Counseling and Creativity: An Analog Study

Sarah J. Graham

Central Washington University, grahamsar@cwu.edu

Follow this and additional works at: https://digitalcommons.cwu.edu/etd

Part of the Counseling Commons

Recommended Citation
https://digitalcommons.cwu.edu/etd/913

This Thesis is brought to you for free and open access by the Master's Theses at ScholarWorks@CWU. It has been accepted for inclusion in All Master's Theses by an authorized administrator of ScholarWorks@CWU. For more information, please contact pingfu@cwu.edu.
COUNSELING AND CREATIVITY:
AN ANALOG STUDY

A Thesis
Presented to
The Graduate Faculty
Central Washington University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Mental Health Counseling

by
Sarah Jane Lawless Graham
November 2017
CENTRAL WASHINGTON UNIVERSITY
Graduate Studies

We hereby approve the thesis of

Sarah Jane Lawless Graham

Candidate for the degree of Master of Science

APPROVED FOR THE GRADUATE FACULTY

__________________________
Dr. Susan Lonborg, Committee Co-Chair

__________________________
Dr. Meaghan Nolte, Committee Co-Chair

__________________________
Dr. Elizabeth Haviland

__________________________
Dean of Graduate Studies
ABSTRACT

COUNSELING AND CREATIVITY:
AN ANALOG STUDY

by
Sarah Jane Lawless Graham

November 2017

Researchers recognize that creativity can play a significant role in counseling, both on the part of the counselor and the client. Additionally, creativity is a potentially important and overlooked area when it comes to counselor education. However, the full nature and impact of creativity in counseling is not fully understood.

To examine the relationship between creativity and counseling in further detail, this study exposed participants to an analog counseling video of either a low or high creativity level displayed by the counselor. Participants were then asked to take a survey rating dimensions of the counselor's efficacy (i.e., expertness, attractiveness, trustworthiness) and creativity. They also completed two measures of their own creative ideation. Multiple linear regression equations were used to predict the dimensions of counselor efficacy from video type (low or high creativity) and participants’ creativity scores.

Although there was no direct significant support for the hypothesis that the intervention of counseling creativity level would be associated with ratings of counselor efficacy, there were significant results indicating that participants’ creativity levels were associated with their perceptions of the counselor.
ACKNOWLEDGMENTS

My sincere thanks to both of my chairs Dr. Lonborg and Dr. Nolte for all of their hard work, patience, and support throughout the process of my thesis. You encouraged me, educated me, and helped me to develop my writing and research skills. My thesis would be a shadow of what it is without your support. I would also like to acknowledge Dr. Runco and Dr. Corrigan who both graciously let me use, free of charge, the measurements that they had developed. I am also indebted to the two mental health counseling student actors who helped me to create the video materials. Thank you for donating your time when you were so busy, with patience and humor. Finally, thank you to the two friends who assisted me in conceptualizing and organizing my data, and who helped me learn the basics of the statistical program R, you helped my find my way when I was floundering.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>INTRODUCTION ................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>Definition of Terms ................................................................... 1</td>
</tr>
<tr>
<td>II</td>
<td>LITERATURE REVIEW ................................................................... 4</td>
</tr>
<tr>
<td></td>
<td>Creativity in Counseling ................................................................ 4</td>
</tr>
<tr>
<td></td>
<td>Creativity in Different Types of Counseling ................................... 9</td>
</tr>
<tr>
<td></td>
<td>Efficacy of Narrative Therapy and Cognitive Behavioral Therapy .......... 13</td>
</tr>
<tr>
<td></td>
<td>Evaluating Counselor Efficacy ..................................................... 16</td>
</tr>
<tr>
<td></td>
<td>Analog Studies ............................................................................ 19</td>
</tr>
<tr>
<td></td>
<td>Direction for Research .............................................................. 20</td>
</tr>
<tr>
<td>III</td>
<td>METHODS .................................................................................. 22</td>
</tr>
<tr>
<td></td>
<td>Participants ................................................................................ 22</td>
</tr>
<tr>
<td></td>
<td>Materials .................................................................................. 23</td>
</tr>
<tr>
<td></td>
<td>Design ..................................................................................... 28</td>
</tr>
<tr>
<td></td>
<td>Procedure .................................................................................. 29</td>
</tr>
<tr>
<td>IV</td>
<td>RESULTS ................................................................................... 31</td>
</tr>
<tr>
<td></td>
<td>Screening and Descriptive Statistics ............................................. 31</td>
</tr>
<tr>
<td></td>
<td>Correlational Analysis ................................................................. 32</td>
</tr>
<tr>
<td></td>
<td>Analysis of the Counselor Rating Short-Form (CRF-S) ......................... 32</td>
</tr>
<tr>
<td></td>
<td>Analysis of the Creative Attitudes and Values Scale (AVS) ...................... 34</td>
</tr>
<tr>
<td></td>
<td>Additional Descriptive Statistics .................................................... 35</td>
</tr>
<tr>
<td>V</td>
<td>DISCUSSION ............................................................................... 36</td>
</tr>
<tr>
<td></td>
<td>Evaluating the Hypothesis ............................................................ 36</td>
</tr>
<tr>
<td></td>
<td>Additional Findings ..................................................................... 37</td>
</tr>
<tr>
<td></td>
<td>Implications for Counseling ......................................................... 39</td>
</tr>
<tr>
<td></td>
<td>Methodological Strengths and Limitations ......................................... 40</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS CONTINUED

- Areas for Further Research ................................................................. 42
- Conclusion .......................................................................................... 45

**REFERENCES** ......................................................................................... 47

**APPENDIXES** ........................................................................................ 54
- Appendix A — Case Study................................................................. 54
- Appendix B — Analog Video Script High Creativity Condition ........ 55
- Appendix C — Analog Video Script Low Creativity Condition .......... 58
- Appendix D — Consent Online ............................................................. 61
- Appendix E — General Questionnaire ............................................... 63
- Appendix F — Demographic Survey .................................................... 65
- Appendix G — Debrief ....................................................................... 66
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Participant Characteristics and Demographic Information .................. 24</td>
</tr>
<tr>
<td>2</td>
<td>An Outline of the Four Conditions for Participant Groups................. 29</td>
</tr>
<tr>
<td>3</td>
<td>Descriptive Statistics for all Variables: Including Sample Size, Minimum and Maximum Values, Mean, and Standard Deviation ......................... 31</td>
</tr>
<tr>
<td>4</td>
<td>Means, Standard Deviations, and Intercorrelations for all Variables .......... 32</td>
</tr>
<tr>
<td>5</td>
<td>Multiple Linear Regression Predicting Mean Attractiveness Score on the CRF-S ............................................................................. 33</td>
</tr>
<tr>
<td>6</td>
<td>Multiple Linear Regression Predicting Mean Expertness Score on the CRF-S ............................................................................. 34</td>
</tr>
<tr>
<td>7</td>
<td>Multiple Linear Regression Predicting Mean Trustworthiness Score on the CRF-S ............................................................................. 34</td>
</tr>
<tr>
<td>8</td>
<td>Multiple Linear Regression Predicting Mean AVS-Total Participant Creativity Scores ............................................................................. 35</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Creativity has long been recognized as a salient dynamic in the therapeutic process, but clarity concerning its role and potential in counseling sessions has gained attention in recent years (Duffey, Haberstroh, & Trepal, 2009; Rouse, Armstrong, & McLeod, 2015). Many mental health practitioners and researchers agree that creativity can positively contribute to the therapeutic process (Duffey et al., 2009; Plucker, Beghetto, & Dow, 2004; Rogers, 1954). However, there is still disagreement about its role, and even its definition (Plucker et al., 2004). Nevertheless, researchers recognize that creativity can play a significant role in counseling on the part of both the counselor and the client (Duffey et al., 2009). Additionally, creativity is a potentially important area in counselor education, often overlooked in the literature (Lawrence, Foster, & Tieso, 2015).

The present study investigated the role of counselor creativity in observer perceptions of mental health counselor efficacy. I explore the literature on creativity in counseling and provide a specific example of how counselor creativity may be assessed within a research setting. This study was designed to determine if observers’ perceptions of counselor expertness, attractiveness, and trustworthiness were associated with level of counselor creativity, and whether there was any correlation between observer creativity and their perceptions of the counselor’s creativity.

Definition of Terms

Creativity

As a highly abstract construct, creativity is difficult to define and operationalize in research, resulting in a variety of definitions throughout the literature (Plucker et al, 2004; Runco
Cognitive psychologists Runco and Jaeger (2012) reviewed popular definitions of creativity across psychological disciplines and determined that creativity is something that is both novel and useful, or adaptive. In their article, they consider different forms of creativity, saying that it can be fully original or, in quoting Stein (1953, p.311), "a reintegration of already existing materials or knowledge, but when it is completed it contains elements that are new."

Looking at how creativity is defined in a counseling context, Plucker et al. (2004) reviewed definitions of creativity in the counseling literature and synthesized them into the following definition: "Creativity is the interaction amount aptitude, process, and environment by which an individual or group produces a perceptible product that is both novel and useful as defined within a social context " (p. 90). Resulting from a meta-analysis on the definition of creativity in counseling, this definition is firmly rooted in the preexisting literature on creativity in counseling, allowing for continuity with other counseling creativity research.

The present study relied on the definition provided by Plucker et al. (2004), with the exception of the piece about a "perceptible product." The product of counseling can be both perceptible and/or un-perceptible, and may not manifest in a clear action, effect, or manner. Therefore, the present study's definition extended to creative ideation and divergent thinking as forms of creativity.

**Counselor Efficacy**

The *Webster's New World Dictionary* defines "efficacy" as "the power to produce effects or intended results" (Guralnik, 1968, p. 445). This general definition of efficacy carries over into the concept of counselor efficacy. Walz and Bleuer (1993) define counselor efficacy as "the effectiveness of the counselor in bringing about counselor and/or client-desired outcomes-relating to the client" (p. 1).
Narrative Therapy

White and Epston (1990) developed Narrative Therapy (NT) based on the idea that in order to make sense of life experience within a temporal frame, people must *story* their lives. These stories then make up the narrative of a person's life. According to this theory, by constructing a life narrative, a client is able to externalize his or her problems, which frees the client from the problem, allowing him or her to view it from the new perspective and try novel approaches to problem solving. Based upon the discussion of NT by White and Epston (1990), I defined NT as a therapeutic method that explores clients' presenting problems by investigating the narratives that shape clients' lives and helps clients to achieve therapeutic outcomes by supporting the client in actively interpreting and re-storying their narratives.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT), therapy is a theory of counseling in which the therapist helps to client to identify maladaptive patterns in the client's thinking, behavior, and/or emotional responses. According to CBT, these maladaptive patterns are the cause of clients' complaints, so if the client can change these patterns he or she will experience an improvement of his or her negative symptoms. CBT asks the clients to examine the usefulness and validity of their patterns of thinking, behavior, and feeling and construct alternative, more productive patterns in these areas (Gerhart, 2015). For the purpose of the present study, I defined CBT as an intervention-focused therapy where the counselor assists clients in identifying and challenging problems in their thoughts, behaviors, or feelings, and then helps the client to adopt more positive responses (thoughts, behaviors, feelings) to achieve therapeutic outcomes.
CHAPTER II
LITERATURE REVIEW

The current study incorporates findings from a variety of research and clinical backgrounds, including: general creativity, creativity in counseling, analog designs, cognitive behavioral therapy, and narrative therapy. Fundamental to my study is an understanding of findings from these different areas and an idea of how the interconnection of these divergent fields comes together for the current exploration of creativity and counseling efficacy. I briefly review each of these areas and explore the importance of their understanding both in research and in counseling practice.

Creativity in Counseling

Runco and Jaeger (2012) demonstrate that creativity has long been valued as a key human characteristic, but only recently have researchers begun to establish the benefits of creativity with academic rigor (Plucker et al., 2004; Rouse et al., 2015). Creativity enhances function in many areas of life, ranging from job and life management abilities to healthy emotional and psychological functioning (Plucker et al., 2004; Rouse et al., 2015). Creativity also aids in the development of coping skills, relationship maintenance, and therapeutic treatments (Plucker et al., 2004).

As Plucker et al. (2004) point out, some researchers have shied away from creativity, deeming it too nebulous and soft for true scientific analysis. These authors additionally determined that myths about creativity; that creativity is an inherent, immutable trait that people cannot learn or develop, discourages research in this area. Plucker et al. (2004) argue that it is important to include creativity in academic research because without a clear definition, creativity becomes vulnerable to the prejudices of those inclined to discount its importance.
One initial concern when studying creativity is constructing a testable definition. Plucker et al., 2004 examined how a variety of researchers in the mental health field define creativity. These authors performed a content analysis on creativity articles published in peer-reviewed journals from 1999 to 2001. The articles they reviewed defined creativity as being: unique, artistic, accessible, divergent thinking, problem solving, and imagination. While all are potentially useful perspectives to consider, a psychometrically valid operational definition requires a more explicit and elemental explanation.

The current study used the definition of creativity in provided by Plucker et al. (2004). Current research literature supports each element of this definition and relates to how the mental health field currently conceptualizes creativity (Plucker et al., 2004). By using Plucker et al.’s (2004) definition, with the modification excluding the part about creativity producing a perceptible product, I endeavored to add to a cohesive understanding of creativity in mental health. A drawback of this definition is that it remains broad, which may make it harder to relate directly to specific counselor creativity. However, creativity is an inherently flexible and encompassing construct, therefore, a broad, yet structured definition is appropriate for the purpose of this study (Plucker et al., 2004; Runco & Jaeger, 2012).

Counselor Creativity in Practice

There is mounting evidence that counselors’ creativity supports their therapeutic abilities (Lawrence et al., 2015). As the importance of creativity in counseling gains greater empirical support, there is also a growing interest in research on the importance and role of creativity in counseling (Duffey et al., 2009; Rouse et al., 2015). Rouse and colleagues (2015) studied looked at creativity in general counseling, while Carson and Becker (2004) explored the function of creativity in psychoanalysis. Carson, Becker, Vance, and Forth (2003) investigated the benefits
of creativity for family and marriage counseling, whereas Heppner, O'Brien, Hinkelman, and Humphrey (1994) considered creativity in career counseling. Lawrence et al., (2015) made a strong argument for the inclusion of creativity skills in counselor training and supervision. All of these studies indicate that creativity is an integral part of effective counseling.

Carson et al. (2003) and Duffey et al. (2009) investigated therapist perceptions of creativity in counseling by surveying therapists practicing in marriage and family therapy and in general counseling respectively. Both studies found that respondents valued creativity in their practice and believed that creativity benefited counseling by helping therapists conceptualize their clients' situations, respond flexibly to the clients' needs, and by enhancing collaboration between the clients and therapist.

Carson et al. (2003) also identified therapist characteristics that the respondents believed that creativity facilitates including “flexibility, risk-taking/willingness to take risks, and humor/sense of humor” (p. 100). These sentiments were echoed in the findings of Duffey et al. (2009). According to their survey results, therapists believe that creativity in counseling contributes to therapeutic efficacy by deepening connections between the counselor and client, providing freedom to explore issues. Respondents emphasized that they believed creativity is central to the counseling process, both in terms of building the therapeutic relationship and as a skill that contributes to the counselor's ability to assist the client.

Rouse et al. (2015) identified key ways in which counseling and creativity are complementary processes. In their study, these authors interviewed ten counselors, who were also artists, about how creativity informs their counseling. Four major themes emerged: (1) creativity and counseling are both relational processes, (2) they bring together different ways of experiencing, (3) creativity and counseling can act as transformational forces, and (4) creativity
can be a source of both personal and professional identity for the counselor. They also found that creativity and counseling both tend to involve similar processes of change, such as personal transformation and evolution of perspectives. Their findings demonstrated how creativity and counseling share overlapping properties and how creativity can enrich a counselor's abilities.

Multiple authors' findings support the view presented by Rouse et al. (2015) that creativity and counseling fundamentally overlap, arguing that creativity and counseling share basic characteristics (Carson et al. 2003; Carson & Becker, 2004; Duffey et al. 2009). These authors propose that creativity increases the efficacy of counseling, and that it is an underlying mechanism in many counseling processes. Both creativity and counseling involve novel processing, developing new ways of approaching confounding issues, and they both require a combination of convergent and divergent thinking (Carson & Becker, 2004; Rouse et al., 2015).

Researchers also recognize the role of creativity in enhancing the collaborative process between the counselor and client (Carson & Becker, 2004; Duffey et al. 2009; Heppner et al., 1994; Rouse et al. 2015). In their research on creativity in psychotherapy, Carson and Becker (2004) stated that creativity encourages co-construction of solutions and draws on the flexibility and adaptability of both the counselor and client to address problems. Heppner et al. (1994) investigated creativity in career counseling and found that the presence of creativity helped to create more successful and collaborative relationships between counselors and clients.

Several authors support the idea that creativity is an underlying factor that enriches multiple counselor skill sets (Carson & Becker, 2004; Duffey et al. 2009; Rouse et al. 2015). For example, Carson and Becker (2004) argued that experiential therapy is one of the most effective ways to change clients' habitual behaviors and develop new ways of operating. According to these authors, creativity is necessary for experiential therapy because creativity helps to facilitate
the moment-to-moment modeling and corrective interactions between the counselor and client. Thus, they claim that creativity is central to bringing about changes in how clients' experience the world (Carson et al., 2004).

Numerous authors in the literature concerning creativity and counseling have called for counselors to increase their efforts in developing their own creative abilities as an underlying set of skills that can help increase therapeutic efficacy (Carson et al., 2003; Duffey et al., 2009). According to Carson et al. (2003), part of a counselor's personal work and development requires that they cultivate their own creativity in ways that benefit their clients. In recognizing the fundamental importance of creativity to counseling, researchers have called for a greater attention to the role of creativity in counseling and the deliberate development of counselor creativity in counselor education programs (Carson et al., 2003; Carson & Becker, 2004; Duffey et al. 2009).

Lawrence et al. (2015) specifically investigated the function of creativity in counselor training. They began by justifying the importance of creativity in counseling and then proceeded by demonstrating the key role that creativity plays within all educational settings, including graduate counselor training. They also critiqued the existing model of counselor training for failing to provide for creative training and counselor development; citing the work of Carson and Becker (2004) that indicated that current models of counselor education may even require counselor training to suppress their creativity in order to be successful in training.

After justifying the need for the inclusion of creativity in counselor training, Lawrence et al. (2015) argued for a pedagogical shift within counselor training programs from creativity as a criteria or technique to an "organized perspective" (p. 170). According to these authors, creativity deepens intimacy, increases therapeutic power, and supports more complicated
relationship development in counseling sessions (Carson & Becker, 2004). Lawrence et al. (2015) argued that the power of creativity within a counseling relationship makes it a fundamental element of the counseling process. Reflecting on the work of Carson and Becker (2004), Lawrence et al. (2015) suggested that creativity can be used to therapeutic or chaotic ends in a counseling session depending on counselor competency, making the inclusion of creativity in counselor training an ethical necessity.

Interestingly, the program for the 2017 American Counseling Association (ACA) conference reflects a growing interest in, and increasing acknowledgment of, the value of creativity in counseling. The ACA program included a section devoted to creativity in counseling and featured general educational sessions, round tables, and posters, all devoted to talking about this issue (American Counseling Association, 2016). Additionally, there is a division of the ACA devoted solely to creativity in counseling, the Association for Creativity in Counseling (ACC). The ACC facilitate workshops, achieve research support treatment approaches, and holds an annual conference to promote the use of creativity in counseling (Association for Creativity in Counseling, 2016).

With support for the importance of creativity in counseling found across areas of counseling, creativity appears to be an intrinsic element of efficacious counseling that transcends counseling disciplines. This speaks to the fundamental importance of creativity in counseling and demonstrates that further study of creativity in counseling can benefit the professional as a whole.

**Creativity in Different Types of Counseling**

The present study was designed to measure the perceived relationship of counselor creativity to laypersons’ perceptions of counselor efficacy and creativity. In order to measure the
perceived effect of creativity, it is necessary to create both high and low counselor creativity conditions. Researchers acknowledge that creativity as a difficult construct to measure, both within the field of counseling and in the context of creativity studies in general (Plucker et al, 2004; Runco & Jaeger, 2012). In an attempt to address this issue, the current study examined comparative degrees of creativity in high and low creativity conditions rather than absolute measures of creativity. This was done by using two different counseling approaches, one that lends itself more toward creative exploration and expression, and one that is governed by more standardized principles. In the present study, I operationalized a high counselor creativity condition by using Narrative Therapy (NT); and operationalized a low counselor creativity condition using Cognitive Behavioral Therapy (CBT). The reasoning is discussed herein.

**Narrative Therapy**

Narrative Therapy is based on the idea that each person is living out his or her own first person narrative. According to the philosophy of NT, helping clients separate themselves from the problems in their narratives achieves therapeutic change, which then allows clients to address their problems by gaining alternative perspectives (White & Epston, 1990). The alternative perspectives empower the clients with a sense of choice in how they construct or retell their own narrative (Lopes et al., 2014).

Narrative Therapy is a collaborative process between the client and the counselor. The counselor acts as a co-constructer of the clients’ narrative and a supportive companion in the therapeutic process (Gehart, 2015). Narrative Therapy makes use of multimodal techniques of processing and expression, for which creativity is an underlying mechanism. Client progress is viewed holistically as improvement multiple life areas of the client’s experience (White &
Techniques often include activities such as art therapy, journaling, and creative writing (Ricks, Kitchens, Goodrich, & Hancock, 2014).

Many of these techniques used in NT use creativity to help people express multiple aspects of their experience and uncover new perspectives. Prior research has linked a person's ability to change perspective or self-express to their creative abilities, therefore creative aptitude enhances a person's ability to successfully engage in NT techniques (Ricks et al., 2014; Rouse et al. 2015). Narrative Therapy also incorporates some of the fundamental principles of creative practice (Ricks et al. 2014). As Ricks et al. (2014) stated, the theoretical foundations of NT assert that client issues arise from social, cultural, and political contexts, a view that is shared by the foundational tenets of the Association for Creativity in Counseling (Duffey et al., 2015). Research also indicates that NT involves high levels of creativity on the part of the therapist as they help the client to reconstruct their life's narrative (Ricks et al., 2014). Because of its numerous links to creativity, NT was used as the high creativity counseling condition for this study.

**Cognitive Behavioral Therapy**

Cognitive Behavioral Therapy is built upon the theory that client's problems are caused by maladaptive patterns in their behaviors and cognitions. Cognitive Behavioral Therapy proposes that cognitions mediate behaviors and that therapeutic change is accomplished by interventions that address these two elements of client function and their interactions (Capuzzi & Gross, 2010). Clinicians who use CBT believe that for treatment clients' problems should be concrete, specific, and observable. Treatment is therefore focused identifying antecedents in behavior or conditions that result in the unwanted consequences and altering the antecedents (Capuzzi & Gross, 2010). Progress and clinical outcomes are often measured by symptom
reduction, therapist observation, and client report (Capuzzi & Gross, 2010). In CBT, the counselor acts as a teacher, guide, and expert (Gehart, 2015).

Cognitive Behavioral Therapy uses a number of pre-established techniques to help the client to challenge their faulty thinking (Capuzzi & Gross, 2010). Clinicians often use psychoeducation and structured interventions to treat client issues, and frequently assign clients homework, such as behavioral diaries, graded exposure challenges, and symptom logs (Gehart, 2015). Clinicians using CBT also frequently use diagnostic tests to monitor client progress (Gehart, 2015). CBT treatment manuals often govern the use of structured interventions, homework, and tests. The manuals range in their strictness of practice adherence, but overall create a more unified approach for CBT than for many other treatment approaches (Capuzzi & Gross, 2010).

Addis and Krasnow (2000) noted that counselors tend to use manuals more often in CBT therapy than in other types of counseling. However, the psychologists surveyed by these authors did not believe that manuals kept therapist from being flexible and able to use intuition when working with clients. These findings are in keeping with the premise of the current study, that, although it does not preclude creativity, CBT is less focused on creativity than other theoretical orientations including NT. Miller and Rathus, (2000) supported this argument by describing CBT as a skill and technique based therapeutic style, which, while it does not entirely preclude creativity, does not encourage creative intervention. For the current study, I argued that by nature CBT is more prescriptive, whereas NT is more constructive in therapeutic approach. Therefore, NT naturally encourages a greater degree of creativity than CBT.
Efficacy of Narrative Therapy and Cognitive Behavioral Therapy

Although there are numerous studies assessing the efficacy of various therapies as compared to no treatment or placebo groups, few researches have directly compared the efficacy between different therapies (Lopes et al., 2014). However, there are robust bodies of literature independently validating the efficacy of these two therapies. As these two therapies make up the foundation of the high and low creativity conditions for the present study, their efficacy and clinical equivalency must be established and made distinct from counselor efficacy.

Support for the Efficacy of Cognitive Behavioral Therapy

Cognitive Behavioral Therapy is the most widely studied treatment approach and has the most evidence research in support of its outcomes of all of the counseling theories (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). Efficacy research for CBT also spans a wide spectrum of applications across mental health concerns (Capuzzi & Gross, 2010). A meta-analysis by Butler, Chapman, Forman, and Beck (2006) found that CBT was highly efficacious with large effect sizes for unipolar depression, generalized anxiety disorder, panic disorder, social phobia, posttraumatic stress disorder, and childhood depressive and anxiety disorders and moderately efficacious with medium effect sizes for schizophrenia, bulimia nervosa, marital distress, anger, childhood somatic disorders, and chronic pain.

A separate meta-analysis by Hofmann et al. (2012) found results that differed from those of Butler et al. (2006) for specific disorders, but agreed in the overall with the conclusion that CBT is a significantly efficacious therapeutic approach. According to Hofmann et al. (2012), CBT was highly efficacious for anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress. They found small to medium effect sizes for major and persistent depressive disorders, schizophrenia and other psychotic disorders, bipolar disorder, eating
disorders, insomnia, recidivism prevention for criminal offenders, anger management, and management of chronic pain. The analyses of Butler et al. (2006) and Hofmann et al. (2012) differ most notably on their results for depressive disorders, showing a large and medium effect size respectively, however, they agree that CBT is overall efficacious for use with depression.

**Support for the Efficacy of Narrative Therapy**

There are far more outcome studies for CBT than for NT; however, the body of research in support of NT is growing (Etchison & Kleist, 2000). Studies have found positive outcomes for NT used when working with children, when treating major depressive disorder in adults, and for treating women with co-morbid eating disorders and depression (Ramey, Tarulli, Frijters, & Fisher, 2009; Vromans & Schweitzer, 2011; Weber, Davis, & McPhie, 2006). Additionally a literature review by Etchison and Kleist (2000) summarized NT outcomes for a number of different issues in family counseling and found that it was efficacious in the four studies that they reviewed.

Roberts (2000) made a strong argument for the inclusion of narrative therapy approaches to counseling, including the strengths of a narrative based approach, such as the personalization of narratives, the allowance for pluralistic truths, and identity development and maintenance. He contends that medical and therapeutic communities have largely overlooked NT and calls for an appreciation of therapeutic outcomes that encompasses a broader spectrum of factors. Etchison and Kleist (2000) attribute the lack of interest and empirical research for NT to the constructionist and subjective nature of NT that lends itself better to qualitative research than quantitative. Researchers agree that there is a need for additional studies investigating the outcomes of NT, but that so far studies indicate promising results (Etchison & Kleist, 2000; Roberts, 2000).
Cognitive Behavioral Therapy Contrasted with Narrative Therapy

A novel study by Lopes et al. (2014) directly compared the efficacy of Narrative Therapy with CBT for moderate unipolar depression. Participants received treatment in either NT or CBT for 20 one-hour sessions. Patients were randomly assigned to treatment groups, a NT group and CBT group or a control group. Outcomes were assessed using the Beck Depression Inventory II, and Lambert Outcome Questionnaire.

Lopes et al. (2014) found that NT and CBT are both efficacious and empirically grounded, although CBT had a faster reduction rate of symptoms. The authors also demonstrated that NT and CBT, although different, could be effectively cross-compared in research. In comparing NT and CBT the present study was not designed to demonstrate one type of therapy as more effective than the other; both are acknowledged as valid therapies. Instead, NT and CBT will be used as proxy for different levels of therapeutic creativity and evaluated based on their expression of counselor creativity. This use of NT and CBT is congruent with the literature on both types of therapy and on creativity, but it is novel in its execution.

Common Factors Consideration

In looking at the efficacy of CBT and NT, it is important to acknowledge the role of common factors, and how the common factors model provides a legitimation of either therapeutic approach. The common factors model proposes that therapeutic change is not achieved by the specific interventions or components of different counseling theories, but rather by an underlying set of factors that are common to all well-developed counseling approaches (Leibert, 2011). The common factors model is in opposition to the medical model of counseling, which proposes that elements of different therapeutic approaches bring about change and should
therefore differ in their efficacy with various populations and disorders (Messer & Wampold, 2002).

Messer and Wampold (2002) conducted a comprehensive review of the evidence in support to the common factors model. They found that three separate meta-analyses comparing the efficacy of one theory of counseling to another yielded small, insignificant effect sizes for all three studies. The lack of a significant effect size across multiple meta-analyses lends considerable support to the common factors model.

Numerous researchers include both CBT and NT in studies relating various therapeutic approaches to the common factors model (Blow & Sprenkle, 2001; Capuzzi & Gross, 2010; Messer & Wampold, 2002). This pertains to the current study because the common factors model establishes a groundwork from which it is reasonable to cross-compare CBT and NT without having in the study focus on the efficacy of CBT compared to NT. Although techniques and theory may differ between the two approaches, according to the common factors model, they share factors that facilitate a similar mechanism of action. Therefore, in the present study it was possible to preserve all the commonality between the two counseling conditions, which, in theory, would help to isolate creativity as the manipulated variable.

**Evaluating Counselor Efficacy**

Counselor efficacy both perceived and actual is an important area of focus for the mental health field. Counselor efficacy plays a vital role in counselors’ abilities to establish a connection with their clients, and develop client trust (Eriksen & McAuliffe, 2003). Client perception of counselor competency also affects client attrition, cooperation with, and commitment to therapeutic interventions (Whiteley, Sprinthall, Mosher, & Robinson, 1967).
Historically, measures of counselor efficacy have received little attention in the research, and there continues to be a dearth of research in this area (Eriksen & McAuliffe, 2003; Whiteley et al., 1967). Efficacy studies often look at the outcomes of different interventions and therapy manuals (Addis & Krasnow, 2000). Research into counselor efficacy is further complicated by a lack of consistent definition. The studies obtained for the present literature review yielded definitions of counselor efficacy as counselor effectiveness, counselor expertness, and counselor cognitive flexibility (Eriksen & McAuliffe, 2003; Spiegel, 1976; Whiteley et al., 1967).

Additionally, there are few reliable measures of counselor competency and efficacy (Eriksen & McAuliffe, 2003). Nevertheless, researchers and practitioners agree that the evaluation of counselor efficacy is a needed area of study (Spiegel, 1976; Whiteley et al., 1967). In relation to the present study, qualities such as cognitive flexibility are also criteria that researchers often used to evaluate creativity (Rogers, 1954; Whiteley et al., 1967). Therefore, there is evidence that the investigation of counselor cognitive flexibility, and therefore counselor efficacy, is linked to counselor creativity.

In keeping with the complexity of measuring such an abstract construct, researchers take different approaches to evaluating counselor efficacy. Whiteley et al. (1967) investigated counselor efficacy by examining how it is informed by cognitive flexibility. In their study, they examined predictive factors of counselor development for a group of counselor trainees and comparing the results with their final supervisor evaluation upon graduation. The participants completed the Thematic Apperception Test (TAT) as well as the Personal Differentiation Test (PDT) as measures of their cognitive flexibility. The TAT correlated with a supervisor feedback evaluation and was used as a predictive measure of counselor trainee performance. When measures of cognitive flexibility were compared with the trainees’ exit evaluations, Whiteley et
al. (1967) found a correlation of 0.78 between the predictive tests and the supervisor ratings. This supported their hypothesis that cognitive flexibility, and the converse, rigidity, can be used as a measure of counselor competence.

Spiegel (1976) investigated how counselor expertness and client similarity to counselor affected perceived counselor performance. Using an audio recording analog design, Spiegel (1976) manipulated perceptions of counselor expertness and similarity to the client (or participant) by providing a biographical sheet to participants. Counselor training, experience, and special knowledge determined expertness. The author measured counselor efficacy with a modified version of the Client's Personal Reaction Questionnaire (CPRQ). He found no significant connection between client (i.e., participant) similarity to the counselor and perceived counselor competence. However, there was a significant main effect for both male and female participants regarding perceived counselor expertness and counselor competence. Further inspection of the results indicated that perception of counselor expertness exerted significant influence over perceived competency and may have caused clients to overlook other factors of counselor performance (Spiegel, 1976).

Eriksen and McAuliffe (2003) recognized the need for assessments of counselor efficacy that assesses both global performance and specific skills in counselor performance. In their 2003 study, they redesigned the Counseling Skills Scale (CSS) to better accommodate a counselor qualities based approach to measurement. Researchers have long recognized importance of underlying counselor qualities rather than specific skills, but being harder to measure, a qualities based approach has only more recently been reflected in assessment tools (Eriksen & McAuliffe, 2003; Whiteley et al., 1967).
Analog Studies

Analog studies have a long history in counseling research, and have been used to investigate topics ranging from counseling outcomes to the effects of room environment on self-disclosure (Chaikin, Derlega, Miller, & Osipow, 1976; Hardin & Yanico, 1981). Due to the complexity and multiplicity of counseling variables within research, analog studies are a practical alternative to in vivo studies for counseling research (Hardin & Yanico, 1981).

Analog studies can take a number of forms. In some analog studies, researchers induce subclinical reactions in participants, such as subclinical anxiety, and then use counseling techniques as though they were in a real counseling session (Zytowski, 1966). Other analogues are purely observational, with participants reading transcripts, listening to audio recordings, or watching video recordings of counseling proceedings (Hardin & Yanico, 1981). Zytowski (1966) claimed that analogue studies are a form of vicarious participation that allows participants to respond to questions and interviews as though they were experiencing a true clinical intervention.

To investigate this concept, Hardin and Yanico (1981) conducted a study comparing the results of three different types of analog studies in order to determine what form works best for research. They examined how participant responses were affected by material being presented via transcripts, audio recordings, or video recordings and found that transcripts had significantly lower fidelity than the audio and video groups in affecting participant response. However, there was no significant difference between audio and video presentations. Their work supports the claim that analogue video studies are a valid alternative to in vivo studies.

Work by Lyddon and Adamson (1992) supports the use of analogue studies to measure participant preference and evaluation of counseling variables. In an analog study, they compared...
participant worldview with preferences for different styles of counseling (constructivist, behavioral, or rational counseling). Using this analog method, they found a significant interaction between participants’ worldview and their preference for counseling style. Although analogue studies pose a significant threat to external validity, they do allow researchers to conduct studies while minimizing potential negative impact on the study's participants and avoiding the ethical complications that accompany true to life counseling research. Because of the threat to external validity, researchers must use due caution when interpreting and generalizing results (Kazdin, 1978).

The present study will utilize a methodological construction similar to the one used by Lyddon and Adamson (1992). The results of Lyddon and Adamson's study demonstrated that analog studies can be used to successfully investigate observer preference of counselor performance and predicted outcomes. Additionally, their results demonstrated that observer qualities can be measured and compared with their counseling preferences.

**Direction for Research**

While studies have looked at creativity in counseling and counselor efficacy independently, I was unable to identify any research that looks at how creativity is directly related to perceived counseling outcomes. The present study brought counselor creativity and perceived counselor efficacy together to provide an empirical perspective on the value of creativity in counseling. In this study, I investigated the question: does the level of creativity displayed by the counselor affect observer perception of counselor efficacy, as defined by perceptions of counselor attractiveness, expertness, and trustworthiness? If creativity on the part of the counselor is positively associated with perceived counseling effectiveness, then I expected that the video in which the counselor uses the high creativity condition (i.e., Narrative Therapy)
would be evaluated more positively than the video in which the counselor uses the low creativity condition (i.e., Cognitive Behavioral Therapy).

Additionally, I hypothesized that participants with higher personal creativity scores would rate the high creativity condition more positively than the participants with lower personal creativity scores. However, if counselor creativity was globally perceived as contributing to the therapeutic process, then the video in which the counselor used the high creativity condition would still receive a higher competency score than the video in which the counselor used the low creativity condition regardless of participants' personal creativity scores.
CHAPTER III

METHODS

Creativity and counseling are both multifaceted complex processes (Plucker et al., 2004; Rogers, 1954). In an attempt to simplify contributing variables, the present study examined creativity in counseling using an analog study rather than an in vivo session format. The current study used a video analog design, in which participants were exposed to one of two analog counseling videos; either displaying a condition of high counselor creativity, or of low counselor creativity. After observing the video, participants rated the efficacy (i.e., attractiveness, expertness, trustworthiness) of the counselor they observed. Additionally, participants responded to two individual creativity measures.

Participants

Participants were recruited through two online services, Central Washington University's SONA and Amazon's Mturk. SONA students were offered two points of extra credit for their participation, and Mturk participants received $0.50 for completing the survey. SONA participants could withdraw at any time and still receive extra credit: however, Mturk participants were required to complete the whole survey to receive compensation.

To be eligible to participate in the study respondents needed to be age 18 or older. Participants also needed the ability to access the study via online surveys and video technology, watch and listen to a video, and they needed to know English. Participants who did not meet these criteria were excluded from the study.

Twenty CWU psychology students responded to the SONA survey and 332 participants responded to the Mturk survey. A sample of 225 participants from Mturk was retained after screening the data, including 107 from the low creativity experimental group and 118 from the
high creativity experimental group. Only 17 of the SONA participants completed enough of the measures to be sufficient for analysis. Given different sample procedures and sample sizes, only participants from the Mturk sample were included in the data analysis. See Table 1 for the demographic information of the Mturk sample population.

Power needed for significance was estimated a priori using the online software G-Power. The G-Power calculated estimated a minimum sample of 129 participants for a power of 0.95 at an \( \alpha \) of 0.05. Therefore the researcher set the Mturk participant request cap at 240 participants, allowing for some of the participants to be discarded during screening, but while retaining statistical power.

**Materials**

**Analog Video Vignettes**

Two analog counseling videos were created for this study. Each video was approximately 10 minutes long and was designed to portray either NT or CBT counseling. A second year student in the CWU Mental Health Counseling Master’s program acted as the counselor in both videos and a first year student in the CWU Mental Health Counseling Master’s program acted as the client. No direct identifying information, such as names, were used in the videos. Both videos used the same counseling scenario of a 21-year-old white female client coming in for the 4th session of treatment for persistent depressive disorder. Before watching the video, participants were given a brief case study providing background information for the client in the video (see Appendix A).
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>225</td>
<td>-</td>
<td>35.94</td>
<td>12.45</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>98</td>
<td>43.56</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Male</td>
<td>113</td>
<td>50.22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.01</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Data</td>
<td>12</td>
<td>5.33</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>16</td>
<td>7.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>117</td>
<td>52.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Black/ African American</td>
<td>16</td>
<td>7.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Asian</td>
<td>38</td>
<td>16.90</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Biracial</td>
<td>5</td>
<td>2.20</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>3.56</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Data</td>
<td>25</td>
<td>11.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete High School</td>
<td>1</td>
<td>0.01</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>High School</td>
<td>19</td>
<td>8.44</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GED</td>
<td>2</td>
<td>0.01</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vocational School</td>
<td>2</td>
<td>0.01</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community College</td>
<td>14</td>
<td>6.22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Four Year College</td>
<td>125</td>
<td>55.55</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Masters Studies</td>
<td>26</td>
<td>11.56</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PhD Studies</td>
<td>7</td>
<td>3.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Data</td>
<td>29</td>
<td>12.89</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Experience with Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>179</td>
<td>79.56</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>17.78</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Data</td>
<td>6</td>
<td>2.67</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Currently in Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>38</td>
<td>16.89</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>178</td>
<td>79.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Data</td>
<td>9</td>
<td>4.00</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
The high creativity condition was operationalized using narrative therapy (NT). In the video, the counselor explored the client's present problems by looking at the story that the client told herself about her life. The counselor worked with the client to retell her narrative in a more positive and empowering light. Specifically, they explored the client's narrative about failure and fulfilling expectations.

The low creativity condition was operationalized using cognitive behavioral therapy (CBT). In this video, the counselor worked with the same presenting issue, but she addressed it using CBT techniques. Specifically, she asked the client to look at some of her maladaptive thinking, such as challenging negative assumptions and dichotomous thinking. The content of the videos was matched by ensuring that the vignettes followed the following criteria in both creativity conditions: (a) the same counselor and client participated in each; (b) the client history and presentation were identical; (c) the client introduced the same issue in both sessions; (d) both sessions had the same specific focus (i.e., the client's fears about accomplishments and being left behind by friends); and (e) all dialogue not related to the therapeutic intervention were the same (see Appendixes B and C for the analog scripts for high and low creativity respectively).

Additionally, there was a construct parallel in the NT and CBT treatments. In NT, by looking at the client's narrative, and in CBT by challenging maladaptive assumptions both ask the client to deconstruct and reflect upon their own processes. In the next phase, NT's re-storying and CBT's cognitive restructuring are similar in that they reframe the client's experience and ask the client to assume a new perspective.

**Measurement Instruments**

**Creative Attitudes and Values Scale.** The Creative Attitudes and Values Scale (AVS) was used to measure participant creativity. This scale was developed as part of a creativity
battery used to measure the creative process rather than creative products (Acar & Runco, 2015). The AVS consists of 25 questions coded along a 5-point Likert scale from A (totally disagree) to E (totally agree). Runco, founder of the Runco Creativity Assessment Battery (rCAB © 2012), described the AVAS as, "one of the best we have" (personal communication, 26 January, 2017).

**Runco Ideation Behavior Scale.** The Runco Ideational Behavior Scale (RIBS) was also used to measure participant creativity. Like the AVS, this scale was developed to measure the creative process rather than creative products (Runco, Plucker, & Lim, 2001). In the analog videos, participants observed the counseling process rather than the outcomes; therefore, it was correspondingly appropriate to measure the participants' creative process rather than production.

Runco et al. (2001) reviewed the psychometric properties of the RIBS. The RIBS was created by two of the authors, Runco and Plucker, as a measure of creativity for behavior and ideation. The RIBS operationalizes creativity as an individual's capacity for divergent thinking by specifically looking at the originality, fluency and flexibility of a person's ideation and resulting behavior. There are 23 questions in the RIBS with responses coded along a 5-point Likert-type scale from 1 (never) to 5 (very often).

In their psychometric review of the RIBS, the authors normed the results using college student population samples from across the United States. The first two samples were combined ($N = 97$, mean age = 21.2) and the third was used as a comparison ($N = 224$, mean age = 24.7). Roughly half of all the samples were women and half were men. The authors did not report on limitations due to social factors such as age or ethnicity.

To test the psychometric properties of the RIBS, the authors administered both the RIBS and Basadur’s Measure of Attitudes, a self-report measure that contains questions that reflect both creativity and rigidity. The scores from Basadur's Measure of Attitudes were compared
with the RIBS results to test discriminant validity. The RIBS scores were additionally compared with student GPA scores. Runco and colleagues found that GPA scores were not significantly correlated with RIBS scores.

They also found that the RIBS scores were significantly correlated with the Basadur measures, however, the results showed shared probability rather than shared variance, indicating that the RIBS and the Basadur measure separate constructs. The study did not provide any further evaluation of construct validity or reliability. The researchers concluded that, at face value the RIBS is a reliable measure of creativity, however, they called for additional evaluations of its construct validity.

**Counselor Rating Form Short-Version.** The Counselor Rating Form Short-Version (CRF-S; Corrigan & Schmidt, 1983) was used to measure participant perception of counselor creativity. The CRF-S measures counselors along the dimensions of Attractiveness, Expertness, and Trustworthiness. It consists of 12 questions that are answered using a 7-point Likert-type scale ranging from 1 (not very) to 7 (very). The scoring is divided into the three subsections of Attractiveness, Expertness, and Trustworthiness. According to Ponterotto, Furlong, and Gelso (1985) it was written for an eighth grade reading level and normed using both college students and outpatient clients.

Additionally, Ponterotto et al. (1985) provided psychometric information for the CRF-S. This measure has a split mean reliability of .9 for expertness, .91 for attractiveness, and .87 for trustworthiness. There are a shortage of studies that look specifically at the construct validity of the CRF-S. Instead, its construct validity is based upon the construct validity for the long version of the Counseling Rating Form (CRF), a claim that is also supported by Epperson and Pecnik (1985).
Both of these studies recognize that the inferential nature of evaluating validity weakens the CRF-S, but neither investigates in further detail. Ponterotto et al. (1985) report that the CFS has good construct validity with $r_s = .53$ and $.58$ for pre- and post-counseling predictive validity with goal attainment. Because the CRF-S is a shortened version of the CRF, the authors applied the validity of the CRF to the CRF-S and assumed that it also has good construct and predictive validity. Nevertheless, they acknowledged that further studies should be done to investigate the validity of the CRF-S.

**Design**

For the main analysis of the present study, the CRF-S served as the dependent variable. However, because it is scored along three dimensions resulting in three different dependent variable scores (i.e., Attractiveness, Expertness, and Trustworthiness) the hypothesis for this study was investigated using three separate multiple linear regression analyses. The independent (i.e., predictor) variables of Counselor Creativity Group, RIBS scores, and AVS scores were used in each analysis. The order in which participants completed the two tasks presented an additional variable, however it was included only to rule out order effects and was not used in the data analysis.

An alternative analysis was also run using a single multiple linear regression with a dependent variable of participant creativity (i.e., AVS scores) and four independent variables (Counselor Creativity Group, RIBS score, and CRF-S Attractiveness, Expertness, and Trustworthiness scores). This alternative analysis was used to support the findings of the other three multiple linear regressions.
**Procedure**

Participants accessed the study through the online survey generator Qualtrics. Upon opening the survey, they were presented with informed consent and a statement verifying that they were 18 years of age or older (see Appendix D). By agreeing to the informed consent and age minimum, participants were directed to the study. Participants were then randomly assigned to conditions A, B, C, or D. The details of each of these conditions are shown in Table 2. The conditions were counterbalanced to control for order effects.

Depending on their assigned condition order, participants were first asked to take the Creative Attitudes and Values Scale (AVS) and the Runco Ideational Behavior Scale (RIBS) to measure their own creativity level or watch their assigned analog video (high or low creativity condition) and complete the Counselor Rating Form Short-Version. They were also randomly assigned to either the high creativity analog video group or the low creativity analog video group.

**Table 2**

*An Outline of the Four Conditions for Participant Groups*

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Performed First</th>
<th>Performed Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition A</td>
<td>RIBS and AVS</td>
<td>Exposure to NT video and complete the CRF-S</td>
</tr>
<tr>
<td>Condition B</td>
<td>RIBS and AVS</td>
<td>Exposure to CBT video and complete the CRF-S</td>
</tr>
<tr>
<td>Condition C</td>
<td>Exposure to NT video and complete the CRF-S</td>
<td>RIBS and AVS</td>
</tr>
<tr>
<td>Condition D</td>
<td>Exposure to CBT video and complete the CRF-S</td>
<td>RIBS and AVS</td>
</tr>
</tbody>
</table>
Participants were not shown their results for the AVS or RIBS. Before the video viewing task, participants of both video conditions first read a brief case study, which provided background information about the client in the video. After reading the case study, participants then watched 10 minutes of analog counseling session footage of either NT (i.e., high creativity condition) or CBT (i.e., low creativity condition). After viewing one of the two videos, participants completed the Counselor Rating Form Short-Form (CRF-S).

After completing the AVS, the RIBS, and the video observation and CRF-S, participants were asked to respond to a general questionnaire about the study and demographic questions (see Appendixes E and F). After participants completed the demographic survey, they were given a debrief form explaining the purpose of the study in which they participated (see Appendix G).
CHAPTER IV

RESULTS

Screening and Descriptive Statistics

The data were screened for normality using the skewness and kurtosis statistics. The skewness and kurtosis of all of the variables fell within the bounds of -1.0 to +1.0, for assumed normality of the data. Normal QQ-plots were also used to compare the distribution of the populations for the various measures to expected models of normally distributed data. All of the variables fell within acceptable limits along the QQ-plots.

Based on these screenings, a normal distribution was assumed for all of the variables and the data were not transformed. Influential observations were identified using Cook's distance with a cutoff for the influential observations set at 0.02. Eleven participants were identified as outliers and eliminated resulting in a sample size of 225. Additionally, R, the statistical software used by the researcher to calculate linear multiple regressions (LMR), eliminated an additional four participants based on incomplete data, resulting in a final data set of 221 participants for the LMR calculations. Using the G-Power calculator a post-hoc power value was calculated to be at 0.99 with an α of 0.05. Descriptive statistics for the study variables are provided in Table 1 below.

Table 3

Descriptive Statistics for all Variables: Including Sample Size, Minimum and Maximum Values, Mean and Standard Deviation

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVS</td>
<td>225</td>
<td>19</td>
<td>57</td>
<td>38.64</td>
<td>7.83</td>
</tr>
<tr>
<td>RIBS</td>
<td>225</td>
<td>49</td>
<td>115</td>
<td>80.49</td>
<td>13.10</td>
</tr>
<tr>
<td>CRF-S Attractiveness</td>
<td>225</td>
<td>8</td>
<td>28</td>
<td>20.64</td>
<td>4.24</td>
</tr>
<tr>
<td>CRF-S Expertness</td>
<td>225</td>
<td>8</td>
<td>28</td>
<td>21.25</td>
<td>4.40</td>
</tr>
<tr>
<td>CRF-S Trustworthiness</td>
<td>225</td>
<td>11</td>
<td>28</td>
<td>21.80</td>
<td>4.13</td>
</tr>
<tr>
<td>Age</td>
<td>211</td>
<td>19</td>
<td>80</td>
<td>35.94</td>
<td>12.45</td>
</tr>
</tbody>
</table>
Correlational Analysis

Scatter plots were used to represent the shape of the data and to screen for homoscedasticity. The variance inflection factor (VIF) was used to examine the data for evidence of multicollinearity; however, multicollinearity was, in fact, not a problem.

Table 2 presents the mean and standard deviations for each of the study variables. As shown in the table, the most highly correlated values were the values of the CRF-S, with Attractiveness and Expertness \( r (225) = 0.67, p < 0.005 \), Attractiveness and Trustworthiness \( r (225) = 0.69, p < 0.005 \) and Expertness and Trustworthiness \( r (225) = 0.79, p < 0.005 \) all showing significant positive correlations with one another. The AVS was also significantly positively correlated with Expertness \( r (225) = 0.35, p < 0.005 \) and with Trustworthiness \( r (225) = 0.34, p < 0.005 \) from the CRF-S as well as with the RIBS \( r (225) = 0.31, p < 0.005 \).

Table 4

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AVS</td>
<td>38.64</td>
<td>7.72</td>
<td>-</td>
<td>0.31***</td>
<td>0.15**</td>
<td>0.34***</td>
<td>0.35***</td>
<td>0.18*</td>
</tr>
<tr>
<td>2. RIBS</td>
<td>80.42</td>
<td>13.09</td>
<td>-</td>
<td>-</td>
<td>0.13*</td>
<td>0.17***</td>
<td>0.19***</td>
<td>-1.18</td>
</tr>
<tr>
<td>3. CRF-S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attractiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CRF-S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expertness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CRF-S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trustworthiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Age</td>
<td>35.63</td>
<td>12.34</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01  *** p < .001

Analyses of the Counselor Rating Short-Form (CRF-S)

Three separate multiple linear regressions were run for the three dependent variables of the CRF-S. The first multiple linear regression (MLR) analyzed Creativity Group (high vs. low),
RIBS scores, and AVS scores as the independent variables with Attractiveness as the dependent variable. The second MLR used Creativity Group, RIBS scores, and AVS scores as independent variables with Expertness as the dependent variable. The third MLR used Creativity Group, RIBS scores, and AVS scores as the independent variables with Trustworthiness as the dependent variable. These MLR results are presented below in Tables 3, 4, and 5 below.

**Attractiveness.** Creativity group, the RIBS scores, and AVS scores were used to predict the mean Attractiveness scores on the CRF-S \( F (3,221) = 3.17, \ p = 0.03 \) with an adjusted \( R^2 \) of 0.03. The AVS scores were found to significantly predict mean Attractiveness \( (p = 0.026) \) with a relatively small effect size (Cohen’s \( f^2 = 0.031 \)). None of the other independent variables were found to be significant predictors of Attractiveness.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity Group</td>
<td>-0.59</td>
<td>0.57</td>
<td>-0.59</td>
<td>-1.04</td>
<td>0.298</td>
</tr>
<tr>
<td>RIBS</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>1.13</td>
<td>0.26</td>
</tr>
<tr>
<td>AVS</td>
<td>0.09</td>
<td>0.04</td>
<td>0.09</td>
<td>2.24</td>
<td>0.026</td>
</tr>
</tbody>
</table>

**Expertness.** Creativity group, the RIBS scores, and AVS scores were used to predict the mean Expertness scores on the CRF-S \( F (3,221) = 9.30, \ p = 0.000009192 \) with an adjusted \( R^2 \) of 0.10. The AVS scores were found to significantly predict mean Expertness scores \( (p < 0.00001) \), with a moderately small effect size (Cohen’s \( f^2 = 0.11 \)). None of the other independent variables were found to be significant predictors of Expertness.
Table 6

*Multiple Linear Regression Predicting Mean Expertness Score on the CRF-S*

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity Group</td>
<td>-0.32</td>
<td>0.56</td>
<td>-0.03</td>
<td>-0.06</td>
<td>0.95</td>
</tr>
<tr>
<td>RIBS</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>1.05</td>
<td>0.29</td>
</tr>
<tr>
<td>AVS</td>
<td>0.17</td>
<td>0.04</td>
<td>0.17</td>
<td>4.45</td>
<td>0.00001</td>
</tr>
</tbody>
</table>

**Trustworthiness.** Creativity group, the RIBS scores, and AVS scores were used to predict the mean Trustworthiness scores on the CRF-S \( F(3, 221) = 12.16, p = 0.000002144 \) with an adjusted \( R^2 \) of 0.13. The AVS scores were found to significantly predict mean Trustworthiness scores \( p < 0.00001 \) with a medium effect size (Cohen’s \( f^2 = 0.15 \)). None of the other independent variables were found to be significant predictors of Trustworthiness.

Table 7

*Multiple Linear Regression Predicting Mean Trustworthiness Score on the CRF-S*

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity Group</td>
<td>-0.42</td>
<td>0.52</td>
<td>-0.42</td>
<td>-0.80</td>
<td>0.42</td>
</tr>
<tr>
<td>RIBS</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03</td>
<td>5.00</td>
<td>0.15</td>
</tr>
<tr>
<td>AVS</td>
<td>0.18</td>
<td>0.04</td>
<td>0.18</td>
<td>1.45</td>
<td>0.00001</td>
</tr>
</tbody>
</table>

**Analysis of the Creative Attitudes and Values Scale (AVS)**

An MLR was conducted with the AVS as the dependent variable. Counselor Creativity group; RIBS, CRF-S Attractiveness, CRF-S Expertness, and CRF-S Trustworthiness scores were used to predict AVS scores \( F(5, 219) = 13.86, p < 0.00001 \) with an adjusted \( R^2 \) of 0.22. The RIBS scores were found to significantly predict mean AVS scores \( p < 0.00001 \). Two dimensions of the CRF-S were also found to significantly predict mean AVS scores, Attractiveness \( p = 0.05 \) and Trustworthiness \( p = 0.001 \). All of these variables had a medium
effect size (Cohen’s $f^2 = 0.28$). None of the other independent variables were found to be significant predictors of AVS scores.

Table 8

*Multiple Linear Regression Predicting Mean AVS-Total Participant Creativity Scores*

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity Group</td>
<td>1.64</td>
<td>0.93</td>
<td>1.72</td>
<td>1.77</td>
<td>0.07</td>
</tr>
<tr>
<td>RIBS</td>
<td>0.16</td>
<td>0.04</td>
<td>0.16</td>
<td>4.52</td>
<td>0.00001</td>
</tr>
<tr>
<td>CRF-S Attractiveness</td>
<td>-0.32</td>
<td>0.16</td>
<td>-0.31</td>
<td>-1.98</td>
<td>0.05</td>
</tr>
<tr>
<td>CRF-S Expertness</td>
<td>0.25</td>
<td>0.18</td>
<td>0.28</td>
<td>1.45</td>
<td>0.150</td>
</tr>
<tr>
<td>CRF-S Trustworthiness</td>
<td>0.59</td>
<td>0.20</td>
<td>0.54</td>
<td>3.03</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**Additional Descriptive Statistics**

In addition to rating counselor performance on the CRF-S, participants completed a general survey that asked them to subjectively rate the creativity level of the counselor and of themselves. In order to investigate the strength of the intervention used to create high and low creativity conditions the creativity conditions were compared to participants' subjective rating of counselor creativity. Results of an independent $t$ test [$t (225) = 0.72, p < 0.05$] indicated that participants’ perceptions of counselor creativity in the High ($M = 3.87, SD = 1.53$) and Low ($M = 3.73, SD = 1.42$) creativity conditions were not significantly different.

The correlation between the participants' self-rating of their creativity level and their AVS and RIBS scores were also correlated. The RIBS and participant self-rating scores were significantly correlated [$r (225) = 0.48, p < 0.01$]. The AVS was also significantly correlated with participants’ self-ratings [$r (225) = 0.24, p < 0.01$], as well as with the RIBS scores [$r (225) = 0.35, p < 0.01$].
CHAPTER V
DISCUSSION

Evaluating the Hypothesis

The purpose of this study was to investigate the relationship between counselor’s intended creativity level and participants’ observation of counselor attractiveness, expertness, and trustworthiness. I hypothesized that counselor efficacy as measured by the CRF-S dimensions of Attractiveness, Expertness, and Trustworthiness, would be significantly predicted by counselor creativity condition, and the participants’ own creativity levels. I also predicted that participants' personal creativity scores would be associated with their perceptions of counselor creativity condition, in that participants with higher creativity scores on the AVS and RIBS would rate the counselor in the high creativity condition (i.e., Narrative Therapy) more positively than in the low creativity condition (i.e., Cognitive Behavioral Therapy).

The hypotheses in this study were only partially supported by the data. Although none of the independent variables significantly predicted counselor attractiveness, participants’ own creativity scores were significant predictors of counselor expertness. Only participant creativity, as measured by the AVS, significantly predicted counselor trustworthiness scores.

It is possible that the lack of further significant findings may be the result of a statistically insignificant difference in participants’ perceptions of counselor creativity, despite efforts at creating two different creativity conditions (i.e., Narrative Therapy, Cognitive Behavioral Therapy). The data comparing the participants' subjective rating of counselor creativity in the two counselor creativity conditions showed no difference in participants’ ratings of counselor creativity. This indicates that the experimental manipulation of counselor creativity in the analog videos was not strong enough to be perceived as such by the research participants. Therefore, it
is not possible for this study to rule out the effect of creativity group on counselor efficacy scores, as the design of the study was unable to create statistically distinct experimental groups.

The second portion of the hypothesis also could not be evaluated with the ineffective experimental intervention. Nevertheless, counselor creativity condition as a significant predictor for participants’ AVS scores indicates that there is a relationship between participant creativity and creativity condition.

**Additional Findings**

Although there was no significant difference found between the counselor creativity conditions, both the scores for CRF-S Expertness, Trustworthiness, and the RIBS showed significant correlations with AVS scores. All the dimensions of the CRF-S were highly correlated, but these strong associations are unsurprising as these variables are all part of the same instrument measuring the same overall construct. The intercorrelations between the AVS, Expertness, Trustworthiness, and the RIBS were indicative of potentially interesting results.

The relationship of the AVS with other variables was further explored with a linear multiple regression. With the AVS as the dependent variable, RIBS scores, and the Attractiveness and Trustworthiness dimensions of the CRF-S scores were significant predictors of AVS scores. This indicates that there is a relationship between all of these predictors, although the exact nature of these relationships requires further investigation.

Although the presence of CRF-S Attractiveness and Trustworthiness as significant predictors for participants’ AVS scores does not confirm the original hypothesis, it does lend support to the idea that there is a relationship between participant creativity and their preferred characteristics of a counselor. This is a finding that, if investigated in more detail, could contribute to the building movement in counseling research to match client traits and preferences.
with counselor characteristics and theoretical orientation (Kimpara, Brunet, Beutler, & Alsante, 2016).

The link between mean AVS scores and counselor creativity condition also are encouraging for further research into the original hypothesis of this study. As the experimental intervention for this study appears to have been quite weak, the results from the MLR predicting AVS scores indicate that it may be worth replicating the current study procedures with a more robustly designed experimental intervention.

The positive relationships between AVS scores and Expertness and Trustworthiness scores indicate that participants who had higher creativity scores on the AVS also rated the counselor more favorably in terms of expertness and trustworthiness. There are numerous possible explanations for this phenomenon. One idea is that people who are more creative tend to be more cognitively flexible, and therefore more open to a variety of counseling techniques, such that they gave counselors higher than average ratings on the three dimensions of the CRF-S (Nijstad, De Dreu, Rietzschel, & Baas, 2010).

Many researchers and lay people assert that creative people are more likely to have a mental illness than those in the general population, although this idea remains highly controversial (Kaplan, 2014). If this theory is true, participants with higher creativity scores may have had a higher level of exposure to counseling and mental health issues. Thus, they may have been better equipped to evaluate counselor performance, resulting in higher expertness and trustworthiness scores.

Yaniv (2012) also found creativity and empathy to be linked in individuals' ability to project themselves into another's circumstances; similarly, the research of Carmeli, McKay, and Kaufman, (2014) indicates that people who are more creative also tend to be more generous
toward others. With creativity linked to empathy and generosity, clients who scored high on the AVS may have been more inclined to give higher counselor ratings based on a generous nature and empathy for the counselor.

**Implications for Counseling**

Further investigation into the relationship between the AVS and counselor ratings is needed given the limitations of the current study. However, the links between the participant creativity (i.e., AVS) scores and expertness and trustworthiness ratings hint at the exciting potential for client characteristics, such as creativity, to be better understood in relation to the counseling process. With increased understanding of client characteristics and the counseling process, counseling outcomes can be improved to both more broadly and specifically serve the needs of clients.

This could be done by increasing research efforts to understand how the interplay of client and counselor characteristics influences counseling outcomes. Such studies could assess client and counselor characteristics and pair clients with counselors based on their ideal complement of characteristics. Understanding how characteristics, such as creativity or perceived trustworthiness, affect counseling outcomes could help increase the sophistication with which clients are referred to treatment, and potentially increase the progress of clients and the durability of their results overtime (Kimpara et al., 2016).

Additionally, it is important to consider whether client's perceptions of counselor efficacy based on positive characteristics, such as Attractiveness and Trustworthiness, truly link to quality counseling and positive treatment outcomes. In the medical field, studies have found that patient satisfaction surveys do not necessarily correlate with better treatment outcomes, even when their
medical condition and its severity is taken into account (Fenton, Jerant, Bertakis, & Franks, 2012).

In counseling, this phenomenon is complicated by the common factors approach, which posits that the counselor and client's belief in positive counseling outcomes helps to bring about such outcomes in reality (Messer & Wampold, 2002). A study by McNeill, May and Lee (1987) demonstrated that clients are less likely to terminate prematurely when they perceive their counselor as more Attractive, Expert, and Trustworthy. Further research in this area could help illuminate how client perception of counselor characteristics may influence their treatment outcomes, positively or negatively. It is important for the counseling field to know if client perceived counselor efficacy is equivalent to outside measurements of efficacy, and which counselor characteristics have the strongest influences over clients' perceptions of efficacy; and if that differs based on client characteristics, such as it did for more creative participants in the current study.

**Methodological Strengths and Limitations**

This study addressed a number of broad and complicated constructs, such as creativity and counselor efficacy. Creativity in particular is difficult to define, particularly in an operational context. One weakness of the present study is that in operationally defining creativity a more narrow definition of creativity had to be chosen, excluding other possible elements of creativity. Creativity is a challenging construct to isolate. It was also difficult to ensure that the evaluation and measurement of creativity in counseling was not being affected by additional variables.

In the present study, using NT and CBT to demonstrate a high and low creativity condition was an imperfect operationalization of creativity. Narrative Therapy and CBT differ
from each other in numerous ways, not just in their levels of creativity. Thus, there is a chance that differences between the two conditions demonstrated by this study are contrasting NT and CBT on variables other than creativity; threatening the internal validity of the present study.

Additionally, the internal validity of the intervention was severely compromised due to a lack of a statistically significant difference in participants’ perception of counselor creativity in the two experimental conditions. The basic structure of the present study was sound, but the main hypothesis could not be meaningfully evaluated given this flaw in the manipulation of counselor creativity. Even if the two creativity conditions are significantly different from one another, it is challenging to identify a method by which to gauge whether participants are responding to a manipulation of creativity level rather than a difference in counseling orientation.

The use of Mturk participants opened up the participant pool to a global audience. This added strength to the study by including a diverse sample population. However, as the study was expanded to include participants from outside North America, cultural differences in the constructs such as creativity and counselor efficacy as well as culturally rooted differences in approaches to counseling and mental health may have influenced participant's results (McCarthy, 2016). The present study was designed for a North American audience, and these differences in cultural perspective were not adequately taken into account for a global participant pool.

Although the intervention was not sufficiently potent, the methodology and measures were a strength of the study. The CRF-S was chosen because it is widely used by counseling researchers and is psychometrically supported by numerous studies evaluating counselor performance (Ponterotto, Furlong, & Gelso, 1985). It can be used by non-counselor observers and is written for a sixth-grade reading level. The CRF-S does not require a high level of
sophistication to administer or to score; if fact, little training is necessary to use this instrument. Additionally, it is both time and cost effective.

The RIBS and the AVS were chosen to measure participant creativity because they are designed to measure creative process rather than creative product (Runco, Plucker, & Lim, 2001). Expressed creativity is measured by looking at tangible expressions of creativity, which requires more involved grading by researchers and, thus, can be more subjective. Creativity in counseling is also looking at creativity as a process rather than a product, making the RIBS and AVS ideal analogous measures of the participants' creativity. They were both also free and easy to score and interpret.

The randomized quasi-experimental design provided good structure for the present study. The randomized design helped to eliminate order effects and allowed statistical inferences to be made. The use of Mturk to recruit participants resulted in a broad and diverse participant population. This makes the results of the current study more broadly generalizable than studies that use only college student populations.

The analog design of this study was both a strength and a weakness. It allowed for a life-like representation of counseling without the ethical and practical complications of an in vivo study. However, because the present study is an analog study, it is not a true measure of counseling processes and outcomes. The results of this study remain useful, but they must be considered within the context of the limitations inherent to analog designs. Additionally, being an analog study diminished the external validity of the results.

Areas for Future Research

The results of the present study show promise for additional studies in the area of creativity and counseling. As the main intervention of this study was insignificant, this study
could be repeated with an intervention that was created with the help of expert NT and CBT therapists. A pilot study could also be run to establish significant differences in counselor creativity in the NT and CBT conditions before they were used in the formal study. In the future, researchers might also choose to use a canonical correlation analysis, which would allow all three dimensions of the CRF-S to be examined in relation to counselor and participant creativity in a single statistical operation.

As noted in the strengths and weaknesses section, the present study was designed for a North American audience, but administered to an international participant pool. Future studies should address this by either limiting the participant pool to North America, or expanding the parameters of the study to account for multiple cultural perspectives of constructs such as creativity, mental health, and counselor efficacy. Globally, counseling is on the rise, and clients in North America come from increasingly diverse cultural backgrounds, therefore increasing participant diversity should increase the utility of the study's results in the counseling field (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2016). In the present study, participants were asked to self-report their ethnicity, but not their country of origin. Country of origin would be important information to collect in future studies, and research should be done in the literature review to include the affect of cultural factors on the central constructs of the study.

Another direction to expand the current study would be to look at the same design in an in vivo setting with clients providing counselor ratings rather than observers. An in vivo study would increase external validity and allow the researchers to look more directly at counseling outcomes. Such a study would require significantly more time and funding and might pose additional privacy considerations, but it would also provide a valuable contribution to our understanding of the relationship between creativity and counselor efficacy.
To increase the naturalism of a follow-up study, a group of volunteer counselors could be asked to report their self-assessment of their own creativity level, rather than having manufactured high and low creativity conditions. The counselor's self-report of creativity could then be compared to ratings by their clients, and supervisors. Once a high creativity and low creativity level counselor were selected, they could be asked to work with the same client on the same issue in a taped in vivo counseling session. Those videos could then be used in place of the analog videos. Another benefit of using real counselors and clients is that further measurements of client/counselor characteristics could be put in place. It also opens the design to using both quantitative and qualitative assessment methods to provide a broader understanding of the subject.

The results from the MLR with AVS scores as the dependent variable would also be an area to focus additional research. All of the predictor variables for the AVS were significant, but further research would help to explain why these variables help predict participant creativity as measured by the AVS. Understanding those relationships more fully would help illuminate the implications that these results have for participants' creativity level and for their counseling preferences.

Additional variables were collected for the study that were not used in the data analysis. Information was collected about participants' level of experience with counseling, their knowledge of counseling orientations, and self-estimates of their own creativity. Additional analyses might examine the impact of participants' counseling experience and familiarity with counseling orientations with their counselor ratings and preferences.
Conclusion

The current study was designed to investigate the relationship between the creativity level displayed by a counselor, participant ratings of counselor efficacy, and participant creativity. Unfortunately, the experimental manipulation of counselor creativity using Narrative Therapy and Cognitive Behavioral Therapy was insufficient to be perceived differently by participants. Nevertheless, the study did produce some interesting findings. The results of this study indicate that two dimensions of counselor efficacy, Expertness and Trustworthiness, are associated with the personal creativity level of the observer, with more creative participants rating counselors more highly on these dimensions. The data also demonstrated that participant creativity score can be predicted by not only the participants’ assigned creativity condition, but also by an alternative creativity measure, and by the scores a participant gives to a counselor along all three dimensions of counselor efficacy.

The findings of this study, although preliminary, indicate that the role of creativity in counseling is an important area for future research. It has been established in the literature that creativity aids counselors and participants in the counseling process (Duffey et al., 2009; Plucker et al., 2004; Rogers, 1954). Additional research into this area can contribute to our understanding of how creativity might enhance counseling outcomes, and how creativity can be used in the counseling process as an underlying supportive factor for client healing and growth.

The results showing that participants with higher creativity levels were more likely to rate the counselors more highly could also be expanded upon to look at how client characteristics affect their counseling preferences. Although research exists looking at counselor characteristics, there is a need for more studies looking at the characteristics of clients, and the effects that client characteristics have on counseling outcomes (Kimpara et al., 2016).
matching client and counseling characteristics as well as matching clients to there is the potential to place clients in counseling environments that are best suited to their needs and enhance their success.

Creativity is an important aspect of human functioning. It is a broad concept that pervades many areas of life and counseling is no exception (Duffey et al., 2009; Rouse et al., 2015). Research regarding creativity and counseling is still early in its development, but appears to have much to offer in the effort to continue to improve on counseling practices and client outcomes.
REFERENCES


American Counseling Association (2016). Sessions and events. Retrieved from:
https://www.counseling.org/conference/sanfrancisco2017/session-events-2017/sessions-events

Association for Creativity in Counseling (2016). Home. Retrieved from:
http://www.creativecounselor.org/


Messer, S., & Wampold, B. (2002). Let’s face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice, 9*(1), 21-25. doi:10.1093/clipsy.9.1.21


You are about to watch a role-play counseling session between the counselor S. and the client H. H. is a student in her Senior year at CWU and she has been coming to counseling once a week for four weeks. H. came to counseling because she often feels sad, stressed, and overwhelmed. She has reported that she no longer likes the activities that she once enjoyed. She has also become increasingly withdrawn from her friends and family, saying that she now finds it exhausting to be around them.

After the intake assessment, S. diagnosed H. with depression. In following sessions 2 through 5, S. and H. have been working on ways that H. can work with her depression and improve her quality of life. The session you are about to see is a continuation of their work together. In the video, S. helps H. to explore some of her thoughts and feelings that have been contributing to her depression. Please watch the video carefully, paying attention to both the counselor and the client.
Appendix B

Analog Video Script High Creativity Condition

S.: So I want to begin today by checking in, how has this last week has been?
H.: I don't know. Things are okay I guess.
S.: You guess?
H.: Yeah, I mean, I have been pretty busy and stressed out, but that's normal.
S.: What was busy and stressful this week?
H.: Well, I am trying to graduate this year, so my class schedule is really full. I missed a few credits in my sophomore year because I got sick for a long time, so I am taking 20 credits this quarter. I am also working part time as a checker at a store downtown, and my boss isn't exactly an easy person to get along with and she keeps upping my shifts. And the club that I am in is organizing a trip to a conference, and I am one of the club leaders, so it's been pretty crazy recently. It's been making me feel down again.
S.: Wow, that sounds like a lot!
H.: Yeah, I don't know.
S.: You had a big sigh just now.
H.: Yeah, I mean, I guess it's a lot, but it seems like it really shouldn't be that much, and I am not doing as well as I would like to be.
S.: Not doing as well as you would like?
H.: Yeah, well, I know it is busy, but most of my friends have schedules that are similar to mine, and they just seem to be able to handle it. It just makes me feel like there is something wrong with me.
S.: Wrong with you how?
H.: Like I can't keep up, or like it takes me so much more effort than everyone else.
S.: That sounds exhausting.
H.: Yeah, but what can you do?
S.: Well, let's take a look at some of the things you just talked about. What is making you feel down the most right now?
H.: Being so busy and trying so hard, but feeling like I might not make it. I have to make up the 15 credits I missed when I was sick so that I can graduate on time, but it is really hard to keep up my course load with so many other things going on, and I feel like I am just falling further behind.
S.: Graduating "on time" is important to you.
H.: Yes.
S.: Tell me more about why it is important.
H.: Well, it's what I have to do. It's when all my friends are graduating, it's what people expect, you graduate from college after four years.
S.: So, your friends, maybe your family have these expectations of you?
H.: Yeah, sort of, I mean, it's not like they are pressuring me, but it is when graduation is supposed to happen.
S.: What I am hearing you say is that is when society tells us graduation should happen.
H.: Yeah, I guess I hadn't thought about it like that, but society does tell us that.
S.: And it sounds like you believe it.
H.: Uhh, yeah, I mean...that makes it sound like a choice.
S.: What would happen if you didn't graduate "on time"?
H.: Umm, it would be bad.
S.: Bad how?
H.: Well, I would feel bad, and it would be bad for my future plans.
S.: How would it make you feel bad?
H.: Like I am a failure, like I am not as smart or as good as everyone else.
S.: That is heavy, I can feel the weight of those fears pressing down on you.
H.: Yeah
H.: It can be a lot to carry.
S.: I feel like you are letting me see some of how hard you have been working and what a
tremendous burden that has been to bear.
H.: I normally don't want to show people so that they don't think that I am weak.
S.: Weak? I was just thinking to myself how strong you must be to carry that all the time. You
are carrying not only your own future hopes and fears, but also the expectations of your friends,
family, and society.
H.: When you put it that way it does sound like a lot.
S.: As we have been talking I have been hearing the story that you tell yourself is, if I cannot
graduate on time I will be a failure.
H.: Yeah
S.: I would like to work together to see if we can change that story.
H.: Okay.
S.: Can you think of anything about that story that could be different?
H.: Well, like we were talking about earlier, I guess it is society telling me that I will be a failure.
S.: Really nice, so we could change the story to, "If I don't graduate on time society will tell me I
am a failure."
S.: How would society tell you that you are a failure?
H.: uhhh, like what would it say?
S.: Sure.
H.: Uh, you didn't graduate on time, so, you fail.
S.: Fail what?
H.: Life?
S.: You fail life?
H.: yeah, that does sound a little extreme...
S.: What would the consequences be?
H.: I would have to do an extra quarter or two, and that would put me behind looking for
potential jobs.
S.: Would that be failing?
H.: No, but it wouldn't be fun.
S.: No.
S.: So what is your story saying at this point?
H.: hmm. That if I don't graduate on time, it won't be fun.
S.: That is pretty different from "I will be a failure".
H.: Yeah
S.: How does it feel to tell yourself, "If I don't graduate on time I will be a failure"?
H.: Horrible, scary, like I am powerless.
S.: Powerless, that is an interesting one.
H.: If I am a failure, then I feel like nothing I will ever do is good enough, like I can't change anything, the problem is me.
S.: And how do you feel if you tell yourself "If I don't graduate on time it won't be fun?"
H.: Less scary, I mean, not nice, but like I am less trapped.
S.: Trapped?
H.: Like I have options, and it might not be fun, but it is not the end of the world.
S.: During the next week I would like you to try to pay attention to when you are telling yourself the story of "if I don't...I will fail" and see if you can replace that story with "it won't be fun". How does that sound to you?
H.: That sounds okay.
S.: I am glad. Let's have you try this out and we can see how it went for you during our next session.
H.: Sounds good. Thanks.
S.: Thank you. We talked about some difficult things today, and I appreciate your willingness to stay with me in the conversation.
Appendix C

Analog Video Script Low Creativity Condition

S.: So I want to begin today by checking in, how has this last week has been?
H.: I don't know. Things are okay I guess.
S.: you guess?
H.: Yeah, I mean, I have been pretty busy and stressed out, but that's normal.
S.: What was busy and stressful this week?
H.: Well, I am trying to graduate this year, so my class schedule is really full. I missed a few credits in my sophomore year because I got sick for a long time, so I am taking 20 credits this quarter. I am also working part time as a checker at a store downtown, and my boss isn't exactly an easy person to get along with and she keeps upping my shifts. And the club that I am in is organizing a trip to a conference, and I am one of the club leaders, so it's been pretty crazy recently. It's been making me feel down again.
S.: Wow, that sounds like a lot!
H.: Yeah, I don't know.
S.: You had a big sigh just now.
H.: Yeah, I mean, I guess it's a lot, but it seems like it really shouldn't be that much, and I am not doing as well as I would like to be.
S.: Not doing as well as you would like?
H.: Yeah, well, I know it is busy, but most of my friends have schedules that are similar to mine, and they just seem to be able to handle it. It just makes me feel like there is something wrong with me.
S.: That is a hard way to feel, like there is something wrong with you.
H.: Yeah, it's like I can't keep up, or like it takes me so much more effort that everyone else.
S.: That sounds exhausting.
H.: Yeah.
S.: Taking 20 credits and working almost 30 hours a week while you are preparing to graduate sounds like a really busy schedule to me, that also sounds exhausting.
H.: Yeah, it is.
S.: Are your friends taking such heavy loads?
H.: No, they are taking more like 15 credits, and only some of them have part time jobs.
S.: So I hear you saying that you are doing a lot more work, but because you cannot keep up with your friends there is something wrong with you.
H.: No, I mean yes, I just...I feel like I got behind when I was sick in sophomore year, and so this is the price that I have to pay. I got sick, and I got behind. So I have to catch up.
S.: That makes it sounds like you are being punished for being sick.
H.: Yeah, I don't know...
S: Being punished for being sick does not seem very fair.
H.: It's not, but I have no choice, I have to catch up.
S.: Catch up to what?
H.: My friends, my classmates, everyone is leaving me behind.
S.: mmm, that sounds scary.
H.: mhm
H.: I really don't want to be left behind. I am the youngest of four siblings, and it seems like whatever I accomplish doesn't really matter because someone else has already gotten there first. The least I can do is keep up with where I am supposed to be.
S.: I can feel how stressed that is making you, it feels like a lot of pressure.
H.: mm
S.: Where do you think you supposed to be?
H.:... I don't know...where everyone else is.
S.: Why is it so important that you are there?
H.: Because if I am not, it means that I can't keep up, that I am no good, worthless.
S.: That sounds like an extraordinary amount of pressure. If every time you cannot keep up with others, it means that you are worthless.
H.: mhm, it is.
S.: That seems really painful and scary.
H.: It can be.
S.: From how you are describing things that would make the stakes really high for you to keep up in everything you do.
H.: ugh and I can't. Now you can see what is wrong with me, why it's the price I have to pay, for not being good enough!
S.: I don't see someone who deserves to pay a price, but I do see someone who is under a huge amount of pressure. Just sitting here talking to you, the room feels heavy with pain. It makes me feel compassion, not judgment.
H.: Yeah, but that's your job.
S.: When you are having a hard time, how do you have compassion for yourself?
H.: I don't know. I guess I tell myself that it is all going to be okay, that I just have to hang in there and be strong.
S.: So being compassionate is telling yourself to tough it out.
H.: No, that's not what I meant...I just, I don't know.
S.: What would happen if you didn't graduate this year?
H.: ahh it would be terrible. That can't happen, I won't let it.
S.: Why not?
H.: It would be awful, everyone would think I was a failure.
S.: Everyone?
H.: Well, no, but some of them would.
S.: Most of them?
H.: Maybe just a couple, but it would still suck!
S.: Yeah, it might suck. What would it sucking be like for you?
H.: Some people would judge me and it wouldn't feel good.
S.: It sounds like it would make you feel sad.
H.: Yeah.
S.: But it also sounds like you already feel sad now, even though you are not going to let that happen.
H.: Yeah (laughs) I guess that's true, I'm making myself sad either way.
S.: You just said that you are making yourself sad.
H.: I mean I guess I have a choice, but with either choice I end up making myself feel sad.
S.: I hear a different emotion just now in your voice.
H.: Yeah, well I actually feel a little mad at myself. That is not very fair making myself sad no matter if I am successful or if I fail.
S.: That's a good point.
S.: Going back to the idea of compassion, if a friend didn't graduate this year, what would you say to them?
H.: I would tell them that I am here for them, and it is okay, that it doesn't change the way I feel about them, and that it is only one extra quarter, and that it really won't take them that much longer.
S.: Could you tell that to yourself?
H.: Ah, I don't know. It is different if it is a friend.
S.: Why?
H.: Well, because all my friends are awesome, and I know that they are going to be okay, and that graduating on time or not doesn't change that.
S.: Are you awesome?
H.: I uh, I am not sure, I guess.
S.: If you graduate on time or not, will that determine if you are awesome or not?
H.: Well...
S.: It didn't change the awesomeness of your friends.
H.: No, I guess it shouldn't change my awesomeness either. But it is so hard to think of myself like that!
S.: As we have been talking I have heard you make a number of statements where it seems like your worth as a person is determined by your success or failure, but you do not hold other people to the same standard.
H.: Yeah, I think that is true.
S.: It also seems like that kind of thinking can make you feel really down on yourself, and result in you feeling pretty bad in general.
H.: Yeah.
S.: Today I asked you to think about compassion, and what your compassionate voice would say to a friend. In the next week, I am going to ask you to pay attention to when you feel under pressure to succeed, and to listen to what you are telling yourself. I then want you to try talking to yourself again, using the compassionate voice, thinking about what you would say if you were talking to a good friend. Would you be willing to try that?
H.: Yeah, I am not sure how good at it I will be though.
S.: That is okay. The purpose is not to be good or bad at it, but just to start noticing what you are saying to yourself when you are stressed, and to think about alternative things that your compassionate self could say.
H.: That actually sounds pretty good.
S.: I am glad. Let's have you try this out and we can see how it went for you during our next session.
H.: Sounds good. Thanks.
S.: Thank you. We talked about some difficult things today, and I appreciate your willingness to stay with me in the conversation.
Appendix D
Online Consent Page

1. **What you should know about this study**

You are being asked to join a research study.
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.

2. **What is the purpose of this study?**

This study looks at peoples' perceptions of a counseling session. The results of this study will be used to increase researchers and counselors' understanding of how people view counselors' abilities, and how manipulating counseling variables change peoples' perception the counselor.

3. **Who can take part in the study?**

Anyone who is 18 years of age or older. You must also be able to watch and listen to a video on a computer as well as be able to read and write in English.

4. **What will you do in the study?**

If you agree to be in this study you will be asked to:
- Watch a ten minute counseling video
- Fill out 3 surveys
- Respond to a demographic form
All answers are anonymous. The study should take you about 40 minutes to complete in total.

5. **What are the risks or discomforts of the study?**

There are no known risks or discomforts from this study, but if you should experience any problems of discomfort, please contact the principle researcher Sarah Graham at Grahamsar@cwu.edu.

6. **What are the benefits of the study?**

For the your participation you will receive $0.50. Your participation can also help benefit others by improving counselor-training programs, and by helping counselors to improve their work with clients.

7. **Can you leave the study early?**

You can agree to be in the study now and change your mind later. If you wish to stop at any time, you are welcome to do so, although you will only receive financial compensation if you
complete the whole study. After the final question of the survey you will be provided with a four digit code to enter as verification of your completion of the study.

**What other things should you know about this research study?**

**a. What is the Institutional Review Board (IRB) and how does it protect you?**

This study has been reviewed by the CWU Human Subject Review Council. HSRC is made up of faculty from many different departments, nurses, scientists, non-scientists and people from the local community. The HSRC’s purpose is to review human research studies and to protect the rights and welfare of the people participating in those studies. You may contact the HSRC if you have questions about your rights as a participant or if you think you have not been treated fairly. The HSRC office number is (509) 963-3115.

**b. What do you do if you have questions about the study?**

If you have any questions, please contact the principle investigator, Sarah Graham at Grahamsar@cwu.edu, or the faculty sponsor, Dr. Susan Lonborg at Lonborg@cwu.edu. You may also contact the Human Subjects Review Counsel (HSRC) of Central Washington University at (509) 963-3115 if you have questions about your rights as a participant.
Appendix E

General Questionnaire

Please answer the following questions.

1. Which of the following counseling orientations are you familiar with? (Please check all that apply)

- Adlerian Counseling
- Art Therapy
- Cognitive Behavioral Therapy
- Existentialist Counseling
- Family Counseling
- Feminist Therapy
- Gestalt Therapy
- Humanistic Counseling
- Narrative Therapy
- Psychoanalytic Therapy
- Psychodynamic Therapy
- Reality Therapy
- Solution-Focused Therapy

What type of therapy do you think was used in the video you just watched?

How much experience do you have attending counseling?

- None
- Very little
- A little
- Some
- Quite a bit
- A lot

Are you currently attending counseling or therapy?

- Yes
- No

If yes, do you know the theoretical orientation of your counselor/therapist?

- Yes
- No

If yes, please specify _________________
In the video you just watched, how creative do you think that the counselor was in responding to the client?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Fairly</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

How creative do you think you are?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Fairly</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Appendix F

Demographic Survey

Please enter the following information about yourself. This demographic information will be used to analyze and interpret data. It will not link back to you.

1. Your age

2. Your gender

3. Highest level of school completed (if you are still in school, please specify what year of school. Ex. collage sophomore).

4. Your primary ethnicity(s)
Appendix G

Debrief

To protect your privacy, please close your web browser and clear the cache (history) before leaving your computer.

Thank you for your participating in this research. We appreciate you taking the time to participate; your contribution is very helpful.

The purpose of this study is to investigate if the level of creativity a counselor displays affects participants' perception of the effectiveness of a counselor. The two videos are not real counseling sessions and were created and acted in by two Mental Health Counseling graduate students. In one video the counselor showed a high level of creativity in the session and in the other the counselor showed a lower level of creativity. You have just watched one of these two videos. The questions you answered about the counseling session will be used to see how well you think the counselor did in the session.

This means that you only watched one of the two videos. You are not able to go back into the study and take it again. This also means that if you tell anyone about this study before they take it, it could change their answers and our data. We ask that you please do not share the purpose of this study with others. If you do so, it could hurt the results of this study.

In this study you were asked to complete a number of surveys. Two of the surveys were used to measure your level of creativity. This was done so that we can see if your creativity level has any effect on if you liked the high or low creativity video.

This study does not collect any information related to your identity. There is no way to identify you from your answers.

If you have any questions or concerns about this study, or are interested in reading this study when it is finished, please contact the principle investigator, Sarah Graham at Grahamsar@cwu.edu, or the faculty sponsor, Dr. Susan Lonborg at Lonborg@cwu.edu. You may also contact the Human Subjects Review Counsel (HSRC) of Central Washington University at (509) 963-3115 if you have questions about your rights as a participant.

Thank you once again for your participation in this study.