surprised tone, “That’s a good question. I don’t think I’ve ever done that . . . I’ve never had a label for what I would tell them that I was. Which is interesting, I guess, you know?”

Aurora’s lack of description alluded to another quality of supervisors: that of approachability. Although she and others were aware of the power differential inherent within supervision, they were approachable due to their self-effacing, genuine, and humble presentations to supervisees (and others). I enjoyed being with them and I imagined that their supervisees would also enjoy being in their presence. All of the participants explained that they were transparent, genuine, vulnerable, and open in their relationships with supervisees. Noah shared, “I try to be as transparent as possible, even with myself. I tell’ em my mistakes all the time . . . I’m available to laugh at myself.”

This stance paralleled other participants’ statements about trying to develop open and collaborative relationships in which their supervisees could feel safe enough to ask questions, explore options, make mistakes, be challenged, learn from mistakes and challenges, and grow and develop as more effective clinicians without becoming clones of their supervisors. Roy said this:

I think my job as a supervisor is to assess where the supervisee is and to assess all of the strengths that they bring to the party, and to make sure that they find ways to implement those instead of trying to make them into some stupid clone of me or Sigmund Freud (chuckled)—none of which is going to be helpful to anyone at all whatsoever. So I think the flexibility and trying to understand where they come from and then how that applies to each client they have, which is sometimes
very different from how I would do things, but [supervisees’] success is more important than [supervisees] finding out how I would do something.

This summed up some of the qualities of the supervisor within the CISM succinctly and began to hint at just what might be entailed within the CISM supervisor’s actions, which were described in the next section.

Roy’s statements hinted at additional supervisor qualities: specifically, flexibility, compassion, curiosity, and investment in the supervisee, the client, and the process. In line with Roy, Amos added:

It’s more about the story that the supervisee wants to have of themselves as a counselor-in-training and their development, but within that I try to be really flexible, approachable . . . And then I try to show compassion to kinda what they’re struggling with, especially as a student.

Amos’ statements were also suggestive of the idea of individualized supervision in the context of progressive, continuing education for the supervisee.

All of the participants discussed the idea of individuating supervision to meet the needs of their supervisees. Individuation required that they know their supervisees—their strengths, weaknesses, openness or limitations to growth, habits or automatic go-tos, barriers, and struggles. Observation and awareness preceded customizing supervision for each supervisee on the basis of individual qualities and behaviors. The qualities of being person-oriented, aware, observant, and reflective were also needed to supervise effectively. Blanche explained her views about the process of individuation in supervision when she said:
I think everyone’s an individual and every situation is just specific. So, you know, if one of my staff does something that looks similar to the other one, and I know what their strong suits are . . . say, they missed doing assessment or something, where they miss a whole page, but I know assessing’s not a strong suit for them; the reaction won’t be maybe as harsh as [for] someone who I know is very good at assessment.

Blanche went on to describe how she approached different individuals when issues arose such as the example mentioned above. She shared that her interactions included being respectful of the other person when delivering her message, while being encouraging, supportive, and motivating in a combination of non-verbal and verbal ways. She noted that listening and being reflective were key elements she used to aid such interactions, and she emphasized listening most of all. Blanche, like other supervisors, stated that she preferred for supervisees to learn from their own experiences when possible, rather than from having to be told explicitly what to do. Other participants added that they were encouraging, nurturing, and supportive of supervisees with regard to supervisees taking responsibility for their own learning.

Nearly every supervisor hoped supervisees would develop their own styles of counseling and their own identities as clinicians as a result of taking responsibility for their learning. Supervisors added to this concept, and Courtney said:

I think, just like with counseling, the same type of therapy doesn’t work for everyone; I don’t think the same type of supervision works for everyone. I like to get a feel for who I’m working with to see what’s gonna work . . . Let them have
some freedom to explore and then offer feedback or correction if it’s necessary, but otherwise, kinda let them figure it out themselves . . . If they have questions, I’ll answer them, but I let them feel it out first . . . And then kind of help adjust after that.

This statement suggested that there was a certain amount of trust Courtney had for her supervisees and for their ability to problem solve and figure things out. Trust and belief in the supervisee were supervisor qualities described by all of the participants during this study. Trust was described by supervisors as allowing supervisees to explore interventions and creative possibilities with clients without the supervisor being fearful of the outcome. Belief differed from trust as participants stated that belief in supervisees was present upon the initiation of supervision rather than requiring that supervisees earn supervisors’ belief in them. Supervisors reported that this expansive concept was related to the potential for supervisees to develop into helpful and effective counselors, as well as supervisors’ genuine belief in the probable likelihood of supervisees becoming such counselors. Some participants described these qualities, along with having a vested interest in supervisees and clients, as necessary elements in order for supervisory relationships to develop effectively.

Additionally, the concept of mentoring arose for participants when we discussed supervisors and supervision relationships. Mentors were described by Courtney and other supervisors as leading by example, not by explicit statements. Additionally, participants explained that mentors were motivating, courageous in the face of vulnerability, humble, supportive, and caring. In line with the concept of mentoring, a
number of participants discussed attributes they believed they brought to the relationship that had helped supervisees in the past. Blanche shared that in addition to caring about her supervisees, as clinicians and as people, and about their self-care, she was (and tried to nurture being):

Pretty humorous, I think. I mean, I’m light-hearted. The work we do is really hard and some of the stories we hear are pretty bad, and so if we don’t laugh at something, not necessarily the client or anything (chuckled), but something, whatever that is, then we get really jaded, and vicarious trauma, and all those things that we don’t really want in life, so I think I’m pretty humorous. [I can] laugh at some things, so [I care for myself].

Several participants described their humor as a part of who they were as clinicians and as people. They noted that there were times when humor was not welcome and that their intuition, awareness, reflection, and orientation toward individuals helped them to determine when humor might be welcome and helpful. Several supervisors even shared examples of audiences, timing, and contexts when humor or levity had been useful for clients or supervisees. This idea of finding humor, viewing things humorously, or relating via humor was strewn throughout the interviews and the interview process and made the process of data collection and generation positive.

In addition, it became apparent that all of the participants enjoyed their work and their many roles; some even considered their work to be a calling or service to the community rather than viewing their work as a clock-in, clock-out job. This view seemed to account for the active investment towards clients and supervisees that
participants explained, made, and demonstrated using specific examples throughout the study. Additionally, this positive orientation aligned with the qualities necessary for supervisors within the CISM and for the development of supervisory relationships within the CISM supervisory interaction vortex. In line with this, supervisors said that being caring, approachable, and supportive was central to supervision and counseling, as was the focus on the needs of the client. All participants discussed the need to be flexible, to care about the supervisee’s growth, even within supposed failures, and to give credit for all successes to the supervisee or the client rather than to oneself as the “masterful” supervisor. Amos stated:

I like supporting that growth and development. It’s very exciting for me (he leaned forward in his chair and his face became animated) to see somebody learn and grow and change; and to hear ‘em talk about how they’ve seen clients get that, and grow, and change. It’s exciting for me. I think a lot of times supervision, it’s, if not as equally important as the counselor part, it’s even more important sometimes . . . No person’s ever the same person. You never step in the same river twice.

Amos’ final two statements allude to the potential for outcomes for all involved in the process—supervisee, client, and even the supervisor. Roy’s statements aligned with those by Amos too, as he noted that his role was to do “whatever it takes to get people where they wanna go, and I just do my best to find the way there.” Such statements about supervisors’ responsibilities and the potential for outcomes for all involved led to a
fuller discussion about what supervisors did to encourage growth and development on the part of their supervisees (as represented by the solid red lines in the diagram in Figure 6).

**Supervisor’s Actions**

In addition to valuing creativity and intuition and using both in the supervisor’s work, the CISM supervisor acts as an advocate and at times as a mentor, modeling how to be a positive and effective clinician in all areas related to counseling and supervising.

From supervisors’ perspectives, that process began by developing the supervisory relationship so that the supervisory process—and in the CISM, the interaction vortex—began its interactive swirl. The above section referenced qualities the supervisors had that influenced the development of this relationship. The list below details the actions supervisors highlighted as being essential to developing positive supervision relationships and as resulting in a productive, positive, and powerful supervisory experiences.

According to supervisors, three actions were pervasive throughout the process of supervision: specifically, creating and developing a safe supervisory relationship, helping supervisees relax, and demonstrating creativity and intuition in practice. Additionally, the following supervisory actions were necessary for the ongoing development of the supervisory relationship, the supervisee, the supervisor, and the process of supervision:

1. Supervisors had to advocate for, mentor, and model appropriate clinical actions for supervisees.

2. They did not condemn or disapprove of supervisee’s actions, they allowed supervisees to make mistakes and helped them to learn from them, and they used self-disclosure to help normalize supervisees’ experiences.
3. Supervisors connected and collaborated with supervisees. They challenged supervisees subtly, allowing them to struggle and find answers themselves; encouraged risk-taking, experimenting, using intuition, and solving problems with multiple solutions instead of a single solution; and pointed out supervisees’ strengths and areas for growth by reflecting on actions (their own, supervisees’, and clients’).

4. They provided ample space and time for supervisees’ reflection and growth and reminded supervisees about the importance of self-care while engaging in self-care with supervisees.

5. Supervisors tailored supervision to meet the needs of their supervisees by slowing down the supervision process, increasing the actions and practices they modeled, and helping supervisees to expand their conceptualization skills and increase their comfort with ambiguity.

6. They redirected supervisees’ actions, thinking, and planning as needed; validated supervisees for their efforts, growth, and skills; and helped supervisees develop their identities as counselors.

Noah described his approachable and transparent nature and talked about his actions as a supervisor and his expectations for his supervisees in constructing supervisory relationships:

I wanna have that relationship and I expect an open relationship. So if you come and you tell me, “Wow! I really screwed up on this thing,” that’s great. We don’t have to watch it [on a video-recording], or we can watch it, but we can talk about
it then. I don’t wanna have to sit down and watch a video to find out where you made your mistake. Come in and tell me and then we’re good. “Let’s work on it,” you know? . . . I just lay out the expectations. I just develop it and lay it out there. I just expect you to come prepared. If you’re not prepared . . . we don’t even need to meet this week. You know? So I just put it out as expectations, I think intentionally, but I also think it’s part of who I am, I am just very open . . . I think it creates an openness on a professional level to where . . . we’re kinda chummy on a professional level . . . I just intentionally create a relaxed atmosphere, but hopefully I do that just by my personality as well . . . Let’s make mistakes together and figure it out. And I think they get that.

Noah’s description denoted several supervisory actions: helping supervisees relax by intentionally creating a safe environment, not condemning supervisees’ actions, and permitting and learning from supposed mistakes. Every supervisor shared how he or she attempted to create a supervisory environment in order to connect with supervisees and to provide a safe space in which supervisees were able to discuss concerns without fear. Noah said he used self-disclosure about his mistakes in an effort to alleviate supervisees’ fears of disapproval and condemnation within supervision. He added that he emphasized the potential impact of his actions in past counseling sessions when he self-disclosed in supervision sessions. He said he did so in an effort to normalize supervisees’ experiences and to help them understand that everyone made mistakes in clinical practice from time to time without irreparably harming clients. As an example, Noah shared, “I’m available to laugh at myself . . . to where I could sit down and say, ‘Yeah, I almost dozed off’
seeing a client one time. There’s nothing you’re gonna do [that’s] worse than that.’” All of the supervisors shared examples of learning from mistakes and of using self-disclosure in purposeful ways to aid their supervisees’ development process and the supervisory relationship.

Another repeated concept was that of connection and of creating, as Aurora noted, “a partnership” between the supervisor and supervisee, and, ultimately, with the client. The collaborative nature of such a relationship promoted trust and allowed supervisors to encourage supervisee growth and development via varied channels. Channels included challenging the supervisee to try new things and to take calculated risks; encouraging the supervisee to explore intuitions and to become more reflective; assisting the supervisee in recognizing and developing strengths, weaknesses, and areas for growth; using mistakes, or supposed “failures,” to lead to new thinking and courageous actions; experiencing ambiguity as a positive and comfortable space; and learning to develop more options and to problem solve in creative and sundry ways. Hayley explained her view of creating collaborative partnerships with supervisees and said her initial actions included the following:

[Being] more supportive, encouraging, and challenging in a subtle way. I mean, I definitely do try to see or feel that the person is learning something new and thinking of that thing differently, but I also respect their own place of being, and knowledge base, and ways of interpreting things; and that’s where we start. And then encourage, you know, if I have something else that I don’t think they’re seeing, I might more subtly put something out there, “Have you thought about
this,” or “What do you think about this,” or just encouraging them to think.

Giving them time to then take that home with them, think about it, not be on the
spot about it, and put their own thoughts [towards it], and maybe read something,
and then be able to have a conversation about it in that way.

She said she thought supervisees’ experiences of learning, reflecting, and problem
solving on their own with support and subtle challenge from her was more useful than
providing them with the answers. She added that their process of struggling and figuring
out what to do helped them to learn deeply and develop more fully, as well as to become
more creative and intuitive as a result of the process.

Providing space while being supportive came up for most supervisors when they
detailed the supervisory relationship and the growth and development process for
supervisees. Giving space to supervisees was defined in multiple ways by participants.
Some said they let supervisees know that they were always available to them, but that
they did not plan to intervene unless supervisees asked for assistance. Other supervisors
said they offered supervisees space to consider options about case conceptualization and
for client care before telling supervisees how or what to do. Still others noted that they
were supportive during and after supervisory relationships, including providing
supervisees, or former supervisees, a safe space in which to figure out how to manage the
varied terrains of counseling as an independently licensed entity. Waylon described his
efforts at helping supervisees learn how to navigate the “real world” of counseling. He
mentioned that he explained the process of becoming paneled for insurance
reimbursements and of operating within managed care settings. He added that he focused
on the habitual incorporation of self-care to prevent burnout from daily stressors and the
deeper stressors of hearing about and containing the pain of living that was shared by
clients in sessions. In addition to all of that, Waylon said he acted as an advocate for
supervisees as they entered the counseling profession.

Roy and other participants spoke more about advocating for both clients and
supervisees so that they were able to grow and to be supported effectively during the
growth process. Roy said when he acted as an advocate (for example, to help clients to
receive treatment, housing, and clinical supports):

I will kick and scream. I may not change it, but people will know I kicked them,
and if that’s all I can do, it’s all I can do . . . If that [growth] happens and I had
nothing to do with it because you’d be a better fit with someone else, then . . . I
consider that every bit as much a success as me working my butt off to try to be
supportive of somebody. And, you know, there’s an old adage that you can’t take
responsibility for other people’s choices or decisions or behaviors, and it’s true. I
can’t make anyone do anything, but I think I sleep better at night, even when
there’s failure, if I can’t think of something else that I could’ve done.

Roy’s sentiments got at qualities and actions on the part of the supervisor, the supervisory
relationship, the therapeutic relationship, and the outcomes for any of those involved in
the work. His example also demonstrated how he modeled appropriate behavior as a
counselor for his supervisees. However, the main theme of this example, as well as other
participants’ statements and examples, was that of advocating for growth for all. Hayley
summed up these ideas effectively using her Dialectical Behavior Therapy lens and
orientation and connected these ideas to the supervisory relationship and the outcomes for supervisees:

No one person or theory or idea has trump over anything, it’s just, it all connects and we all learn from each other and with the combination of a lot of different factors . . . Which is a good thing . . . [This leads to] the dichotomy of acceptance and change . . . You accept what is. You’re not judging yourself. You’re not judging your thoughts. You’re acknowledging, you’re recognizing, appreciating your awareness, and then you’re saying, “But how does this work for me? What do I need to change? What do I need to challenge?” versus, “I’m stupid. I’m inept.” You don’t judge. You accept, and then you look at what you need to change, which makes sense because then you don’t feel marginal. People believe in themselves or feel incompetent because of judgment and beating themselves up . . . They’re perpetuating their own dissonance by doing that. Feeling victimized by whatever trauma or loss, and then getting too into it by judging themselves versus saying, “How do I improve? How do I change? How do I not do this anymore?”

Hayley’s statements hinted at what occurred within safe supervisory environments and connected to what happened within the CISM supervisory interaction vortex.

In Hayley’s view, the shift from judgment to acceptance and exploration promoted growth for supervisees (and clients). She believed that such shifting became part and parcel of how supervisees operated as clinicians, or even as human beings. Hayley modeled this practice for her supervisees by accepting what occurred (during
supervision and counseling sessions, as well as in her life experiences) and then reflecting about what she learned from the experience, what she might have done differently given a similar experience, and how she had grown as a result of her actions. Such modeling (by supervisors) and such experiences within the CISM supervisory interaction vortex could have provided supervisees an opportunity to learn how to change and grow. Supervisees’ experiences and experiments with the process of challenge and growth might later be able to be demonstrated for their clients, opening up possibilities and alternate views of the world for clients to use, eventually, on their own outside of counseling sessions. The instillation of hope (Yalom & Leszcz, 2005, p. 1) may have stemmed from such experiences with risk-taking and experimenting for the purposes of growth, so long as the experiences occurred in a safe environment with a supportive and caring individual (such as the supervisor or the counselor).

Supervisors continued explaining the process of modeling and supervising by sharing different examples of their practices with supervisees. They described several additional actions that they found to be necessary for supervision to be helpful to supervisees. These actions included slowing down the process, modeling more actions and practices for supervisees, and demonstrating creativity and intuition. Cleo shared an example of these actions at play in her work with supervisees. She noted that she asked “a lot of open-ended questions . . . trying to elicit their [supervisees’] status of critical thinking.” She explained that critical thinking developed throughout the process of supervision:
I try to promote that process of really getting a different sense of what’s going on instead of my supervisee focusing on what he or she is going to do in the session . . . I find myself trying to help them work through that process. And then, once they have a more comprehensive view of what’s going on with the client, now let’s look at how they can respond . . . As opposed to saying, “Well, the client said this, I wanna do this.” “Well, the client may have said that, but what else did the client say?” Or, “What did the client not say?” . . . And it often changes their perspective when they start to think about it that way. So I’ve found it helpful and really, in more situations, more efficient to start them on the other side of that equation. “Let’s talk a little bit more about what’s going on with the client and then let’s talk about what else you can do with the session.”

These efforts, on Cleo’s part, were aimed at helping supervisees continue to expand their ability to see the bigger picture (that is, conceptualizing more fully) with clients, with counseling, with themselves, and with supervision. She also worked to help supervisees develop their comfort with not having all of the answers and with feeling more comfortable with ambiguity. Cleo said that supervisees’ progressive development and their own witnessing of positive outcomes from clinical work (due to increased comfort with ambiguity and expanded conceptualization capabilities) provided them with additional buy-in toward the supervision process. Supervisors viewed supervisees’ increased buy-in as an element of the supervisory interaction process that, in turn, added to supervisors’ investment and to positive outcomes for supervisees, clients, and supervisors.
Finally, supervisors said they occasionally had to redirect supervisees, but that even during such interactions, supervisors tried to validate supervisees, pointing out strengths and areas for growth. They also provided mentoring in such situations, albeit occasionally unintentionally, about how counselors provided and responded to redirection. Noah provided an example of redirection and mentoring:

I like to let people struggle, flop around, flounder, not give them answers. They come up with their own answers and occasionally, if we’re sitting in supervision and they come up with an answer that really doesn’t make sense, I’ll be like, “Look, you probably don’t wanna do that.” There’s a limit there, but as long as client care is sufficient or positive, then I’ll let them struggle. And even if it’s something that I don’t think is really gonna work out, but it’s not gonna hurt the client, I’m gonna let them do that so they can learn, “Look, I did this and this didn’t work.”

He allowed his supervisees to explore, experiment, and test their abilities within reason without micromanagement or condemnation. Noah demonstrated that clinicians often had to come up with their own answers, and in some cases other clinicians said, “Wait, that’s not a good idea,” and engaged in respectful, collaborative treatment planning conversations. Tabitha provided an example of modeling how to engage in conversations with other clinicians to ask about and to explore their thinking and actions with clients in an effort to expand one’s own identity development as a clinician. She shared that she told a supervisee:
I really want you to start thinking about what is it about what I do, specifically in our supervisory relationship, what you see me do, what you see me say, when I’m running these groups with you, that you really, really like. Like you may think, “Wow! That really is compatible with me. I think that I’m going to at least consider trying to develop that in my own repertoire working with these clients.” Like what really feels authentic to you, like we share a commonality there. Things that you’re not sure about like, “Why is Tabitha doing that?” You know, asking questions . . . And then, on the further end, like, “I maybe respect Tabitha, but I would never do things that way.” You know? Like, “That is just not my style,” or, “I think this could be done differently, more effectively, for me, anyway.”

Tabitha shared she was unsure whether or not the supervisee was ready to engage in such reflection and development when she pushed the supervisee to do so, but that she felt the supervisee needed to begin thinking about who she was as a clinician. She stated that she believed she did the right thing for that supervisee, despite the supervisee’s initial discomfort with the process. Tabitha added that the supervisee engaged in the process and burgeoned with regard to her identity as a clinician. Many of the aforementioned supervisory actions required particular qualities on the part of supervisees in order to be effective. The following section provides descriptions about the qualities that supervisors felt supervisees needed to have (depicted by the purple square in Figure 6) in order to make full use of the supervisory process, or, in the CISM, the supervisory vortex.
Supervisee’s Qualities

Unlike supervisors, supervisees, according to participants, did not have to bring as many qualities with them to the supervisory relationship. Participants placed the onus on themselves with regard to working to develop the supervisory relationship. However, several ingredients, on the part of the supervisee, were mandatory for the CISM to operate and are listed below.

Supervisors stated that supervisees had to possess a modicum of both empathy and intuition when they entered the supervisory relationship. Additionally, supervisors believed that supervisees needed to:

1. Be open, receptive, interested, and invested in the supervisory process, as well as willing to grow.
2. Be self-aware, flexible, able to think creatively, willing to at least tolerate ambiguity, and have a belief in the possibility of multiple options.
3. Be clinically curious, compassionate, internally motivated, client-focused, and caring about clients, valuing them as human beings.

Supervisees had to bring openness and receptivity to the process of supervision. They also had to be interested and invested in the process and willing to grow. Tabitha described her experience with such a supervisee in this way:

It was a good experience. I mean, I think she got a lot of what she needed, but this young lady was very, very hungry for knowledge. And she was humble. And she had a lot of anxiety . . . and I felt empathy for her, but she also was smart and she really wanted to get the most out of the experience, you know? And wasn’t
assuming that she knew things or that she understood things very quickly. I’ve had other supervisory experiences there where it’s been very different. Where it’s been, “I know everything and I’m here to teach you (laughed).” So with this young lady, I was much more flexible with her.

Tabitha shared that she felt fully invested in her interactions with this particular supervisee due to the supervisee’s investment in the process of supervision and in developing as a clinician. Several participants echoed that they also saw increased levels of connection and investment on the part of supervisors as a result of supervisees’ investment. These kinds of connections sometimes led to unexpected outcomes for supervisors, such as ongoing professional relationships with supervisees that eventually transcended the supervisory realm.

Supervisors said that supervisees needed to be self-aware and to have some comfort with ambiguity. They shared that a level of comfort with ambiguity allowed supervisees to have more flexibility when presented with new and different clinical experiences. Flexibility was viewed as a necessary quality for supervisees as well. Additionally, a belief in the existence of multiple options was needed in order to work with clients as it aided supervisees’ creative thinking. Supervisors said that although creativity could be developed, an ability to think creatively was a helpful quality with which to enter supervision. Regardless, the five immediately preceding qualities were viewed as interconnected by supervisors in that self-awareness allowed supervisees to know when they needed assistance and when they had reached a limit with ambiguity, flexibility, options, or creativity.
Additional qualities supervisors deemed necessary included supervisees’ openness to, clinical curiosity about, and caring toward the experience of meeting with clients. Supervisees had to recognize their clients’ worth and value as human beings, irrespective of what clients might have done or why they were seeking treatment. Supervisees needed to be receptive and open to being impacted in some way by their experiences with other human beings. Supervisees had to be internally motivated, curious, and focused on clients’ needs rather than on supervisees’ own agendas, even when conducting assessment sessions or planning treatment. Roy shared a wrenching example of a supervisee who did not demonstrate the compatibility with these qualities:

That’s the one thing I say over and over again, and I make no apology for it, but if you’re not gonna try, I’m not gonna do it for you. Because I can’t, and I’m not gonna make myself crazy. Literally, having someone look at me once and saying, “I’m only doing this because I get a pay bump at work with a master’s degree,” as an explanation as to why, when a client shared she had been disowned by a parent after disclosing that she had been sexually abused by another family member, the counselor-in-training’s next question was, “What’s your phone number?” Because that’s what was next on the piece of paper. And when I said, “You, you have to recognize her as a person [emphasis added],” she goes, “I’m just doing this to make more money where I already work.” I’m like, “There are a lot of master’s degrees. Go find another one.”
Roy said this was an extreme example, but that it exemplified, for him, why the qualities supervisees brought to supervision and to clinical work mattered so much with regard to client care and supervisee development. He went on to say:

If you’re trying, I will try, and if I have to be kind of an a-hole about it, if I have to make jokes to get my point across, whatever it is, you know? . . . So I will try. I will try. If you care and are working at it, I’m all for that, but I don’t know that the intuition and the lack thereof is always remedied.

Roy highlighted several things that the supervisee in his example lacked in her interaction with the client, specifically, empathy, compassion, and intuition. He said he had been gravely concerned about her ability to work with clients effectively as he was unsure that such core qualities could be instilled. In line with Roy, other supervisors reported that lack of intuition or empathy could not always be improved upon with particular supervisees. Since intuition was viewed as a foundational piece of supervisee development and the CISM process, albeit one that might be able to be developed, a small amount of intuition, as well as empathy, were described by participants as necessary ingredients on the part of supervisees who wanted to work as clinicians. Participants viewed intuition and empathy as essential regardless of which supervision model was used. Intuition and empathy were also seen as two qualities that were occasionally demonstrated as actions, along with other supervisee actions (depicted by solid purple lines in Figure 6), as described in the following section.
Supervisee’s Actions

According to supervisors, fewer supervisee actions than supervisor actions were considered essential to supervision, as was the case with supervisee qualities. This was due to the fact that supervisors placed the greatest responsibility for developing the supervision relationship and the supervisory interaction vortex on themselves. The actions supervisors determined were elemental and necessary on the part of supervisees were:

1. To learn counseling basics (theories, helping skills, and practical skills) to learn from experiences (life, training, and interpersonal interactions); to reflect upon experiences in an effort to grow and develop (personally and professionally); to connect and synthesize knowledge, experiences, and learning to and with clinical practice.

2. To take personal responsibility for learning; to bring topics, concerns, questions, and new ideas to supervision sessions; to listen to and follow through on supervisors’ suggestions.

3. To experiment and try new things in sessions; to use mistakes as learning and growth opportunities.

4. To go with the “flow,” to expand tolerance for and comfort with ambiguity, and to conceptualize about clients, their concerns, and treatment options fully.

5. To develop a professional identity, and to shift toward independence as a counselor.
Participants stated that supervisees needed to use their foundational knowledge about and experiences with viewing clients as persons of value, the basics and fundamentals of helping skills, an awareness of counseling theories, and any past clinical practice within their supervisory relationships. Roy noted succinctly, “We’re gonna learn the ABCs [of counseling] before you start putting them together to make up your own words”—that is, practicing the tried and true methods of counseling before creating brand new interventions or treatment models. Additionally, supervisees needed to be open to the processes of learning, listening, reflecting, and connecting what they had learned previously (in life, in classes, in practica, and in relationships) to what they were learning from and with clients and supervisors within the counseling and supervision environments. Hayley shared that supervisees freshly out of a training program did not, as Cleo said, “connect the dots,” or conceptualize as readily as they were able to once they had some experience working with clients. Hayley said that part of a supervisee’s education came from experiencing frustration and feeling stuck with regard to working with clients. She added that after supervisees discussed such experiences in supervision, they often were able to “expand their own expectations for learning, because you don’t know what you don’t know.” Participants in this study believed supervisees’ experiences, knowledge bases, and possession of a modicum of empathy and intuition were core to entering and successfully navigating the process of developing as a clinician. Roy stated emphatically that, “I think intuition is the cornerstone to being helpful with people when they’re stepping outside of their everyday normal lives looking for help.” Participants concurred that the lack of any of these essential qualities by supervisees
required more work and effort on the part of supervisors, with no promise of positive outcomes for clients, supervisees, or supervisors. Supervisors’ beliefs about core components of becoming a successful counselor also aligned with the CISM.

Another consensus about supervisees was that they needed to be self-motivated and to take responsibility for their own learning. Participants noted that supervisees demonstrated this by actively participating in the supervisory process. Supervisors delineated specific actions supervisees took to demonstrate their investment in learning: seeking new ideas, asking questions; trying things out and experimenting in counseling and supervision sessions, reflecting upon the experience and the outcomes, and synthesizing their experiences into their understandings about counseling; following through on supervisors’ suggestions; bringing topics and concerns to supervision sessions; and researching ideas and practices that might assist clients or add to supervisees’ development of their own clinical styles and identities as clinicians.

Supervisors stated that taking personal responsibility for learning also included, on the part of supervisees, a willingness to learn how to become more comfortable with ambiguity. Supervisors said that an expanded comfort with ambiguity was essential to developing as a clinician since much of clinical work was ambiguous in nature as there was no singularly right nor singularly wrong way to work with clients toward their goals. George stated that he provided feedback to supervisees in an ambiguous manner at times in an effort to assist them in learning to be comfortable with the ambiguous nature of helping others:
For supervisees, especially coming into practicums [in master’s training programs], I think that the notion of “everything is ambiguous with clients” is a hard concept for people to wrap their heads around. And then they get me as a supervisor and some of the stuff I say is ambiguous . . . And where it truly makes people uncomfortable is doctoral students who work with me, where they’re supervising some of my practicum students and I’m giving them supervision of supervision . . . A vast majority of doctoral students will want me to tell them exactly what to do in this situation, rather than, “Hey, let’s talk about this. Let’s see multiple different ways that we can go about it and then you choose which one you think most suits your style.” That unsettles people.

George, along with the other supervisors, described the need for supervisees to be able to “go with the flow” and to be able to adjust swiftly and effectively as information was uncovered or as experiences transpired within clinical work. As supervisees developed their comfort with ambiguity, they then were able to expand their purviews and to make more connections between their past experiences, what they had learned, and their clinical practice. Such expansion also added to supervisees’ abilities to conceptualize about clients, clients’ experiences, and potential aids to treatment. More comfort with ambiguity also increased the potential for clients to experience positive outcomes from treatment as more options were presented by clinicians who had conceptualized clients’ concerns and experiences more fully.

According to supervisors, supervisees’ awareness of their progressive development within the supervisory process provided them with additional investment in
the supervision process and their supervisory relationships. As a result, supervisees listened more to feedback and followed-through on the suggestions, directives, and challenges their supervisors provided them. Added buy-in, follow-through, and progressive growth aided supervisees in increasing their investment in self-reflection about their clinical practice and experimentation within clinical practice. This continued development provided the base to the counseling and supervision “recipe” George described:

So my supervision, I think, it’s rarely directive, but it’s directing where it has to be directive. But what I like to see in supervision is that the supervisees think about how they do stuff and think about alternate ways about how to do things effectively. It’s not just one cookie-cutter approach . . . It’s not a recipe for others to duplicate, but I think they need to *articulate* [emphasis added] the recipe. Meaning, what I don’t want them to do is come in and say, “I did this. I don’t really know why I did it. I don’t even think it’s intuition. I just did it, and it worked.” So in supervision, I think one of the things we need to do is we need to kinda dissect that in a way, maybe we develop that recipe together. Like, if you’re a good chef, you might not duplicate this recipe, but you’ll take that recipe and you’ll change it in another way. . . . Like who would have known you should put coffee beans with chocolate in your cooking? That’s great! Or jalapeños? There you go.

George’s metaphor was echoed by other supervisors who compared “going with the flow” in clinical practice to “riffing on a recipe” (according to Tabitha), improvisation in
jazz music, or creating a new recipe (both according to Roy). All of the examples were efforts to explain the importance of learning from experiences, being comfortable with ambiguity and not-knowing, making “mistakes” and learning from them, and reflecting, continually, about how to improve one’s clinical work. George’s comment exemplified the process of supervisee development and the actions of supervisees, as he and other supervisors viewed it, upon entry into the supervisory relationship, moving from actual ignorance to a stance of curiosity and not-knowing.

Whenever that shift occurred, supervisors said that supervisees began to learn how to live more comfortably in ambiguity. At that point, supervisors believed supervisees had learned that it was appropriate to take calculated risks, to experiment, to make mistakes, and to learn from those mistakes or missteps. Supervisees, who continued to develop, shifted from needing the “permission” of their supervisors to try new or creative things, to make mistakes, and to learn from those mistakes, to granting themselves permission to try new activities and interventions, even if they did not work perfectly, and to learn from those experiences on their own. They became actualized learners, fully invested and motivated in their own development, which was the hope of the participants as they described their work with supervisees. Their work with supervisees, and potentially within the CISM vortex, was explicated by them below, following a brief description of the function of the vortex.

**Supervisory Interaction Vortex**

The CISM vortex (delineated by the red spiral in Figure 6) provided a space in which both the supervisor and supervisee could meet to grow together, to try to assist
clients as best they could, and to “articulate” the recipes they developed separately and together. This articulation and merging of recipes represented the eventual activation of creativity and intuition within the vortex that was the upshot of the CISM. However, two central elements had to exist for the CISM vortex and a safe, productive supervisory environment to develop—a strong supervisory alliance and an awareness, on the part of the supervisee, that the supervisor was both a supporter and advocate who believed in the supervisee’s ability to develop fully as a clinician.

First, the supervisory relationship had to be developed in order for the vortex to be formed. The relationship sprang from respect, interest, caring, support, investment, safety, and collaboration. These seven elements were key to any aspects of either the supervision process or the CISM working. The importance of the supervisory relationship was emphasized by all of the supervisors. They also described the potential for lasting impact, be it positive or negative, due to supervisory relationships and supervision experiences. Aurora described both her clinical and supervisory work in this way: “I’m a gardener of the seed of the soul . . . a midwife of the spirit.” She stated that she never wanted to inhibit a person’s ability to grow and to make changes, as she viewed inhibiting growth as running counter to the nature of counseling. Aurora’s ideas about nurturing supervisees during their development as clinicians also ran throughout the other participants’ descriptions about supervision. Supervisors also shared that supervisees needed to know that supervisors had faith in supervisees’ abilities, even when supervisees were brand new, or when supervisees’ faith in themselves had waned or was shaken. Tabitha described this when talking about her own experiences with supervisors’ belief in
her as a “fledgling clinician.” This metaphoric concept suggested the importance of the supervisory relationship and the potential for lasting impact stemming from such relationships. She noted:

[My internship placement] was really kinda difficult, but interesting. I felt safe there because there were a few people who really kind of took me under their wing, you know? They had enough belief in me, as this fledgling clinician, that they trusted me and I felt that, and I respected that and like, “Okay, I can stretch a little bit. I’m not gonna be shut down. They’ll tell me if I’m going in the wrong direction.” I just had a sense that it was a safe place to do whatever. I mean, “I really respect these people, so if they’re saying I’m not half bad, I’m not gonna get too big-headed about it, but I’m gonna have the guts to just take this a little bit farther along the road than maybe I would’ve otherwise.”

Tabitha said that she still thought about experiences from those initial clinical moments, specifically with regard to the support she felt from supervisors, as well as her awareness that they believed in her ability to help others.

Her recollections highlighted the second central component of the supervisory interaction vortex: the advocacy and support for the supervisee that the supervisor had to bring into the relationship. Many of the participants stated that supervisees needed to know that their supervisors wanted them to become the best clinicians they could become. Other participants shared that they entered supervisory relationships endowed with the belief that supervisees would become good clinicians and with the plan to support supervisees to that end. Supervisors noted that supervisees also needed to know
that supervisors were willing to assist supervisees in their efforts toward becoming good clinicians. George shared that he “put the premise out there” that he wanted his supervisees “to be better” from the first session. Several of the participants stated that such support often extended beyond the confines of the time limitations related to the supervisory relationship. Waylon, Amos, and Cleo described ongoing experiences with former supervisees that took place years after the supervisory process had ended, noting that former supervisees often requested career advice or wanted to brainstorm the logistics of switching clinical roles. Other supervisors shared different types of ongoing contact with former supervisees and explained how the relationships with the supervisees had changed over time. All such experiences were described with smiles and supervisors noted that they felt a deepened relationship with these former supervisees as their relationships had shifted from hierarchal to collaborative and collegial.

Participants said they were willing to do whatever they could do to assist supervisees in becoming the best clinicians they could become by meeting whatever needs supervisees had. Supervisors provided examples of what they would do within supervision sessions to aid supervisees and explained that all of the actions, direct or indirect, took place within the confines of the supervisory relationship and environment. The supervisory interaction vortex of the CISM was found to include the supervisory relationship, supervisory environment, and supervisory process. The vortex was viewed as a place in which supervisees and supervisors could slow things down, meeting a supervisee’s individual needs in that current moment. Creativity and intuition activation and encouragement became doable and natural within the vortex when the supervisory
relationship and environment were developed appropriately and solidly as described above.

Once the central components of the supervisory interaction vortex were concretized, progressive development and ongoing work by the supervisee and the supervisor occurred. Both the supervisor and the supervisee brought their qualities and actions into their interactions together within the vortex. Additionally, supervisees met with clients and translated what was learned from clients through the supervisees’ own filters—whether the filters reflected a theoretical orientation to clinical work, supervisees’ own life experiences, supervisees’ knowledge, supervisees’ work experiences, or combinations of all of the above—into the supervisory interaction vortex. Supervisors brought their own direct or indirect awarenesses of or about the client from meeting the client, from reading the client’s chart, from the supervisee’s descriptions, from supervisors’ past experiences with clients who had similar symptoms or experiences, and so forth. Supervisors also brought their own filtered details stemming from past experiences, training, intuition, and creativity into the vortex. Cleo described this aspect of the supervisory process in a general way and said, “I have a sense of what I think may be happening with the client.” She explained that as she reviewed video-recordings of the client and the supervisee, she began to conceptualize about the client more fully as a result of her past clinical experiences. Her clinical lens added to her “knowledge” about the client and helped her to determine how to proceed with supervision. Blanche added that her past clinical experiences helped her guide supervisees during supervision:
There may be a client that’s very similar to a client that I’ve have in the past and so my intuition would tell me, “Try this with this client,” because it worked for this client when I worked with them. Or if I hear symptoms that the clinician isn’t necessarily saying, “These are the symptoms,” but I hear [emphasis added] the behavior. My intuition says, “Oh, that’s probably this diagnosis,” or whatever that looks like because I’m aware of the symptoms.

Like Cleo, Blanche found that her past clinical experiences were one method by which she filtered her understanding of clients and their concerns in order to help supervisees make sense of their clinical interactions. Such efforts at helping supervisees understand their clinical interactions were described by supervisors as a method to expand supervisees’ abilities to conceptualize and to provide potentially more effective options for treatment to meet clients’ needs. This was the ultimate goal for all of the supervisors: providing appropriate and effective care to clients to aid them in making the changes they wanted to make. Descriptions about these processes led to the concept of different roles the supervisor embodied during supervision once the supervisory relationship was established.

The supervisor took on a different active role once both people and their filtered knowledge, awareness, and information were added to the vortex after the supervisory relationship was developed. The new role involved the supervisor modeling how to engage with and conceptualize about the client who was being discussed. Supervisors also modeled how to engage with others in the workplace, how to complete requirements for clinical and administrative work, and how to engage in ongoing and life-long
self-reflective development as a clinician and human being. Aurora described this part of the supervisory process in this way:

Relationship is really important, and when you have a really strong relationship or rapport with the supervisee, I think it really can be a powerful experience for both you and for them . . . I think that it helps deepen their experience . . . I think there’s that big part of me that says, “When I was there, what helped me and what didn’t help me?” And so I try to bring that to the table too . . .

I know they’re watching me. They’re, probably a lot of observing on their part. They’re looking at us [supervisors], right? At what I’m doing and what I was saying, and seeing if that matched them or if that’s something they would like to do; so, it’s, “How am I living it? What am I doing? How am I at this role?” So I was modeling…good behavior. I wanna do that, of course, and not provide a bad example or tell them, “You need to be doing this,” or “I suggest you do this,” but not do it in group. They’ll see the difference . . . Good or bad, and sometimes they would really see it and stay after the group and we would process it; because they would see and I would explain what happened and what was going on with me and, you know, the reality of mental health. You’re gonna have a day where they’re [clients] just pushing you and you process that with your supervisors, about what happened for you and that’s very important [so it gets normalized] . . . because that’s part of growing and learning and it’s gonna happen and we’re human, and if you lie and you pretend and you deny, your client will see it and they won’t trust you or feel safe, so it’s about that relationship, to me, it’s about
the relationship . . . and having that is where all work begins, whether it’s a supervisee or the client.

Aurora was unapologetic in stating that relationship was key in all aspects of clinical work, be it work with clients or work with supervisees. She stated that her supervisors’ actions and words had mattered to her when she was learning to be a clinician. She shared that dissonance between what supervisors said, and did, had made an impact on her. She said she did not trust or believe them in the same way that she trusted in and believed supervisors who acted in accordance with what they said to do.

Aurora, as well as others, noted that supervisors who did not model the behaviors they espoused, were the ones whom participants purposefully did not emulate. Additionally, participants said that supervisors’ modeled behavior (including modeled creative and intuitive actions and deeds), especially when it matched their statements and directives to supervisees, enhanced the supervisory relationship and, again, added to supervisees’ buying into the process of supervision as being beneficial. When supervisors modeled effectively, or “practiced what they preached,” supervisees accepted feedback, suggestions, and directives more easily, and were able to implement supervisors’ feedback. All of the interactions that occurred between the supervisee and supervisor were filtered through the supervisee’s lens of knowledge, experiences, training, feelings, beliefs, newly activated aspects of creativity and intuition, and were translated into the supervisee’s interactions with the client, leading to eventual outcomes for the client and the supervisee (both represented by yellow stars in Figure 6).
Supervisors’ Perceived Outcomes for Supervisees

Supervisors noted that multiple outcomes for supervisees were possible during and after supervision. The outcomes supervisors’ perceived as being likely for supervisees included:

1. Activated creativity and intuition in their counseling practices.
2. Having a head start with regard to jumping into clinical work; growing and developing as a clinician faster; trusting intuition and using it and a checking process with clients.
3. Increased confidence and self-efficacy.
4. Comfort in making and learning from mistakes, with ambiguity, and with taking purposeful risks; going with the client’s flow and not being easily thrown by new revelations; feeling validated and self-assured; increased flexibility.
5. Deeply connected, trusting, collaborative, and potentially on-going relationships with mentors; and deepened connections with clients.

Ultimately, participants shared that if the creation of a supportive and effective supervisory relationship and environment (or vortex) was successful, and the supervisee participated fully in and bought into the supervision process, that the supervisee’s creativity and intuition were activated.

Activation and encouragement of creativity and intuition were the focus for many of the participants when they thought about their work with supervisees. Additionally, supervisors noted that once a supervisee’s creativity and intuition were activated, the
supervisee was willing to use both in clinical practice for clients’ benefit. Hayley explained that activated supervisees who had experienced the supervisory process of creativity and intuition:

Would be more open to think about alternative ways of approaching, and viewing, and seeing, and interpreting things already if they’ve been more exposed to that or encouraged to think creatively, or been given permission to do that, you know? They have a head start.

The idea that activated supervisees had a “head start” and were better able than unactivated peers, to jump in with regard to clinical work permeated conversations with supervisors. Noah continued in the vein of Hayley’s idea, adding how important the supervisory process and relationship were, and stated that activated supervisees

Get from point A to point B better. I think you can reach them in a manner, I think you can get the germination process happening much more quickly, maybe much more thoroughly. I think creativity conveys an excitement of you, the person doing it, and if supervisees see that then they’ll mirror it most of the time. And I think they’ll grow as a supervisee faster than they would without it . . . I think you [supervisors] have to foster that environment [in which creativity and intuition can be activated]. I think it isn’t always necessary, but I think you can’t go wrong by doing it . . . I don’t know where it would ever hinder . . . I think if you line up a hundred that did it [counselors who had creativity and intuition activated] and a hundred that didn’t, you’ll have a higher percentage that are better counselors.
Noah was an active proponent of using creativity in counseling and for activating creativity within supervisees. He added, as the interviews progressed, that he used intuition within supervision continuously and that intuition was essential, in his view, to becoming effective clinicians. He said intuition was as important to counseling as creativity. Noah stated that he based his supervision on each supervisee’s developing intuition and his own intuition. Noah noted that supervisees who had no intuitive capacity made his work harder and that they should not be counselors. This idea of furthering the development of pre-existing intuition arose as another outcome for supervisees via the supervision process and the supervisory interaction vortex within the CISM. Supervisors said that supervisees explored using and trusting their intuition more, once it had been activated, even if they checked their intuitions against information they received from clients before acting upon the intuitions. Activated creativity and intuition were also viewed by supervisors as being connected to increased confidence for supervisees.

Supervisors noted that as supervisees gained confidence in their capacity as clinicians, they felt more efficacious. They became more comfortable with making mistakes, learning from mistakes, living in ambiguity with clients, being less easily “thrown” by new or surprise information, taking revelations in stride and connecting them to the bigger picture, and taking appropriate, purposeful, and informed risks. Amos described outcomes he believed supervisees could have experienced as a result of having their creativity and intuition activated:
I think as a whole they would feel validated, and [activated creativity and intuition would] strengthen their confidence in their identity as a counselor. I think they would feel more open to being flexible and trying some different things . . . that they feel that they have more things they can pull out. That it doesn’t have to be something that has to be step-by-step, that there’s things that they can pull out, and it could work well for different situations . . . I think that they have more sense of identity and confidence that they can be flexible and help whoever it is that comes in with whatever struggle that the person might be having, so I think it can help them feel more confident. . . . Honing their recognition and confidence in their own creativity—that I think exists for everybody as long as they’re willing to be open to it. That it helps them be more comfortable with the ambiguity of (laughed) the counseling profession.

The increased comfort with ambiguity described by Amos stemmed from the activation of creativity and intuition and resulted in a confidence boost. Additionally, supervisors shared that, post-activation, supervisees began to form individualized identities as clinicians. This “owning” of their roles as helpers, in turn, increased supervisees’ comfort with their roles as helpers. According to supervisors, all of these developments from creativity and intuition activation led supervisees to an enhanced ability to enjoy their work, to feel more fulfilled in their work (as they saw client growth), and reduced the potential for burnout. Courtney noted that she believed supervisees experienced a fuller sense of purpose in their work and less burnout once creativity and intuition were activated. Ultimately, supervisors shared that supervisees developed into more confident
and effective clinicians who provided more options to clients by conceptualizing clients and clients’ concerns more fully. Supervisors believed supervisees also provided more options by considering multiple methods of problem solving in order to meet clients where clients were, rather than forcing clients to meet supervisees where supervisees were with regard to treatment planning. According to supervisors, meeting clients where they were, providing options, and considering different means of problem solving aided supervisees in helping clients move toward identifying and eventually accomplishing goals to improve their lives. Roy summarized all of this and said, “Creativity and intuition provides individualized treatment for individualized problems created by individualized circumstances.” During our conversation, Roy noted that creativity and intuition also helped supervisors to provide individualized supervision for individual supervisees who, like their clients, experienced individualized concerns that were created by individualized circumstances. Such individualization was a core idea that supervisors revisited time and time again, specifically with regard to their relationships with supervisees and clients.

Supervisors reported that supervisees experienced deeper, mentoring-type relationships with their supervisors as a result of individuation and the activation of creativity and intuition within the activating supervisory environment or vortex. Such mentoring-style relationships were described as involving more trust and having a more collaborative nature than classic supervisory relationship hierarchies wherein the supervisee may be viewed as an underling rather than as an emerging or full-fledged
colleague. Aurora explained the deepening of supervision relationships in the following way:

There is that beginning, middle, and end. Hopefully there is that growth, there is that newborn, if you will, beginning, early stages of that supervisee coming into this profession and needing to be nurtured and developed and given boundaries and tools and a structure and support so that they can grow up, you know! But that really early, you know, in that cocoon they’re developing and you’re helping them so that one day they can fly and one day they can break out of that cocoon . . . [And they’re going to grow into] that supervisee who is stronger, more independent, capable, and ready.

It was apparent from Aurora’s descriptions of her interactions with supervisees that she viewed supervisory relationships as hallowed and imbued with a sacred trust. She, along with other supervisors, discussed the importance of shifting in supervisory role as relationships with supervisees developed and deepened. Roy described this shifting, on the part of supervisees, and said supervisee development (and outcomes from the activation of creativity and intuition):

Starts at that ground level, like it or not. Building rapport, three steps in 30 seconds . . . [to being] collaborative where they’re [supervisees in group supervision] giving each other suggestions that are every bit as good as anything that I’m going to manufacture.

Roy’s statements about the need for supervisors to shift in stance as their supervisees developed and grew as clinicians resounded in my conversations with every participant.
Supervisors stated that relationships with supervisees became ever more collaborative or consultative in nature as supervisees’ creativity and intuition were activated.

Additionally, supervisors shared that even though becoming a mentor was not typically discussed, supervisors often were assigned a mentoring role by their supervisees. Amos spoke about this and said he was “open to helping them grow. A lot of students seem to, they kind of assign a mentorship role to me. We never really discuss it, but it just sort of happens.” Supervisors reported that such mentoring and supervisory relationships developed throughout the supervisory process and often extended beyond any external time restrictions placed upon the relationships. Extensions of mentoring-style relationships included supervisees’ returning to share their positive and negative work experiences, connecting with supervisors in new professional roles, asking for advice regarding career development, consulting with former supervisors regarding clinical treatment, and seeking other support in different ways. Supervisors shared that their supervisees had reported that such relationships were beneficial to them as developing clinicians and continually developing human beings. A result of such mentoring experiences, as described by supervisors, was that supervisees were able to connect more deeply with clients. Such connection was viewed by supervisors as the cornerstone for supervisees to aide clients in their journeys toward healing, leading to the ultimate goal of providing clients with positive outcomes from clinical treatment.

**Supervisors’ Perceived Outcomes for Clients**

The purpose of counseling was described by many participants as providing a safe environment in which clients who often had few supports connected deeply with another
individual as they strove towards personal goals. When counseling or goals were mandated by entities or forces other than the client, supervisors said that they strove towards attaining a client-focused, individualized version of that mandated objective in collaboration with their clients. Participants viewed the supervision process, or the supervisory interaction vortex, as a powerful process in which supervisees became more confident and better able to provide varied yet effective care to clients who sought treatment. Participants also believed that the outcomes for their supervisees translated into beneficial outcomes for clients (depicted by a yellow star in Figure 6), the first of which was the development of a deeply genuine and connected relationship with another person. According to supervisors, this deep connection was followed by other potential outcomes for clients, including:

1. Feeling heard and validated; experiencing individualized treatment with multiple options for solving problems; receiving better care from and having needs by a creative and intuitive clinician.

2. Being treated with respect, dignity, acceptance, and kindness; feeling safe and being encouraged; experiencing reduced judgment and increased self-confidence, self-efficacy, and self-worth.

3. Feeling empowered and motivated to change; learning how to see options and to solve problems independently, and ultimately, feeling more hopeful about life and living.

The therapeutic relationship, much like a solid supervisory relationship, was viewed by supervisors as the crux upon which all else rested and from which all else
developed. Courtney said the following about therapeutic relationships between clients and supervisees:

I suppose in a lot of ways I’d say it mirrors what it is with the supervisor and supervisee. I mean, there’s the space for the client to feel that they can grow, like they can have insight, they can have understanding. I guess fostering a growth environment . . . It is just kind of a more natural relationship . . . [And clients experience] growth, insight, willingness to change, motivation to change, motivation to grow.

She noted that the outcome she hoped for with clients was that they became better able to advocate for themselves and to make changes on their own. Other supervisors described that a potentially positive outcome for clients included the manner in which they were treated in therapeutic relationships during counseling. Waylon added that the upshot for the client (which also referenced outcomes that supervisees might receive from the vortex) included the following experience:

Someone who’s more in the moment, who’s attending to you. Their [supervisees’] attending skills are stronger. Their cultural competence is stronger usually too. They learn more about you. They spend more time and energy learning about you. They’re not so up in their heads during the session . . . If you, as the counselor, can do that with your clients, being in the moment and then being able to be creative about your interventions and your techniques based within the cultural context that client lives [in], it can be the difference between a positive and negative outcome. It can be the difference between the premature
termination of a life versus the elongated ability of a person to live well. And it
could be any sorts of a number of things. It can also assist in the process of
limiting future trauma for that person, supervisee, for that matter, the counselor,
and then all those people that interact within their systems. Ideally, the long-term
outcome is that people are better to each other. Yeah, just better. You’re
enabling a more just world.

For Waylon, the relationship and the potential for trickle-out, indirect effects from such
relationships were the central outcomes he believed clients (and supervisees) received.
This was a global conceptualization of outcomes. Other supervisors described this and
other micro-, mezzo-, and macro-changes to systems that potentially resulted for clients
via work with supervisees who had their creativity and intuition activated within
supervision.

Waylon noted that people, having experienced powerful therapeutic relationships
were simply better all around. Noah added more about what he thought comprised
having received such positive care from a clinician. Noah said simply that the outcome
for clients was “better care” from an activated counselor (potentially as a result of the
supervisory process or vortex). He expanded his explanation:

Yeah, that’s the short of it, just better care. I think they [clients] can walk away
and I think there’s a better chance of teaching them how to fish, [rather] than
giving them a fish. I think, better care for the client, better chance of recovery
from those things that are recoverable, that you can recover from. I think if a
person has demonstrated they’re motivated to help you, then you, there’s a better
chance of you being motivated to take that responsibility yourself and work as a
team, rather than “you do it all for me,” so I think there’s a tremendous upshot for
the client . . . I think it’s good all the way around. I don’t know a downside to it,
to be honest with you. I don’t know of a single downside of utilizing creativity in
counseling on a continual basis.

Noah’s focus on better client care was echoed by numerous others. The idea that clients
took what they learned from their interactions with supervisees, personal reflections, and
everyday practices and used them to develop and continue to grow—“learning to fish”—
was mentioned repeatedly and was described as the ultimate goal of counseling. Blanche
referenced “better care” and the importance of the therapeutic relationship when she
reflected upon the potential indirect and direct impacts the supervision process, or the
CISM vortex, had on clients. Blanche stated that the supervisory process allowed
supervisees to be “creative and responding to clients’ needs, because that’s still number
one”. She also shared that clients, in turn,

. . . respond better. They engage in treatment and remain in treatment as long as
they need to, as opposed to early termination, which, if you’re not being creative
or intuitive, people terminate earlier, so I think the response is good . . . I think it
goes back to rapport. They respond better, they show up on time, they’re
engaged, they may even request more sessions, you know? Sometimes people
want more when they feel more comfortable . . . They divulge more. They feel
they can relate to you more. They will talk more and reveal more things. Certain
things will be revealed earlier than they would have with other folks who aren’t as
creative or intuitive; so get into the meat of things earlier, or actually, ever get to it.

Blanche’s ongoing focus throughout this study, along with Roy, Courtney, Cleo, and Amos, was on meeting the client’s needs. The other supervisors focused on client needs as well and connected those needs to the overall gestalt of helping others in counseling—that impact on one person impacts another person or thing, and on and on—that is, the butterfly effect or the Koch curve and Koch snowflake of chaos theory at work (Lorenz, 1963, 1972; von Koch, 1904).

Hayley highlighted these interwoven connections in her descriptions about outcomes for clients. Hayley shared that when clients connected with clinicians who had their creativity and intuition activated via the supervisory interaction vortex:

I think it’s just a win-win all the way around. That when someone is being treated with gentleness and respect, and acceptance, and encouragement, then there’s just a better feeling—of feeling at ease, of feeling respected, of feeling safe—that’s fostered, you know? And there’s the trickle. Everyone who’s involved is affected, I think, in a positive way . . . it keeps giving, it’s the gift that keeps giving. That’s part of therapy; feeling more worthy. You develop more self-worth as you explore and accept, and throw the judgment out the window, and you learn to stop doing it with other people, with yourself and other people, and then relationships improve, and opportunities improve, and attitudes improve, and it just keeps on going. Infinity and beyond. Infinity and beyond (laughed).
Like Hayley, the other supervisors did not place limitations upon the possibilities for potentially far-reaching client outcomes. Clients, according to participants, became empowered to be able to see possibilities and to find options for solving a multitude of problems (now and in the future), rather than simply solving one issue in counseling. Instead of receiving a single answer, clients experienced counselors who provided them with individualized creative and intuited options. Supervisors believed that clients found themselves more easily able to solve problems post-counseling. An improved ability to solve problems, according to Hayley’s beliefs and experiences, trickled out into other aspects of clients’ lives as “random acts of kindness” that benefitted them and others in ways that no one foresaw. Participants said that when clients left their experiences with creative, intuitive clinicians, they felt more self-efficacious, more confident, and more hopeful about life. Roy summed it up and said, “it’s not having addressed a single issue [in counseling], it’s having addressed the ability to address issues to proliferate a mushroom cloud of change.”

**Perceived Outcomes for Supervisors**

A final concept arose after I continued thinking, memoing, and analyzing post-theory diagramming and construction. This was the concept of outcomes that supervisors may have experienced as a result of their involvement in the supervision relationship and supervision process or the supervisory interaction vortex of the CISM (depicted in the diagram by a yellow star, see Figure 6). It became evident that “supervisor outcomes” was not subsumed by a different core category because none of the components was fully incorporated into any of the other categories. As a result, the
concept stood alone as a separate concept. One of the thoughts that led to this decision was that there were outcomes for the other two individuals involved in the vortex and the actions and effects stemming from the vortex; however, there was nothing about outcomes for supervisors. Supervisors did not operate in a vacuum and were collaborative participants within the vortex, so it seemed peculiar that they would not have experienced some manner of outcome as a result of their relationships with their supervisees and from their experiences within the vortex. Participants revealed some potential outcomes for supervisors during our conversations and these outcomes included:

1. Learning from supervisees; continued reflection and growth as a practitioner and human being; deeply connected relationships with supervisees.

2. Feeling pride about and increased fulfillment from witnessing and celebrating supervisees’ (and clients’) progress; reduced threat of burnout; enjoyment about, increased investment in, and increased energy for work.

3. Being challenged to foster the art of counseling; sharing the bounty of what supervisors received from their former supervisors and mentors with a new generation of counselors; becoming a mentor.

4. Providing individualized treatment and options to supervisees and clients feeling relieved and a sense of comfort due to doing everything possible to help meet supervisees’ and clients’ needs; feeling hope about the future for supervisees and clients; and the potential for renewed *joie de vivre* about vocational callings.
Roy’s description about the process of supervision and the shift therein was one example that supported the construction of this emerging concept. Roy said that the supervisory process began with:

Building rapport . . . [to being] collaborative where they’re [supervisees in group supervision] giving each other suggestions that are every bit as good as anything that I’m going to manufacture, so, and, you know, I’ve stolen things from supervisees. I’d be stupid not to. They have a creative way of looking at something that’s different than mine. Always and forever, I’ll steal ‘til I die.

Roy’s statement referenced an outcome that benefitted the supervisor, the idea that supervisors learned as much from supervisees as supervisees learned from supervisors—if not even more than supervisees did. In multiple conversations, supervisors noted that they learned a significant amount from their supervisees. Additionally, supervisors noted that they reflected upon what they had learned from supervisees and grew even more as a result. Supervisors stated that such interactions tended to happen more with supervisees with whom they felt deeply connected.

Several of the participants described the potential for deepened relationships with supervisees as a result of the supervisory process (the supervisory interaction vortex within the CISM). Others stated that they wanted to see their supervisees succeed, suggesting that they felt a certain level of fulfillment if and when they witnessed such success, even if they did not claim responsibility for the success. Roy referenced this idea when he said:
I don’t pretend that I’ve done more than I have. I know fairly well, for the people [supervisees and clients] that have made a difference, it seems to affect everything about them. Their relationships, the world around them, and watching some of them go on to help other people in one way or another is always kinda fun. And while I think most folks may have a different opinion of what makes people not necessarily happy, but fulfilled or whatever it might be, I think that’s the end goal; and at least, for me, that seems to be a big part of getting there.

There are days I’ve walked out of people’s houses or out of an office, going, “I am never doing this shit again. Jeez, oh Pete.” Oh, but every now and again, you just get a home run where somebody just, they see it, and they grab it, and they go; and that makes the less pleasant days a lot easier to get through.

He shared an additional example of celebrating supervisees’ successes and the fulfillment and renewal that stemmed from such experiences for him. Roy said a supervisee had worked with a client for a semester, and that the client eventually disclosed he was gay to the supervisee. The supervisee later saw the client in the community with the client’s mother. The client ran to the supervisee and introduced her to his mother as having been his counselor. The mother turned to the supervisee, acknowledged her, and thanked her for helping her son. Roy said that he wished every supervisee could have such an experience early on during clinical work because those were rare moments worthy of celebration. He stated that the humility, awe, and joy supervisees experienced during such moments were what made any of the unpleasant aspects of supervising worthwhile for him. Roy said such successes encouraged him to continue giving of himself to newer
clinicians in an effort to impact the counseling field and clients in a positive way. George also shared that he entered supervisory relationships with the goal of seeing supervisees succeed and that he immensely enjoyed seeing them succeed when they did. Connected to Roy and George’s ideas, Blanche and Tabitha discussed “paying it forward” by giving supervisees whatever they could in order to benefit their supervisees and supervisees’ clients.

Tabitha described some of her efforts at deepening relationships and mentoring, but also of trying to “pay it forward” with a supervisee:

There were times where I gave her [supervisee] a lot of time and it was a sacrifice as far as [time], but she was really grateful for it because her other supervisors, they were never really there. And one of the things I told her was, “Look, I’m doing this for a really specific purpose because I know that I didn’t have it, I really needed it, and my hope would be that when you’re where I am, that you would pay it forward [to your own supervisee or other clinicians].”

Tabitha’s efforts to give her supervisee what she needed was echoed by the other supervisors. None of the supervisors aimed to limit what they gave to supervisees so long as supervisees were invested in the process of supervision. Most of the supervisors provided similar examples of times when they did more, or filled in gaps, in an effort to meet their supervisees’ needs and to “pay forward” what they received from supervisors and mentors in their past. Blanche aligned with the idea of “paying it forward,” too, in that she always brought the focus back to the needs and preferences of the client, but did so by endeavoring to meet her supervisee’s needs to the best of her ability. Her reasoning
for this was that a supervisee whose needs were met could better serve clients. She shared that when she met a supervisee’s needs successfully, that supervisee “graduated” from supervision and continued developing as a clinician who was focused on, as Amos said, “honoring the preference that somebody has with how they wanna go about change.” The outcome, from Blanche’s perspective, beyond “paying it forward” was her comfort in knowing that she provided everything she could to the supervisee; who then, in turn, provided everything the supervisee could (in creative, flexible, and intuitive ways) to the client to meet the client’s needs. Roy also described “sleeping better at night” when he knew he had done everything in his power to support supervisees in their growth and development so that they could better assist clients.

An additional aspect of supervisor outcomes that arose in conversations was that of supervising and counseling being a calling rather than a clock-in, clock-out job. That in itself was described as being a fulfilling outcome on some level for some of the supervisors. Supervisors shared that since their work was a calling, they thoroughly enjoyed watching supervisees (and supervisees’ clients) develop and grow. Aurora described the fulfilling nature of her work as a supervisor and of seeing supervisee outcomes, and said she viewed the process as “nurturing the seed [that was planted within the vortex] and watching the seed grow.” She described this “birthing process” as part of the “gardening” she did to help “take care of . . . souls,” be they souls of supervisees or clients. Aurora saw this gardening and nurturing as fulfilling her calling with regard to the helping work she did. Waylon added to Aurora’s sentiments about watching supervisees grow and succeed and described the outcomes he experienced from the
advocacy role he took on within supervisory relationships. He noted that he viewed the outcomes as helping new clinicians learn to navigate their entry into the clinical world and thrive, becoming their own advocates, being collaborative, and feeling empowered to explore options and continue growing. He shared that once supervisees entered the clinical world he enjoyed mentoring them as they continued to grow. Such experiences added to his sense of fulfillment in his work, and that, too, was an example of an outcome for a supervisor. Other supervisors hinted that the idea of mentoring supervisees was a powerful and fulfilling outcome for them.

Courtney said that one of the things she enjoyed as a result of the supervisory process (the vortex of the CISM) was being able to mentor supervisees more. She said that challenge (for supervisees and for her) was a crucial piece of the mentoring process for her and explained:

There’s no growth if there’s no challenge. Why would you ever change? If everything’s going good—you know that saying, don’t fix what isn’t broke—but you also don’t grow then, either.

Mentoring is being able to role model, too, so, you know, I’m not supervising someone to use Rogerian principles in their counseling sessions, but then not doing it with them in supervision, and/or being able to talk about how I do it in session. But… supervising is, there are certain things you have to get done. There’s procedural pieces, notes, things like that; whereas mentoring is really fostering the art of counseling. Supervision, there are those procedural things and I don’t think that that fully encompasses necessarily having them grow.
Courtney shared that the ability to experience a mentoring relationship was fulfilling to her on several levels, one of which was that it challenged her, and another being that she saw the supervisee progress. She described several experiences with supervisees during which she had struggled and stated that although she learned from those experiences, the outcome, for her, was not as positive as those that stemmed from experiences within mentoring-styled supervisory relationships. Amos shared what supervisor outcomes he believed stemmed from mentoring relationships and said, while smiling:

A lot of students seem to kind of assign like a mentorship role to me. We never really discuss it, but it just sort of happens. So, I mean, I like supporting that growth and development. It’s very exciting for me.

His excitement about the experience was palpable when we talked. He leaned forward in the chair and his face was animated as he made the statements above. Amos also shared that past supervisees had returned to tell him about their experiences in new work settings, providing him with feedback about what helped them when they worked with him, which he used to continue to learn and grow:

I do get, occasionally, the feedback from some students that stop by, who like to just update me on where they’re at and what’s going on, and, “I worked here with this population, but the supervisor there wouldn’t let me try these different things [the supervisee’s activated creativity and intuition, intimating that supervisees believed Amos had allowed them to try different things]. And then I went here and I was able to explore it more,” and they almost didn’t settle. They continued
to be able to try to move along and be more of a creative supervisor that meets the
needs of a particular person at a particular time with a particular problem.

Amos’ example intimated that he felt pride in his supervisees’ accomplishments and their
unwillingness to settle. Pride in and excitement about supervisees, their growth, and their
accomplishments was a component of supervisor outcomes, as all of the supervisors
described such things as being part of what made their work positive. Amos’ example
also reiterated the idea that supervisors provided individualized support to their
supervisees in an effort to model what they hoped supervisees would do with clients—
providing individualized and supportive treatment to all. That outcome was viewed by
supervisors as what they ultimately aimed for within the supervisory process.

All of these examples were connected to the possibility of supervisor outcomes
stemming from the vortex and the use of the CISM. More was included about potential
implications for supervisor, and other, outcomes in Chapter IV.

**Integrating Concepts and Core Categories Into the CISM**

The aforementioned core categories and concepts coalesced to comprise the
CISM. Aurora provided an artifact to represent the supervision process and supervisory
relationship. She stated, in her second interview, that her chalk drawing *The Vessel* (see
Figure 10) was the second panel of a triptych, in which each of the three images
represented different aspects of the counseling and supervision processes. Upon
reflection and conversation about the grounded theory and the developing CISM, Aurora
said that she felt *The Vessel* and the other two panels of the triptych were representative
of the supervisory interaction vortex and the CISM overall. She stated that this artwork,
The Vessel, and her descriptions of the other two panels of the triptych illustrated the interwoven nature of the core categories and concepts of the CISM, including the overlap of the supervisee’s and the client’s growth towards confidence and self-advocacy during the process. Imagery of a vessel was dominant in all three panels: namely, *The Cocoon*, *The Vessel*, and *The Journey*. No image of *The Cocoon* was available because the artwork had been sold; *The Journey* had been given to a previous employer and its image was also unavailable.

**Incubating the Seed**

Supervisees entered the clinical world with their life and work experiences, knowledge, training, and skills. Participants described supervisees in the initial stages of clinical work as fledglings beginning to test their skills and knowledge in actual clinical practice, or as adolescents navigating their paths to adulthood and identity development as clinicians. Aurora represented this process of growth and development on the part of the supervisee with an image called *The Cocoon*. Aurora described *The Cocoon* as a chalk drawing of a vessel housing a cocoon at its core. The cocoon contained a seed. The seed represented the fledgling clinician being nurtured by the cocoon (the supervisor) and the vessel (the supervisory relationship and supervisory interaction vortex). The cocoon, or supervisor, nurtured the seed’s germination and encouraged the supervisee’s development and growth within the vessel. The image included representations of the supervisee’s qualities and actions and the supervisor’s qualities and actions, as well as a metaphoric image about the importance of developing a strong supervisory relationship.
and engaging in the supervisory interaction vortex (as represented by the all-encompassing vessel image).

**Germinating and Encouraging the Seed’s Growth**

In *The Cocoon*, the seed, or supervisee, slowly emerged from the cocoon once the relationship was developed and concretized. The supervisee’s and supervisor’s interplay within the supervisory process, or supervisory interaction vortex, then began with its inherent links to the client.

Aurora described the vessel in *The Vessel* (see Figure 10) as being the supervision experience as a whole with the supervisor and supervisee being connected and working together to develop the supervisee’s practice. Additionally, she said that there was a hope embedded in the supervisory process: namely, the hope that the supervisee would ultimately impact the client positively by meeting the client’s needs. Aurora shared that the supervisory relationship impacted both the supervisee and supervisor. She stated that the vessel contained the supervisory relationship, the actions of both the supervisor and supervisee, as well as the qualities that both people brought into the relationship and the supervisory interaction vortex. She described the client’s impact on both the supervisee and supervisor, noting that all three individuals were connected to one another by the same cord. Aurora shared her belief that supervisors, supervisees, and clients all experienced outcomes as a result of the vortex and their relationships with one another. She said that clients learned to navigate their own journeys solo, just as supervisees learned to navigate the road of being a clinician independently, without supervisors, and that supervisors experienced the benefit of having had a hand in nurturing the further
development of “others’ souls,” that is, supervisees’ professional development and clients’ growth.

*Figure 10. The Vessel*

**Becoming Gardeners of the Soul**

Aurora shared that her third chalk image, *The Journey*, depicted two figures in a vessel, connected, but not tied together, walking on a path. She said the figure in front represented a client and the lagging figure represented a clinician (i.e., supervisee). In this image, the supervisee walked with but separate from the client. As the client created
the client’s own path toward growth and hope, the supervisee was still there in the role of a helpful shadow, as needed for support. However, a shift in the therapeutic relationship led to the client now doing most of the work after having become self-directed.

*The Journey* aligned with the outcomes that Aurora (and other supervisors from this study) believed stemmed from the activation and encouragement of creativity and intuition within the supervisory environment, relationship, and process. That is, supervisors stepped back as they witnessed their supervisees’ growth and development from seeds to sprouts to flowers. Supervisors trusted supervisees’ conceptualizations and actions with clients fully, and their supervisor-supervisee relationships were deeper, more collaborative, and collegial. Supervisors were not depicted in the third image, but the vessel remained, an indication that the supervisory process was ongoing. Supervisees had moved into independence with clarified identities as clinicians and with enough confidence to proceed in their work, accessing and using creativity and intuition in purposeful and appropriate ways to benefit clients. Clients were also depicted as having developed from seeds to mature plants. They walked independently of their clinicians as they had learned to problem solve, to see options, and “to fish” by themselves (as Noah described).

Aurora’s description of being a “gardener of the soul” or “midwife of the spirit” fit with this triptych of images. The three panels of this series represented the supervisor’s work of nurturing seeds to fruition and then of stepping back to admire each individual plant’s beauty and strength, whether the plant was a supervisee or a client. The sense of fulfillment underlying participants’ examples of this process was palpable.
That fulfillment was another aspect of their stories that led to the development of the final concept: theoretical outcomes for supervisors.

**The CISM Revisited**

The descriptions, examples, and visuals provided throughout this chapter were intended to depict the CISM in both conceptual and visual ways. A review of the elements required to create space for the CISM to exist, to be developed, and to operate effectively was included in the following section.

**Supervisor Qualities and Actions**

Supervisors had to bring an appreciation for creativity and intuition to the supervisory relationship. They used creativity and intuition with occasional limitations (e.g., remediation, risk to clients, duty to warn, liability concerns, or, possibly, mandated reporting) in working with supervisees and clients in different ways and on multiple levels. This use of creativity and intuition was connected to clients’ needs and supervisees’ needs, both of which received directed attention by supervisors. Roy noted that this use of creativity and intuition provided “individualized treatment for individualized problems created by individualized circumstances.” The other participants agreed that using creativity and intuition enabled individualized supervision for supervisees, thus enhancing the supervisor’s (and supervisee’s) abilities to meet supervisees’ and clients’ needs.

Additionally, supervisors entered the supervisory relationship with respect for the supervisee’s skills, knowledge, abilities, and previous experiences, as well as confidence and trust in the supervisee’s ability to develop more fully as a clinician. Supervisors were
humble, genuine, and transparent in interactions with supervisees. They were interested in their supervisees and they offered support and caring to supervisees as well. Supervisors had to be flexible and willing to drop agendas in order to meet the needs of supervisees and clients at any given time. An interest in exploring failures or mistakes in order to grow was also evident on the part of supervisors. Supervisors viewed the process of ongoing learning, self-reflection, growth, and development as essential to their work overall. More specifically, continual growth was seen as aiding supervisors in their efforts to help their supervisees develop into the best clinicians that they could become, and in shifting the supervisory relationship into one that was more collaborative in nature.

Supervisors tried to model behaviors, skills, attributes, and desirable counseling, clinical, and supervisory qualities, actions, and practices in all interactions with their supervisees. They placed the onus for establishing rapport and trust on themselves and deemed the supervisory relationship to be the crux upon which all else in supervision was built. They encouraged supervisees to grow and develop in varied ways, including:

- challenging supervisees to try new things and to take calculated risks;
- encouraging supervisees to explore intuitions and to become more reflective
- assisting supervisees in recognizing strengths, weaknesses, and areas for growth;
- using mistakes to lead to new thinking and courageous actions;
- experiencing ambiguity as a positive and comfortable space; and
- learning to develop more options and to problem solve in creative and varied ways.
Finally, supervisors used creativity and intuition throughout the supervisory process and demonstrated how to use both creativity and intuition in effective and purposeful ways for the benefit of clients.

**Supervisee Qualities and Actions**

Supervisees had to enter the supervisory relationship with a willingness to learn and try new things (including intuition), an openness to the process of supervision and to clients, an interest in the process of supervision and counseling, and a level of caring (and some level of empathy) for clients as human beings of worth and value. Supervisees needed to be internally motivated, curious, and focused on clients’ needs, rather than focused on their own interests and agendas in relation to clients.

In addition, supervisees took responsibility for their own learning by seeking new ideas, asking questions, bringing topics and concerns to supervision sessions, and by independently researching ideas and practices. They began to make connections between their past experiences, what they had learned, and their clinical practice during the supervision process. They also continued to expand their views and their abilities to see the bigger picture (in other words, global conceptualization) with regard to clients, clinical practice, themselves, and supervision. Supervisees followed through on suggestions and directives from supervisors, experimented more, and reflected regularly about their actions, clients’ responses, and their own experiences (internally, as well as with others). Supervisees were open to learning how to be more content while co-existing with ambiguity, learning that it was appropriate to take risks, make mistakes, and to use mistakes as growth and learning opportunities. Ultimately, supervisees felt
comfortable giving themselves permission to try new things, and, occasionally to risk making mistakes, all while using their creativity and intuition to aid them in meeting their clients’ needs.

**Developing the Supervisory Relationship**

The crux of the CISM was the development of a solid supervisory relationship. Creativity and intuition were ab initio elements that impacted how supervisors approached the creation of the supervisory relationship. The focus at the beginning of the supervisory process, as in clinical work with clients, was the development of rapport and trust. The expansion of the supervisory relationship, from the initial meeting to the development of rapport, required, beyond the aforementioned qualities on the parts of both supervisors and supervisees, the supervisor’s interest in, caring about, support toward, investment in, and belief in the supervisee. The supervisor had to provide or create a safe environment as well. Supervisory relationships continued to develop and deepen as the supervision process continued and they became safe environments in which creativity and intuition were encouraged and activated as a result of these solid foundations.

**Supervisory Interaction Vortex**

Supervisory relationships within the CISM led to the beginning swirling of the supervisory interaction vortex. In addition to the supervisees’ and supervisors’ qualities and actions, this vortex involved the supervisee’s translation of what the supervisee learned from the client. Whatever information the client shared was filtered through the supervisee’s own lens (involving the supervisee’s experiences, beliefs, training, bias,
feelings, intuition, and knowledge). The supervisor brought into the vortex the supervisor’s own awareness of the client via one or more channels, such as meeting the client, reading the client’s chart, reading supervisee’s notes about clinical sessions, hearing the supervisee’s descriptions, or, possibly, reviewing video-recordings of counseling sessions. The supervisor also brought the supervisor’s own knowledge, or what the supervisor believed was known, into the supervisory interaction vortex. This, too, was filtered by the supervisor’s lens of past experiences, training, knowledge, beliefs, intuition, bias, feelings, and creativity.

Supervision sessions were the space in and time during which supervisors modeled how to engage with and conceptualize about clients for supervisees. Supervisees were able to share concerns, thoughts, plans, questions, fears, mistakes, weaknesses, strengths, and recent growth within supervision sessions. Supervisees were able to explore developing intuition and burgeoning creativity during sessions within the vortex as well. Supervisors were able to contain all of the above within supervision sessions via the vortex, so that supervisees felt supported, cared for, calmed, encouraged, activated, and gently nudged or challenged by supervisors. Supervisors also provided suggestions and directives about conceptualization, treatment, diagnosing, administrative tasks, and other actions and thinking. Supervisors worked to encourage and activate the use of creativity and intuition within supervision sessions in the vortex. Encouragement and activation took different forms at different times based on the supervisee’s and the client’s needs, running the gamut from conversations to creating imagery or metaphors together in sessions.
All of the efforts at activating creativity and intuition were made to provide supervisees with as many options and skills as possible in order for them to help their clients as effectively as possible. These efforts at “articulating the recipe” were intended to provide purposeful, individualized aid for the individuals involved who brought individual circumstances and individual problems to both the clinical relationship and the supervisory relationship. Finally, all of the supervisor’s actions, modeling, suggestions, and directives were filtered through the supervisee’s lens of knowledge, experiences, training, bias, intuition, beliefs, and feelings, and were translated into the supervisee’s interactions with the client.

**Theoretical Outcomes Swirling Out From the Vortex**

The supervisory interaction vortex led to deepened, collaborative, and mentoring-style relationships between supervisees and supervisors. Supervisees had supervisors who were clinicians to model as they developed their own individual styles of helping, and they had access to the knowledge and experiences specific to their supervisors. Supervisees became more confident, more reflective, and more comfortable using creativity and intuition in their clinical practice in order to aid their clients. They learned to trust themselves, their intuitions, their process of checking their intuitions, the helping process, and the supervision process. They lost their discomfort with ambiguity and some of their fear about making mistakes. Supervisees became more confident to take informed and appropriate risks, and to accommodate rather than to become thrown by newly disclosed or surprise information from clients. Supervisees felt empowered and became better advocates for themselves and their clients. Ultimately, supervisees
provided more options to their clients than they might have before, due to their activated creativity and intuition, their improved ability to conceptualize fully, and their skill at seeing options and using multiple methods of problem solving to help clients.

Supervisors perceived that clients received a number of benefits from the supervisory interaction vortex as well. One potential benefit was that clients experienced a more genuine and deep relationship with another human being. They felt heard and supported by their clinicians. Additionally, supervisors believed clients felt that their feelings and experiences were validated and that their treatments were individualized to meet their specific needs. They were offered more options and more creative options for solving their problems. Supervisors shared that clients learned to see possibilities and learned how to find options to solve a multitude of problems now and in the future, beyond their experiences in counseling sessions. Clients’ newfound ability to solve problems more effectively and easily and their improved feelings of self-efficacy, confidence, and hope trickled out into other aspects of their lives. That trickle-out effect, as Hayley and Roy noted, led to benefits and shifts in their lives that no one may have been able to foresee. The end result, according to supervisors, was that clients made changes to alter their lives in helpful and individualized ways, feeling supported by their clinicians during the initial process of incorporating changes into their lives.

Supervisors benefitted, too. They experienced deepened, collaborative, and meaningful relationships with supervisees. They were challenged during the process of supervision to continue growing, reflecting, and learning so as to become the best clinicians and supervisors that they could become. They had a space in which they could
“steal” ideas and activities from other clinicians, incorporating these creative, and potentially intuitive, actions and ideas into their repertoire and general knowledge. Supervisors felt excitement about watching supervisees and clients develop, grow, and change, which lessened their vulnerability to burnout and kept them engaged in and enthusiastic about their work. Finally, their experiences in the vortex and within supervisory relationships added to their sense of purpose, meaning, and fulfillment in relation to their vocational callings.

Summary

This chapter was developed using participants’ voices and experiences to answer the research question of this study: How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees? The results of the study included the theory of the supervisory interaction vortex that was grounded in the data and led to the development of the CISM.

The CISM was described, including a visual representation, and then one of the participant’s (Cleo’s) experiences in using the supervision model was explicated. Comparisons between participants’ definitions of creativity and intuition were made to the definitions of creativity and intuition developed at the outset of this study. The core categories and concepts that led to the CISM’s development were reviewed, including comparisons of participants’ quotes about the categories and concepts to further explain and fully define the core categories and concepts of the CISM. The aforementioned concepts and core categories were integrated into the CISM, and finally, the CISM was reviewed and described in toto.
The development of the CISM opened new avenues to explore with regard to clinical training, model implementation, and application. Future use of the CISM will also require investigations into the potential for impact and outcomes for all involved (clients, supervisees, and supervisors). Since other supervision models exist, a comparison between the CISM and two standard, and widespread, supervision models was necessary in order to begin assessing where, how, when, and why the CISM would or could be used. A consideration of limitations inherent in this study was required as well, as was an exploration of future directions for research stemming from this study. Implications were reviewed with relation to clinical training, clinical practice, clinicians, and clients in connection with the CISM. All of the above items are expanded upon within Chapter IV, which focused on discussion about and implications of this study.
CHAPTER IV
DISCUSSION AND IMPLICATIONS

I presented the results of my study in Chapter III and described the model of supervision, the Creativity and Intuition Supervision Model (CISM), which describes the emergent theory about the supervisory interaction vortex that stemmed from what participants shared during their Q-sorts and grounded theory interviews. I used a constructivist grounded theory framework for the study due to my beliefs about the meaning created during research among participants, researchers, data, and analysis. This framework allowed me to involve participants in understanding, questioning, and developing the emerging theory of the supervisory interaction vortex, and in helping me develop the model. Their understandings and connections were essential to the process of developing the CISM.

To recapitulate, written calls from the counseling profession regarding the need for creative (Rosenthal, 2002) and intuitive (Eisengart & Faiver, 1996) work with clients increased of late and prompted conversation and writing about the need for supervisees to begin developing creativity (Becker et al., 2001; Lawrence et al., 2015; Koltz, 2008) and intuition (Charles, 2004; Jeffrey, 2012; Jeffrey & Stone Fish, 2011) within supervision from the very beginning of the process (Carson & Becker, 2004; Faiver et al., 2000; Hecker & Kottler, 2002; Kottler & Hecker, 2002). Carson and Becker (2004) encouraged educators and supervisors: “The time to introduce conversations about creativity is not post-graduation, but rather at the first moment that an individual decides to become a professional counselor” (p. 114). Charles (2004) wrote, “A basic assumption is that
effective therapists need to be intuitive craftspeople,” (p. 190) and noted, “A good balance must therefore be struck between intellectual work and the development of intuition, if trainees are to become well-rounded practitioners” (p. 199).

Many past efforts at incorporating creativity and intuition into clinical training took place in the field (Eisengart & Faiver, 1996) via supervision (Jeffrey, 2012), the modeling of colleagues’ practices (Jeffrey & Stone Fish, 2011), or continuing education courses when a newly licensed individual was supervised and began to build a case load. Past efforts at incorporating creativity and intuition generally were not interwoven into clinical training programs (Becker et al., 2002; Carson & Becker, 2004; Charles, 2004). Little work has been done to develop a more specific means by which creativity and intuition were activated and encouraged in education, in clinical training, and in clinical supervision (Charles, 2004; Faiver et al., 2000; Jeffrey, 2012; Shallcross, 2016). The purpose of my study was to discern how clinical counseling supervisors (irrespective of setting) activated and encouraged creativity and intuition in their supervisory relationships with counseling supervisees. The result of my study, the CISM, provides a new supervisory framework within which the process of learning about and exploring creativity and intuition in supervision and clinical work may be activated more quickly than in existing supervision models. Several study participants (see Appendix M) were involved in educational settings as site supervisors, practica and internship instructors, and course instructors. Accordingly, they comprised one of the groups which could effect change at a counseling training program level, potentially fulfilling Carson’s and
Becker’s (2004), and Charles’ (2004), requests to begin conversations about creativity and intuition the first day of the first class a potential clinician took.

A revisitation of my researcher’s lens, an explication of why the development of the CISM matters, and a comparison of the CISM to two main models of clinical counseling supervision comprise the initial section of this chapter. Next, a description of when, where, why, and how the CISM will be used, is included, as well as a review of implications for different populations stemming from the incorporation and use of the CISM in practice. Finally, a notation about limitations inherent in this study, including how they may have impacted the study and outcomes, and an exploration of future directions for research that sprang from this study ended the chapter.

Re-Situated Researcher Perspectives

I stated my perspectives, beliefs, and roles as the researcher conducting this study in Chapter II, but decided a re-situation of my perspectives was warranted as this study impacted me on both professional and personal levels. I reviewed my initial perspectives and contrasted those with the experiences I had during the study, as well as with the beliefs and perspectives I held upon concluding the study.

Researcher’s Connection and Commitment to Grounded Theory Methodology

I developed this study as a grounded theory study from the beginning for two reasons. First, answering the research question—How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees?—required a methodology that would comprise an expansive conceptualization of the topic along with specific examples of actions in order to develop
as full and complete an answer, or theory, as was possible. Second, I was intuitively
drawn to grounded theory. Grounded theory, as a methodology, felt right to me as a
fledgling researcher. I did not completely realize or understand why grounded theory felt
right until I was finishing the analysis for this study. At that point, I unpacked the
linchpin as to why I was so connected and committed to grounded theory. Grounded
theory provided a basis from which I could understand how, why, what, when, and where
something was, was not, or might have been on multiple levels, from many voices and
experiences. Grounded theory methodology required that a researcher made sense of lots
of data, but not by parsing data down into a single, golden nugget of explanation (via the
amalgamation of participants’ experiences, actions, beliefs, and stories). Instead, the
researcher had to incorporate all aspects of participants’ experiences, actions, beliefs, and
stories into a rainbow that arched across the sky connecting clouds to the earth below.

The rainbow of grounded theory methodology aligns with many of my beliefs
about work and life, as well as my practices as a clinician, supervisor, teacher, researcher,
and human in the following ways. I try to view people and life from various vantage
points, considering the connections between individuals, experiences, beliefs, systems,
and cultures in order to understand others and components of my work better. Similarly,
grounded theory methodology requires that researchers consider multiple and varied
viewpoints at the same time, conceptualizing as fully as possible about the participants
involved in and data generated and collected during a study, in an effort to understand the
emerging theory as best they can. Immersion in the study and data aids researchers in
their efforts and assists them in connecting the dots that eventually lead to uncovering
theories that are grounded in the data. I have tended to extrapolate, connect, and abduct knowledge in leaps and bounds and despite the fact that I could not always explain how the leap in knowledge, or even in practice, transpired step-wise, there has always been a foundation underneath. Grounded theory researchers may also struggle to explain how they arrived at their seemingly immediate apprehensions about the meaning of data, or about an arising grounded theory, even though their abductive mental leaps were based upon their intricate knowledge of the data. Ultimately, my commitment to grounded theory methodology grew as a result of my experiences during the study and due to my furthered understandings about my connection to the methodology from the outset.

**Researcher’s Perspectives and Beliefs**

The core perspective with which I began the study was viewing research as a collaborative and ever-evolving process that occurred between the researcher and the participants and which impacted all aspects of the study, from creation to completion. I believed that interactions between participants and the researcher altered every component of a study: from participant selection to the setup of ongoing interviews, from the questions asked to the creation of new questions, from the gathered data to the data generated, and through the analytic process to the emergence of a theory and the development of a model. I found that the interactions I had with participants were impacted by all the contributions they made to the research. Moreover, participants impacted one another via my sharing about participants’ contributions and overarching concepts during interviews.
The questions I asked in interviews remained essentially the same as the questions I developed prior to beginning the study. However, due to the ongoing interviews, the constant comparative analytic process, and the participants’ and my reflections, the questions became more evocative and led to deeper and fuller descriptions and conversations as the study progressed. This was enlightening to me, despite the fact that grounded theory methodology had been described in such a way in texts by grounded theory methodologists (Birks & Mills, 2015; Charmaz, 2006, 2014; Glaser & Strauss, 1967). I was taken aback by the depth and extent to which participants were willing to become vulnerable not only in our conversations, but also in their practice as clinicians, counselors, and supervisors. Participants allowed me to join them in their journeys to understand more fully their thoughts, beliefs, and actions related to creativity and intuition. I felt honored and humbled in joining with participants as they traveled through the study process with me, much as I have felt when supervisees or clients have granted me the privilege of joining them in their journeys toward growth and change.

It became evident, to me, that nearly everyone involved in the research had spent significant time pondering their statements, their experiences, their interactions with me, and their beliefs about creativity and intuition. Even when participants stated that they had not thought between meetings about our interactions and conversations, I discovered later that although the meetings and conversations had not been at the forefront of their minds, they had been impacted by them since our last interactions. Participants demonstrated such an impact when they noted new reflections or shifts in their beliefs about their actions: for example, Noah suddenly realized that he used “intuition all the
time!” It was rewarding to hear that participants found the research to be compelling and interesting to them, both as participants and as counselors on a continued quest to learn more in order to become even better at their work. It was encouraging that participants stated they enjoyed their experiences in their interactions with me, with the Q-sort statements, with hearing about other participants’ thoughts, and with thinking deeply about their beliefs and practices as supervisors.

**Researcher’s Experiences With the Q-Factors**

I began this study with an altered and creative version of grounded theory methodology, despite the lack of documentation about such methods in any literature I could find. Specifically, I used a Q-sort to determine who the initial, purposeful sample participants for this grounded theory study were (Birks & Mills, 2015; Brown, 1993; Charmaz, 2006; Glaser & Strauss, 1967). I believed that the Q-sort procedure would winnow the field of clinical supervisors to those who believed in and invested time toward creativity and intuition within their work as counselors and supervisors and that participants on one factor from the Q-sort analysis would continue with the grounded theory study. Instead, two relevant factors arose from the Q-sort analysis. Interestingly, I found that I had different reactions and responses to the participants who loaded on Factor Ci versus those who loaded on Factor CI, of which I was a part, although neither factor was superior or inferior to the other. I also found that the two factors used different language to describe creativity and intuition, as well as denoting different methods of responding to situations.
**Language.** All of the participants on Factor Ci used the phrase “thinking outside the box” in some form when defining or describing creativity. “Thinking outside the box” was a pervasive phrase in the literature as well. For me, I realized that I did not think of creativity as being something “outside the box”; rather, I viewed it as a core piece of who I was and how I functioned in the world. I realized that creativity had always been such a central aspect of my being, along with intuition, that I did not even use it to describe myself, or when I introduced myself to others. Creativity and intuition were simply part of me. The participants on Factor CI described creativity and intuition as I do. They viewed neither creativity nor intuition as being “outside the box”: instead, they viewed both as being akin to breathing, simply a part of reality for them. Neither viewpoint was better or worse. They simply differed and led to furthered conversations during this study about how creativity and intuition were used in clinical work.

**Creativity and intuition in practice.** Participants on Factor Ci talked about the idea of limiting the use of creativity and intuition in relation to particular aspects of clinical work: specifically, liability concerns, duty to warn issues, risk assessments, and mandated reporting. This pragmatic and checklist-type approach to such topics was viewed as reasonable and ethically sound by participants from Factor Ci. However, in talking with participants from Factor CI, concerns about the need to limit creativity and intuition with regard to liability concerns, duty to warn issues, risk assessments, and mandated reporting were not discussed. Instead, over and over they stated that they had difficulty imagining when one would not use creativity or intuition in some manner with clinical work.
One example that was discussed was the idea of having creative conversations with family members about making mandated reports with respect to child or elder abuse or neglect. One way to accomplish this creatively would be placing the onus of making the call upon the counselor’s licensure and job role, requesting family members’ assistance with the call, and explaining what might happen as a result of the call rather than demanding that the family make the call alone, without the counselor. Such a method of eliciting mandated reporting calls on the part of family members (with support from the counselor as requested) also may help the family to feel empowered, rather than judged, embarrassed, ashamed, or demeaned. Other participants described using a step-by-step procedure to note and complete mandated reporting on the part of the counselor rather than using more creative means to encourage family members to make such reports. This difference between the two groups of participants resonated with me as my clinical practice and my beliefs about creativity and intuition within that practice (and life) aligned more closely with Factor CI individuals.

I have often used creative or intuitive ways to encourage clients to go to the hospital when they were experiencing suicidal ideation, to work with psychiatric unit doctors and nurses if they had been admitted to a hospital, or to assist me in making mandated reports. I struggled to understand why a clinician would “shut off” or “shut down” intuition or creativity for particular tasks or aspects of risk management in clinical work, since all aspects of clinical work had the potential to be fraught with risk. I found I had to be cautious not to judge the statements participants made or the practices participants described in relation to using creativity and intuition in their work. This
required that I take a step back to reflect in my journal and memos about my thoughts, reactions, responses, feelings, and questions throughout the study so as not to diminish any of the experiences, beliefs, or practices participants described.

**Maintaining some distance.** In line with my realizations, although I enjoyed my conversations with all of the participants and wanted to spend more time with many of them, I found I had the strongest emotions when talking to the participants from Factor CI. I did not want to leave their offices or exit our conversations. Participants on Factor CI resonated with me at the same frequency and I felt at home, albeit in slightly different ways, with each of them. Tabitha and I began joking about the “spooky” nature of our connection halfway through the first grounded theory interview. We finished each other’s sentences and we used a significant amount of non-verbal, rather than verbal, communication in our conversations. Hayley and I, by the second grounded theory interview, had better understandings of each other’s language, and our interactions grew much more akin to the interactions I had with Tabitha by the end of the interview process. I left my experiences with each participant who was a Factor CI individual feeling warm, feeling heard, and feeling connected. I even wanted to hug the participants upon my departure.

I found that with Factor Ci individuals, even though we joked and enjoyed our conversations, I did not leave with the same sensation. I felt connected with participants from Factor Ci, but I did not leave feeling as though I had found as deep a connection as I felt with participants from Factor CI. For many, this was due to our use of different language to describe concepts and my stumbling efforts to understand and clarify their
language. With others, even though we used similar language and non-verbal cues, the constraints of our work roles required us to take different actions. My feelings about my experiences with those on Factor CI required reflection and caution so that I did not overemphasize their experiences, beliefs, and practices. Also, since these experiences differed from the ones I had with Factor Ci participants, I had to remain cautious so as not to diminish, in any way, the experiences, beliefs, and practices of those on Factor Ci. Part of my efforts to remain cautious involved the aforementioned memoing and journaling, as well as the creation of artworks as described below. Additionally, implications for this study as a result of these different experiences included the potential for supervisees to have different experiences of supervisors and different experiences of the CISM interactionary vortex based on their personal understandings about and uses of creativity and intuition in work and life.

**Researcher’s Art**

The process of creating and conducting this study was similar to my process when creating and developing a new garden. What already existed in the earth impacts me as I considered my design. What I may have planned could fall by the wayside as fall blooms and colors were revealed. Participants acted as the blossoming plants in the garden of this study, and they shifted the design and planning for the continued development of the garden throughout the process. I viewed gardens as never-ending, always-in-process, emerging entities, much like grounded theory methodology developers Glaser’s and Strauss’s view that “the published word is not the final one, but only a pause in the never-ending process of generating theory” (1967, p. 40).
As an artist, I have always engaged in projects and processes along with visuals, be they in my head or actual physical objects. This process was no different. I began with a conception about this study when I connected Q-sorting to grounded theory and developed my research question. The initial artwork, *Conception*, an acrylic painting with inclusions (see Figure 11), was the image that stemmed from this process.

*Figure 11. Conception*

This image represented my understandings about grounded theory and the analysis process, as well as including my hopes and beliefs about what the outcomes of
the study would be. The bubbling blue and green mass at the bottom of the image was connected to the gathering and generating of data from and with participants. The swirling orange, copper, blue, and red center was meant to suggest the constant comparative analysis process. The green hands (or eyes) and the orange and red violet gestural lines were representative of the participants’ (supervisors’) distillation of knowledge and experience to supervisees and the activation and encouragement of creativity and intuition within supervisees through the supervision process and supervisory relationship. The blue and purple bits at the top of the image represented the emanation of creativity and intuition into relationships and work with clients. Finally, the silver, gold, and iridescent miasma at the top and right side of the image was the potential impact creativity and intuition had on clients’ outcomes and on supervisees.

I was surprised when generating the grounded theory of the supervisory interaction vortex and developing the CISM that the image in my head was similar to this initial image. I culminated the study by creating a final painting, *The Vortex*, that represented the grounded theory and the process that took place within the CISM (see Figure 12). There were a number of color, line, and shape similarities between *The Vortex* and *Conception*. Additionally, my interactions with participants throughout the process of the study were powerful forces in shifting in my thinking and conceptions about the study. Aurora’s artifact, *The Vessel*, also impacted my vision of the outcomes of the study, as the figures within *The Vortex* were based on the shape of figures within her image.
The theory of the study, the supervisory interaction vortex, was centralized in this painting, as it was the upshot of the process and as it stemmed from the supervisory relationship. The supervisor was depicted as a red figure in the upper left corner. The supervisor, as in Conception, disseminated experience and knowledge, as well as activated and encouraged creativity and intuition via the relationship and the vortex. The rainbow of iridescence and the red and pink “arms” were representative of this process.
and also indicated the supervisor’s ultimate connection with the client, who was depicted in green at the bottom of the image. The supervisee was depicted by the purple figure and was activated via the supervisory relationship and vortex as shown by the gold and silver aura surrounding the supervisee’s purple figure and “arms.” Unlike the supervisor, the supervisee’s “arms” touched the client, representing the idea that the supervisee may be the only one from the supervisory relationship who actually met and worked with the client. The client was represented by the green figure and had two “legs” that developed into tree roots. These “legs” suggested that the client could begin to solve problems without the help of the clinician once creativity and intuition had been used in the counseling process. The client also had a smaller aura of gold and silver, noting that the client was impacted by the vortex as well, albeit indirectly.

The colors, placements, images, and ideas represented within The Vortex were surprisingly aligned with Conception. I was left wondering whether my early conceptualization of this study, from 2012, and all of the outcomes within it were intuitively “sensed” by me from the beginning. I also wondered if my conceptualizations and my earlier thoughts about outcomes of the study might have simply been more fully developed by the process of interacting with and constructing meaning with participants, leading to The Vortex. Some could view the connections between the paintings as a limitation and could say that I did not do an effective job of reflecting about the experiences, stepping back from my responses and reactions, and viewing the data with a more objective lens. They might also say that I encouraged participants to share experiences that led to an outcome I desired. However, because data were collected from
participants and were generated by the interactions between participants and me, it would be difficult to be able to plan ahead to skew participants’ responses so that the analysis process led to some particular desired outcome on my part, in part due to the nature of grounded theory methodology. Grounded theory methodology provided me a means by which to uncover what already existed in the counseling world, rather than providing a method by which to construct a non-existent or desired reality. With that in mind, some would argue that the connections between the two paintings were a strength as they represented a “sensed” explanation of existing experiences and also represented the abductively connected practices and concepts presented by participants as being their reality of practice. Regardless, the process of creating art, in the form of large paintings or as small sketches in my research journal or memo book during the study, was essential to my understandings about what happened during the study and throughout the analysis process. The following section about the purpose of supervision served as a brief reminder before I compared the CISM to two existing and widely-used supervision models.

**Purpose of Supervision and Supervisors’ Responsibilities**

Clinical supervision was developed in order to provide established and knowledgeable guides and teachers for newer and less established clinicians regarding clinical practice. A supervisor is responsible for assessing a clinician’s skills and effectiveness, for providing guidance and re-orientation when necessary, for evaluating a clinician’s abilities with regard to client care, and for making sure that ineffective (and potentially harmful) clinicians do not continue on in the profession (a practice known as
gatekeeping; Bernard, 1979; Stoltenberg, 1981; Stoltenberg & McNeill, 2010; American Counseling Association, 2014). Supervisors’ responsibilities lie, ultimately, in caring for supervisees’ clients and stepping in and assisting (or taking over) with client care as needed (Cormier & Bernard, 1982). Supervisees are required to seek and obtain supervision when they struggle, when they need confirmation or guidance regarding a client; when they need additional resources or training, and when their personal and professional capacities are impacted negatively (Cormier & Bernard, 1982). Supervisors evaluate clinicians throughout the supervision process and refer clinicians for personal counseling if and when personal concerns impede supervision or client care (Bernard, 1979).

Supervisors are responsible for making sure they are objective in their work with supervisees (American Counseling Association, 2004, 2014). Supervisors are also responsible for seeking consultation when they need to do so, asking for assistance from colleagues when they are stumped, unsure, or managing ethical or liability concerns related to clients and supervisees (American Counseling Association, 2004, 2014). This ongoing consultation includes completing continuing education courses specific to matters related to supervision, as well as discussions about the limitations of supervisory relationships and the parameters within which supervision could take place (American Counseling Association, 2014). In addition, supervisors are responsible for providing supervisees with explicit instructions about how to proceed and whom to contact if supervisors had to be absent for some reason, including if they absented themselves from practice due to impairment (American Counseling Association, 2014).
Comparing the CISM to the Discrimination Model and the Integrated Development Model

The outcome of this study was the generation of the supervisory interaction vortex grounded theory and the development of the CISM. Many models of supervision were developed in the past to provide a framework from which supervisors could operate. The development of a new model raised the question: whether a new model was needed or necessary. To answer this question, I looked to the participants’ statements about their practices as supervisors. Several participants referenced using Bernard’s Discrimination Model of supervision (1979) and others noted using the Integrated Development Model (IDM; Stoltenberg, 1981; Stoltenberg & Delworth, 1987) of supervision when referring to their work. A few participants connected both models to their understandings about their practices as clinical supervisors, saying the models provided their foundational understandings about supervision. Their focus on these models of supervision (the IDM and the Discrimination Model) encouraged me to consider whether the CISM was necessary and to compare it to participants’, and others’, standard supervision frameworks. Even though this supervision model, the CISM, has not yet been used in practice, the components of the CISM resulted from the actions and experiences supervisors shared with me. I included details about what supervisors explained they did by using parts of what became the CISM in the sections that follow.

Comparing the Three Models

The same historical events influenced the construction of the Integrated Development Model (IDM) of supervision and the Discrimination Model of supervision
(Bernard, 1979; Stoltenberg, 1981). The CISM, on the other hand, was developed as a result of this study. Despite the fact that the CISM is newly developed, emergent, and as yet unexplored, the CISM stemmed from what was happening in supervisors’ practice of supervision. In addition, it appears that there may be some overlap between the three models with regard to supervisors taking on different roles (for example, a teaching role, a counseling role, and a consultant role), providing different environments (more or less structure, more or less supportive, supervisor-led versus supervisee-led, or more specific or more ambiguous direction), or engaging in different actions (such as role plays, consultation, skills training, or applying a specific theoretical orientation to a client’s case) based on what the supervisee needs at a particular point in time and with specific clients (Bernard, 1979; Stoltenberg, 1981; Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010).

However, the CISM required the development of a strong supervisory relationship and the existence of certain qualities on the part of the supervisor, as well as particular actions, in order for the vortex to develop and function. Additionally, certain core qualities were required of supervisees and, in turn, specific actions on their part within the supervisory interaction vortex, in order for the vortex and supervisees to continue to develop, resulting in theoretically positive outcomes for supervisees, supervisors, and clients. If the vortex was successfully developed, the CISM, as with the Discrimination Model and the IDM, would be aimed toward helping supervisees develop in a progressive manner until they reached the level of being able to work autonomously, or, possibly, of becoming “master counselors” (Stoltenberg, 1981, p. 60, 63).
The CISM differs from the Discrimination Model and the IDM in that the ultimate purpose of and goal for the CISM is activating creativity and intuition within a supervisee. The CISM most differed from the other models in that it would be described as a relational supervision model rooted in psychodynamics and humanism. As such, the supervisory relationship and supervisory alliance were central with the onus on the supervisor to develop these components effectively. If the supervisory relationship and alliance were not developed successfully, the CISM would be inoperable and would not aid the supervisor in activating and encouraging creativity and intuition development on the part of the supervisee.

The models did share the idea that supervisees needed to learn and incorporate into their work specific skills or domains as they learned to interact with clients appropriately and to conceptualize about clients and their care effectively (Bernard, 1979; Stoltenberg, 1981; Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010). However, these skills and domains differed slightly based upon which model was being used. Regardless, supervisees were seen as evolving and growing throughout the supervision experience in all three models (Bernard, 1979; Stoltenberg, 1981; Stoltenberg & McNeill, 2010). An additional difference between the three models was how the process of supervision was described and what the process entailed.

**Supervision processes within the models.** Bernard (1979) described the process of supervision as one that pushed the supervisee to grow and develop professionally and personally. The concept of subtle challenge to encourage supervisee development and growth was also present in the CISM, but it was not as central a focus as the activation of
creativity and intuition was. The three roles the supervisor took on (within the Discrimination Model) were key to the process and encouraged the supervisee to explore and to develop specific skill sets (intervention and process skills, conceptualization skills, and personalization skills; Bernard, 1979). This process was not viewed as being necessarily linear and could swirl around from one skill set to another that was previously tackled due to current experiences and clients (Bernard, 1979). The supervisee’s shift in roles stemmed from the supervisor’s savvy with regard to knowing and figuring out what the supervisee needed and shifting to the necessary role to meet that need (Bernard & Goodyear, 2014). The supervisee also had to accomplish certain tasks and goals within and as a result of supervision, including the following highlighted examples.

The supervisee had to learn how to act in sessions with clients and had to figure out how to choose interventions and goals appropriately (Bernard, 1979). The supervisee learned how to conceptualize about a client, the client’s care, the client’s diagnosis, the client’s goals, and the client’s treatment in order to integrate the material so that the client could be assisted in a beneficial manner (Bernard, 1979). The supervisee had to learn how to interact effectively with clients, to accept feedback and challenges from clients without becoming defensive, and to manage personal emotions while working with clients and their emotions (Bernard, 1979). All the above aspects of Bernard’s Discrimination Model were similar to aspects of the CISM in that supervisees’ actions in sessions needed to be purposeful and in line with clients’ goals and where clients were in their processes of change and growth. Supervisees in the CISM also needed to be able to accept feedback and to meet challenges issued by supervisors without becoming
defensive, acting in a hostile or reactive manner, or shutting down. The CISM differed from the Discrimination Model in that activated creativity and intuition led to supervisees being able to fully conceptualize about clients, clients’ concerns, and options for treatment, with no need for supervisors or supervisees to switch roles throughout the process.

In contrast to the Discrimination Model and the CISM, Stoltenberg (1981) conceived of the process of supervision as a means of continual domain integration and practical application at varying levels. In IDM, the supervisor provided environments that matched the supervisee’s current level of mastery to encourage the supervisee’s development and progression within a particular level (Stoltenberg, 1981; Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010). The idea of specific and appropriate environments overlapped, in part, with the CISM. The difference was that in the CISM one specific environment had to be developed via the supervisory relationship for the vortex to begin swirling so that development was possible and could continue on the part of the supervisee, potentially the client, and the supervisor.

Stoltenberg and McNeill (1997, 2010) broke down the supervision process for IDM as being comprised of four levels of mastery (with four different environments) and eight domains or types of skills across three broad categorizations of what occurred during supervision. Unlike the non-linear development within Bernard’s Discrimination Model and the activation of development within the CISM, Stoltenberg conceived of the supervision process as being progressive in an overall linear manner, as supervisees were continually evolving to ever-higher levels of mastery, despite the reality that they had
areas where they were more masterful (that is, the areas in which they had the most experience; Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010). If a supervisee was confronted with a client who had a new presenting issue, with a new theory, with new interventions, or with new diagnoses, the supervisee would return to developing at a novice level for those specific experiences rather than performing at a higher level of mastery (even if the supervisee performed at a higher level of mastery for many other experiences and clients; Stoltenberg, 1981; Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010). Hence, a supervisee could be performing at Level 3 when working with adult clients who were experiencing symptoms of depression, but working at Level 1 when faced with a group of adolescent clients who were using substances, especially if the supervisee had never run a counseling group.

The supervision relationship and roles within the relationship. The view of roles and relationships differed among the three models, as did conceptualizations about how the supervision process unfolded in the three models. Both the IDM and Bernard’s Discrimination Model included concepts about the supervisor acting from an educational stance, from a more relationship-oriented stance, and from a more consultative stance, but the purposes of these stances differed between the models. However, such defined roles or stances were lacking in the CISM as it was the combination of qualities and actions of the supervisor that mattered most with regard to developing the necessary supervisory relationship and alliance.

The Discrimination Model included a conceptualization of the supervisor wherein the supervisor performed three distinct roles—teacher, counselor, and consultant
(Bernard, 1979). These roles were used to assist the supervisee in learning about practice, learning about self, and learning about autonomy, and required specific actions on the part of the supervisor in order to promote supervisees’ learning. All three roles required that a relational foundation exist between the supervisee and supervisor in order for any supervisory efforts to have the potential for success. This was partly due to the fact that the supervisor could act from all three roles at different points in time during a single supervision session in an effort to meet the supervisee’s needs. For a supervisee to be willing to shift with the supervisor (student-teacher, client-counselor, and advisee-consultant advisor), a relationship had to have been established first: otherwise, the supervisee might not be willing or comfortable enough to relate in three different ways with the supervisor. The CISM also required the foundation of a strong supervisory relationship in order for supervision to proceed, but differed from the Discrimination Model as the supervisor did not switch roles throughout the process. Instead, the supervisor had specific qualities and performed certain actions to develop the supervisory alliance and relationship as well as to encourage and activate creativity and intuition within the supervisee via the supervisory interaction vortex. The supervisee in the CISM needed to supply additional qualities and actions to the vortex in order to supervision to be successful, but, again, unlike Discrimination Model, the supervisee did not switch roles within supervision. However, the underpinning for any aspect of the CISM to function and have the potential for success was the development of a strong supervisory alliance and relationship.
Stoltenberg and McNeill (1997) described the need for a united relationship between supervisee and supervisor as well. However, within the IDM, the Discrimination Model roles were re-construed as environments that the supervisor provided for the supervisee in order to match the supervisee’s current level of practice and mastery (specified as Level 1, Level 2, Level 3, or Level 3-i; Stoltenberg, 1981; Stoltenberg & McNeill, 1997). The supervisee began as a novice and used the supervisor as an expert from whom the supervisee learned in order to develop via the IDM framework (Stoltenberg, 1981). The supervisee progressed to being a challenger and explorer who viewed the supervisor as an impediment at times versus a guide or boon at other times (Stoltenberg & McNeill, 1997). Supervisees proceeded to mastering content and practice and became colleagues (of a sort) to the supervisor, who was then viewed as a consultant (Stoltenberg, 1981; Stoltenberg & McNeill, 1997). The supervisee’s autonomy was thought to progress in tandem with the relationship (Stoltenberg, 1981). The supervisor shifted from being seen as the expert to being viewed as a consultant and colleague by the end of the process (Stoltenberg & McNeill, 2010). At that point, the supervisee was able to integrate all of the skills and qualities learned, becoming the one others sought as a consultant (including the supervisor; Stoltenberg & McNeill, 2010). The shift to collaborative colleague that supervisors might experience via the CISM vortex seemed to align with the shift from being the expert to becoming a consulting colleague within the IDM. Within the CISM supervisors moved from knowing more than supervisees to learning from and collaborating with supervisees by the end of the supervisory process.
There was a focus on maintaining a positive and encouraging relationship between the supervisor and supervisee within the framework of IDM (Stoltenberg & McNeill, 2010). The relationship was seen as being key to the development of the supervisee, and in this area the CISM was most similar to the IDM. The CISM framework was centralized around the supervisory relationship as well. Without strong rapport and connection, supervision did not proceed to the development of the supervisory interaction vortex. Although the Discrimination Model included some detail about the importance of the supervisor-supervisee relationship, it focused more on the roles that each member of the dyad took throughout the process of supervision (Bernard, 1979). This focus on the roles supervisees (student, client, advisee) and supervisors (teacher, counselor, consultant) took based upon the content of supervision sessions suggested an underlying presumption that the supervisor-supervisee relationship was essential (Bernard, 1979). The shifting that was described as being typical for the Discrimination Model seemed to require a strong supervisor-supervisee relationship in order to be effective and productive with regard to effecting change and growth for supervisees. The elements and requirements for the supervisor-supervisee relationship to develop and concretize were described more explicitly in the CISM than in the Discrimination Model because the supervisory relationship was the central core to the model.

Finally, both the Discrimination Model and the IDM noted that the supervisee needed to maintain an openness to the process, that the supervisee needed to be actively engaged, bringing material to the supervision sessions without fail, and that the
supervisee had to be willing to try and incorporate what the supervisor suggested into the supervisee’s work with clients (Bernard, 1979; Stoltenberg, 1981; Cormier & Bernard, 1982; Stoltenberg & McNeill, 1997). Supervisors from this study shared that the elements related to the IDM and the Discrimination Model and listed above were needed for supervision to proceed in an effective manner, and these elements were ultimately included in the CISM as a result. However, although these qualities and actions from the supervisee were useful, the supervisor-specific qualities and actions were necessary in order for supervision to be effective and for the supervisory relationship, the CISM vortex, and the supervisee to develop fully.

**Relationship centrality, connections to creativity and intuition, and ties to effectiveness.** The relationship’s key role in supervision has been highlighted throughout the history of supervision (Bernard & Goodyear, 2014; Farber, 2010, 2012; Patterson, 1997; Rogers, 1961), but has grown with the emergence of specific relational supervisory practices and models (Frawley-O’Dea, 2003; Lawrence et al., 2015). The roots of such a focus were planted in psychoanalytic and psychodynamic soil and grew into humanistic plants. Rogers (1961), Patterson (1997), Frawley-O’Dea (2003), and Farber (2010) expounded upon the importance of environment and the development of safe, accepting relationships with regard to counseling and supervision, especially as they believed that such environments and relationships allowed space for growth and change to take place. The IDM and the Discrimination Model included explicit and implicit references to the importance of the supervisory relationship required for these supervision models to work (Bernard & Goodyear, 2014; Stoltenberg & McNeill, 1997). The CISM is built upon the
supervisory relationship as being core to the process of supervision and the development of the vortex. All else in the CISM—the activation of creativity and intuition and any potential outcomes or benefits for supervisees, supervisors, and clients—stems from the development of a solid supervisory relationship.

Supervision, irrespective of model or style, required elements of creativity and intuition in order for the supervisor to switch roles, choose supervision interventions, and engage with supervisees effectively in order to meet supervisees’ current needs (Frawley-O’Dea, 2003). A requirement of the Discrimination Model was that supervisors assessed supervision sessions and supervisees’ needs on a continual basis in order to shift in role or to engage in different interventions to meet supervisees’ needs. Such constant vigilance, on the part of supervisors, may have necessitated a means by which to reduce the time required to determine what a supervisee needed at any given moment. Creativity (Kaufman, 2009) and intuition (Gigerenzer, 2007) have been described as potentially time-reducing and decision-enhancing elements (Sawyer, 2013; Sternberg & Lubart, 1995) and might suit such purposes in supervision effectively. However, the importance of creativity and intuition was central within the CISM, as a value supervisors needed to have, within actions supervisors needed to complete, and as the ultimate goal for supervisee development—the activation of creativity and intuition within supervisees.

Additionally, creativity and intuition were described by participants as elements that strengthened their connections to and relationships with supervisees and clients. They noted that neither supervision nor counseling could proceed with positive results
without a strong therapeutic or supervisory alliance. Researchers have determined that the strength of the relationship and the therapeutic alliance between clients and counselors are essential for positive counseling outcomes. Sexton et al. (1997) reported:

There is probably no other element of counseling more consistently related to successful outcome than the quality of the relationship between the client and counselor... Successful counseling occurs in the context of a therapeutic relationship in which the participants have mutual feelings of empathy and affiliation and clear and agreed-on goals that are accomplished in collaborative ways. (p. 91)

Within literature and research about supervision, the need to foster and develop the relationship in supervision, as well as “fostering the development of an optimally creative and flexible potential supervisory space” (Frawley-O’Dea, 2003, p. 360), has been described and encouraged (Bernard & Goodyear, 2014; Farber, 2010, 2012; Frawley-O’Dea, 2003; Lawrence et al., 2015; Patterson, 1997; Rogers, 1961). The importance of and need for deeply connected and collaborative relationships (both in counseling and supervision) has been demonstrated repeatedly has been accepted by the counseling profession as a key component of counseling, supervision, and counseling ethics, and has been included throughout the American Counseling Association’s (2014) Code of Ethics. The American Counseling Association also included a specific section about supervisory relationships in the Code of Ethics due to how important supervisory relationships are believed to be to the professional development of counselors (2014).
Relational supervision models have been developed in response to this perspective and Frawley-O’Dea (2003) described the specifics of relationally-based supervision models this way:

While the supervisor begins her work with the supervisee with a general authority conferred by her community, the power and authority she wields within a specific supervisory relationship is authorized and reauthorized in negotiation with the supervisee. Supervisor and supervisee co-construct, mutually derive, and negotiate meaning about the data and processes of both the therapeutic work being supervised and the supervision. This egalitarianism is not synonymous with symmetry; an inherent, necessary, and useful asymmetry remains and exists in tension with the dyad’s negotiation of distributed power. The supervisor, with her own unique combination of humility and confidence, reflectively helps to modulate the ebb and flow of shared power; she honors both her advanced general experience and skill and the supervisee’s experience with a particular case, acknowledging as well the supervisee’s special talents and area of knowledge. (p. 358)

The CISM seems to align both with relationally-based supervision models, as described earlier, and with Frawley-O’Dea’s description of what occurs within such supervision models.

Moreover, the CISM includes the requirement that the supervisor is responsible for developing the supervisory relationship, creating an amenable and safe supervisory environment, valuing and demonstrating creativity and intuition, and encouraging the
activation and development of the supervisee’s creativity and intuition early on in the process. Such onus and responsibility being placed upon the supervisor may encourage the supervisor to take care in developing the supervisory relationship in an effort to develop the supervisory interaction vortex for the potential of positive outcomes rather than the supervisor viewing supervision as simply “business as usual.” The outcomes of positive and negative supervisory relationships have been detailed by numerous authors (Bernard & Goodyear, 2014; Farber, 2010, 2012; Frawley-O’Dea, 2003; Friedlander & Shaffer, 2014; Lawrence et al., 2015; Patterson, 1997; Rogers, 1961; Shaffer & Friedlander, 2015). Some of the positive outcomes resulting from relationship-based supervision were detailed as follows:

Within supervision, the supervisee develops a capacity for more—more theoretical and technical knowledge, more insight into his own intrapsychic and interpersonal capacities and limitations, more affect, and more confidence in his abilities as an analytic practitioner . . . The supervisor, too, discovers more possibility as a teacher, learner, and analytic instrument. (Frawley-O’Dea, 2003, p. 364)

Since the CISM seems to align with this description of relationally-based supervision models, it may be found to result in some of the potential outcomes noted by Frawley-O’Dea as resulting from relationally-based supervision models. This potential for positive outcomes as a result of using the CISM may stem from the focus within the CISM framework on developing a strong, collaborative supervisory relationship, on the
supervisory interaction vortex, and on the use, encouragement, and activation of creativity and intuition within supervision and clinical work.

**Implications for Clinical Supervision and Counselor Training**

The CISM may fill in some gaps in the literature with regard to clinical supervision and supervisory relationships as a whole. The CISM seems to align with relationally-based supervision models (rooted within psychodynamic and humanistic supervision), as well as aspects of both the IDM and the Discrimination Model of supervision. Additionally, the CISM may, as demonstrated above, add to ideas about supervision and supervisory relationships stemming from several pre-existing standards of supervision practice, the IDM, the Discrimination Model, relationally-based, psychodynamic, and humanistic supervision. Above all, the potential seems to exist for the CISM to add to clinical supervision in a new and different manner due to the focus on activating and encouraging creativity and intuition on the part of supervisees early on to enhance their professional development and their potential ability to provide more options and individualized care to clients. A review of implications that might stem from the use of the CISM begins with a look at implications for clinical supervisors, moves to implications for supervisees, then on to implications for clients, and wends its way back to implications for clinical training programs and counselor educators.

**Implications for Clinical Supervisors**

A potential aspect of the CISM for supervisors is that it provides them with a new framework to use. The CISM may also require a shift in supervisors’ thinking about supervision since supervisors’ experiences with supervision may be slightly different
once they incorporate the CISM into their work. To start, they may have to alter their thinking with regard to the purpose of supervision. The purpose of supervision has become administrative in some settings instead of clinically focused. This shift has been recognized and addressed by the Ohio CSWMFT Board by distinguishing between administrative and clinical supervision and requiring different tasks from supervisors and supervisees based on the type of supervision being provided (n.d.-b). A requirement of the CISM is that the focus in supervision is on the supervisory relationship and client care, not on administration. In the CISM, a solid relationship needs to be built between the supervisor and the supervisee before the vortex is developed and creativity and intuition have the potential to be activated.

The relationship component of the CISM is connected to the concept of modeling and the need for supervisors to be conscious about the behaviors and thinking they model for supervisees. The modeling component of the CISM also requires that supervisors believe in using constructive creativity and intuition in counseling and supervisory work, and that they understand what purposeful creativity and intuition are. Study participants, who provided the foundation for the development of the CISM, delineated between constructive creativity and intuition and harmful creativity and intuition. They shared that the main difference was that constructive creativity and intuition were used in an effort to provide options for growth and change.

This stood in stark contrast to harmful creativity and intuition, which were likened to genocide efforts through the ages. Harmful creativity and intuition hindered or thwarted any possibility for growth and development according to participants.
Constructive creativity and intuition are two major elements of the CISM. According to participants, non-constructive, non-purposeful, and destructive use of creativity and intuition could stymie the modeling process of supervisory interactions as supervisees might be left confused about what the supervisor did or meant. Additionally, supervisors may need to learn more about uses of creativity and intuition and to reflect on their practices. This process of learning and reflection can help them determine if or how they may include creativity and intuition in their actions with clients and supervisees (such as the use of specific interventions such as role plays, therapeutic games, metaphor development, or storytelling). Added awareness could help supervisors in incorporating and using creativity and intuition effectively in their supervision practice. A major aspect of modeling, within the CISM, includes practicing in a creative and intuitive way while nurturing creativity and intuition on the part of the supervisee.

Being willing to enter the supervisory relationship in a less hierarchal manner, rather than entering as an expert, is another key component of the CISM for supervisors. Supervisors have to be willing to demonstrate respect for, belief in, and support to their supervisees from the beginning of the supervision process. Supervisors need to be interested in sharing and collaborating with supervisees, even when tackling issues related to gatekeeping. This interest in sharing may even include “stealing” beneficial ideas from supervisees and acknowledging that supervisees could have better ideas than supervisors at times. The CISM supervisor’s openness could leave the supervisor feeling vulnerable during supervision sessions since the supervisee would be aware that the supervisor was not omniscient or omnipotent. Such an open, collaborative supervision
set-up also requires that supervisors acknowledge when they made mistakes or when they
did not know how to proceed. All of this could be uncomfortable for individuals unless
they possessed some level of comfort with not knowing, taking risks, and navigating
ambiguity. Additionally, discomfort and frustration could arise due to certain potential
barriers.

**Facing and reconsidering supervisory barriers.** Several supervisors in this
study were concerned about what they viewed as a lack of openness, confidence, and
conceptualization ability with which some master-level students, doctoral-level students,
and newly licensed professionals sometimes entered the clinical field. These same
participants described skill areas and limitations they had witnessed in former and current
supervisees and stated that they had increasingly observed that supervisees seemed
tentative uncomfortable when asked to “think outside the box.” Supervisors said that
they endeavored to assist supervisees in developing critical thinking and
conceptualization skills. They also reported that they tried to help supervisees embrace
purposeful risk-taking and ambiguity as useful elements of counseling. George stated
that he wished there were a test that he could give to incoming students to assess how
comfortable they may be with ambiguity and creative thinking—before they might be
allowed to begin training as counselors. Supervisors’ overarching concerns about
supervisees’ openness to experiences and their ability to conceptualize, apply critical and
creative thinking to tasks, and gain confidence made me consider whether some of these
limitations in skill development might not, in some way, be connected to the
implementation of the No Child Left Behind Act circa 2001 (Omdal & Graefe, 2017).
Although any linkage between supervisors’ concerns and the Act was unsubstantiated by any aspect of this study, it was a question that arose. The implementation of this Act may have impacted the skill development of students who have current ages ranging from 21 to roughly 33. Many of the supervisees the supervisors described would have experienced some K-12 education after the No Child Left Behind Act was implemented.

This legislative act was meant to increase the accountability and transparency of school systems, schools, and the teachers therein to the public before federally-granted monies were issued to states, school districts, and schools (Omdal & Graefe, 2017). However, some unintended consequences resulted due to the “manualized” or scripted curriculum requirements that narrowed curriculum content in an effort to raise test scores by teaching to the assessments that students took, because test scores ultimately impacted teachers’ evaluations and reinstatements (Omdal & Graefe, 2017).

Another unintended consequence included the reduction of many critical thinking tasks, creative arts coursework (more often the musical, visual, and dramatic arts), and the integration of creative and individualized learning that typically had been essential to curricula, in some form, prior to the implementation of the act (Madden, 2017; Omdal & Graefe, 2017; Wahl, 2013). This shift in education would have occurred while potential supervisees were exposed. Consequences resulting from the Act may have had the potential to hinder supervisees developing those skills that supervisors noted as lacking during this study. That is, supervisees may have had limited opportunities to explore creativity and intuition, and that possible lack of experience might have led to discomfort with ambiguity, limited openness, restricted viewpoints, rigid ideas about how to
complete tasks, or believing that there may be only one correct way to do any given task. When supervisors had to work with such supervisees, the supervisors explained that their jobs became much harder and required much more work on their part.

Irrespective of these potential educational and cultural limitations, researchers have reported that everyone can be creative and that creativity can be nurtured and developed if the right conditions were provided (Beghetto & Kaufman, 2013; Berrett, 2013; Kaufman, 2009; Madden, 2017; Omdal & Graefe, 2017; Piirto, 2011; Sawyer, 2013; Simonton, 2012). Such findings supported the idea that supervisors may be able to impact supervisees’ creativity via specific actions and the construction of specific environments (Lawrence, et al., 2015), such as the supervisory interaction vortex of the CISM. Additionally, supervisors reported that they believed creativity could be developed even if supervisees struggled to be creative in counseling. Intuition was described by some supervisors and within the literature as a skill that could be developed and accessed more easily over time with increased knowledge, exposure, experience, and practice (Gigerenzer, 2007; Gladwell, 2005). These reports are positive with regard to supervising those who may not yet have experienced an open and exploratory learning process. The introduction of the CISM to the supervisee, the development of the supervisory relationship, and entry into the supervisory interaction vortex may be one of the first times during their clinical training and practice that supervisees have ever been encouraged to explore and play (Omdal & Graefe, 2017) with purposeful risk-taking (Grohman & Snyder, 2017; Kaufman & Gregoire, 2015), learning from mistakes (Frey, 1975; Grohman & Snyder, 2017; Kaufman & Gregoire, 2015; Wahl, 2013), becoming
comfortable with ambiguity (Kaufman & Gregoire, 2015), generating and solving problems (Beghetto & Kaufman, 2013; Omdal & Graefe, 2017), and identifying multiple avenues to try to answer a single question (Kaufman & Gregoire, 2015; Wahl, 2013).

Finally, since clinical supervisors are beholden to clients and their care first and foremost, and to supervisees second, having a functional and collaborative relationship with supervisees, in order to ascertain how clients are being cared for by supervisees, is important. Participants viewed functional and collaborative supervisory relationships as essential to effective clinical and supervisory work. According to participants, the ability to trust and believe in one’s supervisee and the work one’s supervisee did make a supervisor’s work easier. Incorporation and use of the CISM, with the focus on the development of the supervisory relationship, may enable supervisors to fully trust and believe in their supervisees’ abilities as a result of their strong supervisory alliances and experiences within the supervisory interaction vortex. Therefore, supervisors’ trust in their supervisees would likely be present even while supervisors challenged supervisees to improve continuously during the process of supervision, their clinical work, and their work beyond supervision.

**The CISM’s benefits to supervisory relationship development.** The structure of the CISM provides supervisors with a framework, albeit open, from which to operate. Supervisors are also given a bit of control in that the onus of the development of the supervisory relationship and supervision environment is placed on them rather than supervisees. This may lead supervisors to feel fully invested in supervisory relationships and supervision processes. From this type of beginning, a collaborative process may
arise naturally as the relationship develops over time, potentially enhancing both supervisees’ and supervisors’ experiences of supervision. Such potential for positive connections and relationships may increase supervisors’ trust, faith, and belief in their supervisees, as well as making the supervision experience palatable and rewarding rather than a “disaster” (as Blanche noted in her interviews) for supervisors. Trusting and believing in supervisees may also serve to improve supervisors’ outlooks about and responses to supervision and supervisees, possibly impacting supervisees in a positive way. Genuine and transparent enjoyment of supervision, on the part of supervisors, may comfort anxious supervisees and de-escalate supervisees when they might be stressed, much like soothing tones and slowed speech and actions can reduce tension and reactivity in clients experiencing post-trauma reactions.

Supervisors who enjoy supervision and feel connected to supervisees may not experience stress as a result of supervision sessions. Researchers have found that one’s capacity to use creativity or intuition effectively was enhanced by lessened stress (Gigerenzer, 2007; Gladwell, 2005), increased connection, and enjoyment in what one was doing (Jeffrey & Stone Fish, 2011; Kaufman & Gregoire, 2015). Supervisors’ ability to experience intuition, use intuition, and be creative in supervision sessions may be increased as a result of positive and connected supervision relationships. A supervisor’s use of creativity and intuition within the supervisory interaction vortex and during supervision sessions may provide a model from which supervisees potentially learn about thinking and practicing in creative and intuitive ways. Modeling, in the CISM, is viewed as giving supervisees a reference point from which to begin their own explorations with
using intuition and creativity within their clinical work. The environment created by the development of a supportive, encouraging, and nurturing relationship in which positive behaviors and actions are modeled may assist supervisees in their growth as clinicians (Frawley-O’Dea, 2003; Patterson, 1997; Rogers, 1961). The process of learning about and beginning to explore creativity and intuition in clinical work may be activated more quickly in the CISM than it might be when using a different supervision model.

**Implications for Supervisees**

Supervisees enter supervisory relationships at different points in their development. Most, unless ushered into counseling licensure via alternative means, begin supervision as students in master’s programs. Students may begin their experiences with supervision with one supervisor and later work with new supervisors when they begin internships and enroll in internship courses. Other supervisees may have become involved with supervision upon being licensed to practice as clinicians. Finally, supervisees may enter into supervisory relationships in order to become supervisors themselves. Irrespective of entry point or past experiences with supervision, supervisees may benefit from the use of the CISM within supervision. Potential benefits and implications for supervisees might include deeply connected and collaborative supervisory relationships, experiences with mentoring, and comfort within ambiguity and with using creativity and intuition in clinical work.

Although use of the CISM may potentially provide some benefits for supervisees, they could also experience possible barriers upon introduction to the CISM within their supervisory settings. Barriers that might impede a supervisee’s acclimation to the CISM,
as well as possible benefits stemming from the CISM, could differ dependent upon whether the supervisee had experienced prior supervision experiences, was introduced to the CISM post-licensure, or first began supervision, or training courses, with the CISM. Specifics about each of these entry points with regard to supervisees and the CISM follow.

**Potential barriers to the CISM after prior supervision experiences.** Once supervisees have formed an impression of what supervision might be or have had a negative experience within supervision, their impressions might be difficult to modify and their trust in and disclosure to supervisors may be inhibited (Friedlander & Shaffer, 2014; Meyers, 2014; Shaffer & Friedlander, 2015). Supervisees may enter new supervisory relationships with narrowly defined ideas about what supervision is, as was described by participants. As a result, supervisees may balk at or struggle with the incorporation of a new, potentially expansive, or different version of supervision.

The first hurdle the supervisor may have to overcome could be the development of a trusting and secure supervisory relationship in order to begin the process of supervision within the CISM. Supervisors described examples of both positive and negative supervision experiences. They stated that establishing a connection with supervisees could take time if supervisees had been harmed by or experienced negative interactions with their supervisors in previous supervisory interactions (Friedlander & Shaffer, 2014; Shaffer & Friedlander, 2015). Negative supervision experiences may leave a deep and lasting impression (Shaffer & Friedlander, 2015), especially since supervisees do not always have control over who their supervisors are and may have felt
“forced” into the relationship (Meyers, 2014). However, the CISM’s focus on developing a positive and supportive supervisory relationship might be helpful in such circumstances, as supervisees may be able to begin healing former wounds by experiencing a positive connection with a new supervisor. If that connection occurs, supervisees may begin to trust the supervisory process and to feel receptive towards supervision within the CISM. Over time, supervisees may find that positive impressions about supervision could stem from having developed strong, supportive, supervisory alliances with their supervisors within the CISM vortex.

Additionally, supervisees may view supervision as being a certain way or involving specific actions. They may not feel secure with the idea of using creativity and intuition in their clinical practice. Supervisees may be unsure and lack confidence, which may limit their openness to experiencing something new, such as the CISM. Participants shared examples of times when they began working with supervisees whose definitions about supervision did not incorporate the version of supervision that supervisors used. Supervisors stated that supervisees often struggled with ambiguity within supervision and wanted explicit directives. Participants said that their use of creativity and intuition within supervision was surprising to supervisees at times. Such examples suggested that supervisees may need to learn more about creativity and intuition before using the CISM in order to understand why the concepts and practices would be included within supervision or clinical practice. Supervisors may need to educate supervisees about the process of supervision, providing information about supervision models and frameworks as instructors do when teaching students about counseling theories and theoretical
orientations (Bernard & Goodyear, 2014; Frawley-O’Dea, 2003; Meyers, 2014; Patterson, 1997). This may assist supervisees in expanding their definitions of supervision and help them to become more receptive towards the supervision they are receiving, be it the CISM or another model, as was noted by participants. Supervisees may be reticent or hesitant to try new supervision methods and supervisors may need to proceed slowly, rather than jumping in at their standard pace. Participants shared that they had supervised individuals who were unsure about the process and had slowed down the process, even backtracking or starting at the beginning, in an effort to help supervisees develop comfort and connection with the supervisor and the supervision process overall. Supervisees may also be afraid to try new things for fear of making mistakes or disappointing supervisors (Meyers, 2014). Supervisors working within the CISM may need to verbalize and demonstrate their support of supervisees’ purposeful risk taking and learning from mistakes emphatically at the outset and throughout supervision in order for supervisees to feel more at ease.

**The CISM upon licensure.** Supervisees who are licensed would typically have experienced some type of supervision in the past, so difficulties similar to the aforementioned barriers may be present if they are introduced to the CISM after licensure as a counselor. However, it could be the case that since supervision post-licensure may be experienced differently by supervisees than their past experiences of supervision within their training programs, supervisees may not approach supervision post-licensure in the same manner. For example, participants who had supervised as part of a course in a training program noted that they had experienced interactions that suggested the
supervisees viewed the supervisors as obstacles to their completion of the training program or the course. If such supervisees advanced beyond the course and were granted licensure, they may continue to view supervision as an obstacle to them being able to acquire their LPCC to practice independently. However, they might feel less constrained or impeded by supervision than they did in their training programs since oversight mechanisms may be limited in some ways and potentially new freedoms might be granted to them: one supervisor instead of two or more, no potential for educational remediation plans, no fear of impediments to becoming initially licensed, and freedom with regard to practice preferences, intervention choices, or theoretical orientations. Additionally, supervision may be found to be a resource that helps them manage clinical work or burnout in some way. Any such shifts in viewpoint may assist supervisees in being more open in supervision, both to the process of supervision and to the development of a supervisory relationship.

Other licensed clinicians may approach supervision differently. They may view supervision as being useful and necessary from the outset and may enjoy the process of developing relationships with supervisors. They may be seeking a mentor and hope that a supervisor fits that role. As a result, they would bring different expectations to the supervisory relationship, some of which may or may not be met, as supervision will always be a work in progress. Their experiences with the CISM may or may not live up to their expectations, but they may still be open to the process of trying to develop and grow within the vortex and to the possibility of exploring the use of creativity and intuition within clinical practice.
The CISM from the beginning of clinical training. The ultimate goal would be for supervisees to have experienced the encouragement of creativity and intuition within their educational experiences and clinical training, and for them to have supervisors who continued to support and encourage supervisees’ creativity and intuition as they developed clinically. If the use of the CISM, or at least the encouragement of creativity and intuition, were present from the beginning of clinical training, supervisees may have more comfort with the model, the concept of using creativity and intuition, or may have had their creativity and intuition activated early in the process of becoming a counselor. Supervisees may feel confident enough to try out their ideas and potentially make mistakes (Kaufman & Gregoire, 2015; Omdal & Graefe, 2017; Royston & Reiter-Palmon, 2017) in sessions with clients due to being supported and encouraged in supervision to experiment, be creative (Koltz, 2008), and begin to use intuition (Charles, 2004; Jeffrey, 2012; Jeffrey & Stone Fish, 2011). Supervisees may also experience ease with ambiguous situations and may not request specific instructions or right answers as a result of experiencing the CISM vortex or creativity and intuition inclusion in their training. Overall, supervisees may feel supported, confident, activated, and capable as they work through their educational programs and enter into the clinical field after having been encouraged to use creativity and intuition in their work.

Supervisees may develop an expansive definition of what supervision could be after experiencing supervision within the CISM framework. Supervisees’ definitions about creativity and intuition might also expand as result of their experiences with the CISM. Supervisees who were encouraged to use creativity and intuition from the
beginning of their training and who experienced the CISM vortex may develop faster than their peers. Participants said that supervisees who used creativity and intuition experienced faster development as counselors than peers who did not use creativity and intuition in their work. Supervisors shared that this stemmed partly from supervisees’ willingness to use mistakes as learning opportunities, but also due to their willingness to experiment and to take purposeful risks. Moreover, participants reported that supervisees who were more creative and who heeded their intuition had more to draw from when presented with different clinical scenarios than supervisees who were more “by the book” in their practice. Supervisors said supervisees’ use of creativity and intuition in practice also led to increasingly more collaborative and consultative supervisory relationships in which supervisors learned from supervisees as often as supervisees learned from supervisors. According to participants, supervisees were better able to collaborate and consult with other colleagues as a result of their experiences in supervision. Finally, supervisors reported that the result of deeply connected supervisory relationships was that supervisees often turned to their supervisors as mentors and colleagues who could aid them in their journeys through the clinical world.

For any of these potential outcomes to be possible, creativity and intuition, or the CISM, would need to be incorporated into clinical training programs and supported by the educators and supervisors within those programs. Ultimately, were creativity and intuition included from the beginning, supervisees may leave their educational experiences (and initial supervision experiences) with confidence, with their creativity and intuition activated, and with the belief that they had more to offer clients in their
clinical work. Supervisors shared that the inclusion of creativity and intuition within supervision and education programs also helped supervisees to feel more prepared as counselors and better able to keep burnout at bay. Supervisors stated that confident, calm, and activated clinicians may have the potential to assist clients in beneficial and powerful ways by providing options, being flexible, being creative, and using intuition to fuller effect.

**Potential Implications for Clients**

Participants believed that the activation of supervisees’ creativity and intuition during supervision (and potentially during training programs) could lead to a multitude of potential outcomes for clients who received creative and intuitive clinical services. First, clients, who had been involved with prior counseling services, may have a different experience of counseling overall and might find that counseling could be helpful. Participants said that working with a clinician whose creativity and intuition was activated could be healing for a client who had a negative past counseling experience. Blanche noted that the client may also choose to stay involved with the clinician long enough to work on the issues about which the client was concerned. According to participants, clients who had never experienced counseling services in the past might leave with positive sentiments about counseling and the effectiveness of counseling due to their experience with activated counselors who provided them with possibilities and hope.

Moreover, participants believed that, due to clinicians’ efforts to build relationships and provide personalized options, clients may feel they received holistic
care, that they were heard and validated, that their needs were met, and that they received highly individualized care. Clients may leave counseling feeling empowered and as though they have skills and ability with which to view and solve problems that may arise in the future because they have been “taught to fish,” as Noah said. Additionally, participants said they had knowledge of clients who left creative and intuitive counseling and went on to impact others in their lives—people with whom they were close and also those who might have been outside of their networks—in potentially positive and beneficial ways. Participants shared their beliefs that clients did this via improved relationships, increased awareness and personal insight, increased ability to cope with stress, and improved capabilities with regard to defining problems and solving them. One method that might increase the likelihood of clients benefitting in the ways supervisors described is to increase the infusion of creativity and intuition (and, potentially, to increase the use of the CISM within supervisory experiences) within the curricula and practical experiences of students.

**Implications for Clinical Training Programs and Counselor Educators**

Infusing creativity and intuition into curricula could run the gamut from easy to difficult for educators, administrators, and curriculum planners. Numerous obstacles may exist, beginning with misunderstandings and fear about creativity and intuition and ending with a lack of understanding about how creativity and intuition might be beneficial for students, supervisees, and clients. As a result, infusion efforts may begin on a case-by-case basis with one instructor adding elements into coursework and sparking
another teacher’s interest in potentially developing or adding similar (or different, but related) elements into that teacher’s coursework.

Any residual misgivings about creativity and intuition or about adding content to already-packed courses may need to be addressed in order for instructors to consider or to aim toward using creativity and intuition within coursework. In-services or professional development programming focused on developing educators’ awareness about creativity, intuition, and the CISM, reducing fears or concerns about creativity and intuition, and expanding their definitions about what creativity and intuition are may be useful in dispelling concerns educators might hold about incorporating such content into courses. Moreover, providing educators with information about why creativity and intuition might be used in teaching, clinical work, and supervision may encourage instructors to consider the potential for including these concepts in their courses (Madden, 2017; Omdal & Graefe, 2017). Such efforts may lead to shifts in instructors’ thinking and actions.

**Shifting conceptualizations and cultivating willingness and action.** After training, teachers may begin to view creativity and intuition in different ways. They might find that expanded definitions of creativity and intuition led them to think about possibilities for using creativity and intuition within teaching and clinical training. Educators may find that their feelings about creativity and intuition had changed in some way. They may not find creativity or intuition to be as intimidating as concepts or as potential practices. Upon self-reflection, educators might discover that they were already using creativity and intuition on a regular basis in their teaching or within their clinical or supervisory practices. Teachers may feel excited about incorporating more creativity and
intuition into their courses in a purposeful manner, since they realized they had more experience with and awareness of both concepts than they may have previously thought.

Instructors may begin to think about teaching, creating courses, and structuring curricula differently. They may even recognize that they had been creative and intuitive in developing courses already. For example, an educator may review syllabi before each term and consider what projects and assessments to include based on experiences with former classes. The educator may choose to change elements after a course began based on an intuitive sense (based on past experiences, knowledge, and current interactions) of what the current students in the course needed or wanted from the course (O’Reilley, 1998). This educator might choose to shift the content and organization of the course based upon feedback from former or current students, or due to an internal sense that there could be more flow within the course (O’Reilley, 1998), so that topics potentially followed one another in more cohesive and effective ways. This restructuring might not be in line with the chronology of a textbook. Also, teachers might change texts for a class due to feeling that students would benefit more from or be more receptive to a newly selected but researched text due to a teacher’s past intuitions or experiences. The three examples above depict the potential use of intuition in course development.

Instructors may provide flexible options for students with regard to how many assignments they had to complete or what types of assignments were offered (Gladding, 2016). Teachers might allow students to develop course frameworks, or even syllabi, collaboratively, albeit staying within the confines of the requirements of the training program and the standards of the accrediting bodies (Faiver et al., 2000). The two
previous examples heralded the use of creativity in course development. Any of these kinds of actions, on the part of educators, may model creativity and intuition use for students (Omdal & Graefe, 2017). Moreover, creative options in courses would allow students an opportunity to experiment with and take purposeful, yet somewhat safe, risks prior to beginning their clinical practice so that they might be able to learn from mistakes, become more comfortable with ambiguity and a lack of right answers, and possibly experience success from their use of creativity (Beghetto & Kaufman, 2013; Berrett, 2013) and intuition.

Teachers might feel vulnerable infusing creativity and intuition into their teaching practices just as students may feel vulnerable in experimenting with creativity and intuition in coursework (O’Reilley, 1998; Palmer, 2007). Part of this vulnerability may stem from confusion and the potential shift in stance from expert to more experienced collaborator (Hazler, 2002) on the part of the teacher (Lowry-O’Neill, 2011). Educators might struggle with this shift and be concerned that they were not living up to the expectations of their training program or living up to the expectations of other cultural groups to which they may belong (Lowry-O’Neill, 2011). Becoming more collaborative also may provide a space in which teachers can learn from students (O’Reilley, 1998), possibly reducing stress from beliefs that educators always have to provide the answers. Such collaborative learning experiences could be powerful for teachers and students alike (O’Reilley, 1998; Palmer, 2007). Moreover, the environment of the classroom may become more like that of the supervisory interaction vortex of the CISM since instructors would likely try to activate and encourage creativity and intuition within the environs.
Additionally, the relationships between teachers and students may deepen and mentoring relationships might stem from interactions in the classroom more readily (O’Reilley, 1998), much in line with what might occur within the CISM. Aside from the instructors and specific courses in a program, there are additional points to consider regarding the possibility of infusing creativity, intuition, and the CISM throughout curricula.

**Interweaving creativity, intuition, and the CISM throughout.** Creativity has been incorporated into counseling curricula in the past, and a number of educators and clinicians in the counseling field have encouraged the infusion of creativity (Gladding, 2008, 2016), intuition (Charles, 2004; Jeffrey, 2012) or creativity and intuition within training programs (Carson & Becker, 2004; Faiver et al., 2000; Kottler & Hecker, 2002). Previous incorporations have spanned a continuum from the inclusion of creativity within one or two class meetings for a specific course (for example, a course about counseling children) to the construction of an entire course or two about creativity or creativity in practice (Gladding, 2016). The notion that creativity (Carson & Becker, 2004; Gladding, 2008; Kottler & Hecker, 2002), intuition (Charles, 2004; Jeffrey, 2012), or creativity and intuition (Faiver et al., 2000; and possibly the CISM as a result of this research) should be interwoven throughout curricula and training programs in some way, rather than occasionally included or briefly discussed, seems to have found some footing within the counseling field (Carson & Becker, 2004; Charles, 2004; Gladding, 2016; Jeffrey & Stone Fish; Kottler & Hecker, 2002). Interweaving creativity and intuition into training programs could potentially be accomplished within the parameters of accrediting body and curricula standards. However, this would require that educators, administrators, and
supervisors unite in efforts to disseminate information about, interweave aspects of, and activate and encourage the development of creativity and intuition within coursework, clinical practice, and supervision. Efforts within classes, supervision, and administration would have to remain flexible, in some capacity, in order to provide individualized education and training for students. All involved in the process of educating new clinicians would potentially need to develop their own skills and comfort with using and activating creativity and intuition within their respective training programs and roles. Additionally, educators may have to help students make connections between creative and intuitive thinking and actions and the potential impact the use of creativity and intuition could have on clients. A result of interweaving creativity, intuition, and the CISM in training programs may be that students and supervisees leave having their creativity and intuition activated early and having practiced using both creativity and intuition with clients. Ultimately, creativity and intuition (and possibly the CISM) may need to be viewed as a possible norm rather than as something different, difficult, non-pragmatic, indefinable, or unattainable. Other possibilities that might arise as a result of interweaving creativity, intuition, and the CISM into clinical training programs may only be limited by the vision of those educators and supervisors within the programs. That said, more exploration about including creativity, intuition, and the CISM in training programs would assist future researchers in determining what possible outcomes might be the most likely results.
Future Considerations Regarding Application of the CISM

Potential implications related to the use of the CISM were described above. The focus of this section was pragmatic considerations for implementing the CISM. The first additional component to consider included a description of potential cultural considerations as related to applying the CISM in practice. An overview of potential ethical considerations appeared as a second component. Finally, a summary of potential methods of evaluating effectiveness when using the CISM was presented. Potential limitations related to this study and future research directions related to the CISM were described later in the chapter.

Considering Culture When Applying the CISM

The CISM may be able to be used in varied settings with clients and supervisees from many populations, much like the Discrimination Model and the IDM have been used (as described in Anderson, 2000; Byrne & Sias, 2010; Koltz, 2008; Luke et al., 2011). This potential may be related to the CISM’s highly individualized and client- and supervisee-focused nature, although more practice with and research about the CISM will be needed. However, there are a few considerations that could apply.

Supervision is inherently hierarchal in nature (Bernard & Goodyear, 2014; Frawley O’Dea, 2003). Supervisors may be viewed as omnipotent experts by supervisees entering supervision (Stoltenberg & McNeill, 2010). When individuals view expert authority as something to be challenged or as something that is oppressive, hierarchal structures may backfire (Bakanic, 2009). In such cases, the CISM might eventually be
shown to be a better fit since it begins with a focus on establishing a respectful, two-way, individually-focused, supportive relationship.

However, some supervisees may find hierarchal relationship structures as being aligned with their cultural experiences, norms, and purview. They may struggle with shifting their view of the supervisor from that of expert authority to a collaborator. A shift that occurred gradually and over time might allow these cultural members to acclimate more easily. The potential for slowed pacing within the framework of the CISM might allow sufficient time for both relationship development and any perspective shifts for members of these cultures.

Another possible difficulty inherent to supervision models was learning how to use diagnoses. Diagnoses have been found to be inappropriately applied (and, at times, excessively applied) to members of specific cultural groups (Harper & McFadden, 2003). The diagnoses used in the counseling field are Western in construction and are limited in scope with regard to application to non-Western cultures and to non-majority Western cultures (American Psychiatric Association, 2013). As such, non-Western and non-majority Western cultural members historically had been pathologized by the blanket application of diagnoses (Harper & McFadden, 2003). Pathologizing cultural members could lead to pathologizing cultural norms and could lead to the creation and perpetuation of stereotypes, oppression, and discrimination (Harper & McFadden, 2003). Additionally, learning to use diagnoses could go against the practices or beliefs of members of some cultures (Harper & McFadden, 2003). The nature of the CISM, with the focus being on the development of relationships and meeting the supervisee’s and
client’s needs, could counter the potential for labeling, discriminating, stereotyping, and oppressing as each individual involved in the supervision process (client, supervisee, and supervisor) would be viewed and treated as an individual rather than as a pathologized entity. From the initial entrée into the CISM supervisory relationship, supervisees would work with supervisors to use diagnoses in a culturally appropriate and effective manner. The dyad might begin with learning how to conceptualize and understand a client and a client’s concerns fully in relation to the person as an individual and as an interconnected member of a system.

**Ethical Considerations**

Though many ethical considerations were the same for the CISM as for the IDM and the Discrimination Model, there were some that were specific to the different models. The roles of consultant or counselor, on the part of the supervisor using the Discrimination Model, had the potential to cause boundary fuzziness or even to lead to indistinct definitions of the roles on the part of supervisors and supervisees alike (Bernard & Goodyear, 2014). In IDM, if and when a supervisee attained Level 3, or especially Level 3-i, there was the potential for a blurring of boundaries regarding roles since supervisee and supervisor were no longer separated by mastery level (Stoltenberg & McNeill, 1997; Stoltenberg & McNeill, 2010). Similarly, as supervisees progressed in the CISM interactionary vortex, they and their supervisors would collaborate more, opening the potential for fuzzy boundaries. It would be important for both the supervisor and the supervisee to maintain appropriate boundaries and to refrain from forming dual

Additionally, the activation of creativity and intuition (in the CISM) may lead to supervisees using purposeful but potentially new or untested actions and interventions with clients. Even though supervisees in the CISM vortex should be selecting actions and interventions purposefully to meet clients’ needs, they may not and that could result in harm to clients. The supervisor would need to maintain close watch over the supervisee’s practice, as the supervisor remained liable for the supervisee’s treatment of clients (Cormier & Bernard, 1982). If the supervisee acted inappropriately or unethically, it would still be the supervisor’s role to step into the situation, to address the supervisee’s gaffe, to take appropriate actions with regard to the supervisee, and to make sure that the client was not being harmed (Cormier & Bernard, 1982; American Counseling Association, 2004, 2014).

**Evaluating Effectiveness for Supervisees**

The CISM was developed as a result of this study, so no specific evaluation forms, measures, or questionnaires have, as yet, been created for use with the model. Existing models of supervision, for example, the Discrimination Model and the IDM, provide the possibility for evaluating effectiveness throughout the supervision process (Bernard, 1979) via conversations, forms (Bernard, 1979; Cormier & Bernard, 1982), and other measures (Leach et al., 1997; Stoltenberg & McNeill, 2010). As the CISM is developed, evaluation methods will need to be created so that supervisors and supervisees can determine whether progress in clinical development has occurred. Bernard (1979)
initially suggested that evaluation was an ongoing process which began when supervision began in the form of conversations (specifically referencing the Discrimination Model of supervision). Cormier and Bernard (1982) later stated that it was necessary to provide written documentation of supervision sessions, reviews, and evaluations to supervisees in order to fulfill one’s role as an appropriate supervisor. This was true especially with regard to negative reviews of performance and suggestions for improvement measures (Cormier & Bernard, 1982).

Ongoing conversations with supervisees about their experiences during supervision—any benefits of supervision, any needs they had that supervision was not meeting, their experiences with their supervisors (including what supervisors could do to improve), and their growth and professional development—could eventually contribute to evaluating the effectiveness of the CISM for supervisees. Standard forms could be created for supervisors and supervisees to use during sessions regarding progress, stuckness, challenges, strengths, weaknesses, professional development, and plans for in-between session homework. Participants in this study described their documentation and foci of supervision sessions as being related to supervisees’ struggles, growth, strengths, and responses to supervisors’ feedback and challenges. Any eventually developed evaluative forms for the CISM might even be based upon artifacts (e.g., supervision session log forms) that Cleo and Blanche shared for this study, as these artifacts covered the topics listed above (see Appendix Q). The use of a standard form provides a common language for those involved in supervision, as well as providing a point of reference for comparing growth over time. Also, such forms might provide supervisors with a
synopsis of supervisee concerns and goals to reflect upon between supervision sessions as supervisors worked to meet supervisees’ needs and encouraged supervisees to strive toward goals. This kind of documentation and focus in supervisory sessions might aid supervisors working from the CISM in opening a continual dialogue with supervisees about strengths, weaknesses, and areas for growth. The existence of this type of ongoing dialogue within the CISM vortex may also assist supervisors in remediation or gatekeeping efforts if and when any need for such efforts arose. Supervisees, in turn, may feel they had an ability to vocalize any concerns in relation to supervision, remediation, or gatekeeping. These uses of supervision documentation and dialogue may be able to further the versatility of the CISM if incorporated into the supervision process.

Several measures related to the IDM exist and one of them, called the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992; Leach et al., 1997), is a self-report measure of counselor self-efficacy. The COSE is a self-report used to determine how autonomous and self-efficacious a supervisee felt at present. This measure has been used at different points in time during supervision within the framework of the IDM (Leach et al., 1997). For example, IDM supervisors may begin the supervision process with the COSE, repeating the measure later in the supervision process to see how supervisees rated their development to determine whether or not supervisees were able to assess their own growth. IDM supervisors may also use the COSE to see whether supervisees’ assessments of growth aligned with the supervisors’ assessments and experiences of supervisees’ growth. The COSE might eventually be able to be used within the CISM in a similar way to how it was used in the IDM framework. The COSE matched with the
CISM in that confidence and self-efficacy were highlighted. Supervisors in this study reported that the activation of creativity and intuition in supervision increased a supervisee’s confidence and self-efficacy. Since the purpose of the CISM is to activate creativity and intuition on the part of supervisees early in the supervisory process, the COSE may eventually prove to be an appropriate developmental measure for supervisees who have experienced the CISM.

**Revisiting the Quality of This Study**

Research is always subject to limitations, even when very carefully planned and conducted. This study was no different. I based my considerations about quality and potential limitations of this study on Lincoln and Guba’s (1985) statements about trustworthiness and on Charmaz’s (2006, 2014) “criteria for grounded theory studies” (pp. 182-183; 336-338).

**Transferability**

Some would question the transferability of a supervision model (the CISM) developed from the grounded theory of the supervisory interaction vortex, especially since all of the participants resided in Ohio and many had past experiences with training novice clinicians within academic settings. However, Ohio participants were specifically chosen due to the multi-tiered licensure process and the extensive requirements for licensure as a counselor and endorsement as a supervisor demanded by the CSWMFT Board in Ohio. Ohio was one of earliest states to acquire a specific license for counselors to practice and continues to have some of the highest standards for counselor licensure within the United States (American Counseling Association, 2016). Such state standards
may have added an unintended limitation, as participants generally received specific training in supervision practices as they developed their skills as supervisors, and had to acquire ongoing education about supervision to maintain their credentials. Not every state licensure board requires such specialized training in supervision, so responses from supervisors in other states may differ regarding the incorporation of creativity and intuition within supervision. The training participants in this study may have received might limit the transfer of the CISM across the board, as particular understandings about supervision may be an as-yet unidentified and necessary component to using the CISM as an effective framework for supervision. As a result, the CISM might be something for supervisors from other states to strive toward, as it may be able to deepen and expand their practice as supervisors and clinicians.

**Truthfulness and Credibility**

Truthfulness is related to confidence in the way and setting in which a study was carried out, as well as confidence, on the reader’s part, in the findings (Lincoln & Guba, 1985). I endeavored to provide a transparent description of the procedures and trustworthiness measures for this study so that others could easily determine whether I had been careless or careful in my efforts at providing a truthful study. Additionally, I was concerned about providing sufficient information so that readers could determine whether they felt the manner in which the study was conducted was flawed, whether the setting was of concern to them, and whether they believed they would find similar results if they undertook such a study in the future.
Lincoln and Guba (1985) noted that credibility refers to consistency and how carefully a researcher had constructed a study. Upon the conclusion of a study, if another person conducted a similar study via similar means, would the results align with the results of the initial study or not? If not, then the conclusion would be that the study was not credible. If so, then the study may be viewed as credible.

Charmaz’s (2006, 2014) credibility criteria were more specific to grounded theory and were focused on whether a researcher was sufficiently familiar with the topic; whether there were sufficient data to merit a researcher’s interpretations, findings, and implications; whether the research had depth and covered a breadth of observations; whether sufficient comparisons were made between categories and observations; whether strong-enough links were noted between the data, the analysis, and the researcher’s arguments with regard to findings; and whether enough information and evidence was provided to allow a reader to assess and determine agreement or disagreement with the results of the study and the researcher’s interpretations of those results. The main limitation in this regard for this study involved whether the data were sufficient as far as breadth and depth, as there were 11 participants, who potentially overlapped with regard to work settings, involvement with supervising student supervisees, and factor loadings, and 22 grounded theory interviews. However, some of the same elements that readers might view as limitations regarding data sufficiency were components that made participants eligible for entry into the purposeful sample of this study. Grounded theory methodology requires a purposeful sample. I tried to demonstrate that participants met
the inclusion criteria for this study and were appropriate members of the purposeful sample who provided both breadth and depth to the collected and generated data.

**Transparency**

Transparency was highlighted by Lincoln and Guba (1985) as a method of determining how well a researcher presented data and results of a study without concern, on the part of the reader, that the researcher’s bias and motivations led to the results rather than the results stemming directly from participants. I tried to make my perspectives and connections to the research topic clear from the outset in an effort to counter concerns about transparency. My peer reviewer served as an additional mechanism for checking my motivations, bias, and tunneled vision so that the participants and what they shared led the data and the results. That said, the possibility that my interests, as the researcher, impacted the study, the interactions, data generation, data collection, and meaning made with participants was always a possibility. It could be said that a researcher can never fully check bias, motivations, interests, and hopes about a study enough in order to state that the results were developed 100 percent objectively. However, I hoped my efforts at providing transparency and trustworthiness throughout the study via triangulation, audit trail, peer review, immersion in the data, and time served to dispel any concerns about limitations to transparency.

**Originality, Resonance, and Usefulness**

Charmaz (2006, 2014) noted that in addition to credibility in grounded theory studies, originality, resonance, and usefulness were necessary for a study to have met evaluation criteria fully enough to be viewed as a viable study. The originality aspect she
described involved the idea that a study needed to provide some “social or theoretical significance” (p. 182), with “new insights” (p. 337), and an extension and refinement of existing practices. I undertook this study in an effort to fill gaps in the existing literature about creativity and intuition in counseling, specifically with regard to supervision. I tried to answer questions posed by other researchers regarding how creativity (Gladding, 2008, 2016), intuition (Charles, 2004; Eisengart & Faiver, 1996; Garcia & Ford, 2001; Jeffrey, 2012; Jeffrey & Stone Fish, 2011; Shallcross, 2016; Sucre, 2008), or creativity and intuition could be incorporated into supervision and clinical practice more fully and from the outset of a clinician’s training and work (Bohart, 1999; Carson & Becker, 2004; Faiver et al., 2000; Kottler & Hecker, 2002).

The results of this study added to Carson and Becker’s (2004) demand that, “the time to introduce conversations about creativity is not post-graduation, but rather at the first moment that an individual decides to become a professional counselor” (p. 114), as well as Charles’ (2004) call that intuition “be more intentionally included in training” since it “plays a very significant role within psychotherapy and contributes to positive outcome for the client” (pp. 212-213). Moreover, the results of this study appeared to add to Jeffrey’s (2012) belief that “supervisors can play a pivotal role in fostering intuition in counselors” (p. 6). All of the above supported the criteria of originality and usefulness (which will be detailed more fully at the end of this section).

Resonance was described by Charmaz (2006, 2014) as the researcher’s ability to fully portray the experience that was studied, revealing meaning, making connections between participants to the external world, and making sense to and deepening insight for
participants regarding their experiences. Although each participant’s experiences differed, the overlap between participants was explored both via the Q-sort and the factors, and with the concepts and categories that emerged during the study. Participants said that their awareness about their actions as a supervisor and their beliefs about supervision had expanded during the course of the study and that, upon reflection, insight about how they used creativity and intuition in their work dawned, adding to participants’ ongoing development of their supervision practice and clinical work. All of the participants shared that they felt invested in the research, were interested in the results, and had more questions about their personal supervision practices upon the conclusion of their participation in this research. They all said they had shared as much as they knew about the topics during the study, and they added the connections they had made between categories and themes that were presented to them during the study. Despite participants’ reported enthusiasm about this study, only three of the participants responded to the feedback elicitation e-mail, leaving a question as to whether or not the other eight participants felt that the CISM was representative of their understandings about supervision and of their actual supervision practices.

Usefulness has been defined as results that can aid people in everyday life, spark additional research, and contribute both to knowledge about the topic and to improving the world around one (Charmaz, 2006, 2014). To those ends, the results of this study included a model of supervision aimed at the following:

- helping supervisors, supervisees, and clients on an everyday basis;
• adding to the literature about the topics of creativity, intuition, and creativity
and intuition in counseling and supervision;

• possibly leading to improvements in the world through improved outcomes
for clients; and

• possibly leading to additional avenues in research (as described in the
  Recommended Directions for Future Research section below).

The CISM cannot be applied to all areas of life, but it may be possible that the model will
be connected to additional disciplines via ongoing research and application. The
incorporation of the CISM into the helping field will not change the world overall, but its
incorporation and use may impact the world for the better in some unforeseen capacity
due to outcomes stemming from clients, supervisees, supervisors, or the counseling field.

Some research directions that may aid this aspect of usefulness in the future were detailed
below.

**Recommendations and Directions for Future Research**

This study involved two different yet interwoven research methodologies. As a
result, there was an abundance of rich data from which to draw conclusions and plan
future research. One of these areas stemmed from the grounded theory aspect of this
study and the other from the Q-aspect of this study.

To start, the CISM was the result of this study and although participants’ practices
and experiences had collectively led to the creation of the CISM, no one has yet
researched the application of the CISM in practice. Moreover, researching how the
grounded theory of this study, the supervisory interaction vortex, works in practice and
determining whether or not the vortex actually aids the activation of supervisees’
creativity and intuition would provide practitioners with more information when they are
deciding whether or not to choose the CISM for their practice. I questioned what might
happen once the CISM was incorporated into supervision and a supervisee “graduated”
into independent practice (that is, considering post-CISM effects). Additional
possibilities for future research involved considering how the CISM or creativity and
intuition might be interwoven into the fabric of education and training programs and the
potential impacts such applications of the CISM and creativity and intuition might have
for students, teachers, educators, and trainers. Another avenue for research included
investigating how future supervisors might be taught to use creativity and intuition in
supervision and whether the CISM might need to be altered in some ways depending
upon whether or not supervisors had been trained in creativity and intuition initially
versus never having received such training (that is, training current and future
supervisors). Questions about how to train supervisors to use the CISM led to curiosity
about and the potential for future research about how, when, and why activated clinicians
chose to incorporate creativity and intuition in their work with clients (in other words,
when moving from training to practice).

The other area for further exploration was related to the Q-aspect of the study.
The analysis of the factors was limited in scope because this study was a grounded theory
study, rather than a mixed methods study. Areas related to the Q-aspect of this study are
explicated below with regard to directions for future research, beginning with the two
most directly connected to this study, a complete Q-analysis and a secondary Q-analysis.
The next area for future study, a qualitative inquiry about Factor ci, was related to connections between elements of the Q-aspect and the grounded theory aspects of this study. Finally, two other Q-studies could stem from this study: namely, a Q-study on logic and a DBT-practitioner Q-sort. Each of these research recommendations was expanded upon briefly below.

**Grounded Theory Aspect of This Study**

Several points of interest arose from the current study with regard to the overall grounded theory and the practice of creativity and intuition within supervision and clinical work and training. One point was connected to the Q-aspect of the study and the grounded theory. Other points and questions stemming from this research could lead to the expansion of this study, answering more questions related to creativity and intuition, and adding detail as to how the CISM and creativity and intuition may be incorporated and used in training, practice, and supervision.

**Post-CISM effects.** The CISM emerged from the grounded theory and the participants’ examples and experiences with supervision. Even though participants had used elements of what became the CISM in their practice, no thorough study about the use of the CISM has yet been done. A study about supervisors’ experiences of incorporating the CISM would be useful for understanding more about the CISM from the supervisor’s point of view, including information about ease or difficulty of incorporating the CISM and comfort with working within the CISM. Additionally, research could be done regarding what benefits and limitations supervisors believed were inherent to the use of the CISM for supervisors, supervisees, and clients.
A study about supervisees’ experiences of having experienced the CISM in supervision would add to understanding more about the CISM from the supervisee’s point of view. Research about supervisees’ understandings about the framework of the CISM and how easy or difficult learning to work within that framework had been would add to knowledge about the application of the CISM. Additional research might be focused on what benefits and limitations supervisees believed they, their clients, and their supervisors had received as a result of using the CISM throughout the supervisory process. In addition, it would aid understanding about outcomes of the CISM if other post-CISM effects were studied. One method of doing so would include finding past supervisees who have moved through supervision and into independent licensure and asking them about their experiences during the CISM and after the CISM—with their clinical practice; their feelings of self-efficacy and confidence; their comfort with ambiguity, purposeful risk-taking, and using creativity and intuition; their use of learning from mistakes and self-reflection; their process of learning and self-challenge; their relationships with supervisors; and their beliefs about themselves as clinicians. Such a study might even be accomplished quantitatively by using some form of pre- and post-tests.

Since relationships are key in the CISM, future research might focus on the supervisory relationship within the CISM and endeavor to answer some of the following questions. How might the CISM supervisory relationship and interactionary vortex differ from other supervision models? How do supervisory relationships develop in the CISM remain similar to those developed in other supervision models? What elements of the
CISM make it unique from other supervision models? Answers to these questions would provide supervisors more information about the CISM so that they could decide whether or not to incorporate it into their supervision practice. It may also be helpful to compare the CISM to other supervision models and to determine whether or not supervisory relationships developed in the CISM were weaker or stronger than those developed in other supervision models. This would provide specific information about how supervisory relationships in the CISM differed or were similar to those in other supervision models and might lead to future development and potential changes to the CISM.

Another method of exploring post-CISM effects would involve identifying clients of supervisees who had experienced the CISM and engaging those clients in research to learn more about what their experiences were with their clinicians. A phenomenological study could be done to ascertain what the essence of their experiences with activated counselors had been. A study might be focused on determining what outcomes resulted (from treatment and post-treatment) for clients who worked with activated counselors, or on what clients’ experiences with problem solving and option recognition had been since attending counseling. Additionally, a study might be conducted with clients to explore what their beliefs about themselves had become or how their beliefs about themselves had changed after having experienced counseling with a clinician whose creativity and intuition had been activated from the clinician’s experiences within the CISM vortex.

Any of the methods described above would add to understanding more about the potential usefulness of the CISM, specifically in answering questions about how the
CISM may be able to contribute to improving the clinical world-at-large, not just improving supervision or an individual’s (a supervisee’s or client’s) experiences of living or working. Additionally, such research would expand the originality and resonance components of this study by increasing the fullness, depth, and connective aspects of the CISM and by continuing to refine and extend the CISM as a practice and creativity and intuition as concepts and practices. More knowledge about outcomes of the CISM may answer questions about whether or not the activation of creativity and intuition led to creativity and intuition being retained as aspects of counseling practice post-supervision. If creativity and intuition were not retained by supervisees post-CISM, researchers might be able to determine why not and what impeded supervisees’ continued use of creativity and intuition. If creativity and intuition were retained by supervisees and expanded upon post-CISM, researchers might explore how to incorporate the CISM and the activation of creativity and intuition in education and training programs. Researchers may also be able to determine what would help future supervisors learn how to use the CISM in their practices, thus adding to the actual application of current and future research findings and the CISM overall.

**Applying the CISM and the activation of creativity and intuition to counselor education.** Past research and theoretical articles were focused on determining how teachers, trainers, coaches, educators, and training programs integrated or added creativity (Anekstein et al., 2014; Carnes-Holt et al., 2014; Gash, 2017; Koltz, 2008; Simonton, 2012) and intuition (Charles, 2004; Jeffrey, 2012) into their curricula (Faiver et al., 2000). Some examples of past creativity and intuition inclusion were teachers
mentioning creativity and intuition on a specific day, in a specific workshop or course, or in relationship to a specific population or specific topics (adolescence, supervision, trauma, chronic illness, children, and depression; Faiver et al., 2000). Other examples include educators infusing creativity and intuition, or creativity or intuition, throughout their curriculum in toto (Charles, 2004; Gladding, 2016; Jeffrey, 2012; Simonton, 2012). The call for encouraging and activating creativity and intuition, or creativity or intuition, from the first day of a student’s potential counseling career was issued (Carson & Becker, 2004; Charles, 2004; Hecker & Kottler, 2002; Jeffrey, 2012). Although it has not yet been fully determined whether or not such inclusion is warranted, it may be useful to explore how creativity and intuition might be encouraged, incorporated, activated, and quite possibly, infused into the curriculum of any and all counseling training programs via the CISM.

It may also be helpful for future researchers to meet with educators and administrators to see what concerns they might have about incorporating the CISM into the curricula of training programs. Such inquiry would provide researchers with useful information about how best to approach teachers and colleges to request their involvement in infusing the CISM into curriculum for future studies that might assess outcomes of the incorporation of the CISM. Factors abetting or hindering the process of adding the CISM into curricula might also be uncovered as a result of discussions with educators and administrators.

Educators could be interviewed or polled, or they could complete Q Sorts regarding their experiences of using the CISM and of teaching and encouraging creativity
and intuition. They could be asked their beliefs about how such inclusions impacted
students, the community of the college, and the teachers themselves. Moreover,
educators could provide feedback about where, when, and why creativity, intuition, and
the CISM best fit into curricula, courses, and coursework, and they could share details
about how creativity and intuition and the CISM were and had been included. Educators
may be able to address whether the development and growth of fledgling clinicians
occurred more quickly once creativity and intuition were incorporated into the curricula
and activated within students, including whether or not students had an easier time
figuring out what to do with or how to manage ambiguity within clinical practice and
conceptualizations. The question of whether or not critical thinking was impacted for the
better as a result of such inclusions within curricula would be another avenue for
researchers to pursue. Any of these details would add to uncovering the potential impact
of the CISM and of creativity and intuition activation upon clinicians, clients,
supervisors, the counseling world, and the world-at-large.

Training current and future supervisors. Answering any of the
aforementioned questions would increase understanding about how the CISM and
creativity and intuition connected to, impacted, and potentially expanded beyond
supervision. Supervisors or supervisors-to-be who did not use the CISM, who had not
experienced, or who did not activate the CISM or creativity and intuition, may want to
learn how to do so if they believed such practices would assist them, their supervisees, or
their clients. Researchers could explore how best to train or teach soon-to-be and current
supervisors to use creativity, intuition, and the CISM in supervision. Part of this research
may include educating participants about what creativity and intuition entail and how they are defined. Determining whether or not continuing education made an impact on supervisors or clinicians with regard to creativity and intuition being activated or encouraged would be useful, too.

Another component of this research might involve interviewing supervisors who activate creativity and intuition or use the CISM as a framework regarding how they learned to use creativity and intuition in supervision or within the CISM. The focus of the research could be the development of a training series or model for current supervisors and soon-to-be supervisors about how to incorporate creativity and intuition into supervision or how to use the CISM within supervision. This kind of research also might try to explore the CISM and the activation of creativity and intuition in as many ways as possible to increase the resonance and usefulness of the CISM overall.

**Moving from training to practice.** Finally, it would be helpful to know more about the shift from learning about and training in creativity and intuition to practicing with creativity and intuition as a clinician. Potential questions related to this shift include the following. How did creativity and intuition translate into actions on the part of the clinician? How and why did clinicians decide to use creativity and intuition with specific clients for particular purposes? What applications of creativity and intuition did clinicians choose to use in such circumstances and why? Existing articles and books contain descriptions about particular instances of clinicians using creativity (Kottler & Hecker, 2002; Lawrence et al., 2015) or intuition (Charles, 2004; Jeffrey & Stone Fish, 2011; Shallcross, 2016), or creativity and intuition (Bohart, 1999) in practice (Moon,
Yet the literature does not address these uses of creativity, intuition, or creativity and intuition in detail or answer these questions fully.

Participants in this study determined that their intuition was used throughout their experiences in supervisory and clinical work from the moment another person entered the room with them. They also described connections between creativity and intuition in practice that made it difficult for them, at times, to distinguish the use of creativity from the use of intuition. Moreover, they tried to pull apart intuition into different entities, asking whether intuition was really more than one thing or simply one entity comprised of different types of experiences. Participants’ statements and questions led to other questions related to practice. These included, but were not limited to the following. Are there truly times when intuition was not used by clinicians, or times when creativity was not useful or used by clinicians, and if so, when and why? When and why would creativity and intuition not be linked in some way during clinical practice? What was intuition comprised of: one thing or multiple things that led to different types of experiences? Answers to any of these questions would illuminate nebulous concepts about and practices involving creativity and intuition in clinical work.

That said, retaining some level of “mystery” about the therapeutic process and the use of creativity and intuition was compelling to me. I have never been convinced that these processes and actions could be described and broken down fully into step-by-step processes, nor have I believed that they should be, as that would be akin to creating a manualized version of creativity and intuition. However, more information about using
creativity and intuition in practice and in training, and about the outcomes of those practices, would aid the counseling profession by providing more substance for the argument that creativity and intuition are useful in clinical practice, clinical supervision, and clinical training.

**Q-Aspect of the Current Study**

A complete Q-analysis could be written up about the factors of this study (i.e., factors Ci, CI, and ci) regarding what defined each factor and what distinguished each factor from the other two. Such a Q-analysis would provide more information about Factor ci, what precisely composed the factor, and the subjectivity of those individuals who loaded on that factor. A master list of numeric codes and Q-sort participant names was created at the beginning of this study and might be able to be returned to in case additional information were needed from Factor ci participants to complete the full analysis and description of the Q-sort. However, returning to Q-sort participants to request additional information would likely be unnecessary due to the richness of the data compiled from the Q-sorts and the Q-interviews.

**Secondary Q-analysis.** In addition to a full Q-analysis, part of the data could be reanalyzed to see whether or not the overlap among the three factors was accounted for by a second order factor. Answering the question of what the overlap might suggest could assist in planning future studies related to creativity and intuition since more specific research questions would be able to be developed based upon the enhanced understanding a researcher would then have regarding participants’ subjectivity in relation to creativity and intuition. A secondary Q-analysis would require that the
rank-ordered sorts specific to each of the three factors be inputted into the PQMethod program as three individual sorts, and then that an analysis be run on those three sorts. Any overarching aspects of the analysis would appear and may potentially result in a super factor that better explained the connections among the three factors (Ci, CI, and ci).

Exploring more about Factor ci. Six Q-sort participants loaded on Factor ci. Beyond analyzing for a potential super factor to explain similarities between the factors, learning more about what made Factor ci participants different from Factor Ci and Factor CI participants would be interesting. This would be especially interesting to me, since I had mistakenly presumed before the study began that several of the Factor ci loaders would have loaded on Factor Ci or Factor CI due to my knowledge of them as clinicians. Such an exploration would require qualitative inquiry, possibly using the same initial interview questions that were used in this study in order to note where and how Factor ci people differed from the other two factors with regard to the topic of activating and encouraging creativity and intuition in clinical supervisory relationships. Those additional bits of information may assist in furthering the resonance, credibility, and usefulness of this study, and potentially of the CISM as a supervision model.

Q-study on logic. Logic was included within the concourse and Q-statements of the Q-aspect of the current study. Moreover, I completed a theoretical Q-sort from a logic lens early in this study based upon the literature I reviewed about logic. Study participants and literature about creativity and intuition supported the idea that logic and rigidity may hamper one’s ability to access and use creativity and intuition. Information about what those who ranked logic more highly than creativity or intuition on the Q-sort
believed and practiced might be able to help further understandings about when, how, and why the CISM and creativity and intuition might not be appropriate to use in supervision or clinical practice.

This type of study could be conducted in one of three ways. The Q-sorts of participants from this study (whose Q-sorts aligned with logic) could be reanalyzed in an effort to uncover more information about what might be suggested about the supervisory practices and beliefs of supervisors whose subjectivity included elements of logic rather than elements of creativity and intuition. Second, a new Q-sort using the same statements could be conducted. For this new Q-sort, a researcher may want to try to solicit participants who may be more inherently logical than creative or intuitive to see how they ranked logic and whether their Q-sorts resulted in factors that were aligned with logic. Q-interviews with supervisors who loaded on logic factors might provide some information about whether, when, why, and how they did or did not incorporate creativity and intuition into their clinical and supervisory practices. Finally, a researcher could expand the concourse on logic, transform that concourse into new or additional Q-statements, and conduct a new Q-sort to ascertain supervisors’ and clinicians’ subjective viewpoints about logic. Q-interviews with the new Q-sort participants may provide clues as to what made logic important to their practice as clinicians and supervisors. The researcher may also want to have the same participants complete the Q-sort from this study so that the researcher could ask participants questions about both Q-sorts in an effort to learn more about why, when, or how creativity and intuition may not be suited for use in supervision or clinical practice.
**DBT-practitioner Q-sort.** Factor CI was comprised of three individuals, including the researcher, three of whom identified as DBT-practitioners. The overlap among the three individuals was vast and required, on my part, multiple memos, research journal entries, creation of art imagery, and conversation with the peer reviewer in order to check and contain my connections to and resonance with the participants from overshadowing the data.

Several conversations with Factor CI individuals included discussions and questions related to DBT. One conversation that occurred during the interview process included discussion about the composition of DBT-treatment teams in different settings and whether setting and population impacted the team’s dynamic and use of DBT. Another discussion involved ideas and questions about whether or not particular people were drawn to DBT due to personality, beliefs, or theoretical orientations. Additionally, questions arose about whether two camps, or types, of DBT-practitioners existed—was there one type who was more strictly adherent versus another type who was more client-focused and potentially psychodynamic in theoretical orientation and clinical practice?

These experiences, conversations, and questions combined and led to my thinking that conducting a Q-sort with DBT-practitioners, using the Q-statements from this study, may answer some of these questions. A new Q-concourse, Q-statements, and Q-sort could also be created, transformed, and conducted with a focus on psychodynamism, DBT-adherence, creativity and intuition, and logic. Such a Q-study may add additional detail to furthering understandings about DBT-practitioners and their beliefs about and practices of DBT.
Conclusion

I began this constructivist grounded theory study to understand how creativity and intuition could be incorporated more fully into clinical supervision practices in order to help supervisees begin to use creativity and intuition early in their clinical practice. This interest led to the research question that I wanted to answer by conducting this study: How do clinical counseling supervisors activate and encourage creativity and intuition in supervisory relationships with counseling supervisees? Additionally, I wanted to respond to other researchers’ requests for more information about how to incorporate creativity and intuition into clinical training and supervision more effectively and from the outset of training clinicians-to-be.

I discovered that supervisors perceived that they activated and encouraged creativity and intuition in myriad ways throughout the supervisory process: specifically through their actions, the modeling of their values, and the development of strong supervisory alliances, supervisory relationships, and the supervisory interaction vortex. The supervisory interaction vortex was the grounded theory that arose from the data and analysis and was one result of this study. Uncovering the vortex led to the creation of a new supervision model, the Creativity and Intuition Supervision Model, or the CISM. The development of the CISM provided a new supervision framework from which to develop and cultivate supervisory relationships, processes, and supervisees’ professional growth as counselors.

The CISM answered the research question for this study and added new information to the existing body of research about creativity and intuition within the
counseling profession overall. The CISM will need to be explored further both in clinical practice and in future studies, but offers a means by which supervisors may be able to assist supervisees in developing and constructively using creativity and intuition within their clinical practice from the beginning of their counseling careers. Moreover, components of the CISM may eventually be able to eventually be incorporated into counselor training programs in an effort to aid counseling educators and training supervisors in activating and encouraging creativity and intuition from the first moment a counseling student enters a counseling classroom.
APPENDIX A

IRB APPROVAL
Appendix A

IRB Approval

IRB approval for protocol #15-521 - retain this email for your records

HV   Hollbrook, Victoria on behalf of RAGS Research Compliance

To: COX, JANEA; Cc: Tolbert, Yvette; RAINIE, JOHN

Mon 11/9/2015 3:16 PM

Q-Sorts

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RE: IRB # 15-521 entitled "Activating and Encouraging Supervisees' Creativity and Intuition Through the Clinical Supervisory Relationship"

Hello,

I am pleased to inform you that the Kent State University Institutional Review Board reviewed and approved your Application for Approval to Use Human Research Participants as a Level II/Expedited, category 6 project. Approval is effective for a twelve-month period: November 3, 2015 through November 2, 2016

*A copy of the IRB approved consent form is attached to this email if the study is recruiting in person. This "stamped" copy is the consent form that you must use for your research participants. It is important for you to also keep an unstamped test copy (i.e., Microsoft Word version) of your consent form for subsequent submissions.

Federal regulations and Kent State University IRB policy require that research be reviewed at intervals appropriate to the degree of risk, but not less than once per year. The IRB has determined that this protocol requires an annual review and progress report. The IRB tries to send you annual review reminder notice by email as a courtesy. However, please note that it is the responsibility of the principal investigator to be aware of the study expiration date and submit the required materials. Please submit review materials (annual review form and copy of current consent form) one month prior to the expiration date. Visit our website for forms.

HHS regulations and Kent State University Institutional Review Board guidelines require that any changes in research methodology, protocol design, or principal investigator have the prior approval of the IRB before implementation and continuation of the protocol. The IRB must also be informed

of any adverse events associated with the study. The IRB further requests a final report at the conclusion of the study.

Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRP); FWA Number 00001853.

If you have any questions or concerns, please contact the Office of Research Compliance at Researchcompliance@kent.edu or 330-672-2704 or 330-672-8058.

Kent State University Office of Research Compliance
224 Cartwright Hall | Fax 330.672.2658

Victoria Holbrook | Graduate Assistant | 330.672.2384 | vholbroo@kent.edu
Tricia Sloan | Administrator | 330.672.2181 | psloan1@kent.edu
Kevin McCrea | Assistant Director | 330.672.8058 | kmccrea1@kent.edu
Paulette Washko | Director | 330.672.2704 | pwashko@kent.edu

For links to obtain general information, access forms, and complete required training, visit our website at www.kent.edu/research.
Informed Consent to Participate in a Research Study

Study Title: ACTIVATING AND ENCOURAGING SUPERVISEES’ CREATIVITY AND INTUITION THROUGH THE CLINICAL SUPERVISORY RELATIONSHIP

Principal Investigator: Dr. Jane A. Cox
Co-Investigators: Yvette R. Tolbert and Dr. J. Steve Rainey

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

Purpose: The purpose of this research is to explore how clinical counseling supervisors encourage creativity and intuition within the context of clinical supervisory relationships. The results of this study may benefit the field of clinical supervision by adding information to the dearth of available literature regarding creativity and intuition in clinical supervision.

Procedures: Your participation will include the completion of a Q-sort, including a brief demographics form, a recording form, and possibly a brief interview (10-20 minutes) regarding the rankings you selected during the Q-sort. I (Yvette R. Tolbert) will take notes about what you say during the interview. If your Q-sort is completed via mail, you will record your Q-sort on the recording form and answer interview questions on your own. Your participation is voluntary and you can choose to stop the process at any time without suffering any ill or negative effects.

Your Q-sort will be analyzed via computer software and you will be contacted via e-mail regarding the results of the analysis. At that time, you will either be asked to continue with the second stage of the study or not.

If asked to continue with the study, your participation will include the completion of at least two (possibly three) semi-structured interviews (1-3 hours total) and will also include reviewing the analysis of the information you provide during the interviews. I (Yvette R. Tolbert) will take notes about what you say during the interviews and your interviews will be digitally audio-recorded. Your participation is voluntary and you can choose to stop the process at any time without suffering any ill or negative effects. You may choose to pass or skip questions you do not wish to answer. Once the study is completed, you are welcome to request a brief summary of the results.

Q-Sort Diagram: The results of your Q-sort will be recorded on a paper form which will contain your code identifier in the form of a number. The connection between you and your participant code will be kept confidential on a digital, password protected file.

Digital Audio-Recording and Digital Photographs: If asked to continue for the second part of the study, your interviews will be digitally audio-recorded (and transcribed) and any artifacts (e.g., images, artworks, poems, writings, or documents you created) you choose to provide will be digitally photographed or scanned. Your audio-recordings and digital photograph files will be identified via a numeric code identifier. The connection between you and your participant code
will be kept confidential on a digital, password protected file. Audio-files will be destroyed upon transcription.

**Benefits:** Although there may be no direct benefit to you for participation in the study, your participation will help add to the understanding of creativity and intuition in clinical supervision. Additionally, you may find you benefit from the study in terms of clarifying your own perspective about creativity and intuition within clinical supervision. You may also learn more regarding how you feel about incorporating creativity and intuition into clinical supervision with supervisees and about how you teach or encourage creativity and intuition to or within supervisees as they develop.

**Risks and Discomforts:** There are no anticipated risks or discomforts beyond those encountered in everyday life. You may experience discomfort in thinking about some of the Q-statements or interview questions as you may not have considered the topics being presented or discussed in the past. However, if you do not want to answer particular interview questions, you may pass or skip such questions and move on to the next question. The choice to skip a question or end the process will not impact you negatively in any way as your participation is voluntary. You are not being asked to engage in any physical activities that would present risk, harm, or discomfort to you. You will be completing your Q-sort and interviews in a private room with a closed door, so any psychological discomfort with topics will occur in private quarters and can be discussed with the co-investigator #1 (Yvette R. Tolbert). No social, legal, or economic risks will be encountered during participation in this research as participation is voluntary and can cease at any time without untoward consequence to you. If you are pregnant or become pregnant during the course of the study, none of the tasks involved will present risk to your embryo or fetus.

**Privacy and Confidentiality:** Your study related information will be kept confidential within the limits of the law. Any identifying information will be kept in a secure location (on Kent State University’s campus) and only the researchers will have access to the data. Research participants will not be identified in any publication or presentation of research results.

Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies. Confidentiality may not be maintained if you indicate that you may do harm to yourself or others.

In addition, if artifacts are used as examples, any identifiers will be removed or blocked out and a pseudonym or code will be used for reference if necessary. Your digital materials (artifacts, transcripts, and audio-recordings) will be kept in two locations (a password-protected flashdrive stored in a lock box and in password-protected files on Yvette R. Tolbert’s computer). The audio-recordings will be destroyed once they are transcribed. Any paper copies or print-outs of transcripts will be scanned into the researcher’s computer and saved within password-protected files and on a password-protected flashdrive (stored in a lock box on Kent State University’s campus in 310 White Hall). The paper copies or print-outs will be destroyed via shredding upon scanning.

Finally, in accordance with mandated reporter laws in Ohio and counseling ethics, your confidentiality may not be maintained if there is an indication that you may harm yourself or others.

**ACTIVATING AND ENCOURAGING SUPERVISEES’ CREATIVITY AND INTUITION THROUGH THE CLINICAL SUPERVISORY RELATIONSHIP**
others, or if there is any indication of child, elder, or adult with developmental disabilities abuse or neglect.

**Voluntary Participation:** Taking part in this research study is entirely up to you. You may choose not to participate or to discontinue your participation at any time without penalty or the loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue your study participation if such information emerges during the study.

**Contact Information:** If you have any questions or concerns about this research, you may contact me (Yvette R. Tolbert, Co-Investigator) at 216.702.2455 or by e-mail (ytolbert@kent.edu). You may also contact Dr. Jane A. Cox (Principal Investigator and dissertation co-director) at 330.672.2662 or by e-mail (jcox8@kent.edu), or you may contact Dr. J. Steve Rainey (Co-Investigator and dissertation co-director) at 330.672.2662 or by e-mail (jrainey@kent.edu). This project has been approved by the Kent State University Institutional Review Board (IRB). If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330.672.2704.

**Consent Statement and Signature:** I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.

______ I would like an executive summary of the study results.

______ I would not like an executive summary of the study results.


Participant Signature  

Date

Participant’s Printed Name

ACTIVATING AND ENCOURAGING SUPERVISEES’ CREATIVITY AND INTUITION THROUGH THE CLINICAL SUPERVISORY RELATIONSHIP 3
IRB approval for ANNUAL REVIEW (protocol #15-521) - retain this email for your records

Sloan, Patricia on behalf of RAGS Research Compliance

Tue 11/7/2016, 4:17 PM
Tolbert, Yvette; COX, JANE A; RAINIE, JOHN

You forwarded this message on 11/10/2016 2:36 PM

RE: IRB # 15-521 entitled "Activating and Encouraging Supervisees' Creativity and Intuition Though the Clinical Supervisory Relationship"

Hello,
The Kent State University Institutional Review Board (IRB) has reviewed and approved your Annual Review and Progress Report for continuing review purposes. The protocol approval has been extended and is effective:

November 3, 2016 through November 2, 2017

For compliance with:

- DHHS regulations for the protection of human subjects (Title 45 part 46), subparts A, B, C, D & E

*A copy of the IRB approved consent form may be attached to this email if the study is still recruiting in person. This "stamped" copy is the consent form that you must use for your research participants. It is important for you to also keep an unstamped text copy (i.e., Microsoft Word version) of your consent form for subsequent submissions.

Federal regulations and Kent State University IRB policy requires that research be reviewed at intervals appropriate to the degree of risk, but not less than once per year. The IRB has determined that this protocol requires an annual review and progress report. The IRB will try to send you an annual review reminder notice by email as a courtesy. However, please note that it is the responsibility of the principal investigator to be aware of the study expiration date and submit the required materials. Please submit review materials (annual review form and copy of current consent form) one month prior to the expiration date.

HHS regulations and Kent State University Institutional Review Board guidelines require that any changes in research methodology, protocol design, or principal investigator have the prior approval of the IRB before implementation and continuation of the protocol. The IRB must also be informed of any adverse events associated with the study. The IRB further requests a final report at the conclusion of the study.
Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRRP); FWA Number 00001853.

To search for funding opportunities, please sign up for a free Pivot account at http://pivot.cos.com/funding_main

If you have any questions or concerns, please contact our office at 330-672-2704 or researchcompliance@kent.edu

Doug Delahanty | IRB Chair | 330.672.2395 | ddelahan@kent.edu
Tricia Sloan | Coordinator | 330.672.2181 | psloan1@kent.edu
Kevin McCreary | Assistant Director | 330.672.8038 | kmccrea1@kent.edu
Paulette Washko | Director | 330.672.2704 | pwashko@kent.edu
APPENDIX B

Q-SORT STATEMENTS
Appendix B

Q-Sort Statements

1. If I stay in the same physical location doing the same role, I can lose my ability to think outside the box. I may become confined in my ways of thinking and acting.

2. The ability to see differently helps me to be innovative, especially if I am open to the possibilities of doing something different or of seeing alternatives.

3. My breakthroughs in supervision occur more frequently when I encounter the strange and unfamiliar.

4. I often spend time developing my imperfect skills while I leave my perfected skills to the side. Constant learning is essential for my development.

5. My work is a calling, much like other caregivers, and my experience has been that my own experiences of pain provide me with additional awareness and make me well-suited to join with others in the journey to face the struggles of life.

6. It has been my experience that talent plays the smaller role; instead, it is preparation that is the key to achievement.

7. I have felt sometimes that I was teetering on the edge of being “mad” when providing creative guidance to supervisees. Such forms of guidance may implicate mental health issues.

8. Clinical intuition is a mystery.

9. I find all forms of creativity to have merit, regardless of whether the form is tangible or intangible, or a product, person, process, or place.

10. I often reward supervisees for making the right decisions.

11. Whereas the unconscious can combine intuition and intellect to encourage progress, it has been my experience that in stressful situations, the competent use of intuition requires training, certain rules, and rehearsal.

12. I believe creative processes are too complex to be fully explained by brain scans.

13. I believe that being present with a supervisee at a significant moment of insight or decision is a profound spiritual experience akin to being present for the birth of an infant.
14. I prefer questions that have right answers. That way, I know what I have to do to succeed.

15. On occasion I have been fortunate enough to have had surprising flashes of inspiration and creativity which impact my work.

16. I need to help supervisees monitor themselves and audit their actions in order to facilitate growth.

17. If something is not working, then something new should be tried. “We’ve always done this” is not a good reason to continue on a path. I try to reframe problems to generate new possibilities so I can experiment to see what works best for the situation at that time.

18. Intuition is my inner guru, but I struggle to use it if I am too aroused or fearful.

19. The values of the world I live in and the people I surround myself with impact who I am.

20. My role is to serve as an incubator for those who will shape the future of counseling.

21. I try to be courageous in the face of past and potential failures because failures help me learn. I believe transgression, persistence, and creative discontent help to solve problems; however, I recognize that such practices entail the possibility of failing again.

22. Intelligence has been oversold. I only need enough of it in order to do well. More than enough does not assist me in becoming expert at the discipline or successful in the field.

23. I tend to use “fast and frugal” thinking to arrive at many of the answers in sessions with clients and supervisees. I know and feel something that is an answer, but I do not always know what I know.

24. When I supervise creatively, I try to provide supervisees with the opportunity to experience the act of creating.

25. Intuition tells me where to look next for the answers I seek.

26. Good supervision cannot be parsed down to universal, applicable skills that can be shared with all. In my case, it involves my ability to find the limits of each supervisee’s ability, to send signals to help supervisees reach goals each time new challenges appear, to teach a love of counseling, and to ignite and sustain motivation.
27. If I feel disconnected, fearful, or know I will have to explain myself, then I often have difficulty engaging or using my rapid cognition skills easily.

28. In my experience, real world creativity looks different and has different standards than that of “art.” It involves adaptive novelty, not simply originality; and creativity can be a noun and a verb as it can challenge conventions and inspire changes.

29. I try to use intuition as a guide, a tool, a relationship builder, and an additional source of intel in my work.

30. Creative supervision is a process that can be dissected and taught despite my awareness that being engaged requires continual growth and always lurks on the edge of what is not known. I find it dangerous, exciting, and unsettling at the same time.

31. In order to learn, I try to engage in “deep practice,” which requires noting and fixing errors; fitting small parts into the whole, all the while considering the micro, mezzo, and macro levels throughout; and practicing at different tempos. All of this adds layers of myelin to my neural circuits and increases my ability to think and act faster and more accurately.

32. I try to connect the dots in ways they have never been connected before, and this often requires breaking habits or changing procedures.

33. I am suspicious of rapid cognition and intuition. I have found that time and effort must go into the making of any and all decisions.

34. Creativity often happens in the course of a supervision session: it can redefine how things are done.

35. It is impossible for me to say that I have created a successful outcome because all success is a product of history, community, opportunity, legacy, and advantages.

36. I believe that ten thousand hours of practice in a specific discipline is required to attain expert status. This translates into about ten years of hard practice. That amount of time and work is the critical mass.

37. I sometimes use humor, metaphor, and ritual to transform strangeness into something more familiar or accessible.

38. Many times, the situation in which I find myself impacts the rapid cognition decisions I make. My rapid cognition is not uncontrollable even though it may seem that way.

39. I have to trust both my gut and know-how to be the most effective supervisor I can be. I cannot rely on just one or the other.
40. I find I have to listen on multiple levels and that it is minor, seemingly unrelated events which often yield signs leading to solutions. This is my adaptive unconscious at work, presenting a new path to try after I have begun with a specific agenda.

41. In most instances, practical intelligence is essential for knowing what to say to whom, knowing when to say it, and knowing how to say it for maximum effect. I believe such intelligence is essential for becoming an effective counselor and supervisor, but it is difficult to teach.

42. I tend to look for small improvements on the part of my supervisees. Big, quick improvements are not as powerful and they do not last like small improvements do.

43. I try to provide chances to those who do not have them so they can grow and develop from using them.

44. I have found the techniques, skills, and theories that I have learned to be essential in order to be creative in my work. If I do not know how to counsel or supervise, I cannot be creative in doing either. Talent and training operate together, but I also must know when to be creative.

45. I try to encourage my supervisees by supporting their personal interests, being involved with them, demonstrating enjoyment when I am with them, and engaging them with challenging tasks.

46. By applying evidence-based treatments or mimicking counseling masters, I can insure my effectiveness with helping supervisees to grow and develop, regardless of who they are, all the while maintaining their interest in, support for, and engagement in the process.

47. My role is to make myself progressively unnecessary for those with whom I work.

48. My capacity to be creative in counseling and supervision helps me to provide supervisees with more chances to express themselves in multiple ways, which provides more opportunities to bring their thoughts and feelings into awareness.
APPENDIX C

INITIAL CONTACT E-MAIL
Appendix C

Initial Contact E-Mail

Dear _____________, LPCC-S:

My name is Yvette R. (Roxi) Tolbert and I am a doctoral candidate in the Counselor Education and Supervision Ph. D. program at Kent State University. I am also an LPCC-S (Ohio), an ATR-BC, and an NCC. I am contacting you to ask for your assistance in the following dissertation research study: Activating and Encouraging Creativity and Intuition in Clinical Supervision. I am looking for LPCC-Ss who are willing to provide their perceptions and experiences regarding creativity and intuition in clinical supervision (specifically from the supervisor’s perspective). The purpose of this study is to investigate whether the counseling supervision process can be improved with the hope that such improvements would translate to improvements in client outcomes.

Those who choose to participate will initially be asked to complete a Q-sort and a brief interview (10-20 minutes) regarding the Q-sort ordering. A Q-sort includes ranking statements (48 for this study) from those items with which you most agree to those with which you most disagree. More information will be provided about the Q-sort at the time it is presented to participants. The Qsorts will be analyzed via computer software and participants will be contacted regarding the results of the analysis. At that time, some participants will be asked to continue with the study via two (possibly three) semi-structured interviews (for a total of 1-3 hours) plus additional time (up to a total of 1 hour) to review the analysis of their interviews (more information will be given at that
time). A brief report of the study results can be provided for you at the end of the study if you so desire.

The results of this study may benefit the field of clinical supervision by adding information to the dearth of available literature regarding creativity and intuition in clinical supervision. There are minimal risks associated with participating in this study. If you would like to participate in this study, please contact me via telephone (216.702.2455) or via e-mail (ytolbert@kent.edu). If you have questions regarding participating in this study, you are welcome to contact me via the aforementioned channels or you may contact my advisors, Dr. Jane A. Cox and Dr. J. Steve Rainey, by telephone (330.672.2662) or by e-mail (jcox8@kent.edu or jrainey@kent.edu). You can also contact Kent State University’s Institutional Review Board via telephone (330.672.2704).

Thank you for considering the possibility of participating in this study. I look forward to hearing from you.

Sincerely,

Yvette R. (Roxi) Tolbert, LPCC-S, ATR-BC, NCC (Doctoral Candidate and Co-Investigator)
Dr. Jane A. Cox (Primary Investigator), and Dr. J. Steve Rainey (Co-Investigator)
APPENDIX D

INFORMED CONSENT DOCUMENT FOR STUDY
Appendix D

Informed Consent Document for Study

Informed Consent to Participate in a Research Study

Study Title: ACTIVATING AND ENCOURAGING CREATIVITY AND INTUITION IN CLINICAL SUPERVISION

Principal Investigator: Dr. Jane A. Cox

Co-Investigators: Yvette R. Tolbert and Dr. J. Steve Rainey

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

Purpose: The purpose of this research is to explore how clinical counseling supervisors encourage creativity and intuition within the context of clinical supervisory relationships. The results of this study may benefit the field of clinical supervision by adding information to the dearth of available literature regarding creativity and intuition in clinical supervision.

Procedures: Your participation will include the completion of a Q-sort, including a brief demographics form, a recording form, and a brief interview (10-20 minutes) regarding the rankings you selected during the Q-sort. I (Yvette R. Tolbert) will take notes about what you say during the interview. If your Q-sort is completed via mail, you will record your Q-sort on the recording form and answer interview questions on your own. Your participation is voluntary and you can choose to stop the process at any time without suffering any ill or negative effects.

Your Q-sort will be analyzed via computer software and you will be contacted via e-mail regarding the results of the analysis. At that time, you will either be asked to continue with the second aspect of the study or not.

If asked to continue with the study, your participation will include the completion of at least two (possibly three) semi-structured interviews (1-3 hours total) and will also include reviewing the analysis of the information you provide during the interviews. I (Yvette R. Tolbert) will take notes about what you say during the interviews and your interviews will be digitally audio-recorded. Your participation is voluntary and you can
choose to stop the process at any time without suffering any ill or negative effects. You may choose to pass or skip questions you do not wish to answer. Once the study is completed, you are welcome to request a brief summary of the results.

**Q-Sort Diagram:** The results of your Q-sort will be recorded on a paper form which will contain your code identifier in the form of a number. The connection between you and your participant code will be kept confidential on a digital, password protected file.

**Digital Audio-Recording and Digital Photographs:** If asked to continue for the second part of the study, your interviews will be digitally audio-recorded (and transcribed) and any artifacts (e.g., images, artworks, poems, writings, or documents you created) you choose to provide will be digitally photographed or scanned. Your audio-recordings and digital photograph files will be identified via a numeric code identifier. The connection between you and your participant code will be kept confidential on a digital, password protected file. Audio-files will be destroyed upon transcription.

**Benefits:** Although there may be no direct benefit to you for participation in the study, your participation will help add to the understanding of creativity and intuition in clinical supervision. Additionally, you may find you benefit from the study in terms of clarifying your own perspective about creativity and intuition within clinical supervision.

**Risks and Discomforts:** There are no anticipated risks or discomforts beyond those encountered in everyday life. Some of the questions I may ask are of a personal nature and may cause you embarrassment, stress, or feelings of discomfort. You may feel uncomfortable answering some of the questions. If you do not wish to answer a question, you may pass or skip the question and move on to the next question. The choice to skip a question or end the process will not impact you negatively in any way as your participation is voluntary.

**Privacy and Confidentiality:** Your study related information will be kept confidential within the limits of the law. Any identifying information will be kept in a secured location and only the researchers will have access to the data (as noted in the sections headed Q-Sort Diagram and the section headed Digital Audio-recording and Digital Photographs). You will not be identified in any publication or presentation of research results for the study. If artifacts are used as examples, any identifiers will be removed or blocked out and a pseudonym or code will be used for reference if necessary. Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies.

Your confidentiality may not be maintained if there is an indication that you may harm yourself or others, or if there is any indication of child, elder, or adult with developmental disabilities abuse or neglect in accordance with mandated reporter laws in Ohio and in accordance with research ethics.
Your digital materials (artifacts, transcripts, and audio-recordings) will be kept in two locations (a password-protected flash drive stored in a lock box and in password-protected files on Yvette R. Tolbert’s computer). The audio-recordings will be destroyed once they are transcribed. Any paper copies or print-outs of transcripts will be scanned into the researcher’s computer and saved within password-protected files and on a password-protected flash drive (stored in a lock box). The paper copies or print-outs will be destroyed via shredding upon scanning.

**Voluntary Participation:** Taking part in this research study is entirely up to you. You may choose not to participate or to discontinue your participation at any time without penalty or the loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue your study participation if such information emerges during the study.

**Contact Information:** If you have any questions or concerns about this research, you may contact Dr. Jane A. Cox (Principal Investigator and dissertation co-director) at 330.672.2662 or by e-mail (jcox8@kent.edu). You may also contact Dr. J. Steve Rainey (Co-Investigator and dissertation co-director) at 330.672.2662 or by e-mail (jrainey@kent.edu); or you may contact Yvette R. Tolbert (Co-Investigator) at 216.702.2455 or by e-mail (ytolbert@kent.edu). This project has been approved by the Kent State University Institutional Review Board. If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330.672.2704.

**Consent Statement and Signature:** I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.

______ I would like an executive summary of the study results.

______ I would not like an executive summary of the study results.

Participant Signature

___________________________

Date

Participant’s Printed Name
APPENDIX E

Q-SORT DEMOGRAPHICS FORM
Appendix E

Q-Sort Demographics Form

Numeric Code Identifier _______

Age: _________________

Gender preference? ____________________________________________

Race and ethnicity? ____________________________________________

What licenses and certifications do you hold?_____________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How long have you been a counselor? ___________________________

How long have you been a supervisor? ___________________________

Were you in a different career prior to becoming a counselor? (circle one)  Yes  No
If so, what was it?______________________________________________

________________________________________________________________________

How do you view creativity? ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you consider intuition as a viable skill or tool? (circle one)  Yes  No
Or as being connected to creativity? (circle one)  Yes  No
If so, how? _________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX F

Q-SORT SCRIPT
Hello. Thank you for agreeing to participate in this research study. There will be two parts to today’s experience. The first will be the process of sorting the Q-statement cards. The second will be a brief interview regarding your rankings of the Q-statements. Do you have any questions thus far?

Okay. Are you ready to begin?

Here are three ranking cards (disagree, I do not know, and agree). These will assist you in initially organizing the Q-statements. Please read each of the Q-statement cards and consider them within the context of your role as a supervisor and clinical counselor. Then, please place each of the cards under the appropriate ranking card based on whether you agree, disagree, or do not know about each statement card.

Now that you have sorted the cards into general categories I would like you to sort the cards more explicitly. Here are new ranking cards to assist you in further organizing the Q-statements. Please place these on the table in numerical order from -5 to 0 to +5. Zero (0) will represent Q-statements about which you do not know, with which you have no experience, or those that are without meaning for you. -5 will represent Q-statements with which you strongly or most disagree. +5 will represent Q-statements with which you strongly or most agree. The rankings in-between -5 and 0 represent a shift from...
those statements with which you most disagree to those statements with which you lack experience or that are relatively unimportant to you (in terms of agreement or disagreement). The rankings in-between 0 and +5 represent a shift from those statements with which you have a lack of experience or that are relatively unimportant to you (in terms of agreement or disagreement) to those statements with which you agree most.

We will start with the statements with which you most agreed and most disagreed. First, review the statements you placed under Agree and determine which of those statements you agree with most regarding your role as a supervisor and clinical counselor. Select the two statements with which you most agree and place them under +5. Please review the statements you placed under Disagree. Then determine which of those statements you disagree with most regarding your role as a supervisor and clinical counselor. Select the two statements with which you disagree most and place them under -5. Continue placing each statement card under the appropriate ranking card. You may have six (6) Q-statements under 0; five (5) Q-statements under both -1 and +1; five (5) Q-statements under both -2 and +2; four (4) Q-statements under both -3 and +3; four (4) Q-statements under both -4 and +4; and three (3) Q-statements under both -5 and +5. There are reminders underneath the ranking card number about how many statements can be placed under each ranking card. Please take as much time as you need to do this. You can change your placements as you see fit if you need to do so at any point during this process.
Please let me know when you have completed this task. I will then record your Q-sort on the Q-sort recording form and I will ask you a few questions about what I observed you doing, and about your rankings to clarify my understandings about how you ranked the Q-statements and why you did so.
# Appendix G

## Q-Sort Recording Form

<table>
<thead>
<tr>
<th></th>
<th>-5</th>
<th>-4</th>
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<th>-2</th>
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<th>+5</th>
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APPENDIX H

Q-SORT INTERVIEW QUESTIONS
Appendix H

Q-Sort Interview Questions

• I see you put these cards under +5 and +4. Why did these particular cards stand out as being so important to you? What differentiated the placements (between +5 and +4) for you?

• I see you put these cards under -5 and -4. Why did these particular cards stand out as being so unimportant to you? What differentiated the placements (between -5 and -4) for you?

• How did you decide to place statement cards under 0? Was it easy or difficult? Would you prefer to have these cards anywhere else?

• Please tell me how you decided to begin the sort and what your understanding of the sort statements is. Was there a particular theme you used to organize the statements? Or, did you decide that the statements were organized in a particular manner?

• You placed this statement (#) under __, but you placed this statement (#) under __. This is puzzling to me because they seem to be statements that could overlap. Why did you place that statement there and this other statement here?

• Was it difficult for you to determine where to place the statements? Were there any statements with which you truly struggled? Were there any statements about which you did not have to think because they were easy to place?
APPENDIX I

RESEARCH JOURNAL DRAWINGS ABOUT Q FACTORS
Appendix I

Research Journal Drawings About Q Factors

Compartmentalizing versus Genuine, Transparent Self
Clinical and Supervisory Processes
APPENDIX J

STUDY CONTINUANCE E-MAIL
Appendix J

Study Continuance E-Mail

Dear __________,

Thank you for participating in the Q-sort stage of my study. I greatly appreciate your interest in the study and that you took the time to meet with me to complete the Q-sort and interview. The general findings for the Q-sort overall were that there were three factors on which people’s sorts loaded. Factor 1 is related to a blend of creativity and practicality, as well as a hint of creativity and intuition within the role of being a supervisor and counselor. Factor 2 is most strongly associated with creativity and intuition within the role of being a supervisor and counselor; and is least associated with a focus on logic within the role of being a supervisor and counselor. Factor 3 is also associated with creativity and intuition within the role of being a supervisor and counselor, but to a lesser and different extent than Factor 2.

Based on the results of the Q-sort, you meet the criteria for the second stage of this research and I would like to follow-up with you with two or possibly three semi-structured, grounded theory interviews. The first interview may take up to 90 minutes. I am available most Mondays, Wednesdays, Fridays, and Sundays. Please contact me (via e-mail or telephone) to let me know what date, time, and location would suit your schedule for the first grounded theory interview.

The following are possible interview questions for the first grounded theory interview.

• What do you call yourself with regard to your work?
• If I asked what type of supervisor you are, how would you describe yourself?

• How do you describe your work?

• How do you define and describe creativity?

• How do you define and describe intuition?

• What might you consider similar or different between creativity and intuition both conceptually and practically?

• Would you talk about how you see creativity working in counseling? What would be an example of this? Would you provide a recent example of when and how you used creativity in counseling?

• Would you talk about how you see intuition working in counseling? What would be an example of this? Would you provide a recent example of when and how you used intuition in counseling?

• How do you describe your work with supervisees?

• How might you support creativity and intuition in a supervisory relationship?

• Could you give me an example of how creativity might work in supervision?

• What about intuition? Could you give me an example of how intuition might work in supervision?

• How would you describe the process of supervisee development within the supervision process and relationship?
• If creativity is a piece of the counseling and supervision experience, then what piece of creativity might be an aspect within the development of supervisees? Could you describe an example of this?

• Similarly, if intuition is part of counseling and supervision, then what piece of intuition might be an aspect within the development of supervisees? Could you describe an example of this?

• In your support of creativity and intuition within supervision, what do you believe you do? Could you provide me with a few specific examples? Are there specific techniques or interventions you implement?

• What do you believe happens to a counselor’s clinical practice once a counselor’s creativity has been activated?

• And what about with intuition? What happens to a counselor’s clinical practice once a counselor’s intuition has been activated?

• When and how have you seen creativity and intuition work together in practice?

• Since you seem to find creativity and intuition to be powerful forces, what do you think happens for supervisees and clients as a result of creativity, intuition, or both being used in supervision or in counseling sessions?

If you do better with making notes or images in order to consider the questions, please feel free to do so and please bring them to our conversation. If you prefer to “wing it,” that is fine as well.

If you have questions about this research or your results, please feel free to contact me via e-mail. Again, thank you for agreeing to continue participating in my
study. Your assistance is adding to the exploration of creativity and intuition within clinical counseling supervision.

Sincerely,

Yvette R. (Roxi) Tolbert, LPCC-S, ATR-BC, NCC

E-mail: ytolbert@kent.edu

Cellular Telephone: 216.702.2455
Appendix K
Thanks and Summary E-Mail

Dear ____________.

Thank you for participating in the Q-sort stage of my study. I greatly appreciate your interest in this study and that you took the time to meet with me to complete the Q-sort and interview. The general findings for the Q-sort overall were that there were three factors on which people’s sorts loaded. Factor 1 is related to a blend of creativity and practicality, as well as a hint of creativity and intuition within the role of being a supervisor and counselor. Factor 2 is most strongly associated with creativity and intuition within the role of being a supervisor and counselor; and is least associated with a focus on logic within the role of being a supervisor and counselor. Factor 3 is also associated with creativity and intuition within the role of being a supervisor and counselor, but to a lesser and different extent than Factor 2.

I appreciate your help with this study. If I need to contact you in the future for further assistance with the study, I will do so via e-mail. If you have questions about this research or your results, please feel free to contact me via e-mail (ytolbert@kent.edu).

Again, thank you for your participation in my study and for your help with this topic. Your assistance has added to the exploration of creativity and intuition within clinical counseling supervision. I hope it has provided you a chance to consider your thoughts and practices related to creativity and intuition within clinical supervision more intensely as well.

Sincerely,

Yvette R. (Roxi) Tolbert, LPCC-S, ATR-BC, NCC
APPENDIX L

POSSIBLE FIRST GROUNDED THEORY INTERVIEW QUESTIONS
Appendix L

Possible First Grounded Theory Interview Questions

• How do you refer to yourself with regard to your work?

• If I asked what type of supervisor you are, how would you describe yourself?

• How do you describe your work?

• How do you define and describe creativity?

• How do you define and describe intuition?

• What might you consider similar or different between creativity and intuition both conceptually and practically?

• Would you talk about how you see creativity working in counseling? What is an example of this? Do you have a recent example of when and how you used creativity in counseling?

• Would you talk about how you see intuition working in counseling? What would be an example of this? Would you provide a recent example of when and how you used intuition in counseling?

• How do you describe your work with supervisees?

• How might you support creativity and intuition in a supervisory relationship?

• Could you give me an example of how creativity might work in supervision?

• What about intuition? Could you give me an example of how intuition might work in supervision?
• How would you describe the process of supervisee development within the supervision process and relationship?

• If creativity is a piece of the counseling and supervision experience, then what piece of creativity might be an aspect within the development of supervisees? Could you describe an example of this?

• Similarly, if intuition is part of counseling and supervision, then what piece of intuition might be an aspect within the development of supervisees? Could you describe an example of this?

• In your support of creativity and intuition within supervision, what do you believe you do? Could you provide me with a few specific examples? Are there specific techniques or interventions you implement?

• What do you believe happens to a counselor’s clinical practice once a counselor’s creativity has been activated?

• And what about with intuition? What happens to a counselor’s clinical practice once a counselor’s intuition has been activated?

• When and how have you seen creativity and intuition work together in practice?

• Since you seem to find creativity and intuition to be powerful forces, what do you think happens for supervises and clients as a result of creativity, intuition, or both being used in supervision or in counseling sessions?
APPENDIX M

TABLE OF PARTICIPANTS AND THEIR DEMOGRAPHIC DATA
# Appendix M

## Table of Participants and Their Demographic Data

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Q-Factor</th>
<th>Years as a Counselor</th>
<th>Years as a Supervisor</th>
<th>Current Work Settings</th>
<th>Race, Ethnicity, and Gender Identity</th>
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<tr>
<td>Cleo</td>
<td>Ci</td>
<td>11</td>
<td>5</td>
<td>Counseling clinic and education (adults)</td>
<td>African-American Female</td>
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<tr>
<td>Noah</td>
<td>Ci</td>
<td>16</td>
<td>8 with “S” (15 otherwise)</td>
<td>Counseling clinic and education (adults)</td>
<td>Caucasian Male</td>
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<td>Courtney</td>
<td>Ci</td>
<td>5</td>
<td>2</td>
<td>Mental health agency and private counseling practice (adolescents and adults)</td>
<td>Caucasian Female</td>
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<td>Waylon</td>
<td>Ci</td>
<td>10</td>
<td>2 with “S” (5 otherwise)</td>
<td>Private counseling practice and education (adolescents and adults)</td>
<td>Caucasian and Native American (Irish, Polish, and Cherokee) Cisgender Man</td>
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<tr>
<td>Name</td>
<td>Gender</td>
<td>Age</td>
<td>Duration</td>
<td>Affiliation</td>
<td>Ethnicity</td>
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<td>Aurora</td>
<td>Ci</td>
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<td>2 with “S” (5 otherwise)</td>
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<td>Blanche</td>
<td>Ci</td>
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<td>Black</td>
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<td>Ci</td>
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<td>15</td>
<td>Education and court settings (adults)</td>
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<td>15.5 post-MA (19 post-BA)</td>
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<tr>
<td>Roy</td>
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<td>Ci</td>
<td>11 Residential agencies, court</td>
<td>Residential agencies, court settings,</td>
<td>Caucasian Male</td>
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<td>settings, private agency, and</td>
<td>private agency, and education</td>
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<td>(children and adolescents)</td>
<td></td>
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<tr>
<td>Hayley</td>
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<td></td>
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<td>use partial program</td>
<td>partial program (adults)</td>
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<tr>
<td>Amos</td>
<td>16</td>
<td>Ci</td>
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<td>Counseling clinic and education (adults)</td>
<td>White/Caucasian and Appalachian</td>
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<td>Male (cisgender)</td>
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Appendix N

First Grounded Theory Interview Protocol

Hi! Thank you for agreeing to participate in the grounded theory interviews for this study. I appreciate your taking the time to do so and to add to what we know about creativity and intuition within the context of clinical counseling supervision relationships.

This is the informed consent document that you signed during your Q-sort when you agreed to participate in the study. Please take a moment to review it and to see if you have any questions.

Do you have any questions?

Okay, if you have had your questions answered about the informed consent document, please take a moment to review the consents for digital audio-recording and for digital photography of artifacts. Do you have any questions about these documents?

Okay. Do you have any concerns about me audio-recording our conversations? If so, what are they?

Do you have any concerns about me digitally photographing any potential artifacts? If so, what are they?

Is it okay for me to record our conversation today?
Thank you. (Turn on recorder.) Please know that I am happy to turn off the recorder at any point in time, just let me know if you would like me to do so. Would you please state your first name and your title for me?

Thank you. The last time I saw you, you completed a Q-sort and we discussed your rankings. Have you had any thoughts about the Q-sort, the experience of completing it, or our conversation about the Q-sort since that meeting?

I also provided you with an e-mail which included a general summary about the factors for the overall Q-sort for all who took it. Did you have any thoughts or questions about that information?

Since you loaded on the ____________ factor, I wanted to talk to you more about the concepts of creativity and intuition, as well as the practice of clinical counseling supervision. Did you have a moment to review the questions I e-mailed you? If so, were there any questions that stood out to you and that you were intrigued or put off by? I will make a note of them and we will make sure to spend some time discussing them today (make notation on paper copy of the questions).
We will be covering a number of topics today. If, at any point, you have more to add or what to go back to a question, please let me know and we shall add to that conversation. And if, at any point, you want to pass on a question, please let me know and we will.

To start our conversation, I want to reference some of your statements on the Q-sort demographics form (pull out form for participant to see). You noted that you have been a supervisor for ________ years. If I asked what type of supervisor you are, how would you describe yourself?

How might you support creativity and intuition in a supervisory relationship?

Would you talk about how you see creativity working in counseling?

Could you give me an example of how creativity might work in supervision?

What about intuition? Do you see that at work in counseling or in supervision?

Could you give me an example of how intuition might work in supervision?

Let us move to defining the concepts of creativity and intuition. How might you do that?

Thank you for your thoughtful consideration of the questions. I will be transcribing and analyzing what you said and then I will ask for more input from you about your answers.
and about new questions that arise from what we have already discussed and from the analysis. I look forward to talking to you again soon. I will e-mail you what emerges from the analysis for your review before our next interview.

Let us schedule the second interview now. I will need at least two weeks to transcribe and analyze your results. What date, time, and location work for you?

Great! I will see you then. Also, if you have any artifacts related to creativity or intuition in connection to supervision that you would like to bring and share during the second interview, please feel free to bring them. Artifacts may be artworks, poetry, journal entries, particular interventions you have written up, or other writings related to creativity or intuition within supervision. Any artifacts would need to be your creations, not creations from supervisees or clients. I will ask for permission to digitally photograph the artifacts so I can use them in the data analysis if you bring them in, but you do not have to grant permission if you do not want to do so. I look forward to seeing what you come with next time. Thanks again for your time and commitment to this study!
Appendix O

Consent for Digital Audio-Recording

DIGITAL AUDIO-RECORDING CONSENT FORM

NAME OF STUDY: ACTIVATING AND ENCOURAGING CREATIVITY AND INTUITION IN CLINICAL SUPERVISION
PRINCIPAL INVESTIGATOR: Dr. Jane A. Cox
CO-INVESTIGATOR: Yvette R. Tolbert and Dr. J. Steve Rainey

I agree to participate in two to three digitally audio-recorded interviews about my practices, beliefs, and perceptions regarding creativity, intuition, clinical supervision, and counseling as part of this project and for the purposes of data analysis. I agree that Yvette R. Tolbert (Co-Investigator) may digitally audio-record this interview. The dates, times, and places of the interviews will be mutually agreed upon.

Participant Signature  Date

I have been told that I have the right to listen to the digital audio-recordings of the interviews before they are used. I have decided that I:
_________ want to listen to the digital audio-recordings.
_________ do not want to listen to the digital audio-recordings.

Sign below if you do not want to listen to the digital audio-recordings. If you want to listen to the digital audio-recordings, do not sign now. You will be asked to sign after listening to the digital audio-recordings.

Participant Signature  Date

Yvette R. Tolbert may / may not (circle one) use the digital audio-recordings made of me. The original digital audio-recordings may be used for:
_________ this research project.
_________ publication.
_________ presentation at professional meetings.

Participant Signature  Date
APPENDIX P

CONSENT FOR DIGITAL PHOTOGRAPHS OF ARTIFACTS
Appendix P

Consent for Digital Photographs of Artifacts

DIGITAL PHOTOGRAPHS OF ARTIFACTS CONSENT FORM

NAME OF STUDY: ACTIVATING AND ENCOURAGING CREATIVITY AND INTUITION IN CLINICAL SUPERVISION
PRINCIPAL INVESTIGATOR: Dr. Jane A. Cox
CO-INVESTIGATOR: Yvette R. Tolbert and Dr. J. Steve Rainey

I agree to provide personal artifacts I created regarding creativity, intuition, clinical supervision, and counseling as part of this project and for data analysis. None of the artifacts was created by supervisees or clients. I agree that Yvette R. Tolbert (Co-Investigator) may digitally photograph these artifacts. I will retain the original artifacts. The date, time, and place of the digital photographing will be mutually agreed upon.

_______________________________________  ________________________
Participant Signature  
Date

I have been told that I have the right to view the digital photographs of the artifacts before they are used. I have decided that I:

_________want to view the digital photographs of the artifacts.

_________do not want to view the digital photographs of the artifacts.

Sign below if you do not want to view the digital photographs of the artifacts. If you want to view the digital photographs of artifacts, do not sign now. You will be asked to sign after viewing the digital photographs of the artifacts.

____________________________________________  __________________
Participant Signature  
Date

Yvette R. Tolbert may / may not (circle one) use the digital photographs made of my artifacts. The original digital photographs of the artifacts may be used for:

_________this research project.

_________publication.

_________presentation at professional meetings.

____________________________________________  __________________
Participant Signature  
Date
Appendix Q

Participants’ Artifacts

Cleo’s Supervision Session Log for Work with Counseling Trainees
Cleo’s Supervision Session Log for Work with Supervisors-in-Training
CLINICAL SUPERVISION NOTE

Supervisee Name/Credentials: ____________________________________________

Supervisee Position: ____________________________________________

Date of Supervision: ___________________________ Length of Supervision: ________

Method of Supervision:
☐ Individual ☐ Group ☐ Review of Clinical Documentation
☐ Observe Skills with Client ☐ Other, please specify: _________________________

Frequency of Supervision:
☐ Bi-Weekly ☐ Monthly ☐ Bi-Monthly ☐ Quarterly ☐ Other, please specify: _________________________

What Occurred During Supervision Session
1.) Review of Caseload:
   a.) Counseling Strategies ☐ Individual ☐ Family ☐ Other, please specify:
   Assessment
2.) Review of Case Management:
   a.) Referral Source Contacts ☐ P.O./C.W. ☐ Family Contacts
   b.) Documentation ☐ Progress Notes ☐ Other Clinical Reports

Progress With/Toward Supervision Goal(s) #: ______________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Next Scheduled Supervision Date: ____________________________

Clinical Supervisor Name/Credentials/Date: ____________________________

Blanche’s Original Supervision Session Log for Work with LPCs and LPCCs
**INDIVIDUAL CLINICAL SUPERVISION NOTE**

Supervisee Name/Credentials: ___________________________ Position: ___________________________

Clinical Supervisor: ___________________________

Date of Supervision: ___________________________ Length of Supervision: ___________________________

☐ CLINICAL DOCUMENTATION REVIEW
  - OH scales are up to date
  - Current ISP
  - Current Quarterly
  - At least one weekly individual contact note per client (including non-billable)
  - Group notes are up to date
  - Transfer/Discharge Summary and CATT forms submitted
  - Extension or Non-Extension letter submitted

Comments:

☐ CASELOAD REVIEW
  - Client Initials: ___________________________
  - Goals for individual therapy, curriculum being used, frequency of sessions?

☐ Is the family involved? Frequency family sessions/visits/phone calls?

☐ Is the family not participating, but still a part of the case plan? Has this been addressed with Case Mgmt and the County Worker? Follow-up letter sent?

☐ How are visit going from the client’s perspective? Family’s perspective? Staff/therapist perspective?

☐ Is a psychiatric appointment needed? Initial or follow-up? What medications are currently prescribed?

☐ OTHER ISSUES ADDRESSED


Next Scheduled Supervision Date: ___________________________

☐ Review of Caseload

---

*Blanche’s Revised Supervision Session Log for Work with LPCs and LPCCs, page 1*
Client Initials:

- Goals for individual therapy, curriculum being used, frequency of sessions?

- Is the family involved? Frequency family sessions/visits/phone calls?

- Is the family not participating, but still a part of the case plan? Has this been addressed with Case Mgmt and the County Worker? Follow-up letter sent?

- How are visit going from the client’s perspective? Family’s perspective? Staff/therapist perspective?

- Is a psychiatric appointment needed? Initial or follow-up? What medications are currently prescribed?

Review of Case Load:

Client Initials:

- Goals for individual therapy, curriculum being used, frequency of sessions?

- Is the family involved? Frequency family sessions/visits/phone calls?

- Is the family not participating, but still a part of the case plan? Has this been addressed with Case Mgmt and the County Worker? Follow-up letter sent?

- How are visit going from the client’s perspective? Family’s perspective? Staff/therapist perspective?

- Is a psychiatric appointment needed? Initial or follow-up? What medications are currently prescribed?
Waylon’s Office Buddha Sculpture
Aurora’s Artwork—The Vessel
APPENDIX R

EXAMPLES OF EARLY MEMOS
Appendix R

Examples of Early Memos

My first memo about Blanche took place after our first grounded theory interview and was four pages long. I began to make connections between supervisors’ statements and practices early on in the analysis process.
This resonated with me and reminded me of CEIO's description of the supervision session as structured while allowing for flexibility. Interestingly, they both gave me copies of their supervision session logs note form. They both were very strict about allowing for dropping the structure if the person and/or situation called for it.

Outside the box came up again of creativity. Everyone has used that phrase. I still don't like it. I liked her idea of enhancing what's been done or come before, putting your spin on it.

Intuitive foundation – she said. The foundation developed the experience and, if not teachable, like you have it or you don't – the seeing of it or the ability to see it comes out.

Creativity doesn't seem to require a knowledge-based. It can be used so long as it's relevant to the client needs.
or it stems from the intuition. She said the sense of intuition comes & the creative action follows.

As for all other outcomes, you don't remember whether hope or instilling hope is a component of the outcome that stems directly from only C & T (other in tx or the spee. having had it activated)?

Look up instilling hope in Yalom's group book reference.

She talked about being on the same page, up together, in the room, about knowing her sner. Well, so that she can challenge them to grow more effectively. Clients come first for her. Always be that a facet of being someone who works in this? Or something else. Modeling is key to her & she does it all the time for all - cfr., speech, staff, etc. (parents)
She noted that others would add her
caring nature to a description of
her role as supervisor & that was
evident when she talked. She does
care - about client & supervisees.
She wants everyone to challenge
themselves the the best they can
& grow & "graduate"

Supportive, open, safe, environments
also came up - more as an undercurrent.
Consulting is not a single cookie-cutter
recipe. It doesn’t work that way, how
C & I are needed.

She used the term therapist.
Another alteration of terms. Maybe
educators use counselor?

I love the idea of C & I utique &
C & I leading to the supervisee becoming the
best therapist possible for the individual
client & the C & I taking ownership of therapy.
CLIENTS FIRST, then maybe SUP.
As the grounded theory interviews continued and I continued transcribing, interviewing, analyzing, and contemplating, I found that I was able to see micro- and macro- components to what supervisors had shared. I begin considering the potential for categories as the initial codes I had begun the analysis process with had given way to more focused codes early on. Being about to create diagrams about the overarching concepts that had emerged was a helpful component of memoing during the analysis process.
So these need to be a category and/or theme of the supervisor's qualities & actions.

Qualifies:
- respectful, humility
- supportive
- freedom of
- caring
- personal interest, knowledge of
- assessing skills, growth, confidence
- strengths/weaknesses
- strength, flexibility, playfulness
- lesson learned, sharing, encouragement
- understanding, failure, using failure to grow
- transparency of self
- awareness of power
- reflection

I think there should also be a category/theme of the supervisor's necessary qualities & actions.
Supervise

**qualities**
- openness
- interest
- confidence
- creating curiosity
- reduction of fear
- internal motivation
- self-awareness
- focus on other's needs
- knowing the fundamentals

**actions**
- taking responsibility
- learning (action & behavior)
- following through
- reduce instead
- experiment
- going with the flow
- trying things out
- being a draftsman

Maybe a category of components of self-reflection / doing the fundamentals

There should be a construct of intuition & creativity as categories. What they are aren't connection, dissimilarity.
She was interested in peers taking responsibility for their own learning and finding what interests them. She wants to see them learn but also demonstrate their learning, not closing themselves off from learning from everywhere and everyone. She discussed enjoying opposing dichotomies (acceptance vs. change).

Does that suggest that she enjoys ambiguity?

She focused, too, on limiting judgment so that others feel less marginalized.

She also enjoys creativity, sees it as an action, and likes to open to possibilities provided by creativity.

She, like AUGUST, talked about intuition opening the path for creativity. There was also a connection to RAY JACKSON, mort THEITT, and BLANCH-ith of intuition as a learning process.

The AUGUST intuition = inner grid, that
connects work & creative thought to action
She discussed C & I having more connection & similarities than differences. She also noted you could combine I with the other CMI or IWI.

I delineation was creating was seen as being a more solitary task & their intuition often involved interactions. She used the phrase "connecting the dots" like CIO when describing how intuition was used to create meaning.

The idea of giving the CIO credit for progress made was extreme again, like RAY & BLANCHE. Bier came up with Ray & Wayslon. And in describing this, she described a process of backing up, starting over, brainstorming, etc. that resembled CIO's brainstorm session.
Like TATs/TAATs, there were moments in the interview where when finished each other's statements directly. Is this due to being comfortable or due to our alignment on factor 2. Although I can "link in" & present worse with most, this felt more natural, less uncertain, and more fully connected. Hmm...

In describing the work she does in speech, she described helping them "notice" things that stand out, like Courtney's noticing process.

She later talked about becoming comfortable with discomfort as a necessary skill, but as something that emerges from C&E activation. Maybe a category for the outcome of C&E activation.

- comfort with not knowing & ambiguity
- more options
- learning from frustration
BLANCHE, FRANK, etc.

This is an outline of my... thirtieth,... year.

As the story begins, based on a...

All the scenes that need to... change...

ELMIE, PERRY,

LINDA, NORM...

MAY, MAE, VIRGINIA

MARK, MYRTLE, VICTOR

LOVE,

Your...
USE Roy's quote:
C&I provides individualized T
for individualized problems
created by individualized circumstances.

And lead it to connect it
to expand it to supervision.

and C&I provides individualized supervision
for individual supervisors whose efforts
for individualized problems
created by individualized circumstances.
APPENDIX S

EXAMPLE E-MAIL OF FIRST GROUNDED THEORY INTERVIEW

CONCEPTS, CODES, AND POSSIBLE SECOND INTERVIEW QUESTIONS
Appendix S

Example E-mail of First Grounded Theory Interview Concepts, Codes, and Possible Second Interview Questions

Dear _____________,

Thank you for talking to me about creativity and intuition. I have analyzed your statements and the following concepts and codes emerged from our interview.

• _______________________
• _______________________
• _______________________
• _______________________

Please review these concepts and consider whether the concepts align with what you meant during the interview or whether your meanings seem to be lacking from the list of concepts and codes. If there are things which need to be added to these concepts, please bring them to our interview on _____________ at _________ in _____________ or e-mail them to beforehand and we will discuss them. Thanks!

The following are possible questions for our follow-up interview.

• I was wondering if you thought creativity and intuition were essential to supervision as a practice? How might that be and what might that look like in practice? Please give me an example.

• How else might you see creativity and intuition playing together in supervision?

• When and why are the times when creativity and intuition do not work together in supervision?
• What about the concepts separately? Are there times when creativity is not appropriate to use in supervision? Describe an example of this for me.

• Are there times when intuition is not appropriate to use in supervision? Describe an example of this for me?

• What about supervisees who might not be “creative” or those who might not be “intuitive”? What does that look like?

• Would you describe a time when you had a supervisee who was not very creative? What was that experience like for you? What did you find yourself doing to help the supervisee tap into creativity? Or did you refrain from trying to help the supervisee tap into creativity?

• Would you describe a time when you had a supervisee who was not very intuitive? What was that experience like for you? What did you find yourself doing to help the supervisee tap into intuition? Or did you refrain from trying to help the supervisee tap into intuition?

• What happens to the supervisory relationship through the process of activating and encouraging intuition and creativity? Does it change it in some essential way? Explain what that looks like. Is it different depending on whether or not the focus was on intuition or on creativity or on both?

• How does the incorporation of intuition and creativity impact clients or the relationships that counselors or supervisees have with clients?
• What changes occur to clinicians’ feelings about ability and efficacy as a result of the activation and encouragement process? Or as a result of being exposed to or incorporating creativity and intuition in practice?

• Did I miss anything? What else arises for you when you consider creativity? What about when you consider intuition?

Please feel free to consider them before our meeting. If you do better with making notes or images in order to consider the questions, please feel free to do so and please bring them to our conversation. If you prefer to “wing it,” that is fine as well. Also, if you have any artifacts related to creativity or intuition in connection to supervision that you would like to bring and share during the second interview, please feel free to bring them. Artifacts may be artworks, poetry, journal entries, particular interventions you have written up, or other writings related to creativity or intuition within supervision. Any artifacts would need to be your creations, not creations from supervisees or clients. I will ask for permission to digitally photograph the artifacts so I can use them in the data analysis if you bring them in, but you do not have to grant permission if you do not want to do so. I look forward to seeing you again soon!

Sincerely,

Yvette R. (Roxi) Tolbert, LPCC-S, ATR-BC, NCC
APPENDIX T

POSSIBLE SECOND GROUNDED THEORY INTERVIEW QUESTIONS
Appendix T
Possible Second Grounded Theory Interview Questions

• I was wondering if you thought creativity and intuition were essential to supervision as a practice? How might that be and what might that look like in practice? Please give me an example.

• How else might you see creativity and intuition playing together in supervision?

• When and why are the times when creativity and intuition do not work together in supervision?

• What about the concepts separately? Are there times when creativity is not appropriate to use in supervision? Describe an example of this for me.

• Are there times when intuition is not appropriate to use in supervision? Describe an example of this for me?

• What about supervisees who might not be “creative” or those who might not be “intuitive?” What does that look like?

• Would you describe a time when you had a supervisee who was not very creative? What was that experience like for you? What did you find yourself doing to help the supervisee tap into creativity? Or did you refrain from trying to help the supervisee tap into creativity?

• Would you describe a time when you had a supervisee who was not very intuitive? What was that experience like for you? What did you find yourself doing to help the supervisee tap into intuition? Or did you refrain from trying to help the supervisee tap into intuition?
• What happens to the supervisory relationship through the process of activating and encouraging intuition and creativity? Does it change it in some essential way? Explain what that looks like. Is it different depending on whether or not the focus was on intuition or on creativity or on both?

• How does the incorporation of intuition and creativity impact clients or the relationships that counselors or supervisees have with clients?

• What changes occur to clinicians’ feelings about ability and efficacy as a result of the activation and encouragement process? Or as a result of being exposed to or incorporating creativity and intuition in practice?

• Did I miss anything? What else arises for you when you consider creativity? What about when you consider intuition?
APPENDIX U

SECOND GROUNDED THEORY INTERVIEW PROTOCOL
Appendix U

Second Grounded Theory Interview Protocol

Welcome back! Thanks for joining me in this process. I truly appreciate your time and thoughtfulness. Did you receive the e-mail I sent you with the concepts and codes from your last interview and possible questions for today?

Great! Let us start with the concepts and codes I sent you. What were your thoughts about them? Did I miss anything or misunderstand anything? Did you have anything you wanted to add?

Wonderful. Thank you. I have been thinking about what you said last time about ____________. I would like to know a little more about ________________. Would you tell me a little more about that?

(If participant brought artifacts) I see you brought some artifacts. Please tell me about the artifacts you brought in today. What they are and how do you use them in your supervision practice?

Great! How are they connected to creativity or intuition with regard to supervision? I would like to know a little more about how are they connected to your thinking about creativity in supervision?
Okay. How are they connected to your thinking about intuition in supervision?

I see. What is an example of how you would incorporate ____________ into your work with a supervisee?

Okay. How do supervisees respond to ________________? Interesting. Are there ever different responses?

That makes me wonder more about how and when you decide to incorporate _____________ into your supervision sessions. Is it related to the development level of the supervisee, what the supervisee is experiencing with a client, what is happening in your relationship with the supervisee, or something else?

I understand. Are there other examples of how you incorporate these artifacts in supervision?

Okay. How do you determine the impact of artifact inclusion on the supervisory relationship? Ah. What impact do you believe artifacts have on the relationship?

I was wondering if you thought creativity and intuition were essential to supervision as a practice? How might that be and what might that look like in practice?
What about supervisees who might not be “creative” or those who might not be “intuitive?” What does that look like? Would you describe a time when you had a supervisee who was not very creative? What was that experience like for you? What did you find yourself doing to help the supervisee tap into creativity? Or did you refrain from trying to help the supervisee tap into creativity?

Did I miss anything? What else arises for you when you consider creativity? What about when you consider intuition?

Thank you for all of your assistance. I will be transcribing and analyzing our conversation from today. I will e-mail you a summary of concepts when I finish that process for your review. Once you receive it, please review it and see if I misunderstood or did not attend to aspects of our conversation that you consider to be important. If you have things to add, please respond via e-mail with those comments. I look forward to seeing what you think! If you are interested in the final results of the study, please contact me via e-mail and I will provide you with a final summary of what was uncovered.
APPENDIX V

POSSIBLE QUESTIONS ABOUT ARTIFACTS
Appendix V

Possible Questions About Artifacts

• Please tell me about the artifacts you brought in today.

• How do you use these artifacts in your supervision practice?

• How are they connected to creativity or intuition with regard to supervision?

• How are they connected to your thinking about creativity in supervision?

• How are they connected to your thinking about intuition in supervision?

• Would you give me an example of how you would incorporate __________ into your work with a supervisee?

• How do supervisees respond to __________?

• How and when do you decide to incorporate __________ into your supervision sessions? Is it related to the development level of the supervisee, what the supervisee is experiencing with a client, what is happening in your relationship with the supervisee, or something else?

• How else might you incorporate such artifacts in practice with a supervisee?

• How do you determine the impact of artifact inclusion on the supervisory relationship?

• What impact do you believe artifacts have on the relationship?
APPENDIX W

EXAMPLES OF LATER MEMOS
Appendix W

Examples of Later Memos

I continued memoing throughout the analysis process and discovered that my theoretical sensitivity grew with every conversation, transcript, code, category, and memo. The categories continued to develop and I developed the tentative beginnings of core categories as the process continued.
No person is ever the same person. You never step in the same river twice.

This seemed to be his mantra & it related to concepts of development & growth & relationships being everchanging & evolving things. He really seems to love the process of change, but he does have an MI background, so that makes some sense.

Also important was the idea that creativity be purposeful & helpful. Roy got at this some too. It leading to a positive effect, rather than negative. He sees invention as a feeling something you may not know it's device, but all have access to it. Like Roy, Anooxah & Tabitha (not blonde). But he also thinks it connects to past experiences & has a foundation, and it can be wrong.
So maybe these are aspects of the category related to the notion of what it is and is not, feeling/sensing/noticing? yet sensing vs. verification not fully aware of it - maybe beginning of blue? all have access? or not? it is fallible based on past experience the need to check it looking in appropriateness

Then he delved into the idea that C & I go hand-in-hand like TABITHA, AURORA, ROY, HAYLEY & eventually CLAUD,

Let C -> I -> C for him

BUT sometimes it I -> C inefficient
Seeing all this having the ability to be creative & use intuition, but it's not sure you can teach intuition like COURTNEY, Natta, & BANCHE. And like them, believe creativity is teachable. Although he thinks you can process the process of having & using intuition they is similar to what the other I said, I'm wondering if that isn't teaching, though? It seems like advanced teaching to me. Reviewing a student's paper of synthesizing information & applying ideas into action for a specific purpose. He also uses creativity in "insulating the stride" (is this a category?). Everybody else got at this idea—like Natta (when she described her use of C vs. years use of C). And he was interested in achieving what had worked in the past and...
what had not. This seems like him talking an interest in the other, which
is part of his process of supervision too.
Ray & Blanette & Constance talked about this before to us.

Acknowledging individuality & uniqueness seemed to be an
overlaying idea. Everyone
talked about it in some way.
Maybe this a trait of supervision?
Or of Supervision? Or an outcome?
Or a combination?

He was into nurturing but disliked the
birth card. I like the involution card
though. He talked about planting seeds
of encouragement for us. & I
also talked about being a
gardener, planting seeds... it made
of folks talked a bit seed planting Blanette


Trusting, working, reflecting.

So embracing individuality & uniqueness, approachability, openness, ability to connect & engage (relationship)

is this the magic ingredient that's needed for C to succeed?

Involving in the process is key for both.

And the idea of the space or super being the connect between enthusiasm/creativity/invention & the other.

Age's the confidence increases for the space if C & I are années. Store & North Berwick, Roy, & everyone else.

With Roy, there was discipline & the idea of the "resistant" client.

The outcome: for clients, is refusing to settle & learning to advocate & feeling real
Clinicians become purposefully selective with their selections for tx. Clients feel hope as focus remains on the client as does most of the staff.
Go from the get-go she noted that the previous conversation was interesting because we talked about intuition. She didn't note C, is that because she lives in a more regularly like Aida's statement that intuition is always there? And like Aida & Roy is GT046, no mini-nes? I think, I think, said the same, too.

She also talked a couple of times about trying to help yers understand empathy more like North & maybe Blanchet? that you need some of that & maybe some F to be a counselor?

In her role teaching, she said she got exit. time & client time. The same "extra" time Aida noted having.
She also talked a lot about nonfeedback-oriented systems. Those who thought they knew best, "egotistical," and who were unwilling to engage fully.
I think this is similar to CEO's regimented and rigid systems and Nott's idiocy.
Like Nott too, she stresses the need to use C when stuck & having to be intentional in these efforts. That it was not as natural for her.
I loved her phrasing about using the art of counseling being part of the mentoring form of supervision. That it slows things down and is more about developing into a more clinician.
Is this yet another aspect of what differentiates C & I sup. from standard zip?

Like everyone else, she dislikes generically applied tx & sees a place for manuals, DSMs & Longman yr initial...
learning, not developed practice.

"if it is not working well, then I don't care what the book says, you have to try something else"

I love this! Maybe include as a description for what demarcates CI & I dep. from standard Syc.

Her version of thinking outside the box involves setting knowledge to the side in order to see what is in front of you. Like a puzzle that is being put together. She becomes annoyed by what she describes as procedural Syc. due to the super attitude. Like #100 & other openers is key.

Going back to intuition always being on... like the others...
find it to be constantly present & that she uses it as a gate, but that sometimes you can't act on it without more information or consultation, regardless of how good you are at it. Kinda like NOTTH's verification process.
APPENDIX X

FEEDBACK ELICITATION E-MAIL
Appendix X

Feedback Elicitation E-mail

Dear ___________,

Thank you, again, for taking time to help me with my research about creativity, intuition, and supervision. I have analyzed what you and the other participants shared with me and I wanted to share what arose from the research. I have attached an image that is a representation of the model of supervision that came from this research. Descriptions of the various aspects of the image follow below.

Supervisory Relationships and Interactions within Supervision

The key feature of the creativity and intuition supervision model is the creation and development of the supervisory relationship. Both the supervisor and supervisee must possess particular qualities and act in particular ways to fully develop creativity and intuition; however, a solid supervisory relationship, built on interest, caring, support, investment, and safety must be present as a foundation from which all else can develop. The supervisory relationship develops more fully as the supervision process continues, but at the core, the development of rapport, as in counseling, is essential.

Supervisor Qualities

The supervisor brings an appreciation for both intuition and creativity to the relationship. The supervisor uses intuition and creativity, with occasional limitations (e.g., remediation, risk to clients, liability concerns), in working with both supervisees and clients in different ways and on multiple levels. The supervisor is always focused on the needs of the client, but is also focused on what the supervisee needs. The supervisor enters the relationship with respect for the supervisee’s skills, knowledge, abilities, and previous experiences, as well as a belief that the supervisee can and will develop more fully as a clinician. The supervisor enters the relationship with humility, is genuine and transparent in interactions with the supervisee, and offers support and caring to the supervisee. The supervisor is flexible and willing to drop an agenda in order to meet the needs of the supervisee and/or client. The supervisor is interested in what the supervisee may describe as failures or mistakes, as the supervisor views such instances as
opportunities for growth. The supervisor is actively engaged in a process of ongoing learning, self-reflection, growth, and development related to the supervisor’s own work. The supervisor’s ultimate goal is to help the supervisee develop into the best clinician the supervisee can be and to shift the supervisory relationship into one that is more fully collaborative in nature.

**Supervisor Actions**

The supervisor tries to model behaviors, skills, attributes, and desirable counseling/counselor/supervising qualities, actions, and practices in all interactions with the supervisee. The supervisor endeavors to create a relationship built on trust with the supervisee. The supervisor encourages the supervisee to grow and develop in varied ways, including, challenging the supervisee to try new things and to take calculated risks; encouraging the supervisee to explore intuitions and to become more reflective; assisting the supervisee in recognizing strengths, weaknesses, and areas for growth; using mistakes to lead to new thinking and courageous actions; experiencing ambiguity as a positive and comfortable space; and learning to develop more options and to problem solve in creative and varied ways. The supervisor uses intuition and creativity throughout the supervisory process and demonstrates how to use both creativity and intuition in effective ways for the benefit of clients.

**Supervisee Qualities**

The supervisee brings a willingness to learn and try new things; an openness to the process of supervision and to clients; an interest in the process of supervision and counseling; and a level of caring for clients as human beings of value. The supervisee is internally motivated, curious, and focuses on the client’s needs rather than on the supervisee’s own agenda.

**Supervisee Actions**

Supervisees take responsibility for their own learning by seeking new ideas, asking questions, bringing topics and concerns to supervision sessions, and by researching ideas and practices. They make connections between their past experiences, what they have learned, and their clinical practice. They continue to expand their view and their ability to see the bigger picture (i.e., conceptualizing more fully) with clients, with counseling,
with themselves, and with supervision. They follow-through on suggestions and directives from supervisors and are willing to experiment and to reflect. They are open to learning how to live more comfortably in ambiguity and they learn that it is appropriate to make mistakes and to use mistakes as growth opportunities. They may even begin to feel comfortable granting themselves permission to try new things and to make mistakes.

**The Creativity and Intuition Supervision Model**

The supervisor and supervisee develop a relationship, bringing their qualities and actions to the vortex of their supervisory interaction process. A supervisee meets with a client and translates what the supervisee has learned from the client through the supervisee’s own filters, adding it to the supervision interaction/vortex. The supervisor has an awareness of the client (e.g., from meeting the client, from reading the chart, from the supervisee’s descriptions, etc.) and what the supervisor knows, or thinks is known, is filtered through the supervisor’s lens of past experiences, training, intuition, and creativity. This, too, is added to the supervision interaction/vortex. The supervisor tries to model (for the supervisee) how to engage with and conceptualize about the client. The supervisor may also issue directives or provide suggestions about conceptualization, treatment, diagnosing, or other actions. Both the modeling and the suggestions and/or directives are filtered through the supervisee’s lens of knowledge, experiences, and training, feelings, etc. and is translated into the interaction with the client.

The activation of creativity and intuition occurs through the process of the qualities and actions of both the supervisor and supervisee combining and interacting via the supervisory relationship/process. If the relationship has not been created from a solid base of respect, interest, caring, support, investment, and safety, the activation of creativity and intuition will not occur as the elements necessary for that process have been hindered or are non-existent.

**Outcomes for Supervisee**

If the relationship has been established and creativity and intuition have been activated, supervisees will likely experience more deeply connected, mentoring-type relationships with their supervisors. These relationships will involve more trust and be more collaborative than hierarchical in nature. Supervisees will gain confidence as clinicians
and feel self-efficacious. They will feel more comfortable with ambiguity and mistakes, will be less easily “thrown” by new or surprise information, and will be more apt to take informed and appropriate risks. They may be more likely to trust their intuition after checking it against the information they have received from clients. They will be able to provide more options to clients by conceptualizing more fully and by considering multiple methods of problem solving.

**Possible Outcomes for Clients**

If clients work with clinicians who have had creativity and intuition activated via their supervisory relationships, they may experience a number of different outcomes. Clients may experience a more genuine and deep connection to another human being. Clients may be provided with more options and more creative methods for solving their problems while they are in counseling. Clients may also learn to how to see possibilities and how to find options to solve a multitude of problems, now and in the future, rather than simply solving one issue in counseling. The ability to more easily problem solve may trickle out into other aspects of clients’ lives, benefiting them in ways that no one may have foreseen. Clients may leave counseling feeling more self-efficacious, more confident, and more hopeful.

If you want to share any feedback related to this summary, feel free to do so via e-mail (ytolbert@kent.edu). I am on a tight schedule with deadlines, so if you do choose to share feedback, please send it by 12:00 pm (noon), Thursday, August 18, 2016.

I hope the process of reflection that our conversations stirred up has been helpful to you! Thank you for being willing to share so much about yourself, your roles, your thinking, and your processes with me. I would not have been able to complete this research without your contributions and I am grateful for your help with this study!

Sincerely,

Yvette R. (Roxi) Tolbert, LPCC-S, ATR-BC, NCC, ATCS, ACS
APPENDIX Y

CREATIVITY AND INTUITION SUPERVISION MODEL DIAGRAM AND KEY
Appendix Y

Creativity and Intuition Supervision Model Diagram and Key
<table>
<thead>
<tr>
<th>Red</th>
<th>Supervisor as a human who has particular qualities, beliefs, values, and life experiences.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>Direct actions made by the supervisor.</td>
</tr>
<tr>
<td>Red</td>
<td>Effects of the interactionary vortex on the supervisor.</td>
</tr>
<tr>
<td>Red</td>
<td>Indirect effects on or indirect actions toward the supervisor.</td>
</tr>
<tr>
<td>Purple</td>
<td>Supervisee as a human who has particular qualities, beliefs, values, and life experiences.</td>
</tr>
<tr>
<td>Purple</td>
<td>Direct actions made by the supervisee.</td>
</tr>
<tr>
<td>Purple</td>
<td>Indirect effects on or indirect actions toward the supervisee.</td>
</tr>
<tr>
<td>Red</td>
<td>Effects of the interactionary vortex on the supervisee.</td>
</tr>
<tr>
<td>Green</td>
<td>Client as a human who has particular qualities, beliefs, values, and life experiences.</td>
</tr>
<tr>
<td>Green</td>
<td>Direct actions made by the client.</td>
</tr>
<tr>
<td>Green</td>
<td>Indirect effects on or indirect actions toward the client.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Potential outcomes.</td>
</tr>
</tbody>
</table>
Appendix Z

E-Mail Summary of Study Results

Dear ____________,

Thank you, again, for taking time to help me with my research about creativity, intuition, and supervision. I have finished the study and analyzed the research. As you asked for a copy of the results, I am sharing the following summary. I have attached an image (and a key to the image) that is a representation of the Creativity and Intuition Supervision Model that came from this research. Descriptions of the various aspects of the image are below. Please let me know if you have any questions (ytolbert@kent.edu).

Supervisory Relationships and Interactions within Supervision

The key feature of the creativity and intuition supervision model is the creation and development of the supervisory relationship. Both the supervisor and supervisee must possess particular qualities and act in particular ways to fully develop creativity and intuition; however, a solid supervisory relationship, built on interest, caring, support, investment, and safety must be present as a foundation from which all else can develop. The supervisory relationship develops more fully as the supervision process continues, but at the core, the development of rapport, as in counseling, is essential.

Supervisor Qualities

The supervisor brings an appreciation for both intuition and creativity to the relationship. The supervisor uses intuition and creativity, with occasional limitations (e.g., remediation, risk to clients, liability concerns), in working with both supervisees and clients in different ways and on multiple levels. The supervisor is always focused on the needs of the client, but is also focused on what the supervisee needs. The supervisor enters the relationship with respect for the supervisee’s skills, knowledge, abilities, and previous experiences, as well as a belief that the supervisee can and will develop more fully as a clinician. The supervisor enters the relationship with humility, is genuine and transparent in interactions with the supervisee, and offers support and caring to the supervisee. The supervisor is flexible and willing to drop an agenda in order to meet the needs of the supervisee and/or client. The supervisor is interested in what the supervisee
may describe as failures or mistakes, as the supervisor views such instances as opportunities for growth. The supervisor is actively engaged in a process of ongoing learning, self-reflection, growth, and development related to the supervisor’s own work. The supervisor’s ultimate goal is to help the supervisee develop into the best clinician the supervisee can be and to shift the supervisory relationship into one that is more fully collaborative in nature.

**Supervisor Actions**

The supervisor tries to model behaviors, skills, attributes, and desirable counseling/counselor/supervising qualities, actions, and practices in all interactions with the supervisee. The supervisor endeavors to create a relationship built on trust with the supervisee. The supervisor encourages the supervisee to grow and develop in varied ways, including, challenging the supervisee to try new things and to take calculated risks; encouraging the supervisee to explore intuitions and to become more reflective; assisting the supervisee in recognizing strengths, weaknesses, and areas for growth; using mistakes to lead to new thinking and courageous actions; experiencing ambiguity as a positive and comfortable space; and learning to develop more options and to problem solve in creative and varied ways. The supervisor uses intuition and creativity throughout the supervisory process and demonstrates how to use both creativity and intuition in effective ways for the benefit of clients.

**Supervisee Qualities**

The supervisee brings a willingness to learn and try new things; an openness to the process of supervision and to clients; an interest in the process of supervision and counseling; and a level of caring for clients as human beings of value. The supervisee is internally motivated, curious, and focuses on the client’s needs rather than on the supervisee’s own agenda.

**Supervisee Actions**

Supervisees take responsibility for their own learning by seeking new ideas, asking questions, bringing topics and concerns to supervision sessions, and by researching ideas and practices. They make connections between their past experiences, what they have learned, and their clinical practice. They continue to expand their view and their ability to
see the bigger picture (i.e., conceptualizing more fully) with clients, with counseling, with themselves, and with supervision. They follow through on suggestions and directives from supervisors and are willing to experiment and to reflect. They are open to learning how to live more comfortably in ambiguity and they learn that it is appropriate to make mistakes and to use mistakes as growth opportunities. They may even begin to feel comfortable granting themselves permission to try new things and to make mistakes.

**The Creativity and Intuition Supervision Model**

The supervisor and supervisee develop a relationship, bringing their qualities and actions to the vortex of their supervisory interaction process. A supervisee meets with a client and translates what the supervisee has learned from the client through the supervisee’s own filters, adding it to the supervision interaction/vortex. The supervisor has an awareness of the client (e.g., from meeting the client, from reading the chart, from the supervisee’s descriptions, etc.) and what the supervisor knows, or thinks is known, is filtered through the supervisor’s lens of past experiences, training, intuition, and creativity. This, too, is added to the supervision interaction/vortex. The supervisor tries to model (for the supervisee) how to engage with and conceptualize about the client. The supervisor may also issue directives or provide suggestions about conceptualization, treatment, diagnosing, or other actions. Both the modeling and the suggestions and/or directives are filtered through the supervisee’s lens of knowledge, experiences, and training, feelings, etc. and is translated into the interaction with the client.

The activation of creativity and intuition occurs through the process of the qualities and actions of both the supervisor and supervisee combining and interacting via the supervisory relationship/process. If the relationship has not been created from a solid base of respect, interest, caring, support, investment, and safety, the activation of creativity and intuition will not occur as the elements necessary for that process have been hindered or are non-existent.

**Outcomes for Supervisee**

If the relationship has been established and creativity and intuition have been activated, supervisees will likely experience more deeply connected, mentoring-type relationships with their supervisors. These relationships will involve more trust and be more
collaborative than hierarchical in nature. Supervisees will gain confidence as clinicians and feel self-efficacious. They will feel more comfortable with ambiguity and mistakes, will be less easily “thrown” by new or surprise information, and will be more apt to take informed and appropriate risks. They may be more likely to trust their intuition after checking it against the information they have received from clients. They will be able to provide more options to clients by conceptualizing more fully and by considering multiple methods of problem solving.

Possible Outcomes for Clients

If clients work with clinicians who have had creativity and intuition activated via their supervisory relationships, they may experience a number of different outcomes. Clients may experience a more genuine and deep connection to another human being. Clients may be provided with more options and more creative methods for solving their problems while they are in counseling. Clients may also learn how to see possibilities and how to find options to solve a multitude of problems, now and in the future, rather than simply solving one issue in counseling. The ability to more easily problem solve may trickle out into other aspects of clients’ lives, benefiting them in ways that no one may have foreseen. Clients may leave counseling feeling more self-efficacious, more confident, and more hopeful.

I hope our conversations and any reflections you may have had afterwards have been helpful to you in some way. Thank you for being willing to share about yourself, your roles, your thinking, and your processes with me. I would not have been able to complete this research without your contributions and I am grateful for your help with this study!

Sincerely,

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