2015

Balancing Act: Successfully Combining Creativity and Accountability in the Practice of Marriage and Family Therapy

Nathalie Duque Bello
Nova Southeastern University, bello_nat@yahoo.com

Balancing Act: Successfully Combining Creativity and Accountability in the Practice of Marriage and Family Therapy

by

Nathalie Duque Bello

A Dissertation Presented to the

Graduate School of Humanities and Social Sciences of Nova Southeastern University

in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

Nova Southeastern University

2015

Nova Southeastern University
Graduate School of Humanities and Social Sciences

This dissertation was submitted by Nathalie Duque Bello under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

Approved:

5/4/2015
Date of Defense

Anne H. Rambo, Ph.D.
Chair

Tommie Boyd, Ph.D.

James Hibel, Ph.D.

6/18/2015
Date of Final Approval

Anne H. Rambo, Ph.D.
Chair

Dedicated to

This book is dedicated to my mother, who never ceases to amaze me, my brother, who has shown me eternal love, my children, who are my joy and strength, Dr. Rambo, who never gave up on me, and the Barragan and Bello family for all their support. Each of them have motivated me to believe in myself and have taught me in different ways the meaning of life:

In the constant pursuit of happiness,

Be True…Be Kind…Be Strong

Acknowledgments

"The journey of a thousand miles begins with a single step" (Lao Tzu). The beginning of my educational journey began with challenging steps. When I was a little girl I didn't know how to read and my teachers had given up on me. But my mother never did. Her constant encouragement never faltered. Realizing her faith in me, I slowly began to gain the confidence to believe in myself. Throughout my entire life, her love has been my strength. The completion of this journey represents the love of a mother, the gratitude of a daughter and a bond that can never be broken.

Three months after I began the Ph. D. program, my brother Steven tragically passed away serving our country. He was and still is my best friend. I know in my heart that he has been my light guiding my life and protecting me. Thank you for never leaving my side. I am so proud of him and I hope that I have made him proud.

I would also like to acknowledge Dr. Rambo as the second most meaningful woman that has shaped my life. One of the biggest blessings in my life has been being mentored by her professionally and nurtured by her emotionally. Dr. Rambo has been there for me through so many of life's challenges. There is no way to express how much she means to me and how thankful I am to have her in my life.

I am also extremely grateful for having the guidance from my committee, Dr. Boyd and Dr. Hibel. The support that I have received throughout the years by Dr. Boyd is invaluable. She has always opened her door for me to discuss academic, professional and personal challenges. When I didn't know how I would go on with my life after the death of my brother, Dr. Hibel's class gave me new hope. The compassion that he showed me and his teachings on Narrative therapy helped me process my loss, shaped how I

practiced therapy and changed how I viewed the world. The entire faculty of Nova Southeastern University has shown me that I am never alone.

God has given me a wonderful support circle of friends. They have become the family that has never stopped encouraging me. They have seen me through many highs and lows, and have always provided a shoulder to lean on and a judgement free ear. I want to especially thank my Coast Guard family. Without their support and their presence in my boys' life, it would have been very difficult to continue my education after my brother's death. Knowing that they have never forgotten my brother and have embraced me as their sister has filled my soul with love. Thank you for so many reasons.

I want to say a special thank you to the Barragan family, my grandmother, Luzmila, and great-grandmother, Ines, for helping my mom raise me and always being proud of my accomplishments. I would also like to thank the Bello family for supporting my dreams. Since the beginning, they helped me with the children so I could attend classes and study. I am very appreciative for the love that they have shown me and for treating me as one of their own.

Above all, I want to acknowledge my children, Benjamin and Brandon. They are my joy and my life. Their smiles and heartfelt hugs radiate pure love. At such a young age, these two gentlemen would do whatever they could so I could relax after a long night of studying. They would ask me every day how many pages I wrote. And when it was done, they were the first ones to tell me how proud they were of their mother. I am the one who is proud of them. I am honored that God chose me to be their mother. I hope to be able to inspire them as much as they have inspired me. My loves, you motivate me every day to be the best person that I can be. My love for you both has no limits.

Table of Contents

List of Tables

List of Figures

Abstract

The conditions that allowed early MFTs the freedom to creatively explore different interventions and theories of change are no longer available in today's mental health care system. Although there are many benefits to the structure of managed behavioral healthcare organizations, a thorough review of the literature demonstrates that many therapists working in managed care agencies struggle with maintaining their theoretical creativity, claiming third-party payers' service requirements and paperwork a barrier to their creativity. A phenomenological transcendental research method was utilized to understand the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy from the perspective of six creative MFTs who have effectively incorporated creative therapeutic techniques into their work, while adhering to the structured requirements of managed care.

The findings and themes of the study were organized into two categories. The themes in the Textural / Content Category (description and purpose of therapeutic creativity at a managed care agency) are: (1) Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist, (2) Translating post-modern information into the medical model language that meets the third-party payers' requirements, (3) Completing documentation with clients, (4) Incorporating technique from a range of therapy models, (5) Keeping clients engaged through a variety of resources and activities, and (6) Utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors. The themes in the Structural / Supportive Conditions Category (factors that allow the balance of creativity and accountability to occur) are: (1) Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together, (2) Having a supportive network of colleagues, (2a) Supportive group of coworkers within the job setting, (2b) Supportive network of MFT colleagues outside of the work setting, (3) Desire to make a difference in peoples' lives, (4) Continuous education on all aspects of the mental health field, (5) Employers' support of creative therapy, (6) Self-reflection, (7) Self-care, and (8) Organization and time management.

CHAPETER I: INTRODUCTION

Creativity is an essential component in the practice of marriage and family therapy (Carson & Becker, 2003; Gladding & Henderson, 2000; Lee, 2008). Families seek out therapy during their most difficult moments, often when they see no solutions to their problems. The ability to view situations from an alternative perspective in order to create a different outcome is a key concept in both the process of creativity and in the field of marriage and family therapy (Carson & Becker, 2003; Frey, 1975; Holm-Hadulla & Hofmann, 2012). Generally speaking, the act of being creative involves a person engaging in a certain process as a means to achieving a certain product (Gladding & Henderson, 2000; Lee, 2008); therefore, many authors define therapy as a creative enterprise within which therapists and clients engage in the artful process of change (Carson & Becker, 2003; Deacon & Thomas, 2000; Frey, 1975).

This process of change requires the therapist to skillfully balance the use of creative interventions with the client's level of comfort (Carr, 2008). The mental health community has suffered from the negative narratives of clients spending costly years on the therapy couch and unethical, ineffective psychological experiments/treatments during the twentieth century (Slater, 2004). Today, third-party payers, more commonly known as insurance companies, ensure clients that the mental health providers in their network adhere to government standards and are held accountable for their services. The managed care agencies that receive financial service reimbursements from these third-party payers agree to deliver ethical, quality care in a practical time frame (Sekhri, 2000; Smith & Walshe, 2004). Third-party payers' accountability measurements, typically through standardized paperwork, have provided many benefits to the credibility of marriage and

family therapy. However, many in the field worry that these accountability measure stifle the ability for the therapist and client to fully engage in the creative process (Kiser & Piercy, 2001, 2014).

Several authors have documented the experiences of therapists who have felt unable to be creative due to the structured format of managed care and its time-consuming paperwork (Carson & Becker, 2003; Kiser & Piercy, 2001, 2014). Studies have shown that many therapists claim third-party payers' paperwork and service requirements as one of the top barriers to their creativity and reasons for job dissatisfaction (Christensen & Miller, 2001; Rosenberg & Pace, 2006). These studies resonated with me, as I too have felt the difficulties in balancing the desire for creative freedom with the need to demonstrate the effectiveness of my work. Attempting to understand the opposing perspective, I became curious about the experiences of therapists who did not consider their creativity affected by the parameters and requirements of a managed care system. However, no study has explored the viewpoint of those therapists who have maintained their sense of creativity while successfully adhering to the accountability requirements of third-party payers.

A dilemma currently facing the field of marriage and family therapy is a lack of understanding regarding how innovative, creative therapists can function within the parameters of funding sources that have financially benefited the survival of the profession; "perhaps the challenge in our field, and its training programs, is to strive for a balance between structure and accountability, on the one hand" (Kiser & Piercy, 2001, p. 26, 2014, p. 81), and conditions that support creativity within the individual, the domain and the field necessary to move the profession towards progress, on the other.

With the aim of addressing this gap in the literature, I first explored the various definitions of the term creativity and then narrowed the operational definition for the purpose of this research. I then described how both creativity and third-party payers' accountability measurements have played different, but equally, important roles in the growth of marriage and family therapy. Lastly, I focused on how marriage and family therapists (MFTs), including myself, struggle with merging the opposing concepts of out-of-the-box thinking and standardized treatments. The literature within these areas ultimately shaped how I researched the phenomenon of *successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting.*

The Complexity of Creativity

Imagine a world without creativity; a world where questions are never asked and problems have no solutions. Brilliant creative inventors have changed the course of history by analyzing a problem and developing an innovative solution. In many societies, creative individuals are revered for their contribution towards humanity's progress. Conversely, now imagine a world where creative thinkers and new ideas are not restrained by social and governing rules; a world where accountability is non-existent. History also contains instances where professionals and people in power used novel alternative ideas to harm individuals and/or society (Slater, 2004). The same characteristic of being creative has been used to describe the personality of individuals as diverse as Sigmund Freud, Pablo Picasso (Gardner, 1993), Fidel Castro (Castro & Ramonet, 2008), and Adolf Hitler (Waite, 1993) just to name a few. This wide spectrum of who and what is considered creative makes it very difficult to define the concept of

creativity.

In modern culture, anything can be more or less described as being creative (Feinstein, 2006; Halpern, 2003). The term creativity is utilized to describe individuals, actions, traits, thoughts, and products. The term is also used to describe something as simple as possessing an imaginative quality to the complex social phenomenon of creating meaningful new ideas. The creative process has been defined in a variety of ways. In the words of Albert Einstein, “To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and marks real advance in science" (Einstein & Infeld, 1938, p. 92). In general, creativity is described as the ability to approach a situation in an innovative way to create a different significant result, whether positive or negative (Healy, 1994; Hurt, 1998).

Although there is no one clear definition that fully encompasses the complexity of creativity (Sawyer, 2006; Sternberg, 2010), for the purpose of this study, the focus was on the use of creative thinking in the process of addressing an obstacle with the goal of achieving a successful outcome. Therefore, my understanding of the definition of creativity is that it is a flexible and adaptable (Barron, 1988; Deacon & Thomas, 2000) problem-solving method (Dacey & Lennon, 1998; Gladding, 2008; Sternberg, 1994) that allows for novel concepts (Healy, 1994; Sawyer, 2006) to be evaluated and evolved into meaningful solutions (Amabile, 1996; Gladding & Henderson, 2000). This definition is appropriate for this study as it incorporates the same creativity components utilized in the marriage and family therapy literature.

The Creative Beginnings of Marriage and Family Therapy

In the 1950's and 60's, the field of marriage and family therapy began expanding. Creativity spurred the initial development of the field's theories of change (Carson & Becker, 2003; Connolly, 2005; Kiser & Piercy, 2001, 2014). Theorists of creativity believe that discontent and tension within a field are often a prerequisite for creative changes to occur (Barron, 1988; Feinstein, 2006; Kuhn, 1977; Simonton, 1988). The social issues affecting families in the 1950's propelled clinicians who were dissatisfied with the traditional psychoanalytical theories of practice to develop novel techniques for treating couples and families (Gladding & Henderson, 2000; Kiser & Piercy, 2001, 2014). Mental health practitioners throughout the country began adapting the few established therapy models by experimenting with new creative systemic treatments, observing the outcomes and formulating new theories of change for family dysfunction (Gladding & Henderson, 2000;Nichols & Schwartz, 2001). What ensued from this philosophy of treating the family unit as the client was the development of the distinct professional field of marriage and family therapy.

Pioneers of family therapy have been described by many as creative mavericks, non-conformists, and innovative trailblazers (Gladding & Henderson, 2000; Kiser & Piercy, 2001, 2014). Kiser and Piercy (2001, 2014) interviewed the founders of solution-focused therapy in an effort to understand the conditions that supported the birth of so many creative models of therapy. In addition to the social climate which supported non-pathologizing treatment, these early therapists benefited from many factors that supported the main prerequisite to creativity, time (Csikszentmihalyi, 1996; Feinstein, 2006). Prior to the 1980s, marriage and family therapy services were not financially covered by many

insurance companies (Miller, 2000; Miller, Todahl, & Platt, 2010). Freedom from having to demonstrate treatment outcomes to financial backers removed external pressures and time constraints due to limited number of sessions. Therefore, these pioneers had the ability to immerse themselves in their work and devote a large amount of time into developing their models without outside pressures (Kiser & Piercy, 2001, 2014). This lack of accountability allowed the pioneers the free will to isolate themselves in order to create, implement, and evaluate novel treatments at their own pace and liking (Kiser & Piercy, 2001, 2014). During this era of creative freedom, the foundational concepts of marriage and family therapy were born.

Though the pioneers of family therapy benefited from the lack of accountability during the creation of their new theories, in order for these models and techniques to be incorporated into the knowledge base of the field of marriage and family therapy, these mavericks had to demonstrate the validity of these novel ideas and gain approval from the established professional organizations (Kiser & Piercy, 2001, 2014). Csikszentmihalyi (1988) states that regardless of the individual's creative ability and product, those that do not meet the standards of the profession as established by the field's gatekeepers (journal editors, licensing boards, book publishers, government administrations, conference coordinators, etc) will not be able to make creative contributions. Although some therapists, such as de Shazer, initially rebelled against standardizing their models to fit the "confining" (Kiser & Piercy, 2001, p. 26, 2014, p. 81) requirements of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), much of the profession's appeal and support is based on the information gathered from these standardized accountability measures (Sprenkle, 2003).

The Need for Accountability in Health Care

Within the field's literature, the terms third-party payer and managed care are often used synonymously as they go hand-in-hand. Third-party payers are "an organization other than the patient (first party) or health care provider (second party) involved in the financing of personal health services" (http://medicaldictionary.thefree dictionary.com/third-party+payer). Similarly, the National Conference of State Legislatures (2011) describes managed care as:

> a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care for organizations that use those techniques…It is also used to describe systems of financing and delivering health care to enrollees organized around managed care techniques.

In other words, managed care settings are the format in which providers and the clients engage in effective and efficient approved services that are finically reimbursed by third-party payers. For the purpose of this dissertation, these terms were used interchangeably.

The cultural belief that all populations should have access to quality affordable health care dates back to the 17th century B.C., under King Hammurabi's reign of Babylon (Spiegel & Springer, 1997). In the United States, the first example of managed care emerged in 1910 (McIntyre, Rogers, & Heier, 2001). During this time, rarely were physicians required to demonstrate the effectiveness of their treatments; many medical professionals participating in prepaid plans were accused of weakening the quality of their services (McIntyre et al., 2001; Simonet, 2004; Zarabozo, 2000). For example, a 1918 onsite inspection of 692 hospitals conducted by the American College of Surgeons (ACS), discovered that only 89 hospitals surveyed met the ACS's minimal standards of

facility compliance (McIntyre et al., 2001).

Over time, Congress began incorporating performance and outcome measurements throughout the health care system, including mental health, as a way of reducing fraud and unnecessary costly services (Jennings & Staggers, 1999; Smith & Walshe, 2004). Today, these checks and balances require the health care provider to be accountable for the effectiveness of their treatments. In the delivery of mental health services, behavioral outcome measurements have not only assisted clinicians in delivering quick quality care, but have also advanced the research and the science of behavioral health (Beaudin, 1998; Ford, 2006).

Paperwork is one of the main ways MFTs demonstrate accountability for their services to a variety of third-party funding sources, including insurance companies and government. In mental health professions, documentation is crucial to record client services, maintain continuity throughout the sessions, and demonstrate what occurs privately between a therapist and client. In addition to protecting therapists during legal matters, proper documentation provides many clinical benefits for both the client and therapist (Cameron & Turtle-Song, 2002; Harris et al., 2009; Prieto & Scheel, 2002).

The specific guidelines of this predominately linear, medically driven format are quite different from the circular relational manner which many MFTs are taught (Pankow, 2000). “In managed care setting, treatment planning must focus on outcome and consider cost-effectiveness, benefit limitations and medical necessity” (Patterson, McIntosh-Koontz, Baron, & Bischoff, 1997, p. 452), limiting number of sessions and reimbursement amount. This difference can affect a therapist’s creativity by decreasing/eliminating many of the work components that promote creativity, such as

lack of accountability, time to reflect on client's needs (Kiser & Piercy, 2001, 2014), and freedom to be flexible (Carson & Becker, 2003).

The Struggle with Balancing Creativity and Accountability

Marriage and family therapists flourish when they perceive themselves as able to be creative in their work (Carson & Becker, 2003; Gladding, 2008). Participants in a study by Carson, Becker, Vance and Forth (2003) investigating the role of creativity in the practice of marriage and family therapy stated that, "Creativity to me means that I am not boxed in theory. There is not a condition in front of me but a person, couple, or family" (as cited in Carson & Becker, 2003, p. 83) and "Creativity is not adhering to a formula in treating clients" (p. 85). The pioneers of marriage and family therapy made similar comments as they discussed the flexibility (Carson & Becker, 2003; Gladding & Henderson, 2000; Torrace, 1962) and freedom (Csikszentmihalyi, 1988; Kiser & Piercy, 2001, 2014) they had to isolate themselves (Kiser & Piercy, 2001, 2014; Storr, 1988) and devote a large amount of time and attention (Csikszentmihalyi, 1996; Feinstein, 2006) to develop, observe, revise, and nurture new theories of change (Healy, 1994; Kiser & Piercy, 2001, 2014). In contrast to those times, in today's mental health care system, these field contexts helpful to creativity are clearly less present due to the time restraints, service parameters, and accountability requirements set by third-party payers (Lim, Kim, Kim, Yang, & Lee, 2010; Kiser & Piercy, 2001, 2014).

Although third-party payers' performance measurements provides many benefits for the therapist, client, and mental health field, the structured time-consuming documentation utilized to ensure quality is cited by many therapists as one of the top hindrances to their therapeutic creativity (Carson & Becker, 2003). Therapists who

perceive the structured format of managed care as a barrier to their professional creativity often view third-party payer's paperwork as controlling and applicable only to cookie-cutter treatments (Beaudin, 1998; Bolen & Hall, 2007; Stroul, Pires, Armstrong, & Meyers, 1998). Other studies have concluded that this perceived lack of room for creativity can lead to job dissatisfaction and possible burnout (Christensen & Miller, 2001; Pankow, 2000; Rosenberg & Pace, 2006).

The desire for professional freedom void of constraints versus the need to professionally survive in the large field of mental health has created a dilemma for the field of marriage and family therapy. Managed care agencies have played a major role in sustaining the profession of marriage and family therapy by hiring a large percentage of beginning therapists and providing a wide variety of clinical experiences necessary to improve skills (Bolen & Hall, 2007). Since 87.1% of Americans are currently insured (Levy, 2015), it is safe to assume that many MFTs will work with insured clients and document their services according to the parameters set by these form of third-party payers.

The reality is that third-party payers have granted MFTs job opportunities and the ability to provide services to individuals and families who do not have the resources to pay for therapy; however, with this opportunity comes the loss of autonomy. On the other hand, if therapists choose to marginalize themselves to maintain the freedom to apply creative new relational theories, then they isolate the field from other professionals and client populations (Shields, Wynne, McDaniel, & Gawinski, 1994). The potential impact these perceived barriers can have on a therapist's level of work has led many researchers studying creativity within the field to urge therapists to find solutions for these issues

(Carson & Becker, 2003; Gladding & Henderson, 2000; Kiser & Piercy, 2001, 2014).

Personal Experience with Combining Creativity and Accountability

Throughout the different phases of my career, I have personally experienced difficulty balancing my professional creativity with my work setting's accountability measurements. Creativity has always been vitally important to my identity. As a teen, I studied theater, literature and art history, fascinated with the power of imagination. Exposure to these creative fields opened my eyes to the different societies throughout history and the varying cultural norms associated with each time period. Intrigued by the interplay between society and the individual mind to create different concepts of reality, I pursued an undergraduate degree in psychology. I dreamed of a career where I could utilize my ability to view situations differently to help my clients co-create a new perception of themselves and their lives. During my undergraduate internship at a hospital, I was instructed to complete checklists for diagnosis criteria and follow a standard procedure of treatment for each illness. Unaware of the benefits such protocols provided both the psychologist and clients, I felt as though instead of assisting my clients to reinterpret life for a better tomorrow, I was placing my clients into negative boxes of which that they could not get out. Without the perceived ability to be creative with my clients, I lost the desire to continue with a career of psychology.

As I researched psychotherapy careers that utilized creative techniques, my passion was reignited when I discovered marriage and family therapy and the field's different theories of change. Once in graduate school at Nova Southeastern University, I felt inspired as I learned how a variety of marriage and family therapy interventions allowed the therapist to creatively break the vicious cycle affecting individuals and

families. Upon graduation, I choose to work at a psychiatric managed care center for children because of their work with youth, and the ability to interact with their families and school support systems. Being employed by a Medicaid service provider allowed me to work with a variety of clients that could not afford services at a private practice. I had the wonderful opportunity to work with children from different economic and cultural backgrounds. As I was trained on how to complete documents required by Medicaid Insurance for reimbursement, assess client's functioning level (making sure that they were low enough to qualify for services), and develop problem-focused short-term therapy treatment plans based on the diagnosis provided by the psychiatrist, I remember thinking how ironic it was that I had somehow managed to end up working for a company with similar parameters as the one that had motivated me to changed my career. At times, I felt stifled, controlled, and frustrated with this style of management.

When I was hired by the grant-funded non-profit, Students United with Parents and Educators to Resolve Bullying (SUPERB), I was happy to return to a flexible workplace that was neither limited by the restrictions of managed care insurance plans nor utilized time-consuming paperwork. However as I moved up in the company and became Executive Director, I realized the need for therapists to demonstrate accountability for their services. One of my main job duties was supervising the work of 20 therapists working in multiple schools throughout Broward County. Without the proper paperwork and structured formats, if was difficult to measure the quality of my employees work, and therefore, difficult to determine the program's level of success.

Feeling responsible for the level of services hundreds of children were receiving, I began reformatting the clinical records. These changes allowed me to track the progress

of both the therapists and the clients, enabling me to demonstrate the program's effectiveness to different funding sources. Although these changes provided the company many financial and legal benefits, the structured paperwork also placed additional requirements and restrictions on my employees, reducing their creative freedom.

The variety of positions that I have held throughout my career have taught me the importance for both creativity and accountability in the practice of marriage and family therapy. However, I continued to experience difficulties in incorporating creative treatment plans within the parameters of the accountability formats. This personal dilemma influenced my curiosity in understanding the experiences of MFTs that, unlike myself, have not perceived the requirements of third-party payers a hindrance to their professional creativity.

Purpose of the Study

Rivett (2008) identified that "family therapy has undergone or is undergoing a metamorphosis. This change has been driven not predominantly by internal theories but by external pressures in the form of research and accountability" (p. 105). Reviewing the history and literature on creativity and managed care separately, further detailed in chapter two, it is evident that there is a need for both therapeutic freedom and accountability in the practice of marriage and family therapy. However, the merging of two seemingly contradictory concepts have many within the field questioning how training institutes will meet the challenge of preparing students for life after graduation (Anderson, Rigazio-DiGilio, & Kunkler, 1995; Bolen & Hall, 2007).

Many educational programs, as well as the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE), are responding to the increased

presence of third-party payers by changing degree curriculums to include courses on diagnosis guidelines, psychotropic medications, and development of treatment plans (Miller et al., 2010). This has many of the pioneers of early creative systemic models, such as solution-focused therapy, worried that academic institutions are not conducive to supporting creative thinking or the development of new models (Kiser & Piercy, 2001, 2014). In this new era of family therapy and how it is practiced, much of the discussion within the field focuses on either: (a) how evidence-based therapy and the accountability measures of managed care, typically in the form of third-party payers' paperwork, have negatively impacted family therapists' creative spirit, or (b) how evidence-based structured therapy is the future of the profession.

Conflicting ideologies, dissatisfaction, and growing tension are believed to be a catalyst for creative solutions (Kiser & Piercy, 2001, 2014). Similarly, change is said to occur during times of controversy, in which debate will ultimately conclude with compromise and blending of ideologies (Rivett, 2008). Contrary to the 'either/or' stance, research investigating therapists who have professionally achieved to be both successful managed care providers and creative systemic MFTs is missing in the field's current literature. Several authors, such as Rivett (2008), Speed (2004), and Rivett and Street (2003), have stated the importance of combining the past with the future; "Thus evidenced based practice does not necessarily stand in contradiction to creativity; nor need ideological merging, mean that what is uniquely systemic about family therapy has been lost" (Rivett, 2008, p. 102). However, little to no research had been conducted to understand what personal and professional factors allow some therapists to incorporate their creative side while still succeeding in the word of accountability.

In an attempt to explore the 'both/and' angle of this debate, this transcendental phenomenological qualitative study interviewed MFTs who consider themselves to be flourishing as creative therapists in their managed care work setting. All research participants were required to document and measure their treatment outcomes at work according to structured third-party payers' protocols (discussed in chapter 3). The participants' self-reports of creativity, documented in Appendix D, were verified with colleague testimonial letters describing the interviewee's therapeutic creativity.

The goal of the study was to provide a description of the experiences of MFTs who do not perceive non-systemic third-party payers' paperwork and managed care service requirements an obstacle to their creativity. The purpose of this study was to understand the perspective of the interviewed therapists, and uncover what their creativity looks like, what internal and external conditions have supported their sense of creativity, and their overall experience in balancing accountability and creativity. Furthermore, this study hopefully creates an opportunity for positive conversation to occur within the field on how to support therapists' creative skills. Investigating the supportive and successful aspects of a system has been shown to increase the likelihood that the positive conditions be continued and amplified (Cooperrider, Whitney, & Stavros, 2008). Contrary to the research available in the literature regarding the barriers to creativity, this study narrowed the gap within the literature by inviting the participants to provide insight into the positive qualities still available in today's mental health care system.

Overview of Chapters

In Chapter Two, a review of the literature pertaining to the role both creativity

and third-party payers have had on the development of marriage and family therapy is presented. The concept of creativity and how creativity is supported was discussed in order to understand how creative thinkers expanded the field of marriage and family therapy. The literature review focuses on the emergence of third-party payers within the United States health care system, and the positive and negative impact it has had on the field of marriage and family therapy. I then present studies researching: (a) the negative consequences experienced by some family therapists working with third-party payers, specifically non-systemic service parameters and time-consuming paperwork, and (b) how the perceived negative consequences have affected participating therapists' creativity and work satisfaction in managed care work settings.

In Chapter Three, I detailed the research methodology that was used to discover the personal and environmental factors that support the interviewed therapists' ability to effectively work creatively within the parameters of the 21st century mental health care system. A transcendental phenomenological research design was implemented to interview six exemplary creative MFTs who meet the following criteria: (a) had a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, (b) currently not a student or faculty member of Nova Southeastern University, (c) a self-perception of having the ability to incorporate creative therapeutic techniques into their practice, (d) employed by a managed behavioral healthcare agency, (e) engage in face-to-face client contact for a minimum of 10 hours per week, (f) required at work to complete third-party payers' documentation for reimbursement, (g) experience and insight of the issue surrounding creativity and work accountability, (h) a recommendation from a colleague stating their reputation as a

creative MFT, and (i) a desire to participate and understand the phenomenon's nature. These participants were considered exemplary, as they serve as an example to other therapists on how to maintain creativity in the therapy session while still adhering to the regulations of third-party payers.

Using a transcendental phenomenal analysis (Moustakas, 1994), the goal of the research was to discover (a) the meanings and essences regarding the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting, and (b) the internal and external factors that have supported the therapists' creativity within their current work setting and service contract with third-party payers. Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological analysis was applied in examining the data; each transcript was analyzed through a line-by-line system of open coding in order to list every unique Textural description and Structural condition of the phenomenon. These statements were combined to describe both the Textural and Structural themes that make up the essence of the phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting for the interviewed participants.

In Chapter Four, I presented the results of the data. The categories and themes that emerged from the analysis of the interviews were explained utilizing the participants' statements. In Chapter Five, the themes were compared with the research in the literature review in order to understand how the findings add knowledge to the field of marriage and family therapy. Lastly, I discuss the professional and educational implications of the findings.

CHAPTER II: REVIEW OF LITERATURE

The current field of marriage and family therapy is highly different to the open, "freshly charted" field of the 1970's and '80s that allowed for novel, creative models to be developed (Kiser & Piercy, 2001, 2014). In an interview with Kiser and Piercy (2001, 2014), Insoo Kim Berg, one of the founders of solution-focused therapy, discussed how the freedom from being accountable to funding sources was a major factor in the development of the model; "we did what we wanted to do. Nobody told us what to do…We were accountable to no one" (pg. 15). Gregory Bateson and founding theoreticians of other models of family therapy similarly stated how autonomy from outside expectations and constraints benefited their creative process (Amabile, 1996; Gardner, 1993; Kiser & Piercy, 2001, 2014)

However, in order for these concepts to become permanent knowledge in the field, a standard approach had to be proven valuable in the treatment of mental health. An important step in professional creativity is identifying the promising ideas (Csikszentmihalyi, 1988) and receiving the approval from the field's respected gatekeepers, such as editors, publishers, and association members (Kiser & Piercy, 2001, 2014). Much of the professional evolution of marriage and family therapy has been focused on demonstrating the uniqueness of the field in comparison to mainstream psychotherapy, and establishing marriage and family therapy's status as an effective mental health profession. The need for evidence regarding the success rate of marriage and family therapy's techniques, interventions and systemic approaches has produced a large body of outcome research, which in turn has provided credibility to the science of marriage and family therapy (Caldwell, Woolley, & Caldwell, 2007; Sprenkle, 2003).

Today marriage and family therapy is an internationally respected mental health profession. While each professional gain gives marriage and family therapy the position that it has throughout the world, it also closes the openness of the domain for new creative ideas (Kiser & Piercy, 2001, 2014). To maintain this credibility, organizations such as the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE), the American Association for Marriage and Family Therapy (AAMFT), and state licensure requirements ensure that the next generation of therapists will follow the standards and foundational principles of the profession. Though these organizations are necessary for an area of knowledge to take root and expand into a permanent professional field, this structured format narrows the possibility for new knowledge and might not be appealing to creative innovators (Kiser & Piercy, 2001, 2014).

Research demonstrating the effectiveness of various short-term therapy models has made MFTs hirable by a variety of different health care settings, many which receive reimbursement from managed care plans (Caldwell et al., 2007; Crane, Patterson, & Scherger, 1995). The paperwork required by these agencies often include forms that adhere to problem-oriented medical models which often do not apply to family therapy (Patterson, 1999; Patterson et al., 1997). This disconnect can cause difficulty for new therapists who, after being taught about the profession's distinctiveness, find themselves being instructed by third-party payers to document their therapeutic work in a format not developed for their practice (Christensen & Miller, 2001); "managed care/HMO's/insurance companies…mandated duration of therapy and diagnosis requirements may restrict a therapist's creativity, both personally and methodologically" (Carson et al., 2003, p. 106). Many of the factors of creativity that supported the

innovative start of marriage and family therapy have been reduced/eliminated in today's marketplace (Kiser & Piercy, 2001, 2014). Studies have shown that two major barriers to creativity are the format of the current mental health care system, and more specifically the paperwork requirements mandated by third-party payers (Carson & Becker, 2003; Kiser & Piercy, 2001, 2014). However no study has investigated the factors that support creativity that may still exist regardless of the barriers due to third-party payers' requirements. This study investigated what internal and external qualities assist therapists in incorporating creative treatments at a managed care work setting, while successfully adhering to third-party payers' service and paperwork requirements.

Before conducting the research, it is important to understand the impact creativity has had on marriage and family therapy, the issues contributing to creative barriers and their purpose within the profession. To achieve this, I first review creativity in general and the factors that ignite the creative process for any field of knowledge. These factors are then utilized to specifically understand the history and uniqueness of marriage and family therapy, and the importance of creativity in the practice of therapy. After discussing the creative roots of the profession, the role of third-party payers in the survival of the field, along with its impact, is explored. Lastly, I consider how the need of the current mental health/managed care system to demonstrate accountability for efficient treatment, specifically through service parameters and paperwork, effects therapists' creative freedom and work satisfaction.

The Role of Creativity in the Development of Marriage and Family Therapy

Creativity: What Is It and Who Has It

Despite the high value placed on the ability to be creative, the debate over exactly

what creativity is and who posses the creative mind has never been resolved. In general, creativity is described as the ability to approach a situation in an innovative way to create a different significant result (Feinstein, 2006; Sawyer, 2006). Theorists categorize creativity in two perspectives: the eminent genius view and the everyday naturalistic view (Carson & Becker, 2003). Lacking in evidence, defenders of the genius view believe that only a few possess the gift of extraordinary problem-solving, which can occur unconsciously or through spontaneous insight (Weisberg, 1993). The naturalistic view is much more widely accepted; supporters of this perspective claim that the human mind is naturally creative in the process of learning, as evident in animals and young children trying something new, observing the outcome, and then modifying the behavior until the desired result is achieved (Bohm, 1998; Briggs & Peat, 1999; Piaget, 1969). From this view, creativity is not a special talent, but rather a state of mind (Bohm, 1998; Lee, 2008).

In the pursuit of a desired outcome, two forms of thinking are employed: convergent and divergent thinking (Sawyer, 2006). Convergent thinking involves analyzing a situation in an analytical manner and applying previously established, correct solutions. In contrast, divergent thinking is characterized by exploring ideas outside of the normal rules in order to create novel original concepts. Although divergent thinking is often deemed favorable over its counterpart, a balance between both is important for the stability and advancement of society (Carson & Becker, 2003). For society to function without chaos, it is important for individuals to utilize convergent thinking in order to access a repertoire of appropriate solutions to common problems. However, if everyone was thinking within a standard set of rules, life-changing innovations would not occur,

keeping us stuck in the Stone Age.

Divergent thinking is often associated with a higher level of creativity (Carson & Becker, 2003). Torrance (1962, 1988) identified five key components of divergent thinking necessary for creative problem-solving. They are *fluency* (the ability to generate several ides), *flexibility* (capability to shift one's thoughts to create a variety of ideas), *originality* (producing novel, unconventional ideas), *elaboration* (developing details for a complete idea), and *resistance to premature closure* (avoiding early conclusions before considering all options). Later, Healy (1994) added *evaluation* (assessing the success of an idea and refining it) as an additional criterion of divergent creativity.

Many social theorists believe that the form of thinking one chooses to use and the level of creativity one demonstrates is due not only to intellectual ability, but also to microsocietal and macrosocietal influences (Sternberg, 2010). From an ecological perspective, having the intellectual capacity or the ability to learn from one's own previous mistakes in order to reach a desired goal is not enough for creativity to flourish. Creativity is considered to be the interplay between the individual's personal resources, social relationships (family, work, community, etc), and cultural factors, such as gender, religion, politics, and ethnicity (Harrington, 1990; Sawyer, 2006).

Gehani (1998) stated that all people possess the ability to be creative. Several studies aimed at discovering creative qualities have frequently observed similar common personal characteristics (Briggs, 1990; Dellas & Gaier, 1970; Sternberg, 1988). Some of the most identified qualities include intelligent risk taking, perseverance, open to new experiences, free spirit, willing to take chances and fail, time commitment to work and high desire for knowledge. Poverty, limited exposure to new experiences, discrimination,

and content-learning education can stifle these creative qualities (Carson & Becker, 2003; Csikszentmihalyi, 1996; Sawyer 2006). On the same token, research has shown that creativity can be taught and encouraged throughout life with the right environmental stimulation (Csikszentmihalyi, 1996; Gehani, 1998; Torrance, 1962). With supportive relationships and training seminars, increasing problem-solving strategies can be taught much like any other learned skill.

The term creativity is not only used to define the person or the process of arriving at a certain outcome, but also in the description of the outcome itself. According to social theorist Csikszentmihalyi (1988), nothing is inherently creative; it is society who deems something or someone to be creative and determines whether or not an idea is appropriate. This social process involves the relational interchange between the individual's characteristics (as discussed above), the domain, and the surrounding field. "Each of these three forces are equally affected by the other. Any starting point is purely arbitrary" (Kiser & Piercy, 2001, p. 10, 2014, p. 62). For an individual to have the ability to brainstorm a variety of creative ideas, they must first have a deep understanding of the domain, or knowledge, of a field of inquiry. Csikszentmihalyi (1988) argues that regardless of an individual's creative brilliance, without access to the specific information pertaining to a field's principle beliefs and practices, important contributions can not be made. Furthermore, for these creative contributions to have any impact in an area's domain, it is imperative that the field's gatekeepers (professional organizations, journal editors, conference coordinators, etc.) identify successful creative ideas and incorporate them as new knowledge into the existing domain (Csikszentmihalyi, 1988; Kiser & Piercy, 2001, 2014). If a field's elite professionals are narrow-minded, new concepts will

be discouraged, affecting the progress of the field (Kiser & Piercy, 2001, 2014).

Csikszentmihalyi's (1988) creative process model can be applied to the therapeutic process. In order for the creative therapist to make an impact for the client, it is important to fully understand the client's perspective (domain), with the hope that the client will be open to incorporating the creative concept into their lives (field). It is beneficial for therapists to understand the concept of creativity and the knowledge of how to encourage an individual's inner creativity in order to enhance their own therapeutic skills and the client's overall success. "The process of counseling and creativity require similar integrative abilities (e.g., holding seemingly contradictory information simultaneously in one's mind; remaining open and ready to various information retrieval processes)" (Carson & Becker, 2003, p. 90). In addition, promoting clients to increase their creative problem-solving skills can lead to long-term positive therapeutic outcomes by empowering them to solve future problems (Connolly, 2005; Morgan & Wampler, 2003). The following section will focus on how the different components of creativity discussed above have played a large role in the development of marriage and family therapy, and the manner in which therapists practice today.

Presence of Creativity throughout Marriage and Family Therapy

The creative process discussed above is often sparked by the need to create change and discover a solution to a problem creating friction (Barron, 1988; Feldman, 1988; Kuhn, 1977; Simonton, 1988). That was the case with the rise of marriage and family therapy (Nichols & Schwartz, 2001). The 1940's and 50's brought about a change in the way the United States, and the world, viewed outpatient mental health. Families as a whole were reacting to the traumatic changes brought about by the Great Depression

(1929-1941) and World War II (Gladding, 2002). Psychological and emotional symptoms due to family separation, death, disability, financial difficulties and women entering the workforce increased the need for mental health services (Gladding, 2002). In 1946, Congress passed the National Mental Health Act which provided States grants to support existing outpatient facilities or to establish new ones, tremendously increasing the access of outpatient therapeutic services throughout the country (Gladding, 2002).

During this time, psychiatrists, Don Jackson and Nathan Ackerman, began rebelling against the individualized approach to treatment claiming more effective and durable outcomes in treating the family as a whole (Bloch & Simon, 1982; Jackson (1967). Known as one of the founding fathers of family therapy, Ackerman believed that all members of the family unit were experiencing the effects of the mental or physical disposition of the family member identified as the patient, and that the most effective form of treatment for the individual was to involve the entire family in the process (Bloch & Simon, 1982); Jackson (1967) stated that, "People can only change in relation to other people…He [sic] [the therapist] owes it to the patient and the significant other that attention be paid to interactions between them, so that change can begin and be sustained within their ambient family" (p. 32). These pioneers changed the social context by defining problems based on relational issues, rather than internal sickness (Deacon & Thomas, 2000). In contrast to biological or intrapsychic reasons, marriage and family therapy explores relationship and system dynamics to understand the development and maintenance of mental health symptoms (Shields et al., 1994). "Thus family therapy as a field based its self-image on creativity in relation to other fields and on creative forces within the field" (Deacon & Thomas, 2000, p. 6).

A few examples of early innovative theories and practitioners include, but are not limited to:

- Mental Research Institute (MRI): Don Jackson, Paul Weakland and Jay Haley utilized paradoxical, or illogical, interventions in order to reduce a family's resistance to change (Weakland, Fisch, Watzlawick, & Bodin, 1974).
- Structural Therapy: Salvador Minuchin positioned family members, therapists and/or objects in different locations to rearrange family dynamics (Hoffman, 1981). Cloe Madanes (1980) requested parents and children to engage in dramatizations, pretending and make-believe play to better understand the family structure.
- Experiential Therapy: Carl Whitaker engaged with families in provocative, emotionally intense interventions (Nichols & Schwartz, 2001). Virginia Satir used role-playing and props to encourage parents and children to strengthen their communication and love (Goldenberg & Goldenberg, 2000).

According to Carson and Becker (2003), in the practice of marriage and family therapy, creative interventions allow clients to experience a new approach to their problems and are a crucial component in assisting clients to alter their ineffective patterns; "if one assumes that new experiences are necessary for change to occur, then it is can safely be concluded that creativity is an essential part of the therapeutic process" (p. 17).

Today, it is estimated that the field of psychotherapy has more than 200 different therapy models, each with their own creative techniques and interventions aimed at identifying and interrupting the cycles that maintain symptoms (Miller, Duncan, & Hubble, 1997, as cited in Blow & Sprenkle, 2001). In an effort to determine the most

effective models, several meta-analyses of marriage and family therapy outcome research have been conducted. These studies determined that, despite the clear evidence in support of therapy's effectiveness, no significant differences amongst models were found (Shadish & Baldwin, 2002; Shadish, Ragsdale, Glaser, & Montgomery, 1995; Smith, Glass, & Miller, 1980; Sprenkle & Blow, 2004; Wampold, 2001).

As a result of these conclusions, researchers began investigating the common factors displayed by therapists across models that create the positive outcomes of therapy reported by clients. Sprenkle, Blow, and Dickey (1999) describe five common factors unique to marriage and family therapy that are achieved through the models' techniques to produce effective therapy:

1. MFTs *relationally conceptualize* the presenting problems into interactional terms.
2. MFTs *expanded direct treatment system* by inviting as many members of the family and other involved systems (e.g., friends) into the therapy session, thereby gaining more information, and providing the family a safe place for communication and change to occur.
3. MFTs *expanded therapeutic alliance* to bond with all individuals present in therapy, so that each person can feel validated. The sense of trust and bond developed during the therapeutic alliance experienced by clients has been shown to improve the success rate of therapy (Pinsof, 1995, as cited in Sprenkle et al., 1999).
4. MFTs *interrupt dysfunctional interactional patterns* in three ways:

   (a) *behavioral* changes such as altering "interactional patterns, dysfunctional

sequences, modifying boundaries, changing family structure, learning new skills, becoming more supportive of each other, and learning to empower self and others" (Sprenkle et al., p. 349), (b) *cognitive mastery* by assisting clients to gain an understanding about the various relational and social systems that the individual and family constantly interact with, and (c) by establishing new *emotional (affective) connections* of support and validation within themselves, amongst their family, and from outsiders, such as the therapist.

5. MFTs *privilege clients' experiences* by attending to the clients' perception of the problem and utilizing the clients' insights regarding what they believe would be beneficial in the treatment of the problem.

In a theoretical analysis, Deacon and Thomas (2000) examined the similarities between the common factors in systemic family therapy models and creativity theories. At the center of both of these endeavors is change; the goal for therapy is to change and resolve problematic issues, while the goal for creative innovation is to create a different outcome by developing something different (Deacon & Thomas, 2000; Holm-Hadulla & Hofmann, 2012). In both, these changes are achieved through similar thinking processes. The convergent and divergent forms of thinking discussed in the previous section are directly related to the level of change, either first or second order change, the therapist is trying to achieve (Carson & Becker, 2003; Deacon & Thomas, 2000). In first order change, the therapist uses convergent thinking to solve the problem within the family's/system's current set of rules. When the actual rules are the root of the family dysfunction, the therapeutic goal is to transform the system itself with a new set of patterns. Associated with both a higher level of creativity and a greater degree of change,

divergent thinking is utilized to creatively think outside of the box and create second-order change (Sawyer, 2006). Effective creative therapists are able to balance convergent and divergent thinking throughout the therapeutic process to ensure that the family feels comfortable with the rate of change (Frey, 1975).

Graham Wallas's (1926) creative process is often used to explain how therapists process information and formulate creative convergent and divergent treatment plans (Gladding & Henderson, 2000). The four non-sequential stages are: (a) *the preparation stage* where information is gathered to understand the maintenance and impact of the problem; (b) *the incubation stage* which allows time to withdraw from the problem, and simply reflect and organize the information presented. This allows the mind to become open to the possibilities*; (c) the illumination stage* begins when ideas suddenly emerge*;* and *(d) the verification stage* where ideas are evaluated. This creative process allows for interactional expression, and parallels the collaborative and transformative nature of therapy (Carson & Becker, 2003).

Creativity is the cornerstone of the field of marriage and family therapy (Gladding & Henderson, 2000; Holm-Hadulla & Hofmann, 2012). It is impossible to separate therapy and creativity. However many therapists today find it difficult to practice family therapy as innovatively as the founding fathers (Gladding & Henderson, 2000). Although the current structure of mental health care system is drastically different to the open, flexible market that supported the rise of family therapy, third-party payers have played an important role in increasing the public's access to mental health (Bolen & Hall, 2007). The following section will discuss the reasoning behind the need for managed care and the impact third-party payers have had on marriage and family therapy.

The Role of Third-party Payers in Marriage and Family Therapy Practice

History of Third-party Payers and Behavioral Outcomes

Generally speaking, third-party payers are "an organization other than the patient (first party) or health care provider (second party) involved in the financing of personal health services" (http://medical-dictionary.thefreedictionary.com/third-party+payer). The most common third-party payers are managed care plans, such as HMOs, Medicaid, Medicare, and other similarly structured insurance companies. These are described as financial arrangements between insurance companies, health service providers, and consumers/patients, for the delivery of health services. Within the typical arrangement, consumers purchase a yearly plan from insurance companies for certain discounts and access to services, and in turn, insurance companies guarantee their customers that healthcare professionals are providing quality care in accordance with government policies for a reasonable, competitively priced fee, while providing clientele to the service providers (Gage, 1998; Sekhri, 2000; Spiegel & Springer, 1997).

The origins of managed care and the belief that medical services should be financially standardized and evaluated for the benefit of the patient can be traced back to the 17th century B.C., under King Hammurabi's reign of Babylon, some 4,000 years ago. Spiegel and Springer (1997) detail the similarities between the Babylonian health care system and today's managed care structure. Etched in stone, the Codex Hammurabi explained to the Babylonian people King Hammurabi's health care laws. Under his ruling, all had access to affordable medical care; the government controlled fees for services, implemented a sliding scale based on one's social class, and ordered owners to pay for slaves' medical needs. In addition, King Hammurabi required doctors to

document illness, treatment and outcomes; financially punishing inefficient doctors, and physically punishing doctors who caused harm and violated the well publicized patient's rights (Spiegel & Springer, 1997).

The rise of third-party payers within the United States has been well documented (Caronna, 2004; McIntyre et al., 2001; Simonet, 2004; Smith & Walshe, 2004; Zarabozo, 2000). The first example of managed care was in 1910 as a prepaid agreement between Western Clinic in Tacoma, Washington and local lumber mill owners and their employees. For a $0.50 monthly fee, the clinic maintained a constant flow of patients and secured financial stability, while providing members with a broad range of medical services. This model soon expanded to 20 more sites within the states of Oregon and Washington (McIntyre et al., 2001). In 1929, Michael Shadid, M.D., founded the rural farmers' cooperative health plan in Elk City, Oklahoma. In an effort to raise funds for new hospital, local farmers who bought a $50 share would receive medical care at a discount (McIntyre et al., 2001). That same year, 1, 500 teachers from Texas contracted Baylor Hospital to provide prepaid health care services, an agreement that created the Blue Cross system (McIntyre et al., 2001). During the 1930s, with the Great Depression affecting many Americans' incomes, similar prepaid models, including the Kaiser Foundation Health Plan and the Group Health Association, began emerging as a way of maintaining patient revenues while controlling high medical costs (Caronna, 2004; Gage, 1998; McIntyre et al., 2001; Simonet, 2004; Zarabozo, 2000).

However, the involvement of non-medically trained individuals dictating to a physician how to render services and the attempt to systematically organize the health care system was seen as unethical by the American Medical Association (AMA) (Gage,

1998; McIntyre et al., 2001; Simonet, 2004; Zarabozo, 2000). The AMA accused physicians participating in prepaid plans of weakening the quality of their services and penalized the doctors by suspending licenses, stopping referrals, and restricting hospital privileges. In 1943, the Supreme Court ruled that the AMA had violated the Sherman Act by attempting to punish physicians in an effort to monopolize health care, not due to their claim that they were protecting patients (Simonet, 2004). With the law allowing for outside entities to monitor medical services, the door was opened for *health maintenance organizations* (HMO) to flourish during the financial boom of the 1940s and '50s (Gage, 1998; McIntyre et al., 2001; Simonet, 2004; Zarabozo, 2000).

In an effort to increase the availability and affordability of health care plans, the government created Medicare for the elderly and Medicaid for the low-income citizens in 1965 (Simonet, 2004; Zarabozo, 2000). Government involvement meant that new stakeholders were involved in assuring the quality of care. Prior to this time, medical professionals rarely had to demonstrate performance outcomes (McIntyre et al., 2001). A 1918 onsite inspection of 692 hospitals conducted by the American College of Surgeons (ACS) discovered that only 89 hospitals surveyed met the ACS's minimal standards of facility compliance (McIntyre et al., 2001). The Social Security Act Amendment of 1965 stipulated that hospitals wishing to participate in the Medicare and Medicaid programs had to be accredited by the Joint Commission on Accreditation of Hospitals (JCAH), an organization established in 1951 (McIntyre et al., 2001). Further government regulations came in 1973 with the HMO Act, which provided grants and loans for HMO startups, overrode state laws that restricted the development of qualified HMOs, mandated employers with 25 or more employees to offer HMO insurance options, and established a

qualification process for verifying the government's approval of the HMO's package, policies, and service providers (Gage, 1998; McIntyre et al., 2001).

The 1980s brought about the need for physicians to survive in a business regulated by federal and private organizations. Under the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, the Peer Review Improvement Act and the Health Care Quality Improvement Initiative became responsible for ensuring that Medicare recipients receive effective, efficient, and economical data proven treatments (McIntyre et al., 2001). The requirement for hospitals to demonstrate a minimum level of service standards and the need for HMOs' to establish their providers' service quality increased the number of individuals/entities that physicians were accountable and liable to (Gage, 1998; McIntyre et al., 2001). The multitude of similar health plans available, forced all parties involved to not only provide low-cost services, but to demonstrate their quality superiority in order to remain competitive in the business market (McIntyre et al., 2001). Performance and outcome measurements were incorporated into all levels of health care as a way of accounting efficiency and effectiveness for the dollars spent and the services render, and as a data tool to compare opposing organizations' patterns of cost, care, and outcomes (Jennings & Staggers, 1999; Smith & Walshe, 2004). The Joint Commission on Accreditation of Healthcare Organizations expects that with an increased set of checks and balances through the various performance and outcome measurements, fraud, abuse and unnecessary services are reduced, while improving individual and organizational performance; leading to more positive patient health outcomes (Jennings & Staggers, 1999). Completed by review committees, hospital report cards are published to inform the consumer, physician, insurance company, and government the hospital's level of

quality (McIntyre et al., 2001).

Managed behavioral healthcare is currently undergoing another historical change. The new millennium brought about much debate as to how to increase the access of affordable, quality insurance to a large population of uninsured Americans. On March 23, 2010, President Obama and Congress signed into law the Patient Protection and Affordable Care Act (Walker, 2014). For the first time in American history, healthcare at comparable cost for comparable coverages has been made available to all; and all are required to purchase healthcare or pay a tax penalty. The "Affordable Care Act ensures hard-working, middle class families will get the security they deserve and protects every American from the worst insurance company abuses" (Office of the Press Secretary, 2012). The law requires both public and private insurers to set minimum standards, and is designed to eliminate the third-party payer's ability to deny anyone healthcare coverage due to a pre-existing health conditions, allowing millions of previously uninsured Americans affordable insurance plan options (Walker, 2014).

In addition to government mandated outcome reviews, several professional organizations, associations, and accreditation boards have implemented their own assessment and evaluation protocols (McIntyre et al., 2001). Service providers and health care institutes participating and receiving certification from such review boards set themselves apart from other service providers. Therefore from a business perspective, those companies that do not provide quality health care, ensure the patient's rights, and demonstrate effective treatment will not be able to survive in a market that protects consumers by rewarding high-quality for low-cost (McIntyre et al., 2001).

In addition to the pros of managed care (increased access to health care services,

variety of financial packages, regulated treatment quality, and monitoring of fraud), organized health care with a fundamental focus on cost efficiency has created cons for the medical community. The plethora of performance measurements have led to increased workloads, redundant tasks, and often misrepresent the quality of treatment by focusing on the outcome instead of the process (Jennings & Staggers, 1999; McIntyre et al., 2001). With the increase of administrative requirements, such as outcome-measure documents, authorization forms, referral processes, billing and collection duties, physicians and hospitals have increased the number of personnel responsible for ensuring insurance compliance, thereby increasing overhead costs (Smith & Walshe, 2004).

Another complaint by critics is that in order to maintain the low-cost of health services, the quality of care is allegedly reduced to the minimum standard. Managed care critics claim that insurance companies and non-physician individuals deny preventative screenings, diagnostic tests and treatments deemed necessary by doctors in order to contain the service costs, and instead impose a standardized treatment approach that might not be enough for the specific patient (Sekhri, 2000). Consequently, physicians find themselves losing professional autonomy while having to demonstrate effective outcomes (Sekhri, 2000). When consumers were asked if they believed managed care should dictate treatment guidelines for doctors to follow, 56% believed that managed care led to bad medical practices and that doctors should have the ability to make the final decisions (Blendon et al., as cited in Sekhri, 2000).

The effect of third-party payers has also been evident in the mental health field, with supporters and critics echoing the same pros and cons experienced by physicians (e.g., Beaudin, 1998; Bolen & Hall, 2007; Lairson, Schulmeier, Aday, Coyle, & Slater,

1997; Stroul et al., 1998).

Impact of Mental Healthcare System on Marriage and Family Therapy

Both creativity and therapy are about introducing innovative ideas in order to produce a positive solution to a problem that might seem unsolvable (Gladding, 2008; Holm-Hadulla & Hofmann, 2012; Sternberg, 1994; Talerico, 1986). Without the introduction of sufficiently creative interventions in the therapeutic process, clients' situation may not improve; keeping clients stuck in their ineffective patterns. By the same token, therapists who solely focus on the constant development of novel ideas without evaluating if it resulted in a positive shift will also not assist their clients in achieving therapeutic success (Carson & Becker, 2003; Rosenthal, 2002). This has been known to lengthen the amount of therapy sessions, thus creating the stereotype of clients spending years on *the couch* (Beaudin, 1998). Third-party payers aim to connect their customers with therapists who maintain an ethical balance between effectiveness and efficiency. This is achieved by requesting therapists to documents services in specific manners that demonstrate adherence to approved interventions (Ford, 2006). However, many therapists claim that the structure of managed care and the format of these documents stifle creativity, potentially reducing the effectiveness of therapy (Carson & Becker, 2003). Both sides of this argument will be presented.

The rise of Managed Behavioral Healthcare Organizations (MBHOs) and the Affordable Care Act under the Obama Health Plan, have increased the accessibility of mental health services for all social classes and populations. With the financial support of Medicaid for low-income youth and families, and the government support of local community-based systems of care, mental health services, psychotropic medication, and

case management resources are now provided in a structured, regulated manner that ensures high quality for low-cost (Stroul et al., 1998; Walker, 2014). The need to be accountable to insurance companies, consumers, and government and non-government regulating boards, increased the field's focus on delivering ethical, quality care in a practical time frame (Ford, 2006). MBHOs require that service providers see critical and urgent patients in a timely manner. As some respondents to a questionnaire administered by Christensen and Miller (2001) stated, "Managed care prevented us from 'stringing out' the therapy process…It prompts me to quickly set goals with patients, immediately assess needs and feelings. . .I am actually somewhat more cognizant of goals and keeping focused throughout the treatment" (p. 512).

The increased number of MFTs working in managed care settings placed more pressure on mental health regulatory boards to specify how MFTs assess and treat mental health symptoms (Trudeau, Russell, de la Mora, & Schmitz, 2001; Rosenberg & Pace, 2006). In response, the field's regulatory organization, the American Association for Marriage and Family Therapy (AAMFT), convened a task force in January 2003 to develop professional core competencies, with the aim of utilizing these competencies in outcome-based education (Nelson et al., 2007). The task force was comprised of a steering committee of six experts in the training and development of marriage and family therapy, and 50 experienced MFTs. They were instructed to compile a list of the fundamental and minimum skills that all beginning MFTs should acquire in order to provide the basic level of ethical and effective care. These core competencies specify to the profession and the entire mental health community the competence of a MFT (Nelson et al., 2007).

Through a series of discussions and reviews of important resources regarding necessary therapeutic skills, the steering committee concluded six domains upon which the entire 56 member task force could detail the different minimum skills pertaining to Nelson and Johnson's (1999) five subdomains necessary to practice therapy. The six domains are as follows: Admission to Treatment; Clinical Assessment and Diagnosis; Treatment Planning and Case Management; Therapeutic Interventions; Legal Issues, Ethics and Standards; and Research and Program Evaluation. What resulted was a list of 128 skills deemed necessary by the committee that all therapists must have in order to provide competent services in all work settings. The impact third-party payers have had on the profession is evident in the skills list. In addition to understanding unique systemic theories "that are foundational to the practice of marriage and family therapy", the AAMFT also believes that therapists need to "understand the behavioral healthcare delivery system's barriers and its impact on services" (Nelson et al., 2007, pp. 432-433). Furthermore, the competencies listed include knowledge on diagnosis of mental health illnesses and psychotropic medications, administration and interpretation of assessment instruments, possible liabilities and procedures for third-party billing, developing measurable behavioral outcomes and treatment goals, and following a treatment plan.

Behavioral outcome measurements assist clinicians in delivering quick and decisive treatment plans, evaluate progress towards goals, increasing clinicians' consistency of service quality, and alert therapists to potential red-flags (Beaudin, 1998; Ford, 2006). For example, at Pacificare Behavioral Health, a comparison of patients' self-report symptom level questionnaire and clinicians' patient assessment reports revealed that early warning signs for patient suicide were overlooked by therapists 57% of time;

when made aware of the discrepancy, this percentage dropped to 39% (Brown, Jones, Betts, & Wu, 2003). One of the most useful benefits of outcome measures is the ability to demonstrate quantifiable data to the mental health science (Beaudin, 1998). In comparison to the medical fields, whose outcomes are evident in improved physical wellness, outcome measurements can numerically demonstrate positive mental, emotional, social, and behavioral changes as a direct result of communicative therapy. The Federal Substance Abuse and Mental Health Services Agency requires States to report the following outcomes in order to receive federal funding: client reported mental stability and abstinence from substance abuse, increased academic or employment retention, decreased criminal activity, improved family and living conditions, and increased social connectedness by documenting program effectiveness, rate of conduct change, and client satisfaction (Ford, 2006; Mullen & Magnabosco, 1997). Supporters state that not only have these outcome measures improved the quality of mental health services, but they have also advanced the research and the science of behavioral health (Beaudin, 1998).

Despite these benefits, opponents to MBHOs disagree with insurance companies who have stated that long-term treatment is not a medical necessity for most mental health issues, as it does not provide the most appropriate and economical treatment to the consumer (Bolen & Hall, 2007; Stroul et al., 1998). Opponents argue that unlike the medical professionals who can identify the cause of an illness and eliminate the disease, mental health problems are multi-symptomatic worsened by multiple relational and social stressors (Bolen & Hall, 2007). Therefore, the cost-controlling standardized practice guidelines for groups of disorders may not be sufficient (Bolen & Hall, 2007). Similar to

the physicians' complaints about loss of autonomy, mental health professionals fear that limited number of sessions and standardized treatment plans will stifle creative theoretical interventions that are more appropriate for the clients' complex problems, and will negatively impact the field by producing 'cookie-cutter' therapists trained solely in brief therapy and evidence-based technique models (Beaudin, 1998; Bolen & Hall, 2007; Stroul et al., 1998).

The Effects of Third-Party Payers on Creativity in Family Therapy

Kiser and Piercy's (2001, 2014) article details how a lack of accountability allowed early MFTs to immerse themselves in the development of creative interventions; "the freedom to proceed without identifiable goals, completion dates, and formal evaluations afforded the founders of solution focused therapy clinical and theoretical freedom" (p. 11). A review of the history of today's mental health care system shows why this is no longer available to many family therapists working with clients utilizing third-party payers. This creates a financial relationship between the therapist and the third-party payer, in which the therapist must be accountable for efficient and effective services in order to receive reimbursement. Although there are many benefits to third-party payers, it creates a different context that does not support the creative freedom experienced by the pioneers of marriage and family therapy (Kiser & Piercy, 2001, 2014).

Clinical records are the tools used by therapists to demonstrate to third-party payers what occurs privately between a therapist and client. Therapists are required by managed care to complete large amounts of time-consuming paperwork in order to ensure appropriate services are being rendered. Many studies have concluded that administrative

paperwork has become one of the main restrictors to creativity in the practice of family therapy (Carson & Becker, 2003; Carson et al., 2003; Gladding & Henderson, 2004). Creativity requires time, energy, an open mind, and a willingness to take risks and fail (Csikszentmihalyi, 1996). Paperwork often affects many of these necessary components for creativity (Carson & Becker, 2003; Carson et al., 2003; Gladding & Henderson, 2004).

Therapists working with third-party payers have to calculate the amount of hours necessary to complete the required clinical records. This reduces the time available to see clients and often exhaust therapists of their energy (Carson & Becker, 2004; Carson et al., 2003; Rosenberg & Pace, 2006). Therapists' knowledge that paperwork will be the main tool used to evaluative job performance and receive service reimbursement affects the creative spirit. Rather than altering treatment to the specific needs of the client, fear of failure can cause therapists to become "a mechanical and rigid mind that adheres to previous and/or established structures of thinking or behaving for the sake of stability, comfort, and certainty of being right" (Lee, 2008, p. 22). Lastly, certain formats of managed care paperwork, such as treatment plans, are designed to structure and control the delivery of therapy. Such documents restrict the number of sessions and the types of services therapists can provide, possibly reducing the therapist's ability to create with an open mind (Carson et al., 2003). Studies investigating MFTs' experiences in managed care have confirmed the effects of paperwork stated above (Carson et al., 2003).

In a grounded-theory study, Christensen and Miller (2001) examined the perspective of 26 MFTs working with third-party payers. Using an open-ended questionnaire, four themes emerged from a constant-comparative analysis of the

qualitative data: Adaptation of Clinical Practice, Issues of Treatment Duration/Abandonment, Effects of Managed Care on the Therapeutic Relationship, and Issues of Diagnosis. Within each of these categories, MFTs described experiencing ethical and moral dilemmas in their efforts to provide systemic family interventions while following managed care's individual treatment guidelines. In the theme *Adaptation of Clinical Practice*, every participant touched upon their frustration with time-consumption from the increased amount of paperwork, and many complained about requiring all clients to see a psychiatrist. Within the theme of *Treatment Duration*, many therapists struggled with the lack of progress made during the limited number of sessions authorized by the insurance companies; "the morality of abandoning their clients seemed to weigh heavily on these therapists" (Christensen & Miller, 2001, p. 512). Many responded to this frustration by completing inaccurate clinical records, including documenting more chronic symptoms for clients in order to get increased number of sessions, and meeting a husband alone without the required presence of the identified individual client (the wife) and then billing under her name. The limited authorized sessions was also believed to affect the *Therapeutic Relationship*; "it is difficult to establish rapport as we were taught in school" (Christensen & Miller, 2001, p. 512). Inadequate time to join with therapy clients can affect the creative process by reducing the amount of information gathered during the preparation stage (Wallas, 1926).

In a research studying the effects of job-related factors to the rate of burn-out, therapists employed by agencies receiving reimbursement from third-party payers showed a significantly higher level of burn-out than those in private practice (Rosenberg & Pace, 2006). Furthermore, in a comparison study of MFTs', psychologists',

psychiatrists', and social workers' view points on job-related issues, MFTs in managed care sites in contrast experienced enough dissatisfaction with their work environment and low level of job autonomy, that they were less likely than any other mental health professional to remain in their current job, and more likely to search for alternative work options (Trudeau et al., 2001). Contrary to the medical model training of the other professionals, one reason for the higher levels of frustration and burn-out experienced by MFTs was the need to document treatment focus and interventions that went against their systemic theoretical and philosophical framework (Christensen & Miller, 2001). Carson and Becker (2003) urge therapists to incorporate creative thinking and ingenuity into their practice in order to enhance the therapeutic process and decrease the possibility of burnout.

The consensus of the literature within the field of marriage and family therapy is the need for therapists to discover ways to break down and overcome the barriers to creativity present in today's marketplace (Kiser & Piercy, 2001, 2014). In order for the therapist to encourage clients to engage in creative solutions, the therapist must first consider developing their own creativity, regardless of the obstacles (Carson et al., 2003; Lee, 2008).

Summary

Creativity has always had a strong presence and influence in the field of marriage and family therapy. Not only is creativity credited for igniting the initial development of the field of family therapy, but it is also considered an important skill for a family therapist to learn (Carson & Becker, 2003; Gladding & Henderson, 2000; Kiser & Piercy, 2001, 2014; Lee, 2008). The ability to view situations from an alternative perspective in

order to create a different outcome is a key concept in the field of marriage and family therapy (Frey, 1975). However, several studies have documented that the conditions that allowed the early pioneers of the field the freedom to creatively explore different interventions and theories of change (Amabile, 1996; Gardner, 1993; Kiser & Piercy, 2001, 2014) are no longer available in today's mental health care system (Carson et al., 2003; Kiser & Piercy, 2001, 2014). A thorough review of the literature demonstrates that many therapists working under third-party payers' service parameters have difficulty applying creative systemic interventions in their sessions due to the rigid time-consuming paperwork (Carson & Becker, 2003; Carson et al., 2003; Kiser & Piercy, 2001, 2014); paperwork typically written from a linear problem-oriented medical model (Patterson, 1999; Patterson et al., 1997).

Although third-party payers' documents have shown to be a barrier to creativity, case notes provide quality care and maintain the integrity of the therapeutic relationship (Harris, et al., 2009). The literature states that, in addition to protecting therapists from malpractice law suits, proper documentation of therapeutic interventions provides many clinical benefits for both the client and therapist (Cameron & Turtle-Song, 2002; Harris et al., 2009; Prieto & Scheel, 2002). In managed health care clinics, many which operate with multi-disciplinary teams, maintaining accurate case notes allows the therapist to demonstrate their competence to the other service providers, and saves these professionals time by providing a greater understanding of the clients' needs (Harris et al., 2009). The therapist's expert position also grants them credibility in the eyes of many government systems, which can often reference a therapist's case notes in legal matters (Harris, et al., 2009). Therefore, maintaining accurate clinical records is a crucial

component in providing basic client care and must be mastered at the same level as other therapeutic skills (Cameron & Turtle-Song, 2002).

Anderson et al. (1995) argued that in order for the new generation of therapists to be competitive in organized health care systems and effectively work with third-party payers, these students had to be equipped with a new set of skills that included the correct application of the DSM diagnoses and proper clinical record keeping. Since the 1990's, many accredited marriage and family therapy programs began offering new courses to better prepare students to work in a variety of heath care settings, including training on third-party reimbursement, diagnosis criteria and managed care documentation (Anderson et al., 1995; Crane, 1995; Nelson et al., 2007; Patterson et al., 1997). However, Patterson et al. (1997) warn that in the "effort to better prepare students for the reality of managed care…it is critical that we also retain a focus on ways the profession is set apart from the rest" (p. 457).

Many therapists are struggling with the dilemma of either maintaining their creativity or adhering to the structure set by third-party payers' paperwork (Christensen & Miller, 2001). The literature within the field either explored each side of this dilemma separately or how they affect each other negatively. There was a gap within the literature regarding research that explores the phenomenon of how and why some managed care employed therapists have successfully balanced creativity and accountability in their practice of marriage and family therapy. This study aimed at addressing this gap by interviewing creative therapists who are not hindered by third-party payers' paperwork. The goal was to uncover what their creativity looks like, explore the factors that have allowed them to be able to incorporate their creativity in their managed care setting, and

ultimately, understand the participant's complete experience of the phenomenon.

In addition to the goal of the research, this study also helps in creating an opportunity for positive conversation to occur within the field on how to support therapists' creative skills. Investigating the supportive and successful aspects of a system has been shown to increase the likelihood that the positive conditions be continued and amplified (Cooperrider, Whitney, & Stavros, 2008). For example, the organizational consultation approach of Appreciative Inquiry (AI) is based on the theory that attempts to solve organizational difficulties by finding problems, more often than not, creates more problems in addition to the original problem that has not been resolved; therefore, companies do not need to be fixed, but need to be empowered to employ past success for future change (Cooperrider, 1990). AI consultants engage participants in conversations that gear the mind to recall and envision positive values of one's self, the group, and their desired future together, in order to compel action towards achieving these positive changes (Cooperrider et al., 2008). Contrary to the research available in the literature regarding the barriers to creativity, this study narrows the gap within the literature by inviting the participants to provide insight into the positive qualities still available in today's mental health care system. The information gathered from this study can be beneficial for training programs, MFTs, and managed care agencies to understand the internal and external factors that supports a therapist's ability to successfully balance accountability and creativity.

CHAPTER III: METHODOLOGY

Qualitative Research

The concept of creativity and the act of being creative is a multifaceted phenomenon that can be supported or hindered by a variety of internal and environmental factors. Several studies have concluded that many MFTs cite third-party payers' paperwork requirements and service parameters as an environmental factor that can limit a therapist's sense of creative freedom (Carson & Becker, 2003; Carson et al., 2004; Gladding & Henderson, 2000; Lim et al. 2010). There was limited research investigating the internal and/or external factors that supports the experiences of therapists who have successfully incorporated creative techniques in their practice of marriage and family therapy, while adhering to the structured requirements of managed care. The aim of this study was to understand the complete essences that construct the research participants' perspective of their ability to successfully combine creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting. The data collected from this study provides a description of what creativity looks like, from the participants' perspectives, in today's mental health care system, and the factors that support the participants' creativity in their current work environment. Qualitative research was the appropriate method for researching an individual's perception and meaning of their involvement in a complex phenomenon (Creswell, 2007).

In contrast to quantitative research, which controls variables within experimental studies in order to manipulate outcomes, qualitative research is utilized to gain access to data undiscovered through statistical analysis (Strauss & Corbin, 1998). There are a variety of different forms of qualitative research, each with a different purpose and

philosophical stance. The following are some of most utilized qualitative research methods and their purpose:

- Grounded-theory: For a researcher to infer and develop theory about a social phenomenon grounded in observation, interviews, and other social formats (Glaser & Strauss, 1967; Trochim 2001). No effort is made to set aside researcher's biases (Baker, Wuest, & Stern , 1992).
- Phenomenology: To describe the world as it appears to those experiencing the phenomenon. Researcher's biases are removed from analysis of data (Moustakas, 1994).
- Ethnography: To study the qualities, patterns, norms, behaviors, etc. of an entire cultural group (Hays & Wood, 2011).

For the purpose of understanding the participants' complete experiences regarding the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy, including what their creativity looks like during therapy, and the internal and/or external factors that support their creativity in their managed care work setting, the qualitative method of phenomenology was the most appropriate.

Phenomenology

Developed by philosopher Edmund Husserl at the turn of the twentieth century (Giorgi & Giorgi, 2003; Lewis & Staehler, 2010), pure phenomenology refers to "knowledge as it appears to consciousness, the science of describing what one perceives, senses and knows in one's immediate awareness and experience" (Moustakas, 1994, p. 26). Influenced by early philosophers Kant and Descartes, Husserl asserted that there can be no certainty in *factual* knowledge as all knowledge is based on an individual's

intuition and emotions associated with the perception of an object or event (Lauer, 1967; Moustakas, 1994). Therefore, phenomenological research aims at examining the essence of an experience in the exact manner that it was perceived to occur by the participant (Smith, 2003).

Researchers seeking to explore experiences can select from a variety of phenomenological research methods suitable for investigating a specific perspective of the phenomenon. A few examples include: (a) Descriptive Empirical Phenomenology research which allows the researcher to apply possible underlying psycho-social factors to the lived experiences of the participants (Giorgi & Giorgi, 2003); (b) Lifeworld Approach research which focuses on understanding existential themes of an experience, such as the person's sense of self-identity (Dalhlberg et al., 2008); (c) Relational research attends to how data emerges out of the conversational interaction between researchers and co-researchers (Finlay & Evans, 2009); and (d) Transcendental Phenomenology which studies the participant's subjective and objective reflections of the phenomenon in order to understand the meanings and essences of the phenomenon (Moustakas, 1994). In transcendental phenomenology the researcher focuses on eliminating their own bias from the collection and analysis of the data.

My selection of phenomenological research method for this study was based on the purpose of the research and my role as the researcher. The purpose of this study was to gain a deep understanding of the perspective of therapists who do not consider third-party payers' paperwork a hindrance to their creativity; the goal was to uncover what their creativity looks like, explore the internal and/or external factors that support their creativity in their managed care work setting, and ultimately, understand the participants'

complete experiences regarding the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy. Furthermore, my role as the researcher was not to interpret or to incorporate my experiences into the exploration of this phenomenon, but to allow the data to emerge solely from the consciousness of the interviewed participant. Therefore, the most appropriate form of phenomenological research method for this study was Moustakas's (1994) transcendental phenomenology since it studies participants' reflections of the phenomenon while placing a strong emphasis on the removal of the researcher's biases.

Moustakas's (1994) transcendental approach to phenomenological research is based on his adaptation of Husserl's phenomenological philosophy. This chapter details (a) how Moustakas applied Husserl's phenomenological concepts to create the framework of transcendental phenomenology, and (b) my application of Moustakas's method of data collection and analysis suitable for describing the participants' complete experiences of successfully incorporating creative therapeutic techniques while working under the parameters of third-party payers' paperwork.

Transcendental Phenomenology

For the validity of this research, it must be acknowledged that I, the researcher, am a member of the population, MFTs, interviewed for this study. Furthermore, I have experience with third-party payers' paperwork, and have my own thoughts and emotions connected to this issue. The phenomenological research method of transcendental phenomenology requires the researcher to have a heightened sense of awareness of one's biases in order to reach a presuppositionless state and truly listen to the interviewees with a pure, transcendental ego (Moustakas, 1994). The structure of transcendental

phenomenology aims at eliminating the researcher's prejudgments based on culture and beliefs; biases that Husserl believed threatened the outcome of normal science (Moustakas, 1994; Reid, Flowers, & Larkin, 2005).

Conceptual Framework

The foundation of Moustakas's transcendental phenomenology is centered on Husserl's philosophical concept of consciousness (Moustakas, 1994). Since the act of consciously being aware of an object is directly related to the existence of that object (Giorgi & Giorgi, 2003; King & Horrocks, 2010), Husserl was interested in describing the essential features of both the matter and meaning of an object through, and only through, an understanding of the individual's mental acknowledgement of the phenomenon (Smith, Flowers, & Larkin, 2009). Husserl used the Aristotelian philosophy term *intention* to describe the relationship between an object in nature and the *intentional act* of creating meaning, whether consciously or unconsciously, for that object (Kockelmans, 1967; Moustakas, 1994; Smith et al., 2009).

This relationship between the intentional act of creating meaning, and the object's qualities and spatial arrangement contains two processes: *noema* and *noesis* (Moustakas, 1994). The noema is the first perception of the object within the consciousness that gives the matter existence. The qualities of the object will vary depending on the visualization of the entity (angle, backdrop, lighting, etc.) and the emotionality of the perceiving individual ((Lewis & Staehler, 2010; Moustakas, 1994). Extending the noema, the *what* of the object, is the noesis; the noesis refers to the *why* an object is given a certain meaning. The noesis is a reflection of the experience, and the conditions, memories and feelings that influence the meaning of the phenomenon (Husserl, 1931; Lewis & Staehler,

2010; Moustakas, 1994). Both the noema and the noesis come together within the mind of an individual to form the complete essences of the experienced phenomenon.

Furthermore, Husserl believed that when a mind intentionally is *directed* towards an object, the object's meaning exists for the individual, whether the entity is real or imaginary (Moustakas, 1994). Therefore, in the process of conducting transcendental phenomenological research, it is important that interviewees' perceptions be taken as reality and not dissected for falseness by the researcher, as the researcher's own factual reality is based on subjective perception. "Knowledge of intentionality requires that we be present to ourselves and to things in the world, that we recognize that self and world are inseparable components of meaning" (Moustakas, 1994, p. 28). Aristotle, Descartes and Kant's influence on Husserl and Moustakas are evident in the research process of transcendental phenomenology.

Research Process

At the core of transcendental phenomenological research is the assumption that data is derived exclusively from the participants' perceptions associated with a certain phenomenon, with the goal of understanding the essence of these experiences (Reid et al., 2005; Smith et al., 2009); in this case, the therapists' sense of their ability to be creative in a work setting that requires accountability of services through third-party payers' paperwork. In order to avoid the interjection of personal judgment and ensure valid analysis of the data, Moustakas's (1994) research process includes a series of steps aimed at heightening the researcher's awareness of their biases and removing such judgments from the data collection and analysis.

The first, and most fundamental step, is reaching a level of *Epoché*. The Greek

word Epoché means to abstain from (Moerer-Urdahl & Creswell, 2004). In the act of seeking Epoché, the researcher removes all previous knowledge and places themselves in a purely naïve state of consciousness. Many scientists criticized Husserl for his notion that researchers should be subjectively open, asserting objective research the only valid form of science (Moustakas, 1994). Husserl responded by claiming phenomenology to be the first accurate method of research because it begins with and ends with the only true information we know, that which we see. Moustakas (1994) defends the concept of Epoché by stating, "What is doubted are the scientific facts, the knowing of things in advance, from an external base rather than from internal refection and meaning" (p. 85).

Epoché does not signify ignoring the reality of the presence of one's biases; instead, Epoché describes the researcher's awareness of such preconceived notions and the effort to set aside these personal judgments during the collection and analysis of the participants' experiences. This is achieved through intense self-reflection and honesty with the ego regarding one's association and emotions connected to the phenomenon (Moustakas, 1994). In addition to being transparent with one's self, the researcher needs to have a high level of concentration, presence and focus on the participants' interviews, eliminating all other physical and mental distractions (Moustakas, 1994). Focusing solely on the research question is termed *Bracketing*, because the topic is bracketed from all other entities (Moustakas, 1994).

Once the researcher has achieved a certain level of Epoché prior and during the interview, the next task is to describe the noema, or the initial perception. This second step is called *Transcendental Phenomenological Reduction*, which can be reinterpreted as reducing complex society into one phenomenon as described by the participant's ego

(Moustakas, 1994). The goal of the researcher in this phase is to elicit from the participant the Textural qualities of the phenomenon (Moerer-Urdahl & Creswell, 2004). In describing the content of the experience, the interviewee reflects on a variety of meaningful memories, ranging from time, size, color, emotion, purpose, etc. (Smith et al., 2009). Each remembered quality can connect to a new memory. This process should be continued until all angles of the phenomenon are exhausted (Moustakas, 1994). In analyzing these Textural descriptions, the researcher has no freedom in judging the statement's level of importance. The researcher must give equal value to each statement, a process termed *Horizonalization* (Moustakas, 1994). After eliminating repetitive statements (Patton, 2002), the final task in this process is to cluster the horizons into themes in order to discover the Textural/noema description of the phenomenon (Moerer-Urdahl & Creswell, 2004).

The process of *Imaginative Variation* follows Transcendental Phenomenological Reduction. In this task, the participant's imagination is evoked to ponder the underlying factors that are responsible for what is being experienced (Moerer-Urdahl & Creswell, 2004). This section of the interview allows the individual "free play of fancy; any perspective is a possibility and is permitted to enter into consciousness" (Moustakas, 1994, p. 98). The objective of this boundless association is to delve deeper into the phenomenon and uncover the noesis, or the why the entity became meaningful. These conditions are called the Structural qualities of the phenomenon, for they describe how the experience of the object/event comes to be what it is for the individual (Moustakas, 1994). During this phase of the interview, these questions aim at varying the participant's frame of reference to the phenomenon by considering not only one's personal opinions,

but also perspectives not initially considered, such as opposing points of view (Moustakas, 1994). This can include analyzing the entity through varying emotional states (ex. depression vs. happiness with life circumstances) and universal structures, such as time and space. Once again, during this process, the researcher must remember that there is no factual truth in any of these statements; however, through these imagined possibilities, the true core of a phenomenon experienced by an individual will be discovered (Moustakas, 1994). The data collected throughout the imaginative variation will also be equally analyzed and clustered into themes to describe the Structural foundation of the phenomenon

The final process in transcendental phenomenological research is the *Synthesis of Meaning and Essence* (Moerer-Urdahl & Creswell, 2004). Husserl (1931) understood the term essence to mean the common conditions and characteristics that are necessary to define the phenomenon's principle properties (as cited by Moustakas, 1994). The role of the researcher in this last step is to intuitively combine the Textural and Structural themes into a statement that encompasses the entire essence of the experience (Moerer-Urdahl & Creswell, 2004). However, the total essence of the phenomenon can never be fully described, as the synthesis of the research only provides the remembered or imagined properties from the vantage point of the interviewed participants; this essence is one possibility out of an endless possibility of properties (Ferrer, 2002; Moustakas, 1994). Though this might be seen as a limitation, from a transcendental philosophical perspective, it is this awareness that makes phenomenology the only appropriate research method to study the complexity of human experience and the only conclusions that can be considered true knowledge.

Each of these transcendental phenomenological research processes guided my methodology as I aimed to understand the textual qualities of creativity in managed care and the Structural factors that support these qualities. Understanding Husserl's phenomenological philosophy and the purpose behind each of Moustakas's (1994) transcendental processes assisted me, the researcher, in conducting a valid phenomenological study and staying true to the methods of transcendental phenomenological research.

Moustakas's Transcendental Phenomenology Research Method

Moustakas's (1994) transcendental phenomenological research method consists of three sections: preparation, colleting data, and organizing and analyzing data. Each section is formatted to assist the researcher in achieving the two most important goals of transcendental phenomenology: a heightened awareness by researcher of their biases and judgments, and an intense focus on the participants' statements and perceptions of their experiences.

Method of Preparation

Formulating the question. As already established, phenomenology is used to research objects or events that can only be explained by the participants' experiencing the phenomenon (Smith, 2003). The first task of a researcher is to reflect on issues affecting not only certain cultures and societies, but also those that they, themselves, have struggled with. Identifying an area of interest that has personal significance to the researcher should inspire curiosity, an intense focus, and a deeper desire to fully understand the situation (Moustakas, 1994). The greatest challenge that I have experienced throughout my career has been learning how to balance my therapeutic

creativity with the structured service and documentation requirements of today's mental health care system. A review of the literature in the previous chapter demonstrates that many other MFTs have experienced similar struggles with creativity due to time-consuming paperwork (Carson & Becker, 2003; Carson et al., 2003; Kiser & Piercy, 2001, 2014).

Secondly, in collecting and analyzing data that successfully captures the true essence of the phenomenon, as remembered by the participants, it was important to have an overarching research question that guides every aspect of the study. Moustakas (1994) describes the following characteristics that all phenomenological research questions have in common:

1. It seeks to reveal more fully the essences and meanings of human experience.
2. It seeks to uncover the qualitative rather than the quantitative factors in behavior and experience.
3. It engages the total self of the research participant, and sustains personal and passionate involvement.
4. It does not seek to predict or to determine causal relationships.
5. It is illuminated through careful, comprehensive descriptions, vivid and accurate renderings of the experience, rather than measurements, ratings, or scores. (p. 105)

The overarching research question for this study is: *How do exemplary MFTs balance their therapeutic creativity with third-party payers' accountability documents and service parameters?* This research question was appropriate for phenomenological research as it was specifically formatted with key words (exemplary therapists, balance, therapeutic

creativity, third-party payer's accountability documents and service parameters) that elicited qualitative data solely from the participants' experiences, describes the full purpose of the investigation, and does not seek to establish correlations (Moustakas, 1994).

Researcher's bias: Epoché. There exists no separation between a researcher and their bias. The simple fact that every decision made in a research is decided upon by the researcher, proves that there can be no objectivity in a study. Although a researcher's connection to the phenomenon is important to encourage and maintain the time-consuming focus necessary to complete the study (Moustakas, 1994), a researcher's previous experiences with the phenomenon can not only influence the questions that are asked (Lincoln & Guba, 1985), but also how the participants' answers are interpreted (Rosnow & Rosenthal, 1997). Therefore, the only ethical manner to approach research is to clearly state one's personal biases and make the conscious effort to not allow these biases to interfere in the research (Golafshani, 2003).

As previously discussed, in phenomenological transcendental research, the process of identifying and removing one's biases from the research study is called Epoché. In achieving Epoché, it is crucial to reflect upon one's relationship with the phenomenon, allowing unfiltered emotions and judgments to come to awareness (Moustakas, 1994). This includes stating how the researcher believes the phenomenon is related to social values and how the world works (Dahl & Boss, 2005). For the purpose of this study, it was important to state that my preconceived notions regarding creativity, marriage and family therapy, and third-party payer's paperwork had been directly influenced by my upbringing, education, and work experience.

As detailed in chapter 1, creativity has always been an important aspect of my identity. Growing up with a father that was an artist and a mother who always took me to museums, I desired to be known as someone that had the ability to think differently. This need to have a creative outlet was the catalyst for me to pursue a career as a MFT. My education allowed my mind to contemplate a variety of different techniques and interventions that I could utilize in the pursuit of helping clients' achieve their goals. During the early phases of my career, I often felt frustration and dissatisfaction as a managed care agency employee due to the perceived limitations these companies' documents and parameters placed on my services. However, as I advanced professionally, I realized the many benefits that structured documents and service parameters can provide therapists, clients and behavioral healthcare agencies. Despite having experienced the importance for both creativity and accountability in the practice of marriage and family therapy, I continue to struggle at incorporating creative treatment plans within the parameters of accountability formats. This personal dilemma was the catalyst for my curiosity in understanding the experiences of MFTs that have successfully balance creativity and accountability.

It was crucial for the validity of this study, that these biases did not limit my ability to embrace the different experiences of the interviewed participants. My goal for this research was to change the typically negative conversation circulating within the field regarding how paperwork stifles creativity and promote a new conversation about the positive factors that support creativity in today' mental health care market. Therefore, it was important for me to be cognizant of my emotions during every phase of the research. In order to separate, or bracket (Moustakas, 1994), the research question from my personal positive and negative feelings regarding the ability to balance both one's creative desires with the documentation structure of third-party payers, I kept a journal,

titled Epoché Process Journal, throughout the research. The following is an excerpt from the first entry in the journal, written after selecting the research question, prior to writing chapter 1:

> I believe that the term *Creativity* has so much value in our culture. People who are known as creative have always been revered in my eyes as having some form of superpower that others don't have. It was a superpower that I wanted to poses, and be respected and known for having. When I began working in managed care settings, I felt stifled, controlled and frustrated with third-party payers' style of management. Every document that I was required to complete served the purpose of monitoring my work. My opinion was that these forms were designed to ensure that all clients be treated the same, regardless of their unique needs, and that my professional opinion was not important. My negative feelings about the documents' purpose resulted in negative feelings regarding my career, which I was always so passionate about (January, 20, 2012).

Throughout this study, I continued the process of self-reflexivity and self-questioning as is critical in phenomenology research (Dahl & Boss, 2005). Despite my efforts, I understood that I would never be fully aware of all my biases (Smith et al., 2009) surrounding the phenomenon of being creative while adhering to the parameters of third-party payers' paperwork; therefore, I made the conscious effort to document any biases that enter my thoughts during the interviews and base all data analysis solely on the words of the participants.

Methods of Data Collection

This study was submitted for approval to Nova Southeastern University's Institutional Review Board to ensure that all aspects of collecting data were conducted in

an ethical and legal manner. The following section describes the role of the researcher, the participant recruitment process, and how interviews were conducted with participants once permission was granted.

Role of the researcher. Within qualitative research, the researcher is the main tool for collecting data of lived experiences from participants (Creswell, 2007). For the purpose of collecting phenomenological transcendental data that accounts for the participants' complete experiences with the studied problem, it is beneficial for the researcher to have a personal history with the dilemma and an understanding of the various factors affecting the phenomenon (Moustakas, 1994). Therefore, it was appropriate within the methodology of transcendental phenomenology and for the goal of this study, that my role as the researcher was sole interviewer.

Participant selection. The purpose of this study was to discover specific information regarding how exemplary MFTs balance their therapeutic creativity with third-party payers' accountability documentation requirements. In order to obtain data that gives an accurate detailing of the phenomenon, criterion sampling was an appropriate method for selecting participants who represent a particular group of interest, have specific attributes, and have experienced a specific event (Maxwell, 1996; Pitney & Parker, 2009); participants for the study were selected based on the following criteria: (a) a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, (b) could not be a current student or faculty member of Nova Southeastern University, (c) a self-perception of having the ability to incorporate creative therapeutic techniques into their practice, (d) employed by a managed behavioral healthcare agency, (e) engage in face-to-face client contact for a

minimum of 10 hours per week, (f) required at work to complete third-party payers' documentation for reimbursement, (g) experience and insight of the issue surrounding creativity and work accountability, (h) a recommendation from a colleague stating their reputation as a creative marriage and family therapist, and (i) a desire to participate and understand the phenomenon's nature (Moustakas, 1994).

The process of identifying participants began with myself, the researcher, posting a Letter of Invitation to participate in this research (Appendix B) on the Broward Association of Marriage and Family Therapy website, in the research opportunities section. This section of the website grants permission for any IRB approved study to be announced. The Letter of Invitation described the nature of the study, the participation criteria, the risks and benefits to participants, and the contact information of the researcher. The Letter of Invitation also stated that the participant would not receive financial reimbursement for their voluntary involvement in the study. The IRB Consent Form (Appendix A) was emailed to any interested participant that responded to the announcement of the study in order to provide further information. In addition, the letter and consent form was made available through informal contacts, social media and snowballing. Potential participants contacted me via email or phone to express their interest in participating. Once each potential participant made the initial contact, all the information in the Letter of Invitation (Appendix B) and the consent form (Appendix A) were thoroughly explained via a phone call. The interested participant were explained the required criteria regarding education, work setting, self-perspective of creativity, and colleague verification letter.

The aim of the participant selection process was to obtain six to ten interviewees

who meet the study's criteria. To ensure that the participant meets the study's criteria, prior to the interview, willing participants completed a demographics form (Appendix C). Within the design of phenomenological research, up to ten participants can be included in the study (Creswell, 2009); however saturation, or the point in which data becomes repetitive and does not generate new information (Pitney & Parker, 2009), can be achieved with as few as six participants (Searight & Young, 1994). After eliminating participants that did not qualify, six therapists were chosen to participate in the study.

Informed consent and confidentiality. If the therapist agreed to participate in the study and granted permission to record their interview, a face-to-face interview was scheduled during the initial phone call. The interview was conducted at either the researcher's home or the participant's home to ensure privacy of the interview, at a time that was convenient to the participant. To guarantee participants that this study was abiding by ethical and legal regulations, interviewees were given an informed consent that details the intent of the research (Appendix A). The consent form for the study was reviewed to explain how personal identifying information would be kept confidential in order to minimize the potential risks of participating in the research study and agreed upon prior to the interview.

The informed consent requested permission to collect personal information and record the interview about their experiences. All interviews were audio-record using a digital recorder. In order to reduce the risk of breach of confidentiality, each participant chose a pseudonym that was used in all collected information in order to remove direct link to identifiers; with the exception of the informed consent form. Furthermore, I explained that although complete confidentiality could not be guaranteed since they

would be recorded, I would minimize confidentiality breach by transcribing all interviews in the editing room at NSU, using headphones to ensure privacy, in a password protected computer. I also explained how all the recording devices and written documents would be securely locked in a locked safe located in the researcher's home office and accessible only to myself, my chair and the IRB.

At the conclusion of the study, all recordings saved on the digital recorder will be maintained for 36 months in a locked safe in my home office. All transcribed interviews and data analysis were transferred from the password protected computer to a portable USB; therefore no information remains in the password protected computer at the conclusion of the study. At the end of the 36 months, all electronically saved data stored in the digital recorder and USB will be personally deleted. Furthermore, I will destroy all transcribed documents by cross-cut shredding all physical documents.

The informed consent also stated that this research represented minimal risk to the participant. I, the researcher, did not anticipate any circumstances under which the participants would experience an unpleasant reaction. However, procedures or activities in all studies may have unknown or unforeseeable risks. Participants were informed that they had the ability to reschedule the interview or discontinue their participation in the research at any given time, for any given reason, without any penalties.

There was a minimal likelihood that the participants could experience some emotional discomfort since I was requiring them to recall past experiences in narrating their story. Participants were informed that all information disclosed during the research would be kept confidential and private, except in the case were the law requires the mandatory report to authorities regarding information deemed harmful to self or others,

elderly abuse, and child neglect. Participants were advised to not disclose any information that they were not comfortable sharing. Although no emotional distress occurred, I was prepared to provide a referral for counseling if necessary; the participant would assume the full costs associated with the services sought.

All participants were given ample time to ask any additional questions and concerns that they may have had prior to signing the consent form. Once the participant were satisfied with the answers provided to them, the participant signed the consent form. The signing of the consent form demonstrated the interviewee's voluntary participation in the research and acknowledgment that all the study's information was read and understood. I then followed suit and signed the consent form as well. The participants were once again informed that this would be the only document containing their real name and could not be linked to the other information gathered during their interview. All participants were then given a hard copy of the consent form. The original signed consent form is stored in a locked safe in my home.

Procedures of data gathering. After reviewing and signing the informed consent, and prior to commencing the interview, participants were asked to complete the Participant Demographic form (Appendix C) to ensure that they meet the eligibility criteria and that the data collected would be valid. It took the participants less than five minutes to complete the form.

Interviewing participants is the primary tool for data collection in phenomenological research. Phenomenological research provides participants an opportunity to uncover typically unsolicited insight into their own experiences, perspectives, beliefs, and emotions surrounding particular issues (Creswell, 2009;

Moustakas, 1994). It allows the researcher to explore and describe the mindset of the participant. For the purpose of this study, the researcher's purpose for the interview was to uncover data that represents both the Textural and Structural aspects of the participant's experience with the phenomenon (Moustakas, 1994). My interview focused specifically on (a) what (Textural) does the therapist's creativity look like when they have to adhere to third-party payers' parameters, and (b) why/how (Structural) the interviewed therapists have successfully balanced creativity and accountability in their practice of marriage and family therapy at a managed care work setting. This form of qualitative data could only be collected through interviews (Weiss, 1994), since studies have shown that therapists sometimes lie or omit systemic services in managed care documents (Christensen & Miller, 2001).

Prior to engaging in the actual data collection, I had to make an immediate effort to create an environment that encourages social conversation, relaxation, trust and openness. I began each interview by thanking the participant for allowing me to explore their experiences with the phenomenon of being creative in their work setting. In addition, as part of the process of achieving Epoché, I divulged my personal history with third-party payers' paperwork and how this experience led to my interest in gaining a deeper understanding of the phenomenon. Furthermore, I stated to the participant that these biases would consciously be removed from the bracketed research question.

Typically, phenomenological research interviews are informal and unstructured in order to allow the participant to tell their story of the phenomenon (Moustakas, 1994). However, general interview guides with pre-developed questions can aid the researcher in inviting the participant to explore a different aspect of the phenomenon. A general

interview guide also helps the researcher maintain continuity with each participant; thereby increasing the reliability of the research tool (Patton, 2002). This format allows the researcher to collect all the necessary qualitative data while still allowing for a natural conversation to occur (Patton, 2002). Phenomenological transcendental interview questions should elicit not only a complete description of both the Textural and Structural components of the phenomenon, but also invite the participants to imagine all the possible underlying factors that are present and responsible for the phenomenon (Moerer-Urdahl & Creswell, 2004). The *imagination variation* questions allows the individual "free play of fancy; any perspective is a possibility and is permitted to enter into consciousness" (Moustakas, 1994, p. 98). For this reason, I prepared a general interview guide (Appendix E).

The interview was administered during one face-to-face meeting, approximately lasting 45 to 75 minutes. The interview began by asking the participant to engage the mind in reflective thinking and quietly focus on their work setting, their experiences at work with third-party payers' documents, and their ability to work creatively. Once the participant was ready to discuss upon his or her reflections, the interview commenced and include the following questions from the interview guide:

1. What is the first thing that comes to mind when I ask about your experience with being creative in your current place of employment?
2. What kinds of tools (e.g., crayons, games, materials) do you use in sessions? Please list in Appendix D.
3. What has influenced and supported your creative development?
4. What qualities or characteristics make you a creative therapist?

5. Are any of these creative qualities supported by factors at work?
6. Are any of these creative qualities supported or affected by your required agency documentation?
7. How do you balance creativity and accountability to third party payers at work?
8. Are there ever times when your creativity negatively affects your ability to be accountable?
9. Are there ever times when your need to be accountable affects your ability to be creative?
10. How do you document your creative skills/interventions in your paperwork? Please list examples in Appendix D. (please eliminate identifying client information)
11. How do you incorporate your post-modern, systemic training in achieving a balance between creativity and accountability?
12. Studies have shown required agency documentation may affect a therapist's time and energy, potentially reducing their creativity. Do you find this to be an issue?

If participant answers no, ask 12A. Why do you think this is not an issue for you?

If participant answers yes, ask 12B. How do you manage to incorporate your creativity despite these issues?

13. Studies have shown required agency documentation could at times reduce a therapist's willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?

If participant answers no, ask 13A. Why do you think this is not an issue for you?

If participant answers yes, ask 13B. How do you manage to incorporate your

creativity despite these issues?

14. Have you shared all that is significant with reference to the experience of being a MFT who works at a managed behavioral healthcare agency, and has successfully balanced creativity and accountability?

These questions were appropriate as they represent a balance of Structural and Textural qualities (Moustakas, 1994).

Once the participant had stated that they had shared all relevant information, I, the researcher, requested that they list the accountability measurements and service parameters at their current managed care work setting in Appendix D. If possible, the participant was asked to provide examples of accountability measurements that did not contain client identity information. Examples of Participant's Therapeutic Creativity and Required Accountability Measurements in Current Work Setting (Appendix D) was purposely provided after the completion of the interview to ensure that the participants' thoughts regarding creativity within their current work setting was not skewed due to thoughts of managed care documentation requirements. The information gathered in Appendix D was used to verify that the participants had experience with managed behavioral health care documentation requirements and service parameters.

Methods of Organizing and Analyzing Data

The process of organizing data began with memo writings during each interview. In the interview, I had a copy of the questions with space for me to record important buzz words, emerging concepts, initial impressions, and any other thoughts that need to be remembered for further investigation (Lofland & Lofland, 1995). This form of memo writing helped organize the volume of data and assist in the analysis process. Once all the

interviews had been completed, I then transcribe each interview and utilized the phenomenological data analysis method to interpret the qualitative data collected in the interviews.

Moustakas (1994) modified two methods of data analysis for his transcendental phenomenological research. Moustakas utilizes an adjusted version of Van Kaam's (1959, 1966) method of analysis to develop a description of the essences of a specific phenomenon as experienced by the group of participants; a group that explicitly does not include the researcher. In contrast, Moustakas applies the Stevick-Colaizzi-Keen method of analysis, derived from modifications of Stevick (1971), Colaizzi (1973), and Keen (1975) analytical methods, to first analyze data derived from the researcher's full description of the phenomenon prior to analyzing the transcripts of the other participants; this data is then integrated together to construct a description of the phenomenon's essences that includes that of the researcher's and of the participants. Since my curiosity as the researcher was to understand an opposite experience than the one that I had with the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed health care work setting, Moustakas's modified version of Van Kaam's method of analysis is appropriate as it focuses on only the participants' perspective.

As previously described, the transcendental phenomenological research process includes Epoché, Phenomenological Reduction, Imagination Variation and Synthesis (Moustakas, 1994). Moustakas applied these components to the adjusted version of Van Kaam's (1959, 1966) method of analysis. The purposes, meanings and essences of these research components were important to keep in mind as I organized and analyzed the

collected data. The following describes how this method of analysis was applied to achieve the goal of uncovering both the Textural and Structural themes that make up the essence of the phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting.

Each transcript was analyzed adhering to the seven steps of Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological data analysis. First, each transcript was analyzed through a line-by-line system of open coding. Every statement that was unique and relevant to the experience was listed as either a Textural description of the content of the phenomenon or as a Structural perspective on the supportive conditions of the phenomenon. During this process of *Horizonalization*, the researcher must eliminate all judgments and give identical value to each statement in both categories (Moustakas, 1994). This allows for the horizons of the experience to emerge. The manner in which I listed all unique horizons of the experience is demonstrated in Figure 1. Horizonalization was followed by the second step of reducing and eliminating statements that were repetitive, vague and did not contain a necessary description of the experience (Moustakas, 1994). Listing the horizons in the initial analysis, as shown in Figure 1, allowed me to organize the data and clearly see what statements need to be combined or eliminated.

The third step in Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological data analysis is clustering the related statements into themes that describe the core of the participant's experience, as shown in Figure 2. The themes and each statement within the themes were verified with the transcript to ensure that they were (a) "expressed explicitly", or (b) "compatible if not explicitly expressed"

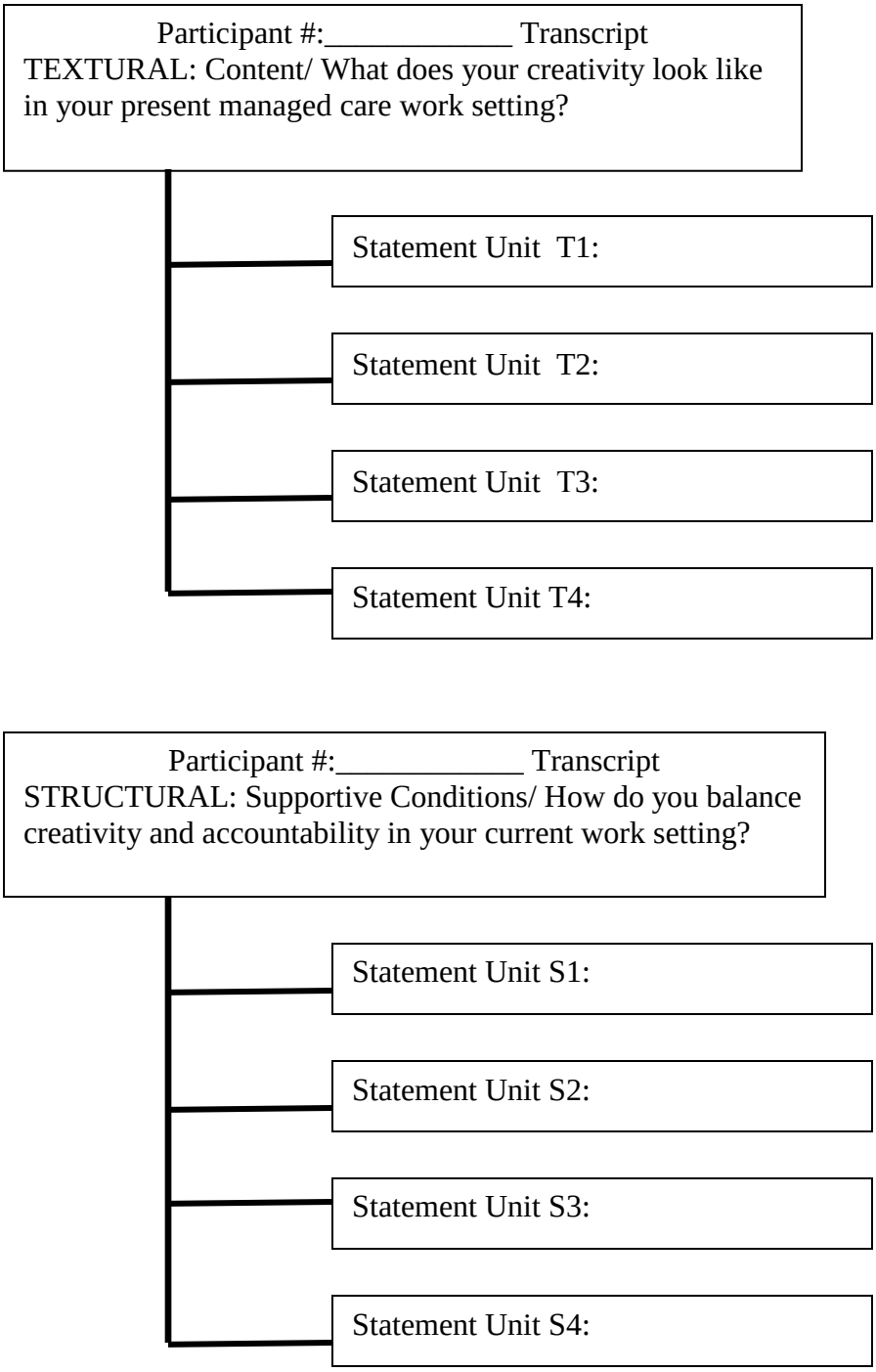

Figure 1. Horizonalization of Textural and Structural statements within each transcript

(Moustakas, 1994, p. 121). If the statements and themes did not meet these requirements, they were eliminated in this fourth step of analysis. The remaining relevant themes and statements within each themes were then utilized as quotes to construct the participant's *Individual Textural description*, in step five, and the participant's *Individual Structural description* in step six. These two descriptions were then combined in the final step of analysis to construct the overall *Textural-Structural description* of the individual's main essences of the experience (Moustakas, 1994).

Once the seven steps of Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological data analysis had been completed for all the individual transcripts, this same process was applied to the analysis of themes across transcripts. After horizontally listing all themes, as shown in Figure 3, similar themes were clustered to create a *synthesized* composite of the Textural and Structural descriptions that represent the true essence and meaning of the phenomenon within society (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Figure 4 demonstrates how the synthesized data was organized.

Validity of Study

Due to the involvement of the researcher, all qualitative studies must establish validity of the research (Lincoln & Guba, 1985). Validity is described as "the best approximation of the truth of a given proposition, inference, or condition" (Trochim, 2001, p. 353). In transcendental phenomenology, the truth that is being sought out is the complete description of a phenomenon as experienced by the research participants. The validity of a phenomenological study can only be determined by its ability to accurately depict the world in the manner that was remembered by the participant. Therefore,

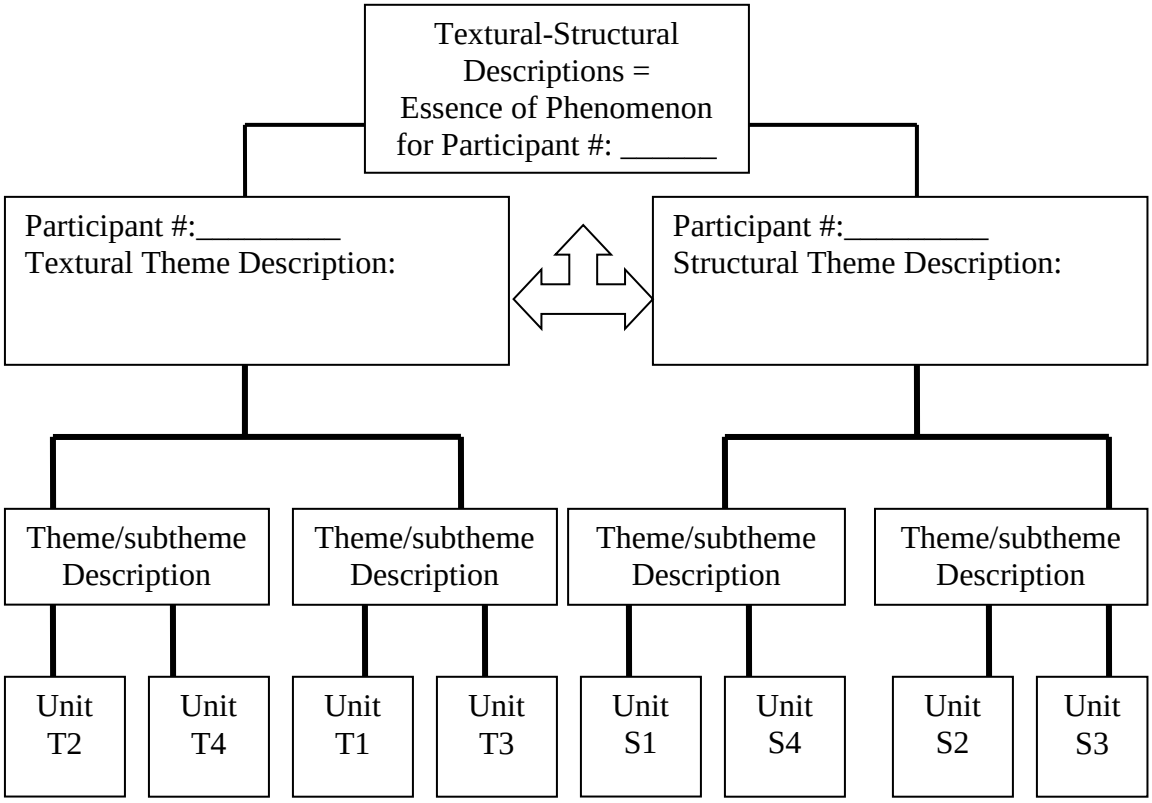

Figure 2. Organizing Textural and Structural statements into thematic clusters within each transcript

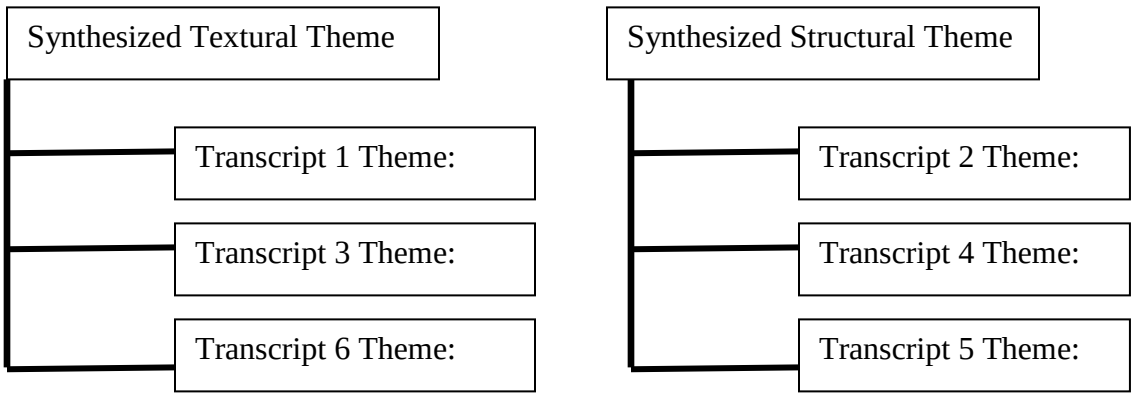

Figure 3. Combining Textural and Structural themes into synthesized themes across transcripts

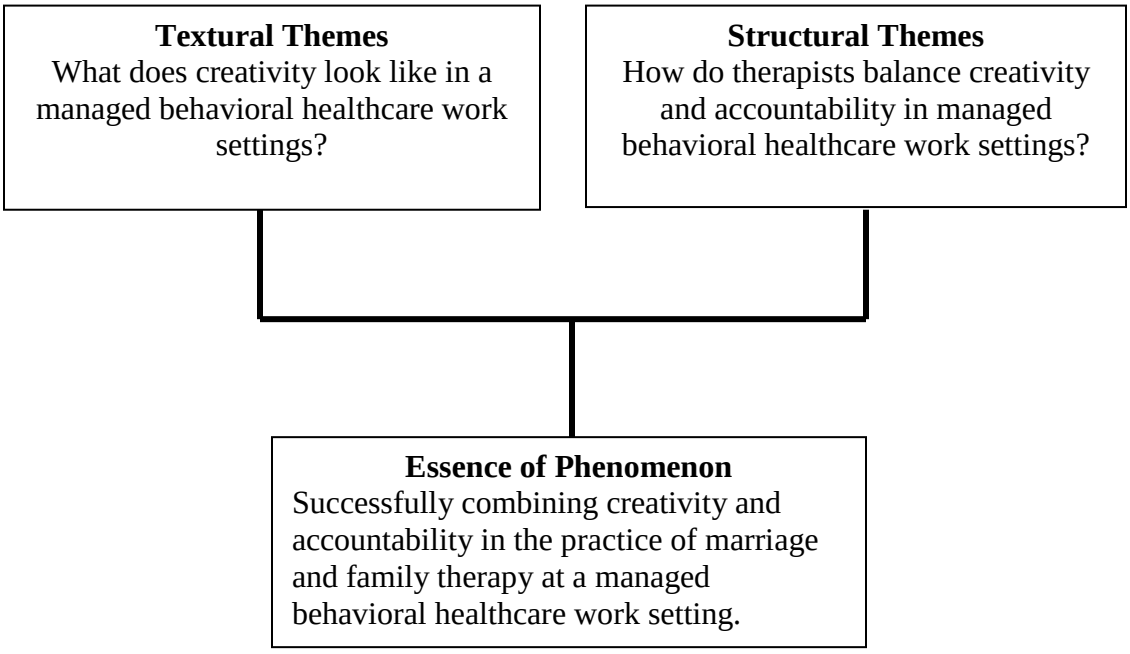

Figure 4. Synthesis of Textural and Structural themes across transcripts to describe the meaning and essence of the phenomenon

according to Moustakas (1994), a "scientific investigation is valid when the knowledge sought is arrived at through descriptions that makes possible an understanding of the meanings and essences of experiences" (p. 84).

To ensure that the findings of the study were truly derived from the data provided by the participants, and not from my own presuppositions and hypotheses, I made the conscious effort to be fully aware of my biases by actively engaging in the process of Epoché throughout the study. In order for the researcher to be open to the perspectives of the participants, a crucial component in conducting transcendental phenomenology is removing all previous knowledge and places one's self in a purely naïve state of consciousness.

As previously stated, the transcendental research process is structured to assist the

researcher in removing his or her biases from the collection and analysis of data. Throughout this study, I focused a large amount of effort in adhering to Moustakas's (1994) methods of Epoché, bracketing and Horizonalization. In every phase of the study, I took precautions to scrutinize my own personal opinions and biases through the use of reflective journaling. Acknowledge the entrance of any judgmental thought allowed me to process and eliminate my biases from the description of the phenomenon.

Furthermore, once the interviews were analyzed, an electronic copy of the transcript and themes generated from the interviews were sent to the participants' secure password protected email address via PI's secure password protected email address for *participant validation* (Moustakas, 1994). I removed all identifiers that would link transcript to participant; pseudonyms were used in transcript for all mentioned names including participant. Upon their receipt, I scheduled a phone meeting with each participant to verify accuracy of information and interpretation of the transcript. It took the participants approximately 30 minutes to review their transcript. The participants had three weeks to complete this phone interview. Each phone meeting lasted approximately 30 minutes, thus allowing the participant and myself to discuss and address any necessary changes. By allowing the participants to confirm and/or modify my interpretation of the interview, I increased the probability that the true essence of the phenomenon, as experienced by the participants, would be described. The findings of the study can be verified utilizing the participants' approved raw transcripts.

Summary

My desire to understand a therapist's ability to apply creative skills in a work setting structured by third-party payers' paperwork stemmed from my curiosity to

understand an experience contrary to my own. This guided my choice in selecting the qualitative research method of transcendental phenomenology. In this chapter, I detailed how Moustakas's (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological transcendental analysis was utilized for this study. The methodology described in this chapter follows the exact procedures approved by Nova Southeastern University's IRB. Chapter four presents the findings of the data analysis.

CHAPTER IV: RESEARCH FINDINGS

In an attempt to diminish the gap within the literature, I, the researcher collected data on the experiences of therapists who have successfully incorporated creative techniques in their practice of marriage and family therapy, while adhering to the structured requirements of managed care. The data for this study was gathered through in-depth interviews with six MFTs who do not consider third-party payers' paperwork a hindrance to their creativity. All six face-to-face interviews followed a semi-structured interview format that included both the general interview guide questions (Appendix E) and follow-up questions to participant's statements. The purpose of these imagination variation questions (Moustakas, 1994) were to invite the participants to imagine all the possible underlying factors that are present and responsible for the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy. The data that emerged represented each interviewed therapist's unique experiences and perspectives on (a) what (Textural) their therapeutic creativity looks like when they have to adhere to third-party payers' parameters, and (b) why/how (Structural) they have successfully balanced creativity and accountability in their practice of marriage and family therapy at a managed care work setting.

After transcribing each audio-recorded interview, Moustakas's (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological transcendental analysis was applied to develop a description of the essences of the phenomenon as experienced by this group of interviewed MFTs. Memo writing occurred during each interview and throughout the analysis process. Each transcript was first analyzed through a line-by-line system of open coding. During this process of Horizonalization, all

significant statements were listed. These statements were then categorized into two sections, Textural or Structural Descriptors. The transcript and this first initial analysis was sent to each participant via a secure password-protected email for participant validation (Moustakas, 1994).

Following approval of raw transcript and initial analysis by each participant via a phone interview, common statements were clustered into themes and subthemes to derive at each participant's Textural description and Structural description. These two categories were then combined to arrive at the overall Textural-Structural Description of the individual's main essences of the experience (Moustakas, 1994). This process identified 114 statements, 15 themes and 14 subthemes in the Textural category, and 223 statements, 26 themes and 26 subthemes in the Structural category. For the cross-analysis process of Horizonalization, all the themes and subthemes for each category were then listed as equally significant descriptors; therefore, there was no difference in level of importance between the themes and subthemes for the synthesized cross-analysis. After clustering common descriptors amongst all six interviews, new synthesized themes and subthemes emerged. After completing all seven steps of Moustakas (1994) modified version of Van Kaam's (1959, 1966) analysis, as outlined in chapter three, six themes in the Synthesized Textural category, and eight themes and two subthemes in the Synthesized Structural category emerged. Independently, these two synthesized categories, respectively, describe what a creative MFTs' therapeutic creativity looks like in a managed care work setting and why/how these MFTs are successful at balancing therapeutic creativity with third-party payers' accountability requirements.

In this chapter, I present the demographics of the participants, a detailed description of how the individual transcripts were analyzed, the formulation of the themes and subthemes within the Synthesized Textural and Synthesized Structural categories, and a discussion on how combined these synthesized categories describe the noema (what) and the noesis (why/how) that continuously influence one another in the minds of the participating creative MFTs to form the Synthesized Essence of the Phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting (Husserl, 1931; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Participant Demographics

Potential participants for this study were contacted by the researcher after a peer nomination stating their reputation as a creative MFT. After the initial phone call, the six MFT's that agreed to participate in the study submitted a letter of recommendation from a colleague verifying them as a creative MFT that works in a managed behavioral health care agency. In order to ensure confidentiality, each participant chose a pseudonym at the beginning of the interview. The participating MFT's all met the following requirements: a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, currently not a student or faculty member of Nova Southeastern University, engage in face-to-face client contact for a minimum of 10 hours per week in a managed behavioral healthcare agency and required to complete third-party payers' documentation for reimbursement at work.

The study's participants' demographics consisted of one male and five females. Four of the participants are Hispanic Americans, one is Persian ethnicity and one is

White (Anglo American). The youngest participant is 24 years old and the oldest is 52, with a mean of 35 years and a median of 34.5 years. In addition to the participants' demographic diversity, the study's six MFTs were also professionally diverse. Although all the MFTs work for agencies located in South Florida, their professional work settings vary: (1) Madonna is a family clinician at a non-for-profit agency, (2) John supervises and coordinates in-home therapy services for needy and vulnerable populations, (3) Alanis is a primary therapist at a dual-diagnosis treatment facility for teens, (4) Daisy is a suicide and domestic violence first-response youth emergency service clinician, (5) Suzy provides therapy services for individuals in homeless shelters, and (6) Julia works in a mental health community clinic.

Furthermore, the participants' years in therapeutic practice range from 1 year to 10 years, with a mean of 7 years and a median of 7.5 years. One of the participants work part-time hours, while the remaining five MFTs work a full-time schedule of over 32 hours per week. The participating MFTs provide a minimum of 10 and a maximum of 35 client contact hours per week, with a mean of 23 hours and a median of 25 hours per week. All six participants provide reimbursable services for Medicaid, in addition to several other insurance companies. All six participants are required by the third-party payers' to provide their clients with a mental health diagnosis. The average amount of hours spent per week completing third-party payers' paperwork is 9.5 hours, with the minimum amount being 5 hours and the maximum being 15 hours per week.

Academically, all the participants earned their marriage and family therapy graduate degrees from Nova Southeastern University, a post-modern systemic therapy program. In addition to earning their Master's degree, two participants partially

completed the Ph. D. program and one participant has their Ph. D. degree. Of the six participants, two are registered MFT interns and four are licensed MFTs. One participant is a licensed MFT supervisor. Table 4.1 presents the study's participants' demographics.

Table 4.1

Participants' Demographics

Sample Size: N = 6	**Registered MFT Intern:** n = 2
Gender: Male = 1 Female = 5	**Licensed MFT:** n = 4
Age: M = 35 Min = 24, Max = 52, Mdn = 34.5	**Licensed MFT Supervisor:** n = 1
Ethnicity: Hispanic = 4 Persian = 1 White (Anglo American) = 1	**Work Schedule:** Part-time = 1 Full-time = 5
Highest Education Level: Masters = 3 Partial Doctoral Education = 2 Ph. D. = 1	**Hours of Client Contact Per Week:** M = 23 Min = 10, Max = 35, Mdn = 25 **Service Provider for Medicaid:** n = 6
Trained in Post-Modern Therapy: n = 6	**Required to Diagnosis Clients:** n = 6
Years Practicing MFT: M = 7 Min = 1, Max = 10, Mdn = 7.5	**Hours Spent on Paperwork Weekly:** M = 9.5 Min = 5, Max = 15, Mdn = 10

Note: Table 1 displays the participant's demographics. The letters represent the following statistical abbreviation: N = total sample size of the study, n = subsample size within the category, M = Mean, Mdn = Median.

Formulation of Categories, Themes and Subthemes for Individual Participants

Epoché During Data Analysis

Although previously stated in chapter three, it is important to reiterate that Epoché, or the process of identifying and removing the researcher's biases throughout the study, is crucial in phenomenological transcendental research (Moustakas, 1994). This is especially true in the collection and analysis of the data for this study's purpose of understanding the essences of the phenomenon as experienced by the group of interviewed participants; a group that explicitly does not include the researcher. Contrary to the successful experiences the interviewed MFTs have with balancing creativity and accountability, my perspective is based on my personal struggle to achieve this balance, as detailed in chapter one and three. Therefore, it is necessary that I, the primary researcher, focus on Epoché throughout the collection and analysis of the data since the researcher's opposing experiences with the phenomenon can influence both the questions that are asked (Lincoln & Guba, 1985) and how the participants' answers are interpreted (Rosnow & Rosenthal, 1997).

In order to identify biases as required in the Epoché process, I shared with each participant my personal history with third-party payers' paperwork and the difficulties I experienced incorporating creative therapeutic techniques in my practice at a managed behavioral healthcare agency. This honest conversation included an explanation of how these professional difficulties created my curiosity in researching and understanding their professional ability to balance creativity and accountability in their current work setting. Lastly, prior to commencing the interview, I reminded the participants that after the

interview was transcribed, the raw transcript and the initial analysis would be sent to them for their approval as verification that the analysis was representative of their perspective, not the researcher's biases.

During the collection of the data, I attempted to achieve Epoché by utilizing the general interview guide questions (Appendix E). The interview guide helped with Epoché because it ensured that the line of questioning stayed focused on eliciting details about the participating MFT's perspective that paperwork is not a hindrance to his/her therapeutic creativity. In addition, the interview guide's questions underwent several revisions by the three faculty members on this dissertation's committee team and myself to remove any biases from the original questions I developed. Throughout the entire interview, I did memo-writing on the side of the interview guide to document verbatim participant's statements that either needed further clarification questions or connected with other questions and statements. Finally, the participants' answers were continuously restated back to them to ensure that I was understanding the statements from their point of view and not my personal biases.

Once the interviews were transcribed word-by-word, I made the conscious effort to constantly engage in Epoché and not allow these biases to interfere in the analysis of the data by utilizing only the participants' words in the formulation of categories, themes and subthemes.

Individual Transcript Analysis

Researchers use Phenomenological Transcendental research in order to study the qualities and characteristics of a specific phenomenon (noema/Textural), and the conditions, memories and feelings that influence the meaning of the phenomenon for the

study's participants (noesis/Structural) (Husserl, 1931; Moustakas, 1994). For this study's goal of understanding all the components that explain the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting, participants were asked to describe the Textural qualities of what their creativity looks like and the Structural conditions that have supported/motivated the ability to balance therapeutic creativity with the requirements of insurance companies. Therefore, Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological data analysis inherently will have two overarching analysis categories: answers that fit in the Textural category that describe the noema of the phenomenon and answers that fit in the Structural category that describe the noesis of the experience.

After a second review of the transcripts for accuracy, I analyzed each transcript separately. In the first initial line-by-line coding of the transcript, I highlighted every statement of information. These statements were then given equal value, coded once again and sorted into categories that described either (a) what (Textural) the therapist's creativity looked like when he/she has to adhere to third-party payers' parameters, or (b) why/how (Structural) he/she has successfully balanced creativity and accountability in the practice of marriage and family therapy at a managed care work setting. To finalize the Horizonalization process (Moustakas, 1994), the sorted statements were then listed in either a Horizonalization Textural table or a Horizonalization Structural table, as previously presented in chapter three (see Figure 1).

Each statement was given a unit number to aid the next step of analysis, process of clustering common statements. The unit number was assigned based on the

participant's number, Textural (T) or Structural (S) descriptor, and numerical order on list. For example, the first participant's first Textural descriptor listed on the Textural table was given the unit number 1T1; the fourth participant's ninth Structural descriptor listed on the Structural table was given the unit number 4S9. No statements were eliminated during this process. Instead, statements that shared common and repetitive wording within each category's table were clustered as related statements. The constant comparing of statements in the Clustering process enabled me to review the linguistic properties of the statements several times to ensure that the clustered statements were truly related. This ensured that the related statements were clustered based on common wording, instead of the researcher's interpretation of the statements.

This complete process was completed for each transcript. A portion of participant one's Textural and Structural table are presented below in Table 4.2 as an example of how each transcript's statements were horizontally listed into two categories, assigned unit numbers and clustered with related statements. Appendix G contains the complete Horizonalization process for each participant's transcript.

After the clustering process was completed, each transcript's related statements were bundled together into different sections. Once all the related statements were listed within the same section, I interpreted the best manner to merge the related statements into themes and subthemes for each section. The formulation of themes were meant to describe all aspects of the phenomenon experienced by the participant and not meant to establish correlations between statements or themes (Moustakas, 1994). In order to reduce the intrusion of researcher's biases into the formulation of the themes, the themes and subthemes for each transcript were constructed by combining participant's verbatim

Table 4.2

Example of Horizonalization and Clustering of the Textural and Structural Categories: Portion of Participant One's Data Analysis

---

Category One: Textural

Participant # 1: Madonna Transcript TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Statement 1T Unit #	*Horizonalization* of Textural Statements for Participant # 1 Madonna 1(participant)T(Textural)	Related 1T Unit #s
1T1	"It's not about just your goals or the company's goals, it's a way of finding a medium to accomplish that and the only ways is to be creative."	1T5, 1T6, 1T11
1T2	"And I welcomed different models, not only what I learned from the family therapy, but you know, cognitive behavioral, maybe some psychoeducational, because it's having a toolbox of different therapy techniques and methods."	1T3, 1T4, 1T5
1T3	"Solution Focused, maybe even Narrative, because there is measurements. You can find a way of measuring progress and change. So the scaling question, the miracle question, those are very creative, I feel and yet you still meet the expectations of treatment plans."	1T2, 1T4, 1T5
1T4	"Bowen, we could do you know genograms. That's the creative part with children, we would draw things, externalize things, 'Oh what does anger look like,' and maybe we would draw different things."	1T2, 1T3, 1T5
1T5	"Definitely I use a lot of the models and in a way where it shows, it identifies the problem, and also we could see progress and progression through the different measurement tools that they all provide. Which again goes with what these insurances need. Its maybe not what they typically requests or maybe they don't even know of because every therapist does it differently, but this is a way that a marriage and family therapist as a systemic therapist can meet that."	1T1, 1T2, 1T3, 1T4
1T6	"There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper."	1T1, 1T7, 1T8, 1T9, 1T10, 1T13

Category Two: Structural

Participant # 1: Madonna Transcript STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Statement 1S Unit #	*Horizonalization* of Structural Statements for Participant # 1 Madonna 1(participant)S(Structural)	Related 1S Unit #s
1S1	"I gained confidence."	1S6
1S2	"I just put things into perspective and relied on my training as a systemic therapist to find a way to juggle what's expected of me from the company and, um, and what I was taught."	1S7
1S3	"I did that because the client is important to me. So in dealing with children and families you have to be creative."	1S4, 1S7, 1S14
1S4	"What motivated you to create a better balance was the needs of your clients, specifically your children."	1S3, 1S7, 1S14, 1S20,
1S5	"More models you researched upon, the more models that you learned, it was easier for you to be creative while still following the accountability measures of your office."	1S1, 1S6, 1S15, 1S25
1S6	"I needed to gain some more knowledge and become more of an expert to gain some confidence and provide better therapy."	1S1, 1S5, 1S25
1S7	"You have to be responsible, and you go ahead and meet those requirements. But I don't let things restrict me. I can't. Because the client has to benefit from it. So the one that's being effected is me, not the client, because the client doesn't see everything I do after or before therapy. And I imagine for some therapists it's really confining. But as a systemic therapist and as a therapist that only thinks about her clients, I make it work."	1S2, 1S3, 1S4, 1S14, 1S17, 1S20, 1S22, 1S23, 1S24
1S8	"Does your creativity affect how you complete your paperwork? Well it can only affect it in a positive way. Perhaps because I'm in that mode, it gives me the motivation to get through it and I'm in that zone."	1S2, 1S7
1S9	"But you know, it's [insurance] very important. It's part of the process. You have to turn all that in and it has to meet certain requirements for you to get more of, what are they called, the units, so that the clients could get more."	1S10, 1S16, 1S17

Note: Categories are italicized. Statements in quotations are verbatim from the interview.

statements and utilizing the significant words that were repetitive throughout the sections. Furthermore, statements that support and verify the creation of the themes were listed below the themes and subthemes. Therefore, the majority of the themes' and subthemes' wording can be directly referenced back to the participant's statements.

Each category's themes were assigned a unit number based on the participant's number, if it was a Textural Theme (TT) or Structural Theme (ST), and numerical order on list; subthemes were identified with lowercase letters. For example, the first participant's first Textural Theme and subtheme was given the unit numbers 1TT1 and 1TT1a; the fifth participant's second Structural Theme and subtheme was given the unit numbers 5ST2 and 5ST2a. This process was completed separately for all six participant's transcripts to uncover each individual's Textual and Structural Descriptions that combined formed the complete essence of the phenomenon as experienced by the participant. The themes and subthemes generated to describe Participant One's essence of the phenomenon is presented in Table 4.3 as an example of how I organized the data, and formulated the themes and subthemes for all the participants. Appendix G contains each participant's complete individual data analysis, and the themes and subthemes that emerged for each participant.

This process of Horizonalization, clustering and combination of significant statements within each of the Textural and Structural categories, identified a total of 15 themes and 14 subthemes in the Textural category, and 26 themes and 26 subthemes in the Structural category across all six transcripts. This information was then utilized for the cross-analysis of the research data, described in the following section.

Table 4.3

Example of Formulation of Themes and Subthemes for Individual Textural and Structural Descriptions: Participant One's Essence of the Phenomenon

Participant # 1: Essence of the Phenomenon 'Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting'

Category One: Individual Textual Description Themes

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 1T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 1 Madonna 1(participant)T(Textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 1 Madonna
1T1, 1T5, 1T6, 1T11	1TT1. Creatively combining the needs of the clients, insurance companies and you as a therapist	
	# 1T1: "It's not about just your goals or the company's goals, it's a way of finding a medium to accomplish that and the only ways is to be creative."	
1T1, 1T6, 1T7, 1T8, 1T9, 1T10, 1T13		1TT1a. Not confining therapeutic practice and documentation writing only to insurance companies' requirements, but be flexible to also incorporate systemic language and postmodern therapy into sessions and paperwork
	#1T6: "There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper."	
1T1, 1T11, 1T12, 1T14		1TT1b. Inclusion of games and other materials to get required information in a manner that client feels comfortable
	#1T11: "Which is not a part of let's say family therapy therapeutic models. None of them say to use games. But you know, we're dealing with children and there is where the creativity comes again, where you incorporate your models, your knowledge of these theories and use other tools such as games, to either join with the clients or through that, kind of assess and get more information from them."	
1T1, 1T2, 1T3, 1T4, 1T5	1TT2. Incorporate techniques from models across disciplines and combine MFT models in session to achieve change and measure progress (ex. Scaling)	

	# 1T5: “Definitely I use a lot of the models and in a way where it shows, it identifies the problem, and also we could see progress and progression through the different measurement tools that they all provide. Which again goes with what these insurances need. It’s maybe not what they typically requests or maybe they don’t even know of because every therapist does it differently, but this is a way that a marriage and family therapist as a systemic therapist can meet that.”

Textural-Structural Descriptions = *Essence of Phenomenon* for Participant # 1

Category Two: Individual Structural Description Themes

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 1S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 1 Madonna 1(participant)S(Structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 1 Madonna
1S2, 1S3, 1S4, 1S7, 1S14, 1S17, 1S20, 1S22, 1S23, 1S24	1ST1. Internal desire to make a difference in clients’ lives allows therapist to systemically understand the benefits of third-party payers for clients	
	#1S7: “You have to be responsible, and you go ahead and meet those requirements. But I don't let things restrict me. I can’t. Because the client has to benefit from it. So the one that’s being effected is me, not the client, because the client doesn't see everything I do after or before therapy. And I imagine for some therapists it's really confining. But as a systemic therapist and as a therapist that only thinks about her clients, I make it work.”	
1S7, 1S11, 1S13, 1S14, 1S20, 1S21, 1S22, 1S23, 1S24		1ST1a. Having an internal drive and commitment to help clients achieve change allows therapist to push past third-party payers’ limitations and time consuming paperwork
	#1S14: “I care. I want to make a difference. I got into this field for reason. It's not a job, it’s a career.” #1S21: “Drive. Just I have to…Well, it’s not external, because I get paid regardless, right. So it’s internal.”	
1S7, 1S9,		1ST1b. Positive systemic perspective of third-party payers and an

1S10, 1S16, 1S17	understanding of benefits from insurance company requirements
	#1S17: “I think it depends on the therapist. Do they take it serious? Do they understand what is it doing? Are they rereading their notes? Are they looking back and checking their treatment plan? Or are they just going through the motions and just turning it in? Are they holding themselves accountable? Never mind is the insurance holding you accountable, cause, you know, you're just another number and the client is just another number. They don’t really have a face. But are you holding yourself accountable?”
1S1, 1S5, 1S6, 1S15, 1S25	1ST2. Continuous education to gain confidence in skills and provide more creative therapy
	#1S15: “What’s the point of just showing up? So you have to invest. You have to invest your time, you have to do your research, you have to think about things. Your client doesn't end when you walk out that door.”
1S12, 1S18 1S19, 1S26, 1S27, 1S28	1ST3. Trainings in post-modern systemic models provided by agency promotes support from supervisors and colleagues, allowing therapist a certain level of liberty to creatively practice therapy
	#1S18: “I do see a shift. I do see a change. A lot of these agencies are aware, some, are aware of now brief therapy. Even systemic and Solution Focused… And so I think that's positive. And perhaps that's why some supervisors can be more supportive of your creativity, because they see how we have to be creative and systemic, and open to realizing that there is more than one way to achieving goals.”
1S26, 1S27, 1S28	1ST3a. Seeking out case consultation from a professional network of colleagues
	#1S26: “The more you speak to your colleagues and self-track; discuss things as you start thinking about them, ‘Hum, I’m thinking of doing this.’ If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence.”

Note: Categories are italicized. Statements in quotations are verbatim from the interview. Themes are highlighted in red; subthemes are highlighted in green. The two-way arrow represents the combination of both Textural and Structural descriptions in the creation of the essence of the phenomenon for the participant.

Formulation of Themes and Subthemes for Cross-Analysis of Categories

Cross-Analysis of Categories

Maintaining the same two Textural and Structural categories, the cross-analysis of the transcripts adhered to the same procedures described above for the individual transcripts. In comparison to the individual transcript analysis that listed and analyzed all the statements from the raw interview, the cross-analysis data is compiled from all the individuals' themes and subthemes within each category. In the cross-analysis Horizonalization process, all the Textural and Structural themes and subthemes were listed in their respective categories as equally significant descriptors. In listing the descriptors, there was no differentiation in level of importance between the themes and subthemes for the synthesized cross-analysis due to the fact that some participant's themes shared common properties with other participant's subthemes. However, all themes and subthemes maintained their original unit numbers so that they could be referenced back to their position as a theme or subtheme in the individual transcript analysis.

Once organized, the list of themes underwent a constant comparison analysis. Theme descriptors that contained similar words and detailed similar facets of the phenomenon were clustered together. Examining theme descriptors' relation to one another in the Clustering process demonstrated that the participants did indeed have common experiences with the phenomenon and that the study had successfully reached data saturation. Related clustered theme descriptors were bundled together into different sections in preparation for the final process of the study's data analysis. These bundled sections identified the overall, or synthesized, themes that described the experiences

shared by all the participants that allowed for the phenomenon to occur and take meaning.

In order to construct Synthesized Textural and Synthesized Structural themes that properly represented the participants' experiences of the phenomenon, I once again utilized and combined the words from the related clustered themes; themes that were originally constructed utilizing the participants' verbatim statements. Although no study can guarantee objectivity or the complete removal of the researcher's bias from the analysis of the data (Rosnow & Rosenthal, 1997), formulating themes in this manner provides the study with validity that the findings are a direct reflection of the participants' perspectives and not based on the researcher's biases. Exemplary theme descriptors that support the creation of the themes were listed in conjunction with the new synthesized themes as an additional source of verification. Therefore, once again, the majority of the themes' and subthemes' wording can be directly referenced back to the participant's statements.

In the process of organizing the final data results, new Synthesized Textural and Synthesized Structural themes were identified as STT for S(Synthesized) T(Textural) T(Themes) and SST for S(Synthesized)S(Structural)T(Themes), and listed in numerical order; subthemes were identified with lowercase letters. The culmination of Moustakas (1994) modified version of Van Kaam's (1959, 1966) data analysis resulted in six overarching themes for the Synthesized Textural category, and eight overarching themes and two subthemes for the Synthesized Structural category. Separately, these categorized themes and subthemes described what these creative MFTs' therapeutic creativity looks like in a managed care work setting and why/how these MFTs are successful at balancing

therapeutic creativity with third-party payers' accountability requirements. Combined, the synthesized themes and subthemes for these categories present the shared qualities and characteristics that allow the participants to give meaning to the essence of the phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting.

The study's final cross-analysis and the resulting synthesized categories, themes and subthemes are presented below in Table 4.4. The individual's themes and subthemes associated with the synthesized themes and subthemes of the cross-analysis are also listed to validate the overall themes. Furthermore, themes that are shared by all participants are listed before those partially shared by some of the participants. Appendix F contains the complete cross-analysis for all six participants and can be used to cross-reference the individual's data associated with the synthesized themes and subthemes. The following sections contain an in-depth explanation of the categories' synthesized themes and subthemes that fully describe the goal of phenomenological transcendental research, uncovering the complete essence of the phenomenon.

Synthesized Textural Category Themes

After vigilantly asking questions that elicited from the participants the Textural qualities of the phenomenon, analyzing statements that described the content of the participants' experiences with the phenomenon, and cross-analyzing individual's textual theme descriptors, six Synthesized Textural themes emerged. Presented in Table 4.4, these themes describe all aspects of what the therapists' therapeutic creativity looks like and the purpose of their therapeutic creativity in their approach to successfully balance creativity and accountability in their practice of marriage and family therapy in a

managed behavioral health care agency. Below, I will discuss the overarching theme for the clustered themes, state how many participants shared this experience and utilize participants' quotes for verification of theme.

Table 4.4

Cross-Analysis for All Six Participants

Category One: Synthesized Textural Themes for All Participants

Category 1: Textural / Content What does your creativity look like in your present managed care work setting? What is the purpose?						
Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT1: Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist	1-TT1	2-TT1 2-TT1b	3-TT2	4-TT1 4-TT2	5-TT3a	6-TT4
Partially Shared STT-Synthesized Textural Themes						
STT2: Translating post-modern information into the medical model language that meets the third-party payers' requirements	1-TT1a		3-TT2a		5-TT3	6-TT1
STT3: Completing documentation with clients		2-TT1a		4-TT1a		6-TT1a 6-TT2

STT4: Incorporating techniques from a range of therapy models	1-TT2	2-TT2a			5-TT2	6-TT3
STT5: Keeping clients engaged through a variety of resources and activities	1-TT1b	2-TT2	3-TT1 3-TT1a 3-TT1b		5-TT1 5-TT1a 5-TT1b	6-TT3
STT6: Utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors		2-TT2	3-TT1 3-TT1b			

Synthesized Textural-Structural Descriptions =
***Synthesized Essence of Phenomenon* for All Six Participants**

Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

Category Two: Synthesized Structural Themes for All Participants

Category 2: Structural / Supportive Conditions How/Why do you balance creativity and accountability in your current work setting?						
Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST1: Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together	1-ST1 1-ST1b	2-ST1 2-ST1a	3-ST1 3-ST1a 3-ST1b	4-ST3 4-ST5a	5-ST2 5-ST2a	6-ST5 6-ST5a

SST2: Having a supportive network of colleagues	1-ST3 1-ST3a	2-ST2 2-ST3 2-ST3a	3-ST3 3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST1 6-ST1a 6-ST2 6-ST2a 6-ST2b
SST2a: Supportive group of coworkers within the job setting	1-ST3	2-ST2 2-ST3 2-ST3a	3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST2 6-ST2a 6-ST2b
SST2b: Supportive network of MFT colleagues outside of the work setting	1-ST3a		3-ST3		5-ST5	6-ST1 6-ST1a
Partially Shared SST-Synthesized Structural Themes						
SST3: Desire to make a difference in peoples' lives	1-ST1 1-ST1a		3-ST2	4-ST4	5-ST4 5-ST4a	6-ST3
SST4: Continuous education on all aspects of the mental health field	1-ST2	2-ST2a	3-ST1a		5-ST1 5-ST1a	6-ST6
SST5: Employers' support of creative therapy	1-ST3	2-ST1b	3-ST4a		5-ST5	
SST6: Self-reflection		2-ST3b				6-ST3a
SST7: Self-care			3-ST4	4-ST1 4-ST1a	5-ST3 5-ST3b	
SST8: Organization and time management				4-ST5	5-ST3 5-ST3a	6-ST4

Note: Themes and subthemes are italicized. The two-way arrow represents the combination of both Synthesized Textural and Synthesized Structural descriptions in the creation of the Synthesized Essence of the Phenomenon for all six participants.

Category 1: Shared STT-Synthesized Textural Themes. The data resulting from the interviews demonstrated that therapeutic creativity is more than just therapists' use of creative activities. For the interviewed therapists, creativity also took the shape of intellectual ideas. This section discusses the Synthesized Textural theme that describes the experience shared by all the participants.

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT1: Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist	1-TT1	2-TT1 2-TT1b	3-TT2	4-TT1 4-TT2	5-TT3a	6-TT4

All six participants stated that one of the main descriptions of what their creativity looks like is continuously thinking of different creative way to simultaneously meet the therapeutic needs of the clients, the requirements of the insurance company, the business needs of the agency, and the needs of the government entities, while meeting their own needs as a therapist; "It's not about just your goals or the company's goals, it's a way of finding a medium to accomplish that and the only ways is to be creative" (Madonna, # 1T1).

In understanding the Textural qualities of the therapists' creativity in their current work setting, participants were asked, "Are there ever times when your creativity negatively affects your ability to be accountable?" and vice-versa, "Are there ever times that your need to be accountable affects your ability to be creative?" To this, John answered:

> I think it helps because you actually have to be more creative to combine the two. You know, because there's the creativity that you have, but then there's the creativity that you have to create when you're then faced with a challenge. And I think it's the same thing with the therapist with regards to third-party payers and being creative.... But I think they go hand-in-hand. Every time I walk into a session, I'm not only thinking about the legal ramifications. And that's why I was saying where I kind of hold multiple hypothesis in my head at the same time. Hypotheses. If I walk into a session thinking about, you know, what's the content, what's the process, what is DCF looking for, what's my insurance payer looking for, what's my agency's liability. If I'm walking in there with all of these things kind of floating in the air from the gate, then it really does inform everything I do moving forward. You know I make sure that my lens, kind of when you're an optometrist, I can flip it around to whatever I need it to flip to. But that every tool that I need to use is already there. (#2T17, #2T19)

Four of the six participants shared experiences that demonstrated that the purpose for their creative ability to connect the needs of all the entities involved in the practice of therapy (STT1) was to ensure that their clients' needs were the main priority, while having enough creative flexibility to incorporate the requirements of the insurance company. Daisy stated, "But a lot of times I just try to figure out different ways, you find different ways to word it to get in what you need to get in, without making it super awkward" (#4T13). The participants described scenarios that required creative thinking in order to naturally incorporate the insurance companies' requirements into the therapy session that centered on the clients' needs, as explained by John:

> This is where it comes to having the fundamental beliefs about things being connected. So because I believe that things are truly, truly connected, it's very natural and fluid for me to pull those things in…You just pull it in. You find a way to work it into the whole process. That way when you're documenting your Medicaid note, you are being ethical, you're being legal and you are saying, "I worked on these two coping skills with her, you know, this session." So you have to make sure that you do what you say, but that you're able to also have these wonderfully romantic moments with your client, while still attending to the mandates of whatever insurance provider, example Medicaid, that you're dealing with. (#2T20)

Therefore, creativity was described as a tool that was used to diminish the possibility that insurance requirements interfered with the progress of therapy. For example, Suzy shared the following scenario detailing how when working with young children, creative ideas are imperative to meet the needs of all the systems involved:

> When you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you're telling the truth, you're not breaking any laws, and you are fulfilling the requirement of the insurance company. (#5T13)

Further information emerged from the STT1 theme. Five of the six therapists uniquely used the insurance companies' requirements and medical terminology in their efforts to creatively connect the needs of the clients and the different professional entities. Interestingly, Julia used the required medical blood test in the therapeutic process of externalizing and normalizing the client's behavior:

> And I say, "Good thing that we do blood work here so they can check your thyroid levels first, because that can most of the time affect." And I use that to normalize their behavior. That it could just be an imbalance in their hormones and the thyroid might be an issue…Because I want to give them that hope and as a therapist coming from a systemic background, "It's something going on in your environment that's affecting you right now. And part of it is making sure that medically you're okay". (#6T9, #6T12)

Julia stated that without the medical blood test, she could not explain to the client how his/her medical issues could affect behaviors and mood. Other therapists, such as Alanis, creatively completed the required documentation and advantageously used the medical terminology to ensure that their client received the most services with the highest level of care:

> I would look at what are the struggles that the client is going through, because this is what the insurance needs to see…So I am going to write like there is less post-acute withdrawal symptoms. Awesome; I'm not going to list all of the post-acute withdrawal symptoms, I'm not going to put the ones that she's not experiencing any more. But I'm going to make emphasis on that they need to continue care, level of care, because of these reasons. Which are going to be either expressed by

the client or observed by the clinical team, etcetera. (#3T18)

Category 1: Partially Shared STT-Synthesized Textural Themes. Once again, being a creative therapist meant more than just using creative therapy techniques in session. The following section describes the Synthesized Textural themes that represent the partially shared experiences by specific participants.

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Partially Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT2: Translating post-modern information into the medical model language that meets the third-party payers' requirements	1-TT1a		3-TT2a		5-TT3	6-TT1

Based on the statements of four of the six therapists, the second Synthesized Textural theme describes therapeutic creativity in a managed behavioral health care agency as having the ability to translate systemic post-modern information into the medical model language that meets the third-party payers' requirements:

> The way that you incorporate systemic training in achieving balance between creativity and accountability is within session you are creative, you do your postmodern therapy, you focus on the client's needs as a postmodern therapist, but then when you're translating it you use the medical language. (Alanis, #3T21)

For these four therapists, being a creative therapist meant not confining their therapeutic practice to the standard requirements established by the insurance companies, but using creativity to translate their post-modern approach into the language required to complete the medical model formatted documents; Madonna expressed:

> There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to, supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper. (#1T6)

While Suzy stated, "The documents are not helping you to be creative. You have to be creative to do the documents, you know. It's the opposite" (#5T20). In terms of completing the documentation, this was achieved by either: (a) creatively translating the client's language, therapist's clinical observations and creative therapeutic interventions used in session into the medical model language used for documentation:

> So I'll just briefly say certain things like if I engaged a client through art, I would say I engaged them through art or through music or through this or through that with the purpose of doing XYZ. So putting your creativity, tying back to their needs, their requirements, (Alanis, #3T19)

or (b) tailoring documentation by including additional post-modern questions and goals:

> And that's something that I pride for because every note is tailored. I know that one of the things that we do run into is generic goals and I tailor them. And I change it up a bit, you know. I leave that for the psychiatrist and then I add my own goals, just because my name is at the bottom of that (Julia, #6T2)....For the biopsychosocials I write down the information. I also incorporate from the other questions…And as a systemic therapist I bring up other things that were questioned, so that I have an understanding of how this affects the system, of how this affects my client. (Julia, #6T15)

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Partially Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT3: Completing documentation with clients		2-TT1a		4-TT1a		6-TT1a 6-TT2

The third Synthesized Textual theme emerged from the responses of three participants. John, Daisy and Julia shared the experience of creatively completing the documentation with their clients as a joining technique. These therapists stated that their goal in collaborating with their clients to complete the documentation was to empower the clients to take ownership over therapy and develop an honest therapeutic relationship. Although the theme was based on only 50% of the therapists, this data is significant for the study's purpose of uncovering a description of therapeutic creativity that helps therapists balance accountability to insurance companies with the incorporation of creativity in the practice of marriage and family therapy in a managed behavioral health care agency. It is also significant to state that this creative use of documentation was implemented by therapists that had different years of professional experience, education levels and licensure credentials. For example, Julia, a recent graduate of the Master's program with one year of experience, described her creative use of documentation as having motivational purpose in the following scenario:

> When I do my notes, a lot of the times I'm with my client and I always let them know that these goals are not for me, these goals are for you. And I say it in a way where it's not like I don't care, this is only for you. It's to give them that power that they have complete control of what they want. That they can absolutely do

> this and it just takes that push, that motivation for them. And when someone believes in them, that I've noticed that, you know, the words are so powerful by just saying, "You've got this." (#6T13)

Similarly, John, a licensed professional with ten years of experience and partial Ph.D. education, creatively created an alliance with the client to complete the paperwork with the purpose of developing a therapeutic bond in the following scenario:

> Walking into the session and just be supper honest and say, "Hey, I'm here to help you. We're here to work these things through. But… the first three sessions are going to be really, really paperwork heavy." And to share that in a very open and genuine way….And we're tackling it more as a team...You know, because what ends up happening is that the therapist goes in and it's client with their problem versus therapist with their paperwork. And so I tell them, flip that on its side. Make it client with therapist, versus problem and paperwork. Cause if you can get on the same page with your client, then you're able to be creative with regards to what they're doing, and knock out all your paperwork. But it's all about how you position yourself in relationship to your client, and how you then position that relationship to the paperwork and their content. (#2T4, #2T6)

The participants developed an honest therapeutic relationship by sharing with their clients what was documented and by allowing clients the opportunity to state if they disagree with the therapist's assessment. The participants' statements describing this creative collaborative way to complete documentation is presented below:

> Well what works for me is sharing my notes with the client. And if they say, "Oh no. I didn't mean this I meant that," I'll change it. I'll cross it out and be like,

"Oh, client says this," you know. And so it's more appropriate to what they feel. And I also have what I wrote, but I have what they added as well. And so it even gives me a better insight into what the client's thinking. (Daisy, #4T2)

And that gives me that boost of confidence to say, "You can trust me. If you don't like my style, you can always tell me. I always leave an open door, you know, like to communicate and say I'm not sure if I agree with that. Because that way I learn more about you and how to tailor the way I do therapy with you." (Julia, #6T5)

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Partially Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT4: Incorporating techniques from a range of therapy models	1-TT2	2-TT2a			5-TT2	6-TT3

The complexity of how to describe creativity was discussed in chapter one. Although there is no one clear definition that fully encompasses the qualities of creativity, for the purpose of this study, the focus was on the use of creative thinking in the process of addressing an obstacle with the goal of achieving a successful outcome. Four of the six participants stated that in order to be effective therapists in a managed behavioral health care agency, they could not follow text-book application of therapy models. Instead, these therapists creatively incorporated MFT therapy models and techniques from a range of therapy models to fit the unique needs of each individual, measure progress and create systemic change from different perspectives; "And I welcomed different models, not only what I learned from the family therapy, but you know, cognitive behavioral, maybe some psychoeducational, because it's having a

toolbox of different therapy techniques and methods" (Madonna, #1T2).

Demonstrating the use of creativity to address obstacles, Suzy stated that she combines models when a client is not connecting with a certain therapeutic model and making progress:

> So for instance, even when I'm providing therapy and using Solution Focused and I get to the point that the client is constantly focusing on some specific point and he blaming himself for that, I try to use externalization and make the client separated from you know the problem. So it's not completely all my idea, but creatively I believe I mix what is working from narrative to Solution, what has worked from Bowenian. You know mix them up to see what is the best for my client. (#5T8)

Furthermore, Julia used a variety of models in order to combat her client's memory issue:

> And it's me finding different ways of getting them to see it. And it's a struggle because they have memory issues. So it's a constant...And it's not constantly saying it the same way. It's changing it. And I find it most effective that way. And that's where I can be creative about it, because I feel comfortable with it. (#6T14)

Creatively combining models was not only used by the therapist to assist the client, but also to assist themselves in creating alternative perspectives for different creative ideas to come to mind, as expressed by John:

> Here's a handout that might actually help you as the therapist once he fills it out, understand where he's coming from better. So it's not just about creating space in the client's mind. Sometimes we have a need to create space in our mind. So I'll step out of my preferred models. (#2T14)

In this theme, therapeutic creativity is texturally described as a tool utilized to create mental space for intellectual ideas to surface for both the client and the therapist.

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Partially Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT5: Keeping clients engaged through a variety of resources and activities	1-TT1b	2-TT2	3-TT1 3-TT1a 3-TT1b		5-TT1 5-TT1a 5-TT1b	6-TT3

The fifth partially shared Textural theme, STT5, describes the therapists' use of various creative activities to keep the client engaged throughout the therapy process:

> I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it's just like okay, this one didn't click with the client. So next. (Alanis, # 3T20)

Five of the six therapists used either an existing therapeutic activity or created their own entertaining intervention to reduce the client's boredom with typical talk therapy and obtain information in a manner that feels comfortable and fun to the client.

In their efforts to smoothly incorporate creativity into their practice, the participants found it helpful to have a readily available therapeutic resource box containing activity sheets and creative interventions from different therapy models; "Another resource that I didn't tell you is that I buy activity books. So have something quick, you know, like a therapeutic box" (Alanis, # 3T15). As a supervisor who focuses on increasing therapeutic creativity, John explained how he created an activity resource folder to help his employees with their creativity, "We have a folder that I put on all of their desktops that is chock-full of resources. Just stuff that I've collected throughout the

years" (#2T12).

In addition to activities based on MFT models, therapists also stated using interventions based on traditional mental health models, and from music, art and play therapy models. These activities often were completed using artistic mediums. An example provided by Julia demonstrates how using art supplies can impact a session:

> So I would switch it; I would say, "Okay let's use a crayon." So we would use, I would have crayons, markers, pens. But I started very basic. So then I incorporated colors. And then I incorporated markers. You know, very different from colored pencils to markers. And I don't know, I was just using that to see if that would change something and it did! (#6T6)

The interviewed therapists also described utilizing pop cultural games, movies, music, video games, etc., to connect with the client's social norms and create an enjoyable scenario for therapeutic conversation to occur, especially when working with children and adolescents. Two examples of how having creative therapeutic ideas is crucial when working with children are provided below:

> None of them [therapy models] say to use games. But you know, we're dealing with children and there is where the creativity comes again, where you incorporate your models, your knowledge of these theories and use other tools such as games, to either join with the clients or through that, kind of assess and get more information from them. (Madonna, #1T11)

> If you are sitting meeting with the clients one hour, two hours, you have to be creative. Sometimes just sitting and talking is not, you know, fulfill the two hours. You have to be creative and bring something. For instance, I play Jenga, but I ask

questions, you know, therapeutic questions, that when the clients pull the piece of wood I ask them. (Suzy, #5T16)

Textural Cross-Analysis	Individual Textural Analysis (participant)-T(Textural)T(theme)#					
Partially Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT6: Utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors		2-TT2	3-TT1 3-TT1b			

Lastly, the sixth partially shared Textural theme STT6 was created based on significant descriptors expressed by two of the six therapists. In addition to using the creative activities described above, these two therapists also used creative therapeutic techniques such as metaphors and themes to maintain clients engaged throughout therapy. By discussing about the problem more abstractly, these therapists stated that their clients were more comfortable with sharing information. For example, John stated:

> And so as we go along, as I'm theming and categorizing with them, there comes this wonderful space where all of the sudden, we've gone from content to process. Because then we're just talking about the themes and the categories, instead of all the problems. (#2T7)

More specifically, the purpose of these creative activities are to assist the therapist and client in systemically uncovering patterns of relational dynamics and behaviors, as explained by Alanis:

> I try to look at patterns of how they relate, of how they behave, and see how they might have similarities in how they get stuck at home, as well…Information helps

> me look at my clients in different ways. So there's not only the creativity of like art therapy or music therapy, or things like that, but also like metaphors and helping them connect in different ways that they haven't connected before. (# 3T3, #3T11).

Synthesized essence of Textural themes. After applying Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological analysis to the study's raw data, six themes emerged in the Textural category to describe the interviewed participants' descriptions of what their creativity looks like when he/she has to adhere to third-party payers' parameters. Separately, each of the Textural themes describe a different characteristic of therapeutic creativity for these six therapists who have successfully balanced accountability and creativity in the practice of marriage and family therapy at a managed behavioral healthcare agency. Combined, these Textural themes describe the overall look and purpose of therapeutic creativity for these creative therapists who do not consider third-party payers' requirements a hindrance to their creativity.

The synthesized essence of these Textural themes can be summarized as follows: Overall, from the perspective of the six interviewed creative therapists, successfully balancing accountability and creativity in the practice of marriage and family therapy at a managed behavioral healthcare agency means creatively combining the needs of the clients, the different professional entities, insurance companies and their own as a therapist. Many of the therapists described their creativity as translating post-modern information into the medical model language that meets the third-party payers' requirements. Furthermore, some of the interviewed therapists stated that they considered

completing the documentation with their clients as part of the therapeutic process a creative way to join with the clients. The majority of the participants creatively incorporated techniques from a range of therapy models, and kept clients engaged through a variety of resources and activities. Lastly, a couple of the therapists described using metaphors and themes to uncover patterns of relational dynamics and behaviors as one aspect of their therapeutic creativity in their present managed care work setting.

Following this in-depth exploration of the Textural qualities of therapeutic creativity at a managed behavioral health care agency, I will now describe the data detailing the Structural facets of the experience that have supported the participating creative therapists' ability to successfully balance accountability to insurance companies with the incorporation of therapeutic creativity.

Synthesized Structural Category Themes and Subthemes

During data collection, the participants were asked introspective questions that required them to reflect on the Structural conditions, memories and emotions that have supported and influenced their ability to balance therapeutic creativity with the accountability requirements of the insurance company. After cross- analyzing individual's Structural theme descriptors, eight Synthesized Structural themes and two subthemes emerged that represent the meaning of the phenomenon for the interviewed therapists, as presented in Table 4.4. In order to understand the complete essence of the phenomenon, this section will explore the *why and how* these therapists have been successful in achieving this balance. Each overarching Structural theme discussed below will also include the related clustered Structural themes demonstrating how many participants shared the Structural condition and participants' quotes for verification of

theme.

Category 2: Shared SST-Synthesized Structural Themes. The following themes that emerged from the transcripts represent supportive conditions shared by all of the six creative therapists.

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST1: Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together	1-ST1 1-ST1b	2-ST1 2-ST1a	3-ST1 3-ST1a 3-ST1b	4-ST3 4-ST5a	5-ST2 5-ST2a	6-ST5 6-ST5a

Related to 13 clustered themes, the first shared Synthesized Structural themes describes an important reasoning that explains the phenomenon of effectively balancing accountability and creativity. For these therapists, being a truly post-modern systemic thinker means having the perspective of how all the therapeutic and business systems of managed behavioral health care interact together for the benefit of the community, client and therapist. Interestingly, the Structural condition that has helped the participants succeed in a managed behavior healthcare agency is applying the same Structural condition that they were taught to succeed with clients. John's statement best represents the similar statements of the other interviewees:

> I can't just be systemic when it only comes to interactions with people. You know, and your feelings, and your history, and your diagnoses. I have to be fully systemic with what's going on in your life, the systems there, the systems in my life and in my agency, and systems that those systems are interacting with. (#2S9)

Just as they would understand the perspective of each of the different family members of the client's system, the participants stated that by understanding why the insurance companies and their agencies have certain requirements, they could understand how these requirements fit into the therapeutic process. More specifically, the therapeutic process was not defined by only what happened in the therapy session, but also the business aspect that the therapist was responsible for completing in order for the clients to receive the best level of care. I, the researcher, selected the following two examples from John and Suzy based on the passion with which they expressed these statements:

> And really, I have to weigh both sides equally. You know I have to be mindful that we can keep doors open and lights on; and we can keep children safe and households healthy. So you know, I could dive into just the therapy part of it, but then, you know, you're funding is going to dry up and your doors are going to close. So how do you do both? For me, that was the journey, figuring out how to do both…I think once you are able to straddle both, you can say, "Okay actual ethics from a place of balanced systems thinking dictates ABCD." You know, that I can actually do these things over there while still practicing best practice. (#2S16, #2S24)

> If we don't do the paperwork, the insurance companies don't get paid, the clients will not be able to afford to see us, to pay cash most of them, no therapy's going to happen. So if you really care about your clients, you have to understand that the clients have insurance and the insurance needs the specific paper to be filled up for clients to be qualified. I mean this is just the system, too. Just like how any other system. If one doesn't work, of course it's not going to turn. (#5S31)

Furthermore, all six therapists stated that part of the process of understanding how the therapeutic and business systems of managed behavioral health care can positively interact together is having the perspective that insurance companies' questions and requirements are an asset to the therapy process. All six of the therapists stated that instead of negatively viewing the insurance companies as an anti-systemic oppositional force that's affecting therapy, having a positive perspective on how the requirements could be useful to their practice was one of the Structural conditions that supported their experience with the phenomenon. By adhering to the requirements of the insurance company, some of the therapists felt that they were more capable of exploring different creative techniques because the accountability measurements in place would protect the therapist from omitting important areas of therapy. Daisy shared how beneficial she found being forced to ask difficult areas that otherwise might go unexplored:

> Because there are some important things. Like for instance, if I, like in a couple of situations, if I didn't ask about hallucinations, that child would continue going on never telling anyone about his hallucinations. Um, if you don't ask about abuse sometimes they don't say it. Sometimes people, it's like death, sometimes people don't know how to talk about it, so they don't. So sometimes being forced by the entities to ask these questions, but in your own way, can be very helpful for the clients. Because if not then they fall through the cracks, because sometimes clients can get very good at flying under the radar. (#4S26)

The data showed that therapists believed that well written documents that were tailored to reflect what was occurring in session could be used as a tool to legally protect the therapist, help establish professional boundaries, monitor client's progress and maintain

therapist's focus on creating change in multiple areas of the client's life. Julia stated, "I also think it [treatment plan] encourages me as a therapist to think, you know, okay make sure I've thought about this" (#6S9). Madonna used the notes to stay accountable to herself and questioned if other therapists saw the benefits of paperwork:

> I think it depends on the therapist. Do they take it serious? Do they understand what is it doing? Are they rereading their notes? Are they looking back and checking their treatment plan? Or are they just going through the motions and just turning it in? Are they holding themselves accountable? Never mind is the insurance holding you accountable, cause, you know, you're just another number and the client is just another number. They don't really have a face. But are you holding yourself accountable? (#1S17)

To summarize SST1:

> I think that the problem with some of the postmodern therapists out there is that they get stuck a lot on, you know, if you're postmodern you can't use the medical model because you're not postmodern because you are putting yourself in an expert position. But we are in a society that there are certain rules when it comes to abuse and neglect. And we are in a world that we need insurance to get certain services. So I guess I'd like to live in a little bit more of the understanding; that also being postmodern, it means being adaptable to making certain things happen for the people that need the help. (Alanis, #3S31)

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST2: Having a supportive network of colleagues	1-ST3 1-ST3a	2-ST2 2-ST3 2-ST3a	3-ST3 3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST1 6-ST1a 6-ST2 6-ST2a 6-ST2b
SST2a: Supportive group of coworkers within the job setting	1-ST3	2-ST2 2-ST3 2-ST3a	3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST2 6-ST2a 6-ST2b
SST2b: Supportive network of MFT colleagues outside of the work setting	1-ST3a		3-ST3		5-ST5	6-ST1 6-ST1a

Theme SST2 represents the overall universal description shared by all six participants of how having a supportive network of colleagues impacted their ability to succeed in the studied phenomenon. I made the decision to distinguish the data that emerged from having supportive coworkers within the job setting versus having a supportive network of MFT colleagues outside of the work setting because of the different Structural conditions each provided the phenomenon. To further describe these differences and which participants shared the specific experiences, two subthemes are discussed below. These two subthemes emerged during the cross-analysis of the data as descriptors that represented how having a supportive network of colleagues allowed for the Structural theme SST2 to take meaning.

Subtheme SST2a: Supportive group of coworkers within the job setting. During the interviews, all six of the participants stated that the most important Structural condition of their work setting that enables them to balance creativity and accountability

is having a supportive group of coworkers and working for an agency that supports creative therapy. For these therapists, working in an environment where they feel that their therapeutic creativity is supported and their work is truly appreciated motivated them to want to achieve the balance of creativity and accountability. All six creative therapists stated that a crucial component of a supportive working environment was having a supportive group of coworkers and supervisor so, “you’re not left alone to deal with everything” (Alanis, #3S8).

Five of the six therapists stated that it is important to develop a supportive network of coworkers through respectful interaction with all employees at the agency. These therapists expressed how they needed to demonstrate a willingness to collaborate and learn from their work collgues. By approaching their peers with a high level of respect for the different styles each therapist approaches a client, a supportive trusting work environment of mutual respect was developed. This in turn helps the therapist balance creativity and accountability by developing a work environment that is respectful of different therapeutic modalities and supportive of the therapist’s use of creative techniques. John’s following statement best describes how this Structural conditions supports the existence of the phenomenon:

> And if I come at you from a perspective that is not, “I’m better, you’re worse, I have something to offer that you’re missing”; if I come from the perspective of, “Your offering something equal to me, let’s just collaborate,” that creates just a better space for community and collaboration. I think people don't get offended when I come at them with my creative stuff, because I'm very respectful of what their coming with. (#2S8)

In addition to developing mutual respect for the different modalities of therapy, the therapists stated that respectful interaction with their coworkers also helped them cope with the emotional stress of the job. Daisy stated that having a supportive network of coworkers allowed her to communicate about her stressors while still complying with privacy laws:

> But sometimes it can kind of hit us. It can be terrible to see…And it was very helpful, because it's a way to vent without having problems with HIPPA, you know, because we're on the same team. And we talk about it in supervision. And it's just basically to address things. And you can say to your coworkers, "Is this something that's hitting home for you because of a specific reason?" And you get a chance to reflect back. (#4S17, #4S18)

The therapists also shared the importance of having a supportive supervisor at their work setting in addition to having supportive coworkers:

> If I had a supervisor or a boss that was hovering over me, I would definitely feel the pressure. But my supervisors understand that. They get it. They don't question what I'm doing. They feel that I'm there to help my clients. They trust me. (Julia, #6S3).

For these therapists, a supportive supervisor is one that trusts in their skillset as a therapist and, therefore, grants you professional flexibility, as stated by Madonna:

> Well, I mean you have these supervisors that can be very supportive. I've had plenty that they trust in your skills set and hope that you're doing a good job… But you know, for the most part, I have felt the liberty to do whatever I need to, within ethical boundaries, to meet my clients' goals. (#1S12)

Professional flexibility does not mean that these therapists' supervisors do not offer them guidance. On the contrary, these therapists state that their supportive supervisors are always available to discuss any difficulties they might have with either a client or documentation completion. In addition, these therapists credit their supervisors as a reason for their ability to balance creativity and accountability because they mentor them equally on how to complete the requirements of the insurance company and on creative therapy techniques. For the purpose of the research findings, it is important to note that both participants that are supervisors, John and Suzy, stated that they pride themselves in their availability and mentorship to the other therapists; "Anybody that needs to see me, my door is always open to people to come in." (Suzy, #5S26).

The data demonstrated that for these therapists, a supportive supervisor not only assist in the professional development of the therapist, but also in their emotional development. The therapists described a supportive supervisor as one who understands the pressures of the job and therefore encourages self-care and comradery amongst co-workers. For example, Julia's supervisor encourages her and her colleagues to disconnect from difficulties of the job by advocating socialization amongst the coworkers and ensuring...

> that we do have an hour when we're not at work. He even suggest don't eat at work, leave the office, do something, you know walk around outside. Because they know that it's exhausting. They know that it can really affect us as therapists. (#6S26).

These therapist stated that having a supervisor that actively creates a positive work environment was conducive to their creativity and increased their level of work

satisfaction:

> They're more eager now to listen to what we have to say to try to keep our morale up. Because if we're miserable than it makes the whole process more miserable. They try to help us make us feel more appreciated…Well a big part of it is my supervisor. I believe he really does care for us and for the clients. (Daisy, #4S23).

Subtheme SST2b: Supportive network of MFT colleagues outside of the work setting. In addition to having supportive coworkers as discussed in subtheme SST2a, four of the six therapists stated that a key component to balancing creative Marriage and Family Therapy techniques with the standardized requirements of the insurance company is staying connected to a professional network of colleagues and supervisors outside of the work setting. Based on the different supportive conditions that emerged from having a supportive professional network outside of the work setting versus having supportive coworkers, I, the researcher, made the choice to distinguish this Structural condition separately from the one described in SST2a. These therapists stated that consulting cases and brainstorming new ideas with fellow MFTs helped them reduce the possibility of conducting repetitive therapeutic practices based on generic treatment plan goals:

> So I think that because to be creative, information has to be coming in so you can make new connections. You know, you can pick other people's brain. I think that if you are stale, in that sense, it does hinder your creativity. (Alanis, #3S17).

Julia explained how important it was for her to consult cases with other MFTs in order to maintain her creative post-modern approach:

> You know there's mental health degrees, there's social worker degrees. And they're all about diagnosing and it's very different for me. So having my MFT

> arm you know where I can grab it and she's there to help me not get sucked into that environment really helps. (#6S16)

The data uncovered that those therapists that had a supportive group of professionals outside of their agency had a forum to freely discuss work setting difficulties, reducing their sense of overwhelmingness and possible burn-out; "I think that if you're a therapist that works by yourself, and never consults cases, and thinks that you know it all, you get burned out like so quick" (Alanis, #3S13). According to these therapists, having a sympathetic professional network that helped them overcome professional stressors, encouraged them to become better therapists and balance creativity and accountability. For Madonna, discussing new ideas gave her confidence in trying new therapeutic techniques:

> The more you speak to your colleagues and self-track; discuss things as you start thinking about them, "I'm thinking of doing this." If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence. (#1S26)

Suzy, a clinical supervisor at a managed care work setting, recommends all MFTs to...

> make a circle of friendship…and get together at least once a month and discuss these cases together. And you'll be able to give each other down points and up points, and lift each other up, and listen to each other's problems to help to a better therapists. (#5S18)

Category 2: Partially Shared SST-Synthesized Structural Themes. The following themes describe supportive conditions and motivating factors that were partially shared by certain participants.

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST3: Desire to make a difference in peoples' lives	1-ST1 1-ST1a		3-ST2	4-ST4	5-ST4 5-ST4a	6-ST3

Theme SST3 was constructed from five of the six participants stating that the reason why they have made the effort to balance accountability and creativity at their current work setting was due to their immense desire for helping people experiencing crisis; "You just want to externalize pain. You want to externalize grief. You want to externalize problems. Just want people to be happy. Find a way to find their place. Find a way for them to be okay" (Madonna, #1S23). These therapists stated that they entered the field of Marriage and Family Therapy because, "I care. I want to make a difference. I got into this field for a reason. It's not a job, it's a career" (Madonna, #1S14).

Many of the therapists provided impactful stories that developed their desire to creatively help clients. Suzy shared a very powerful story of fighting for human rights in her native war torn country. "So for me life has different meaning. You know I want to bring to people what I never had a chance to have, which is happiness when I was growing up" (#5S16). The tragedies of the terrorist attacks on American soil in 2001 motivated Suzy to pursue a career that could make a difference:

> And right after September 11 I told my husband that I wanted to have a job that can help for people in a time of stress, trauma… and I said I want to work in a job that I can help people when the crisis happens. And I went back to school and I continued until I became a therapist. (#5S11)

When exploring what maintained their desire, the therapists joyfully described how motivating it was to see the progress their clients had made; “The response of my clients! When I see that the clients are really making changes, when I see that the families are happier…You’re making me cry because…when you see, it makes you to be even more creative” (Suzy, #5S4). The data also revealed that the therapists’ inner feelings associated with witnessing their clients develop a more positive outlook on life was the motivating factor to their desire to make a difference. Daisy shared how she felt her clients’ positive change was a gift to her soul:

> About just basically validating feelings, summarizing what people are saying, helping people feel heard. And it just really made me feel. I got a lot of really good feelings from that...I felt that I had helped that person. I focused on where they were when they started and where they were after that half hour. And usually they went from crying to feeling hopeful. And it was very, it felt good for me to give them that. It was like almost like a gift. And it made me feel good. (#4S28)

In addition, Julia expressed how she benefited from serving her clients:

> Yes I’ve worked with people who are depressed, people who have anxiety issues, people who are schizophrenic, you know. And having that where I work, you know, there’s more to it than just serving the population in my community; it’s that they are also helping me. You know, I feel that it’s serving the purpose of fueling my knowledge. (#6S35)

The interviewed therapists stated that in order to continuously be motivated to help clients experiencing crisis, it is necessary to push past possible obstacles due to third-party payers’ limitations and time consuming paperwork. When asked what was the

first thing that came to mind about her experience with being creative in her current place of employment, Daisy answered, “Having to work against being burned-out. Because we're going from crisis to crisis to crisis. You know, realizing that these people are in crisis and they’re going through a lot” (#4S1). The data demonstrated that this was achieved by working overtime to research different resources to maintain creative skills; “Cause the main need for me to like help people, like I guess, is always what helps me look at different resources” (Alanis, #3S20). The following example from Suzy’s interview demonstrates how working overtime supports her ability to balance creativity and accountability:

> I don’t look at it as working overtime, because then it makes it to be any other job and it’s going to be money involved. Being a therapist is not all about money. You have to have something more. Either a spiritual feeling, a strong spiritual feeling or a strong love for humanity…So definitely making a difference in this world is one of the motivating factors for your creativity. (#5S15)

These therapists are fueled by their respect for the profession’s impact to change clients’ lives; “So yes, as a therapist, we have a job that we can make changes in people’s lives. And definitely you have to have some sort of extra love for humanity to be able to do it” (Suzy, #5S17).

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST4: Continuous education on all aspects of the mental health field	1-ST2	2-ST2a	3-ST1a		5-ST1 5-ST1a	6-ST6

The analysis of the transcripts uncovered that one of the main Structural factors to the therapists' creative development was continued professional growth, represented in Theme SST4; "What's the point of just showing up? You have to invest. You have to invest your time. You have to do your research. You have to think about things. Your client doesn't end when you walk out that door" (Madonna, #1S15). Five of the six participants stated that in order to maintain a high level of creativity in a managed care work setting education on all aspects of the mental health field, including the medical model language and diagnosing, was necessary. For these participants, diverse knowledge allowed them to be well-rounded systemic therapists, which in turn, allowed them to balance creativity and accountability. Julia explained:

> I want to make sure that I'm a well-rounded therapist and I'm not just a therapist in the room. That I have knowledge of how to do therapy, but I also know the other therapist's world. And I want to eventually bring that together where I know disorders like the back of my hand. (#6S18)

Knowledge emerged from the data as a Structural condition of the phenomenon because it enabled the therapists to skillfully combine creative post-modern techniques and the medical model language necessary for the insurance company. By learning other therapy models and linguistics, the therapists stated that they were capable of describing their

creative techniques in a manner that was congruent with the accountability procedures; "So just like you're trained to understand your client's language and speak like the clients speaks, and things like that, you also have to understand how the insurance speaks and talks. So their vocabulary" (Alanis, #3S4). John expressed how knowledge helped him balance creativity with accountability both in the documentation process and when interacting with professional from other modalities:

> I think so much of being able to navigate that third-party payer, being creatively systemic, is the artistry with which you are able to interact…Where when I'm sitting there talking with all of these different degreed people, or people who aren't degreed, who are just business people in the building, I'm able to really convey my intent while utilizing their language. So I'm conveying a systems intent, without using all of that systems language that other people might not know. So I'm really conveying my intent to the other person. And that's an art. (#2S6, #2S18)

The same five therapists stated that successfully combining creative post-modern techniques and the medical model language of the insurance companies gave them confidence in their creative therapeutic ability. This feeling motivated them to continue to identify areas of weakness and increase their knowledge in order to improve the application of creative therapeutic techniques while still adhering to accountability requirements. Suzy's commitment to evolving with the field of marriage and family therapy was evident in the following statement:

> It never stops. Never stop. If one person is attempting to be a therapist, things changing. Almost everything. Look at IT. Technologies changing. I see that I go

> see a doctor, a medical doctor, and they like, you know, have the book because there's new medication. So what is different with us? We are therapists. We also have to constantly learn new materials and new skills to be able. Because people are changing, societies changing, demands is changing, needs are changing. So we have to be more creative to accommodate our society and our clients with what they need. (#5S8)

The data demonstrated that for these creative therapists, professional growth meant increasing their knowledge of pop culture, different MFT models, researching creative techniques from other therapy models/disciplines and learning the medical mental health model.

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST5: Employers' support of creative therapy	1-ST3	2-ST1b	3-ST4a		5-ST5	

Four of the six therapists stated that their agencies' infrastructures had in place work conditions that promoted the use of creative therapy with the clients. The Structural condition of employers' support of creative therapy is represented in Theme SST5. Financial support of creative materials in an example of how some therapists felt encouraged by their company to conduct creative therapy. For example, John, a director for a managed behavioral health care agency, stated how within his company's budget was an allocated amount for him to purchase creative materials for the other therapists:

> And then when I got into the position where I could actually coordinate pulling stuff together, and you now, using the corporate AMEX Card to get family

> games; when I found that I then had power to do those things and not go broke, then that's what motivated me to really just kick it to the next level. (#2S22)

Similarly, Suzy's company reimbursed her for creative materials she purchased on her own; "And most companies they actually pay for you to buy stuff, purchase stuff to use creativity with your client. They pay for client art therapy, music, books, you know" (#5S43).

The therapists also stated that the manner in which their companies promoted trainings in creative therapy and post-modern systemic therapy communicated to them that their therapeutic modality was supported. This was achieved by either having on-site trainings for the entire company, or for the companies who could not afford to provide company-wide trainings, granting their employees incentives to attend off-site creative technique trainings. The latter example was expressed by Alanis who stated that she noticed a greater acceptance of creative therapeutic style when recently her company begun to offer paid-time off to attend off-site trainings; "The owners want creativity, but it's kind of like thrown at you. They just recently started with incentives of like, 'Okay if you want to attend the training, we'll give you the time off you need to do it'" (#3S15). This sentiment was also shared by Madonna, a professional in the field since 2006 who has worked for several different agencies in the community stated:

> I do see a shift. I do see a change. A lot of these agencies are aware, some, are aware of now brief therapy. Even systemic and Solution Focused… And so I think that's positive. And perhaps that's why some supervisors can be more supportive of your creativity, because they see how we have to be creative and

systemic, and open to realizing that there is more than one way to achieving goals. (#1S18).

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST6: Self-reflection		2-ST3b				6-ST3a

Two of the six therapists found it important to self-reflect in their attempt to balance creativity and accountability at a managed care work setting. Theme SST3 represents the data that describes self-reflection as a Structural condition to developing the systemic understanding that enables the phenomenon to occur. Julia credited her graduate program in developing her ability to self-reflect as a tool for creating a systemic understanding; “This program [MFT graduate school] was more of a self-growth for me because it makes you think differently. I mean to be a systemic thinker, you know as a therapist, you have to really look at yourself too” (#6S36). In terms of using self-reflection to be more systemic in their managed care work setting, John stated that the purpose of his self-reflection was to identify his biases that could hinder his ability to successfully balance creativity and accountability; “I recognize the deficit or lacking in myself or something that's biased, and I’m going to actively get rid of it” (#2S27).

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST7: Self-care			3-ST4	4-ST1 4-ST1a	5-ST3 5-ST3b	

The analysis of the data uncovered that 50% of the participating therapists

prioritized self-care as a Structural factor in their efforts to balance creativity and accountability:

> You need to know that you need to not take everyone's problems on your back, cause if you take on the problems of this person, and that person and the other person, you are going to be so weighed down, you're not going to be able to help anyone. (Daisy, #4S19).

These participants stated that managing their personal time and stress helped them maintain a positive attitude and love for the profession, fueling the desire to achieve this phenomenon. This was passionately expressed by Suzy during her interview:

> I believe that actually more therapist have to really emphasize on how they're managing their time, so they be able to enjoy being a therapist. You know it's very important that therapists, not fake, but really have to have a big smile. You have to love your job and you have to know what you're doing. And you have to be able to face challenges and manage crisis within you, with you and your clients, with you and your client and their family, and with you and your agency or supervisor or anybody, to be able to do your job the best. (#5S46)

The cross-analysis of the interviews concluded that these creative therapists were capable of caring for their own emotional and physical well-being in different ways. Alanis vocalized her needs to her coworkers and supervisors in order to manage her stress:

> I guess what helps me is that I'm vocal to my boss, like, "Okay I need to get this done for utilization review" which is like the guy that deals with insurance, so can we work something out so I have a free moment. (#3S7)

Suzy recommended finding moments of relaxation or taking time-off from work if a

therapist became too stressed:

> And I think if any therapist, at any point of time, they fear that they're too stressed or too nervous or not too happy, they should take some time off, couple of days, something; whatever makes them to be able to gain that back to be able to work. Because you know, I don't know how angry, you know, stressed and anxious therapists can go to a family, and bring happiness and calmness. (#5S48)

Interestingly, Daisy integrated stretching and exercising during and outside of work:

> I've learned the importance of exercising… yoga and stretching… You have the adrenaline going while you're on the job. And then when you're done and you're relaxed, then all of a sudden your body knots up because you become hypervigilant while you're working, almost. And when you finally relax, that's when your body is like what did you do to me? And so I find that it really helps a lot when I stretch, when I take care of myself, when I'm working. Even if I don't feel like I need to. (#4S22)

Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Partially Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST8: Organization and time management				4-ST5	5-ST3 5-ST3a	6-ST4

The last Synthesized Structural theme, SST8, was constructed from the statements of three of the six participants. In order to provide effective creative therapy while meeting the agency's accountability requirements in the limited time approved by the insurance company, these three therapists stated that organization of their work schedule was crucial:

> I figure out with each job how to stay best organized. You have to tailor yourself to each job, in order to figure out the level of organization you need, in order to get done what you need to get done, while still offering good quality therapy. (Daisy, #4S7)

The Structural purpose of organization was to assist the therapists in managing how much time was spent on creative techniques and fulfilling the accountability requirements. This required the therapists to be cognizant during the session of the insurance requirements. Knowledge of the accountability requirements that they themselves were responsible for allowed the therapists to plan ahead on how to combine the creative therapeutic interventions with the needs of the insurance company, as explained by Suzy:

> You have to know what you're doing. You have to know what's the requirements. You have to know how many sessions you can spend. You have to know all these in advance to be able to plan for your clients, and meet the treatment plans and meet the goals of the treatment plan in that period of time. (#5S38)

Daisy, who works on a crisis management team, organizes her work schedule by taking notes of the necessary client information requested by the insurance company during the session and then completing the documentation at a later time. This organization style allows her to mentally stay present with her clients while ensuring accurate completion of documentation:

> I try to take pretty good notes, so that I don't forget about what happened. Because if you go from one crisis to the next, it can, you can really mix them up. You could forget how the person's affect was. It's very easy to forget those things. So there's certain points that I remembered to touch on that I know I'm going to be

> asked about. I've learned to write down certain things I'm going to be asked for my note in order to keep it. So it doesn't have to necessarily be in my brain, it's on that piece of paper. (#4S5)

Similarly, Julia also note takes during session and found it less stressful to revise her notes at home in order to manage her time at the office:

> So I do note taking while I meet with the client and I revise my notes once I'm done. However the revision is what takes time and that's outside of work…And what works for me is eight to four is my work schedule and then I devote more hours outside of work. And this is mostly my doing. You can stay after work, but if I remove myself from there and then I do my notes at home over the weekend it's not stressful to me. (#6S2, #6S4)

Synthesized essence of Structural themes. Once again, after applying Moustakas (1994) modified version of Van Kaam's (1959, 1966) method of phenomenological analysis to the study's raw data, eight themes and two subthemes emerged in the Structural category to describe the interviewed participants' descriptions of how and why they have successfully balanced creativity and accountability in the practice of marriage and family therapy at a managed care work setting. Separately, each of the eight themes and two subthemes describe a different condition, memory or feeling that has influence the meaning of the phenomenon for the study's participants and has allowed it to take form (Husserl, 1931; Moustakas, 1994). Combined, these Structural themes describe the overall reason that explains these six therapists' perspectives on the supportive conditions that have allowed them to not consider third-party payers' requirements a hindrance to their creativity and therefore, successfully balanced

creativity and accountability in the practice of marriage and family therapy at a managed care work setting.

The synthesized essence of these Structural themes can be summarized as follows: Overall, from the perspective of the creative therapist interviewed for this study, their ability to successfully balance accountability and creativity in the practice of marriage and family therapy at an agency reimbursed by insurance companies is due to their systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together. In addition, all of these therapists found it imperative to have a supportive network of colleagues. The majority of the creative therapists stated that they were motivated to balance creativity with accountability due to their desire to help people. In order to balance accountability and creativity in their work setting, the majority of the therapists stated that educating themselves on all aspects of the mental health field was necessary. Many therapists also benefited from their employers' support of their creative therapy. Some of the therapists stated that they found self-reflection and self-care important components in their efforts to achieve the studied phenomenon. Lastly, some of these creative therapists balance accountability and creativity by organizing and time-managing their work schedule.

Synthesized Essence of the Phenomenon

In chapter four, I provided an in-depth explanation of the essences of the Synthesized Textural and Structural categories separately. Each of these categories described a different component of the six interviewed therapists' experience with the phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting. To conclude the findings of

the data, the synthesized categories were combined to describe the noema (what) and the noesis (why/how) that continuously influence one another in the minds of the participating creative MFTs to form the Synthesized Essence of the Phenomenon (Husserl, 1931; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994; Sawyer, 2006).

The study uncovered the following Synthesized Essence of the Phenomenon for the six therapists: Based on the perspective of the six interviewed creative therapists, successfully balancing accountability and creativity in the practice of marriage and family therapy at a managed behavioral healthcare agency means creatively combining the needs of the clients, the different professional entities, insurance companies and their own as a therapist. Their ability to achieve this balance is due to their systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together. In addition, all of these therapists found it imperative to have a supportive network of colleagues. Many therapists also benefited from their employers' support of their creative therapy. Most of the therapists described their creativity as translating post-modern information into the medical model language that meets the third-party payers' requirements. Furthermore, some of the interviewed therapists stated that they considered completing the documentation with their clients as part of the therapeutic process a creative way to join with the clients. In addition, the majority of the participants creatively incorporated techniques from a range of therapy models, and kept clients engaged through a variety of resources and activities. In order for these creative therapeutic practices to occur, the majority of the therapists stated that educating themselves on all aspects of the mental health field was necessary. The majority of the participants stated that they were motivated to balance creativity with accountability due

to their desire to help people. A couple of the therapists described using metaphors and themes to uncover patterns of relational dynamics and behaviors as one aspect of their therapeutic creativity in their present managed care work setting. Some of these creative therapists found self-reflection, self-care, and organization and time-management important components in their efforts to achieve the balance between accountability and creativity at a managed behavioral healthcare agency.

CHAPTER V: DISCUSSION

Several authors define therapy as a creative enterprise within which therapists and clients engage in the artful process of change (Carson & Becker, 2003; Deacon & Thomas, 2000; Frey, 1975). However, other authors have documented the experiences of therapists who have felt unable to be creative due to the structured format of managed behavioral health care agencies and third-party payer' time-consuming paperwork (Carson & Becker, 2003; Kiser & Piercy, 2001, 2014). Still, third-party payers have had an important impact on the field of Marriage and Family therapy, with managed care work settings that receive financial service reimbursements from these insurance companies providing many benefits to the profession (Sekhri, 2000). Due to a lack of research, there is a lack of understanding regarding how innovative, creative therapists can function within the parameters of managed behavioral health care agencies that have benefited the survival of the profession; "perhaps the challenge in our field, and its training programs, is to strive for a balance between structure and accountability, on the one hand, and" (Kiser & Piercy, 2001, p. 26, 2014, p. 81) conditions that support creativity within the individual, the domain and the field necessary to move the profession towards progress, on the other.

This study's purpose was to address this gap in the literature by researching the unique experiences of six creative MFTs who do not consider third-party payers' requirements a hindrance to their creativity in their practice of marriage and family therapy at a managed care work setting; with the goal of uncovering (a) what (Textural) their therapeutic creativity looks like in their current work setting, and (b) why/how (Structural) they have achieved this balance, in order to describe the Essence of the

Phenomenon successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting from the perspective of the interviewed participants. After applying Moustakas (1994) modified version of Van Kaam's (1959, 1966) analysis to the six participants' interviews, six themes in the Synthesized Textural category, and eight themes and two subthemes in the Synthesized Structural category emerged, as detailed in chapter 4. In this chapter, I will discuss these categories and themes in relation to the studies presented in the literature review, the potential contributions these findings have for the profession of Marriage and Family therapy, and implications for future research.

Comparison of Finding with Literature Review

Kiser and Piercy's (2001, 2014) article details how a lack of accountability allowed early MFTs to immerse themselves in the development of creative interventions. Although in contrast to those times, these field contexts helpful to creativity are clearly less present in today's mental health care system due to the time restraints, service parameters, and accountability requirements set by third-party payers (Carson et al., 2003; Kiser & Piercy, 2001, 2014), the findings from my study demonstrated that these therapists still find it possible to be creative due to helpful personal and professional factors that have allowed them to incorporate their creative side while still succeeding in the word of accountability. In researching all aspects of the studied phenomenon, the literature regarding the development of creative qualities, the role of accountability in the mental health system, and the impact of creativity and third-party payers' accountability requirements on the field of marriage and family therapy was reviewed in chapter two. These studies will be discussed below, in light of the findings of this research describing

what creativity looks like for these six therapists and how/why they are able to balance creativity and accountability at a managed care work setting.

Creative Risk Taking

Several studies aimed at discovering creative qualities have found similar common personal characteristics. Qualities identified include intelligent risk taking, perseverance in the face of failure, open to new experiences, a free spirit and a willing to take chances and fail (Briggs, 1990; Dellas & Gaier, 1970; Sternberg, 2006). These qualities all involve an openness to risk. A study by Lee (2008) concluded that therapists' knowledge that paperwork will be used to evaluative job performance and receive service reimbursement can cause therapists to fear failure and therefore become "a mechanical and rigid mind that adheres to previous and/or established structures of thinking or behaving for the sake of stability, comfort, and certainty of being right" (p. 22). Based on these studies, one of the questions I asked the participants was "Some studies have shown that required agency documentation could at times reduce a therapist willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?" Interestingly, all the therapists interviewed in this study stated that they could not be afraid to take creative risks in session.

#1: Madonna	"Not for me. The more educated you are, the more you fine tune your techniques, your models, the more aware you are; the more you speak to your colleagues and self-track; discuss things as you start thinking about them, 'Hum, I'm thinking of doing this'. If you process it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence."
#2: John	"Not now. I don't feel that I position myself in a place where it's me versus the system or where I have to advocate on behalf of the client against an oppositional force…If you have your Masters, if you have a license, if you're moving forward in the field, and you feel like you know what you're doing, you're doing it ethically and doing it well and the family is responding. It's okay to own that. And that's confidence, not ego."

#3: Alanis	"No. I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it's just like okay, this one didn't click with the client. So next. You know, that's okay."
#4: Daisy	"I try to be creative without worrying about it."
#5: Suzy	"No I'm sorry, but I don't think so. I think it's very personal, you know. I think therapists are just human being, like any other people. Some people, they're afraid to take risks. Some people, they risk. I do not believe that documentation and insurance companies has anything to do with it. They can blame it on, but I don't think they are thinking honestly."
#6: Julia	"I think it takes courage to do that. So I could definitely see that, you know, wondering if insurance companies will consider that. Whenever I have a doubt about doing something in the room, I always do that and then I do something that's going to be covered by the insurance. And I document that. I document both of them. That way they know that I did do that. I never do anything that is unethical where I would feel, oh that's a code red."

Thus, from my perspective as the researcher, I believe that for the participants of this study, not personally permitting their therapeutic approach to be limited by the required agency documentation was the prerequisite condition to their incorporation of creative techniques in session. These statements suggest to me that since these therapists did not diminish their creativity due to fear, the participants and I where able to discuss the Textural descriptors of what their creativity looked like at their current managed behavioral health care work setting.

Accountability and Ethics

Marriage and family therapists participating in the study conducted by Christensen and Miller (2001) described experiencing ethical and moral dilemmas in their efforts to provide systemic family interventions while following managed care's paperwork guidelines; some of the study's therapists also admitted to sometimes lying or omitting services in managed care documents. Based on that study, I asked the six therapists participating in this study, "Are there ever times when your creativity

negatively affects your ability to be accountable? Do you ever find it as an obstacle to your accountability?" Surprisingly, all the therapists interviewed in this study stated that being a creative therapist does not affect their ability to be accountable to either their work setting or to the third-party payers.

#1: Madonna	"No. Well it can only affect it in a positive way. Right? I mean not negative. I don't see how that would do that."
#2: John	"[No] I think once you are able to straddle both, you can say, 'Okay actual ethics from a place of balanced systems thinking dictates ABCD. You know, that I can actually do these things over there will still practicing best practice'."
#3: Alanis	"No I think that for me particularly ethics in this profession, so having a lot of integrity, is very important."
#4: Daisy	Participant: "Well that's when you have to be really clear about abuse and neglect. Like I need to be accountable with abuse and neglect. But sometimes, you know, I think about that's something I have to be very firm about. So I guess I just, that's another thing where I have to be creative with the language. And sometimes I have to be more firm and I am firm about it."
#5: Suzy	"If things like that happen, again you have to be more creative. So what you have to do, you start, when you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you're telling the truth, you're not breaking any laws, and you are fulfilling the requirement of the insurance company."
#6: Julia	"No I don't think so. Yeah, no."

For the participants of this study, being accountable to the third-party payers and adhering to the laws and ethics of the field are necessary components of their profession. Therefore, it is my deduction that not allowing their creative interventions to interfere with their responsibility to be accountable could be a prerequisite condition to the therapist's ability to being able to balance therapeutic creativity and documentation accountability. I believe that this response allowed the participant and the researcher to

engage in an exploration of data on the Structural descriptors of how he/she is successful at balancing accountability and creativity at their current managed behavioral health care work setting.

Comparison of Textural Themes to the Literature Review

STT1: Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist. In discussing the commonalities between creativity and therapy, Carson and Becker (2003) stated, "The process of counseling and creativity require similar integrative abilities (e.g., holding seemingly contradictory information simultaneously in one's mind; remaining open and ready to various information retrieval processes)" (p. 90). All the therapists I interviewed for my study verbalized the ability to simultaneously combine the needs of seemingly opposing entities. The therapists' descriptions of their ability to creatively combine the needs of several entities matches the research describing the similarities between the process of therapy and creativity; thus demonstrating that these therapists did indeed use creativity and validating Theme STT1 as a description of creativity in a managed care work setting. In contrast to simultaneously holding the different perspectives present within the client's family system, what is unique about the therapists in this study is their application of creative integration in reference to work related entities.

STT2: Translating post-modern information into the medical model language that meets the third-party payers' requirements. Committees addressing the educational needs of MFTs have emphasized the importance for MFTs to have knowledge on diagnosis of mental health illnesses and psychotropic medications, administration and interpretation of assessment instruments, possible liabilities and

procedures for third-party billing, developing measurable behavioral outcomes and treatment goals, and following a treatment plan (Nelson et al., 2007). However no study has discussed how to successfully express post-modern information to third-party payers. Although Nelson et al. do state the need for MFTs to have knowledgeable skills of both the foundation of the field and the behavioral healthcare delivery system, MFTs from other studies have expressed difficulty in combining these skill sets. In contrast, these six interviewed therapists merged the two skill sets by translating post-modern information into the medical model language used by insurance companies. The data from this study provides an example for other therapists on how to incorporate their therapeutic approach while still addressing all requirements of the third-party payers. Previous studies have concluded that mental health professionals fear that standardized treatment plans will stifle creative theoretical interventions that are more appropriate for the clients' complex problems (Beaudin, 1998; Bolen & Hall, 2007; Stroul et al. 1998). Contrary to that experience, some of the MFTs from this study provided a creative solution to this obstacle by tailoring their documentation to include additional questions and goals based on marriage and family therapy models.

STT3: Completing documentation with clients. Pinsof (1995) researched how the sense of trust and the bond experienced by clients during the therapeutic process improved the success rate of therapy (as cited in Sprenkle et al., 1999). In order to develop an honest therapeutic bond during the first sessions while completing the mandated documentation, some therapists from this study joined with their clients to collaborate with them to complete the paperwork. This study adds to the literature in the field by providing an insight into how creative therapists can overcome inadequate time

to join, a barrier of creativity (Christensen & Miller, 2001; Wallas, 1926). Participants John, Daisy and Julia developed an honest therapeutic relationship by sharing with their clients what was documented and by allowing clients the opportunity to state if they disagree with the therapist's assessment. The data from this study provides a very interesting approach to joining with clients and developing that trusting bond in today's healthcare system. Furthermore, by allowing the clients to view the documents and add information from their perspective, this study's creative therapists succeeded in being accountable while achieving one of the main common factors of being a MFTs: privileging clients' experiences by attending to the clients' perception of the problem and utilizing the clients' insights regarding what they believe would be beneficial in the treatment of the problem (Sprenkle et al. 1999). Therefore, it is possible for some of the main qualities of therapy to still be achieved in the process of successfully balancing creativity and accountability.

STT4: Incorporating techniques from a range of therapy models and STT5: Keeping clients engaged through a variety of resources and activities. Creative MFTs do not follow the basic application of therapeutic techniques. The findings of this study and those in the literature review all conclude that MFTs consider themselves better therapists when they perceive themselves as able to be creative in their work. Similar to my study's therapists' statements that formed themes SST4 and SST5, participants in the study by Carson et al. (2003) stated, "Creativity to me means that I am not boxed in theory" (as cited in Carson & Becker, 2003, p. 83). This research adds to the literature by not only reinforcing this perspective of therapeutic creativity, but by also providing a description of how therapists can practice creative therapy without being confined into

standardized treatment at a managed care setting through the inclusion of techniques from a range of therapy models and utilizing activities from a variety of resources.

STT6: Utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors. One of the five common factors unique to marriage and family therapy, as described by Sprenkle et al. (1999), state that effective therapy is achieved through relationally conceptualizing the presenting problems into interactional terms. This verifies that John and Alanis, the two therapists that shared the experience of utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors as a creative technique, were successful at both maintaining what is unique to marriage and family therapy and completing the accountability requirements at a managed care work setting. Since only two participants stated this theme, more research of the use of metaphors and themes by MFTs should be conducted.

Comparison of Structural Themes to the Literature Review

SST1: Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together. Studies have uncovered that therapists who perceive the structured format of managed care as a barrier to their professional creativity often view third-party payer's paperwork as controlling and applicable only to cookie-cutter treatments (Beaudin, 1998; Bolen & Hall, 2007; Stroul et al., 1998). Contrary to those findings, all these participants stated that one of the main factors to their ability to be creative and accountable in their work setting was understanding how systemically the therapeutic and business systems of managed behavioral healthcare interacted together. This included understanding the benefits documentation could provide for the client, therapist and agency. The interesting aspect

of these findings was that the therapists stressed that in addition to understanding the benefits of third-party payers' requirements, they also had to view the paperwork as a component of their services that enabled them to provide the clients with the best level of care; "So if you really care about your clients, you have to understand that the clients have insurance and the insurance needs the specific paper to be filled up for clients to be qualified" (Suzy, #5S31). With this view point, these creative therapists found ways to utilize the documentation in a manner that would assist their therapeutic approach. This data provides insight as to how a positive perception and understanding of the requirements of managed behavioral healthcare could be a main component to successfully navigating today's mental healthcare system. As stated by Suzy, "If you don't accept it, and you keep mentioning it, then it's going to become a stress and anxiety for therapists. But by thinking it doesn't cause anxiety it's just part of the job, I feel that I'm doing it much faster, much better, and more accurate" (# 5S30).

SST2: Having a supportive network of colleagues, SST2a: Supportive group of coworkers within the job setting and SST2b: Supportive network of MFT colleagues outside of the work setting. Research has shown that creativity can be taught and encouraged throughout life with the right environmental stimulation (Csikszentmihalyi, 1996; Patterson, 1986; Torrance, 1962). The findings of Theme SST2 supports the available information regarding the enhancement of creativity due to a supportive environment by describing the role a supportive network of colleagues can have on the development of creativity in a therapist.

Furthermore, it adds a deeper understanding of the different specific helpful conditions provided by a supportive group of coworkers versus a supportive network of

MFT colleagues outside of the work setting. For within the job setting, many of the therapists stated how positive it was for them to have a supportive supervisors that trusted in their skill set and provided them with professional flexibility and freedom. Although it is not the same flexibility (Carson & Becker, 2003; Gladding & Henderson, 2000; Torrace, 1962) and freedom (Csikszentmihalyi, 1988; Kiser & Piercy, 2001, 2014) expressed by the pioneers of marriage and family therapy, this study uncovers that supportive supervisors can still provide similar helpful contexts of creativity in a managed care setting. In regards to having a supportive network outside of the work settings, Kiser and Piercy (2001, 2014) stated that if a field's elite professionals are narrow-minded, new concepts will be discouraged, affecting the progress of the field. The participants of my study stated how encouraged they felt by their professional network to successfully balance creativity and accountability, and how these elite professionals helped the participating therapists to brainstorm new therapeutic ideas that fit with the requirements of their work setting.

SST3: Desire to make a difference in peoples' lives. In examining the similarities between the common factors in systemic family therapy models and creativity theories, several authors have concluded that the purpose of both of these processes is change (Deacon and Thomas, 2000; Gladding, 2008; Holm-Hadulla & Hofmann, 2012). This need to create change through creativity was echoed by the majority of the therapists who stated that their desire to make a difference in peoples' lives was a motivating factor for them to balance creativity and accountability.

SST4: Continuous education on all aspects of the mental health field. The literature regarding creativity identified a high desire for knowledge as a common

personal characteristics of creative individuals (Briggs, 1990; Dellas & Gaier, 1970; Sternberg, 2006). The majority of the participants from my study stated that continuous education was necessary to grow with the field. These therapists provide information for other professionals in the field by voicing the importance of knowledge in order to skillfully combine creative post-modern techniques with the medical model language necessary for the insurance company. The role 'knowledge on all aspects of the mental health field' has on the ability to be a creative therapist is reinforced by Csikszentmihalyi's (1988) research that concluded that regardless of an individual's creative brilliance, without access to the specific information pertaining to a field's principle beliefs and practices, important contributions cannot be made.

SST5: Employers' support of creative therapy. The therapists in this study did not deny that there are many challenges to working in managed behavioral health care. Due to similar sentiments, studies have shown that MFTs in managed care sites experienced enough dissatisfaction with their work environment that they were less likely than any other mental health professional to remain in their current job (Lim et al., 2010; Rosenberg & Pace, 2006, Trudeau et al., 2001). However in contrast to the other study, by engaging in a positive conversation regarding the supportive conditions of their creativity present in their work setting, many of the therapists stated that sensing their employers' support of their creative therapy helped reduced these challenges. For example, Daisy stated that when she felt appreciated, she was "less likely to feel burned out…and we're more likely to want to do what we have to do without, you know, feeling annoyed by it if we feel appreciated" (#4S34, #4S35).

SST6:Self-reflection and SST7:Self-care. Researchers studying therapeutic creativity stated that prior to engaging clients in creative solutions, therapists must first consider developing their own creativity, regardless of the obstacles (Carson et al., 2003; Lee, 2008). Some of these obstacles to creativity where highly present for therapists employed by agencies receiving reimbursement from third-party payers, leading to significantly higher level of burn-out than those in private practice (Rosenberg & Pace, 2006). Several of the therapists in my study combatted these issues by imposing moments of self- reflection and prioritizing their self-care. Instead of placing all the blame of dissatisfaction on their agency and the insurance company's requirements, John and Julia reflected on any personal issues or biases that could be the cause for their job-related frustration. In regards to the prioritization of self-care, in the fast paced world that we live in, little time if often available for moments of relaxation; especially considering the fact that many of the interviewed therapists stated that they worked overtime without reimbursement when completing paperwork or researching different creative therapeutic techniques. Although free time was not readily available to those therapists that provided the Structural data of self-care, they made the effort to prioritize their emotional and physical needs.

SST8: Organization and time management. The early therapists in the field of Marriage and Family therapy stated that they devoted a large amount of time and attention to their work (Kiser & Piercy, 2001, 2014). Although MFTs working in today's healthcare system don't always have the amount of time available to the founding fathers, some of the therapists in my study stated that through organization, they could manage their time well enough to achieve their therapeutic goals and job responsibilities. This

often required the therapists to find the best note-taking strategy for their work setting, and planning prior to the session on the time available for creative techniques and fulfilling the accountability requirements. Interestingly, in comparing the literature with the finding of Theme SST8, the Preparation Stage is one of the four non-sequential stages of Graham Wallas's (1926) creative process, which is often used to explain how therapists process information and formulate creative convergent and divergent treatment plans (Gladding & Henderson, 2000).

Limitations of the Research

A limitation of the study is that the participants consisted entirely of alumni from Nova Southeastern University. In addition, although the participating therapists worked with different client populations, all their job settings were located in the South Florida area. This could skew the findings of the study by providing Textural and Structural descriptions that might not necessarily be present in work settings outside of the South Florida area.

Implications for Future Research

In order to further understand the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting, future researchers should collect data from therapists practicing in different counties and states, and quantitatively researching some of the educational and professional implications discussed below.

Implications for Professional Growth

As the researcher and as part of the MFT population that had experienced difficulty maintaining my creativity in the presence of accountability requirements,

several of the implications of the study connected with me personally (as discussed in chapter one). For me, the most surprising supportive condition that emerged from the data was the prioritization of self-care. Considering all the information therapists are exposed to, graduate programs should heed the advice provided by some of the therapists in this study in order to teach other therapists how "not take everyone's problems on your back" (Daisy, #4S19). Deeper emphasis should be placed on teaching MFTs relaxation techniques and the importance of managing emotional stress. Just as clients are taught ways to reduce stress, therapists should be aware that they too are susceptible to anxiety and stress. Different self-care techniques applicable to therapists could be incorporated in the coursework that discusses the treatment of anxiety for clients. Future research should test the hypothesis that therapists who practice self-care experience lower rates of frustration and professional burn-out.

In addition, unlike the participants that utilized self-reflection to address their own biases that could contribute to their diminished creativity, I placed all the blame on upper management. In reflecting back on my experience in managed care, I do not recall analyzing my own contribution to the negative perception of paperwork that blocked my creativity. Therefore, I believe that those therapists that are successful at balancing creativity and accountability, take partial responsibility for how their biases could lead to the perception of factors being a hindrance to their creativity. I recommend that in the same manner that MFTs are taught to be cognizant of biases that could affect a therapist's ability to understand the client's world, MFTs should also be taught how to apply this analysis of biases in their relationship with their work setting. Self-reflection could also improve self-awareness in other areas. Several interviewed therapists expressed how their

desire to help others motivated them to push past obstacles due to third-party payers' requirements. Personally, I entered this field due to my wish make a difference in people's lives. However, based on my experience and the experiences of therapists from other studies, the barriers to creativity due to managed care requirements can often diminished or overshadowed this desire. Further research should conducted to examine how therapists can cultivate or maintain their professional desire throughout their career.

Educational Implications

Creativity training. Researchers have documented the importance of creativity in both the development and the practice of Marriage and Family Therapy (Carson & Becker, 2003; Gladding & Henderson, 2000; Lee, 2008). In addition to teaching the foundations of the therapeutic models, based on the descriptions of the therapists who strived to not conduct standardized therapy, educational programs should also include alternative ways to creatively apply the techniques of MFT models. Several of the interviewed therapists researched a variety of resources and activities that would allow them to conduct therapy in a manner that kept the clients engaged. Although creative activities are taught in the Group Psychotherapy course, I recommend that in order to emphasize the need for creativity in the practice of Marriage and Family Therapy, graduate programs should either offer a Therapeutic Creativity course or teach creative activities that enhance the models throughout the curriculum. Considering the amount of time participants spent on researching therapeutic activities and the fact that both participating clinical supervisors created activity folders for their coworkers, this recommendation would provide graduating therapists with a knowledge of creative resources and comfortableness with creative interventions.

The previous recommendation would also reduce the amount of time new therapists spent on researching creative activities. The most cited factors that effects creativity is time. Freedom from time constraints benefits creativity, while a lack of time hinders creativity. This study's participants stated that time-management was necessary to complete all of their job responsibilities and conduct creative therapy. To successfully maximize the time needed to balance creativity with accountability at a managed care agency, these therapists addressed any mismanagement of time by consulting organization strategies with colleagues, pre-planning sessions, and researching resources and techniques from a range of therapy models. For example, typically initial sessions focus on joining and building a trusting relationship with the client. However initial requirements of third-party payers include a large amount of paperwork. To manage their time, some therapists successfully joined with their clients by collaborating with their clients to complete the documentation. Based on the limited time available to therapists working at a managed care agencies and the impact that time can have on creativity, more emphasis should be placed on teaching time management skills.

Class on managed care. Kiser and Piercy (2001, 2014) stated that training programs should teach therapists both how to be accountable and conditions that support creativity. Based on this study's data that knowledge enabled many of the therapists to skillfully combine creative post-modern therapy with the requirements of third party payers, I urge both graduate programs and work settings to provide a range of trainings that focus on both therapeutic techniques and completion of accountability measurements. It might be necessary to teach MFTs how to convey systemic ideas in the language utilized by third-party payers; thus addressing the difficulties expressed by

MFTs in other studies, and using as an example the ability of many of this study's interviewed therapists to translate post-modern information into the medical model language accepted by insurance companies. Furthermore, the findings suggest to me that in order to successfully balance creativity and accountability at a managed behavioral healthcare agency, MFTs must: (a) be aware of all the different systems that are interacting together in the practice of therapy, and (b) be creative enough to incorporate all the needs of these diverse systems into a fluid therapeutic session. I hypothesize that a positive perspective and an understanding of the requirements of managed behavioral healthcare is a main component to successfully navigating today's mental healthcare system. Therefore, I recommend that in order to reduce the negativity that is typically associated with required paperwork, a course on the behavioral healthcare system should include teaching therapists a systemic understanding of the important role third-party payers' requirements have in granting clients access to therapy services and how these requirements can be utilized to aid the therapeutic process.

Implications for Employers

In addition to the educational implications, managed behavioral healthcare agencies should also take notice of these findings. Some of therapists' creativity flourished due to the various incentives offered to them by their companies. Being a creative therapist requires extra time and effort. I deduced that creative therapists do not necessarily mind the extra time that is needed to be creative or to complete the paperwork; rather it is the lack of appreciation from their employers for that extra effort that extinguishes therapists' motivation for creativity. By providing therapists a work environment where they sense that their creative approach and all the effort that is

required to achieve the balance of creativity and accountability is supported, validated and appreciated, I believe more therapists would put in the extra hours necessary to be successful creative therapists in a managed behavioral work setting.

Concluding Remarks

The managed behavioral health care system is evolving. The Affordable Care Act under the Obama Health Plan has increased the population with mental health coverage and the clientele for MFTs. An understanding as to how to successfully combine creativity and accountability in the practice of marriage and family therapy is needed within our field, now more than ever.

Creative MFTs can still flourish in today's mental health care system. Marriage and family therapists should neither be afraid to take creative risks in their therapy sessions due to documentation requirements, nor allow their therapeutic creativity to affect their ability to adhere to accountability measures. Instead, MFTs should honor the multiple realities that are present in managed behavioral health care. By developing a systemic understanding of how the therapeutic and business systems of mental health care interact together to provide the best quality of care for clients, MFTs can successfully combine the needs of the clients, the different professional entities, insurance companies and themselves as a therapist in a creative manner. The findings of this study, gathered from six exemplary therapists, provide professionals, employers and educational programs with an insight into the need for both creativity and accountability, applicable techniques of creativity at a managed care agency, and the personal and professional conditions that motivate and support MFTs' therapeutic creativity while successfully completing the requirements of third-party payers.

In summation, throughout the journey of researching this phenomenon, I have reflected on my own struggles as a therapist. This process has opened my eyes to the limitations I had imposed on myself. I recommend for all therapists to focus on the strengths within themselves and within their work setting to hopefully improve both their confidence in their creative therapeutic ability and their systemic understanding of insurance companies.

References

Amabile, T. M. (1996). *Creativity in context*. Boulder, CO: Westview Press.

Anderson, S. A., Rigazio-DiGilio, S. A., & Kunkler, K. P. (1995). Training and supervision in family therapy: Current issues and future directions. *Family Relations, 44*(4), 489.

Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: The grounded theory/ phenomenology example. *Journal of Advanced Nursing, 17*,1355-1360.

Barron, F. (1988). Putting creativity to work. In R. J. Sternberg (Ed.), *The nature of creativity: Contemporary psychological perspectives* (pp. 76-98). New York, NY: Cambridge University Press.

Beaudin, C. À. (1998). Outcomes measurement: Application of performance standards and practice guidelines in managed behavioral healthcare. *Journal of Nursing Care Quality, 13*(1), 14-26.

Bloch, D., & Simon, R. (Eds.). (1982). *The strength of family therapy: Selected papers of Nathan W. Ackerman*. New York, NY: Brunner/Mazel.

Blow, A. J., & Sprenkle, D. H. (2001). Common factors across theories of marriage and family therapy: A modified Delphi study. *Journal of Marital and Family Therapy, 27*(3), 385-401.

Bohm, D. (1998). *On creativity.* New York, NY: Routledge.

Bolen, R. N., & Hall, J. C. (2007). Managed care and evidence-based practice: The untold story. *Journal of Social Work Education, 43*(3), 463-479.

Briggs, J. (1990). *Fire in the crucible: The self-creation of creativity and genius*. Los Angeles, CA: Jeremy P. Tarcher.

Briggs, J., & Peat, D. F. (1999). *Seven life lessons of chaos: Timeless wisdom from the science of change.* New York, NY: HarperCollins.

Brown, G. S., Jones, E. R., Betts, E., & Wu, J. (2003). Improving suicide risk assessment in a managed-care environment. *Crisis-The Journal of Crisis Intervention and Suicide Prevention, 24*(2), 49-55.

Caldwell, B. Wooley, S. & Caldwell, C. (2007). Preliminary estimates of cost-effectiveness for martial therapy. *Journal of Marital and Family Therapy, 33*, 392-405.

Cameron, S., & Turtle-Song, I. (2002). Learning to write case notes using the SOAP format. *Journal of Counseling and Development, 80*(3), 286-292.

Carr, A. (2008). *Family therapy: Concepts, process and practice.* Chichester, UK: John Wiley & Sons Ltd.

Caronna, C. A. (2004). The misalignment of institutional “pillars”: Consequences for the U.S. health care field. *Journal of Health and Social Behavior, 45*, 45-58.

Carson, D. K., & Becker, K. W. (2003). *Creativity in psychotherapy: Reaching new heights with individuals, couples, and families.* Binghamton, NY: The Haworth Press.

Carson, D. K., & Becker, K. W. (2004, Winter). When lightning strikes: Reexamining creativity in psychotherapy. *Journal of Counseling and Development, 82*(1), 111-115.

Carson, D. K., Becker, K. W., Vance, K. E., & Forth, N. L. (2003, March). The role of creativity in marriage and family therapy practice: A national online study. *Contemporary Family Therapy, 25*(1), 89-109.

Castro, F., & Ramonet, I. (2008). *Fidel Castro: My life - A spoken autobiography.* New York, NY: Scribner.

Christensen, L. L., & Miller, R. B. (2001). MFTs evaluate managed mental health care: A qualitative inquiry. *Journal of Marital and Family Therapy, 27*(4), 509-514.

Connolly, C. (2005). Discovering "family" creatively: The self-created genogram. *Journal of Creativity in Mental Health, 1*(1), 81-105.

Cooperrider, D. (1990). *Appreciative management and leadership: The power of positive thought and action in organizations.* San Francisco, CA: Jossey-Bass, Inc.

Cooperrider, D., Whitney, D., & Stavros, J. (2008). *Appreciative inquiry handbook: For leaders of change*. Brunswick, OH: Crown Custom Publishing, Inc.

Crane, D. R., Patterson, J. E., & Scherger, J. E. (1995, April). Health care reform in the United States: Implications for training and practice in marriage and family therapy. *Journal of Marital and Family Therapy, 21*(2), 115.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches.* Thousand Oaks, CA: Sage Publications, Inc.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.

Csikszentmihalyi, M. (1988). Society, culture, and person: A systems view of creativity. In R. J. Sternberg (Ed.), *The nature of creativity: Contemporary psychological perspective* (pp. 325-339). Cambridge, UK: Cambridge University Press.

Csikszentmihalyi, M. (1996). *Creativity: Flow and the psychology of discovery and invention.* New York, NY: HarperCollins.

Dacey, J. S., & Lennon, K. (1998). *Understanding creativity: The interplay of biological, psychological, and social factors.* San Francisco, CA: Jossey-Bass.

Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed.) (pp. 63-84). New York, NY: Guildford Press. Retrieved from Nova Southeastern University Net Library.

Deacon, S., & Thomas, V. (2000). Discovering creativity in family therapy: A theoretical analysis. *Journal of Systemic Therapies, 19*(3), 4-17.

Dellas, M., & Gaier, E. L. (1970). Identification of creativity: The individual. *Psychological Bulletin, 73*, 55-73.

Einstein, A., & Infeld, L. (1938). *The evolution of physics*. New York, NY: Simon & Schuster.

Feinstein, J. S. (2006). *The nature of creative development*. Stanford, CA: Stanford Business Books.

Ferrer, J. N. (2002). *Revisioning transpersonal theory: A participatory vision of human spirituality.* Albany, NY: State University of New York Press.

Finlay, L., & Evans, K. (2009). *Relational centred research for psychotherapists: Exploring meanings and experience*. UK: John Wiley & Sons.

Ford, D. (2006). Counting hoops: Measuring the quality of mental health services in the US. *The Mental Health Review, 11*(2), 15-20.

Frey, D. H. (1975). The anatomy of an idea: Creativity in counseling. *Personnel and Guidance Journal, 54*, 23-27.

Gage, B. (1998). The history and growth of Medicare managed care. *Generations, 22*(2),

11-18.

Gardner, H. (1993). *Creating minds: An anatomy of creativity seen through the lives of Freud, Einstein, Picasso, Einstein, Stravinsky, Eliot, Graham, and Gandhi*. New York, NY: Basic Books.

Gehani, R. R. (1998*). Management of technology and operations*. New York, NY: Wiley & Sons.

Giorgi, A., & Giorgi, B. (2003). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 25-50). Thousand Oaks, CA: SAGE.

Gladding, S. T. (2002). *Family therapy: History, theory, and practice*. Upper Saddle River, NJ: Pearson Education, Inc.

Gladding, S. T. (2008). The impact of creativity in counseling. *Journal of Creativity in Mental Health, 3*(2), 97-104.

Gladding, S. T., & Henderson, D. A. (2000, July). Creativity and family counseling: The SCAMPER model as a template for promoting creative processes. *The Family Journal: Counseling and therapy for Couples and Families, 8*(3), 245-249.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Golafshani, N. (2003). Understanding reliability and validity in qualitative Research. *The Qualitative Report, 8*(4), 597-607.

Goldenberg, I., & Goldenberg, H. (2008). *Family therapy, an overview (8th ed*). Belmont, CA: Brooks/Cole.

Halpern, D. F. (2003). *Thought and knowledge: An introduction to critical thinking*.

Mahwah, NJ: Lawrence Erlbaum.

Harrington, D. (1990). The ecology of human creativity: A psychological perspective. In M. A. Runco & R. Albert (Ed.), *Theories of creativity* (pp. 143-169). Thousand Oaks, CA: Sage.

Harris, S. M., Brown, A., Dakin, J. B., Lucas, B., Riley, L., & Bulham, R. (2009). Are clinical records really that important? The dearth of research and practice guidelines in MFT literature. *The American Journal of Family Therapy, 37*, 373-387.

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling and Development, 89*, 288-295.

Healy, J. M. (1994). Testing for creativity requires a clear definition of what it is. *Brown University Child & Adolescent Behavior Letter, 10*(12), 1-2.

Hoffman, L. (1981). *Foundations of family therapy.* New York, NY: Basic Books.

Holm-Hadulla, R. M. & Hofmann, F. (2012, September). Counseling, psychotherapy and creativity. *Asia Pacific Journal of Counseling and Psychotherapy, 3*(2), 130-136.

Hurt, F. (1998). Achieving creativity: Four critical steps. *Direct Marketing*, *60*(10), 4-44.

Husserl, E. (1931). *Ideas* (W. R. B. Gibson, Trans.). London, UK: Allen & Unwin.

Jackson, D. D. (1967). Aspects of conjoint family therapy. In G. H. Zuk & I. Boszormenyi-Nagy (Eds.), *Family therapy and disturbed families* (pp. 28-40). Palo Alto, CA: Science and Behavior Books, Inc.

Jennings, B. N., & Staggers, N. (1999). A provocative look at performance measurement. *Nursing Administration Quarterly, 24*(1), 17-30.

King, N., & Horrocks, C. (2010). *Interviews in qualitative research.* Los Angeles, CA:

SAGE.

Kiser, D. J., & Piercy, F. P. (2001). Creativity and family therapy development: Lessons from the founders of solution-focused therapy. *Journal of Family Psychotherapy, 12*(3), 1-30.

Kiser, D. J., & Piercy, F. P. (2014, November). Creativity and family therapy development: Lessons from the founders of solution-focused therapy. *InterAction, 6*(2), 51-85.

Kockelmans, J. (1967). *Edmund Husserl's phenomenological psychology*. Pittsburgh, PA: Duquesne University Press.

Kuhn, T. S. (1977). *The essential tension: Selected studies in scientific tradition and change.* Chicago, IL: University of Chicago Press.

Lairson, D. R., Schulmeier, G., Begley, C. E., Aday, L. A., Coyle, Y., & Slater, C. H. (1997). Managed care and community-oriented care: Conflict or complement? *Journal of Health Care for the Poor and Underserved, 8*(1), 36-55.

Lauer, Q. (1967). On evidence. In J. J. Kockelmans (Ed.), *Phenomenology* (pp. 83-105). Garden City, NY: Doubleday.

Lee, M. Y. (2008). A small act of creativity: Fostering creativity in clinical social work practice. *Families in Society: The Journal of Contemporary Social Services*, 19-31.

Levy, J. (2015, January 7). In U.S., uninsured rate sinks to 12.9%. *Gallup*. Retrieved from http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx

Lim, N., Kim, E. K., Kim, H., Yang, E., Lee, S. M. (2010, June). Individual and work-

related factors influencing burnout of mental health professionals: A meta-analysis. *Journal of Employment Counseling, 47*(2). 86-96.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lofland, J., & Lofland, L. (1995). *Analyzing social settings: A guide to qualitative observation and analysis.* Belmont, CA: Wadsworth.

Madanes, C. (1980). Protection, paradox and pretending. *Family Therapy Process, 19,* 73-85.

Maxwell, J. A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage.

McIntyre, D., Rogers, L., & Heier, E. J. (2001). Overview, history, and objectives of performance measurement. *Health Care Financing Review, 22*(3), 7-21.

Miller, I. J. (2000). Insurance refusal for couples therapy: Dealing with insurance refusal to pay for couples therapy. *Forward Psychology Group, LLC*. Retrieved from http://drherz.us/for-professionals/dealing-with-insurance-refusal-for-marital-therapy/

Miller, J. K. (2005). The question of competence. *Family Therapy Magazine, 4*(4), 28-31.

Miller, J. K., Todahl, J. L., & Platt, J. J. (2010, January). The core competency movement in marriage and family therapy: Key considerations from other disciplines. *Journal of Marital and Family Therapy, 36*(1), 59-70.

Moerer-Urdahl, T., & Creswell, J. (2004). Using transcendental phenomenology to explore the “ripple effect” in a leadership mentoring program. *International Journal of Qualitative Methods, 3*(2).

Morgan, M. L., & Wampler, K. S. (2003, June). Fostering client creativity in family

therapy: A process research study. *Contemporary Family therapy, 25*(2), 207-228.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: SAGE.

Mullen, E. J., & Magnabosco, J. L. (1997). *Outcomes measurement in the human services*. Washington, DC: National Association of Social Workers Press.

National Conference of State Legislatures. (2011, May). *Managed care and the states.* Retrieved from http://www.ncsl.org/issues-research/health/managed-care-and-the-states.aspx

Nelson, T. S., Chenail, R. J., Alexander, J. F., Crane, D. R., Johnson, S. M., & Schwallie, L. (2007). The development of core competencies for the practice of marriage and family therapy. *Journal of Marital and Family Therapy, 33*(4), 417-439.

Nelson, T. S., & Johnson, L. N. (1999). The Basic Skills Evaluation Device. *Journal of Marital and Family Therapy*, *25*(1), 15-30.

Nichols, M. P., & Schwartz, R. C. (2001). *Family therapy: Concepts and methods (8th ed.).* Boston, MA: Allyn & Bacon.

Office of the Press Secretary. (June 28, 2012). FACT SHEET: The Affordable Care Act: Secure health coverage for the middle class. *The White House,* Retreived April 3, 2015, from https://www.whitehouse.gov/the-press-office/2012/06/28/fact-sheet-affordable-care-act-secure-health-coverage-middle-class

Pankow, S. A. (2000). *Career practices and training perspectives of marriage and family therapy program graduates*. Unpublished doctoral dissertation, Virginia Polytechnic Institute and State University, Virginia.

Patterson, B. H. (1986). Creativity and andragogy: A boon for adult learners. *The Journal of Creative Behavior, 20*(2), 99-109.

Patterson, J. E., McIntosh-Koontz, L., Baron, M., & Bischoff, R. (1997). Curriculum changes to meet challenges: Preparing MFT students for managed care settings. *Journal of Marital and Family Therapy, 23*(4), 445-459.

Patterson, T. (1999). *The couple and family clinical documentation sourcebook.* New York, NY: John Wiley & Sons, Inc.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Piaget, J. (1969). *The child's conception of the world*. Totowa, NJ: Littlefield, Adams.

Piercy, F. P., Sprenkle, D. H., & Wetchler, J. L. (1996). *Family therapy sourcebook (2nd edition).* New York, NY: The Guildford Press.

Pitney, W. A., & Parker, J. (2009). *Qualitative research in physical activity and the health professions.* USA: Human Kinetics.

Prieto, L. R., & Scheel, K. R. (2002, Winter). Using case documentation to strengthen counselor trainees' case conceptualization skills. *Journal of Counseling and Development*, 80, 11-21.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *Psychologist, 18*(1), 20-23.

Rivett, M. (2008). Towards a metamorphosis: Current developments in the theory and practice of family therapy. *Child and Adolescent Mental Health, 13*, 102–106.

Rivett, M., & Street, E. (2003). *Family therapy in focus*. London, UK: Sage.

Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special

considerations for the marriage and family therapist. *Journal of Marital and Family Therapy, 32*(1), 87-99.

Rosenthal, H. (2002). Samuel T. Gladding on creativity. *Journal of Clinical Activities, Assignments, & Handouts in Psychotherapy Practice, 2*(2), 23-33.

Rosnow, R. L., & Rosenthal, R. (1997). *People studying people: Artifacts and ethics in behavioral research.* New York, NY: W. H. Freeman.

Sawyer, R. K. (2006). *Explaining creativity: The science of human innovation*. New York, NY: Oxford University Press.

Searight, H. R., & Young, R. (1994). Qualitative research and family systems medicine: A natural fit. *Family Systems Medicine, 12*, 117–121.

Sekhri, N. K. (2000). Managed care: The US experience. *World Health Organization. Bulletin of the World Health Organization, 78*(6), 830-844.

Shadish, W. R., & Baldwin, S. A. (2002). Meta-analysis of MFT interventions. In D. H. Sprenkle (Ed.), *Effectiveness research in marriage and family therapy* (pp. 339-370). Alexandria, VA: American Association for Marriage and Family Therapy.

Shadish, W. R., Ragsdale, K., Glaser, R. R., & Montgomery, L. M. (1995). The efficacy and effectiveness of marital and family therapy: A perspective from meta-analysis. *Journal of Marital and Family Therapy, 21*, 345-360.

Shields, C. G., Wynne, L. C., McDaniel, S. H., & Gawinski, B. A. (1994). The marginalization of family therapy: A historical and continuing problem. J*ournal of Marital and Family Therapy, 20*(2), 117-138.

Simonet, D. (2004). Managed care: US experience and European initiatives. *Journal of Generic Medicines, 1*(4), 322-328.

Simonton, D. K. (1988). *Scientific genius*. New York, NY: Cambridge University Press.

Slater, L. (2004). *Opening Skinner's box: Great psychological experiments of the twentieth century.* New York, NY: W. W. Norton & Company.

Smith, J., & Walshe, K. (2004). Big business: The corporatization of primary care in the UK and the USA, *Public Money & Management*, *24*(2), 87-96.

Smith, J. A. (2003). *Qualitative psychology: A practical guide to research methods.* Thousand Oaks, CA: SAGE.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Thousand Oaks, CA: SAGE.

Smith, M. L., Glass, G.V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore, MD: John Hopkins University Press.

Speed, B. (2004). All aboard in the NHS: Collaborating with colleagues who use different approaches. *Journal of Family Therapy*, 26, 260–279.

Spiegel, A. D., & Springer, C. R. (1997). Babylonian medicine, managed care and Codex Hammurabi, circa 1700 B. C. *Journal of Community Health*, *22*(1), 69-89.

Sprenkle, D. H. (2003). Effectiveness research in marriage and family therapy: Introduction. *Journal of Marital and Family Therapy, 29*(1), 85-96.

Sprenkle, D. J., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*(2), 113-129.

Sprenkle, D. H., Blow, A. J., & Dickey, M. (1999). Common factors and other non-technique variables in marriage and family therapy. In M. A. Hubble, B. L. Duncan, & S. Miller (Eds.), *The heart and soul of change: What works in therapy*

(pp. 329-360). Washington, DC: American Psychological Association.

Starko, A. J. (1995). *Creativity in the classroom*. New York, NY: Longman Publishers.

Sternberg, R. J. (Ed.), (1988). *The nature of creativity: Contemporary psychological perspectives*. New York, NY: Cambridge University Press.

Sternberg, R. J. (Ed,). (1994). *Thinking and problem solving*. San Diego, CA: Academic Press.

Stenberg, R. J. (2006). The nature of creativity. *Creative Research Journal, 18*(1), 87-98.

Storr, A. (1988). *Solitude: A return to the self.* New York, NY: Ballantine Books.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.

Stroul, B. A., Pires, S. A., Armstrong, M. I., & Meyer, J. C. (1998). The impact of managed care on mental health services for children and their families. *The Future of Children, 8*(2), 119-133.

Talerico, C. J. (1986). The expressive arts and creativity as a form of therapeutic experience in the field of mental health. *Journal of Creative Behavior, 20*, 229-247.

Torrance, E. P. (1962). *Guiding creative talent*. Upper Saddle River, NJ: Prentice Hall.

Torrance, E. P. (1988). The nature of creativity as manifest in its testing. In R. J. Sternberg (Ed.), *The nature of creativity* (pp. 43-75). New York, NY: Cambridge University Press.

Trochim, W. M. K. (2001). *The research methods knowledge base*. Cincinnati, OH: Atomic Dog Publishing.

Trudeau, L. S., Russell, D. W., de la Mora, A., & Schmitz, M. F. (2001). Comparisons of MFTs, psychologists, psychiatrists, and social workers on

job-related measures and reactions to managed care in Iowa. *Journal of Marital and Family Therapy, 27*(4), 501-507.

Van Kaam, A. (1959). Phenomenal analysis: Exemplified by a study of the experience of "really feeling understood." *Journal of Individual Psychology, 15*, 66-72.

Van Kaam, A. (1966). *Existential foundations of psychology*. Lanham, MD: University Press of America.

Walker, C. A. (2014). The Affordable Care Act and mental health services. *Journal of Psychosocial Nursing*, 52(9), 3-4.

Wallas, G. (1926). *The art of thought.* New York, NY: Harcourt, Brace, & World.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.

Weakland, J., Fisch, R., Watzlawick, P., & Bodin, A. M. (1974). Brief therapy: Focused problem resolution. *Family Process, 13*, 141-168.

Weisberg, R. W. (1993). *Creativity: Beyond the myth of genius*. New York, NY: W. H. Freeman.

Weiss, R. S. (1994). *Learning from strangers: The art and method of qualitative interview studies.* New York, NY: The Free Press.

Waite, R. G. L. (1993). *The psychopathic god: Adolf Hitler*. USA: Da Capo Press.

Zarabozo, C. (2000). Milestones of Medicare managed care. *Health Care Financing Review, 22*(1), 61-67.

Appendices

Appendix A

Consent Form

Consent Form for Participation in the Research Study Entitled
Balancing Act: Successfully Combining Creativity and Accountability in the Practice of Marriage and Family Therapy

Funding Source: None.

IRB protocol #: 09051402Exp

Principal investigator
Nathalie Duque Bello, M.S.
6952 Willow Lane
Miami Lakes, FL. 33014
305-822-9290

Co-investigator
Anne Rambo, Ph. D.
3301 College Avenue
Ft. Lauderdale, FL. 33314-7796
954-262-3002

For questions/concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

What is the study about?
You are invited to participate in a research study. The purpose of this research is to understand the perspective of therapists who have experienced the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting. The primary goal of this study is to explore how creative therapists who are not hindered by third-party payers' paperwork and service parameters, describe what their creativity looks like and the internal/external factors that have supported their ability to balance creativity and accountability in their job.

Why are you asking me?
You are being asked to participate in this study because of your profession as a Marriage and Family Therapist. You are being asked to participate in this study because you met the study inclusion criteria which includes: (a) a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, (b) can not be a current student or faculty member of Nova Southeastern University, (c) a self-perception of having the ability to incorporate creative therapeutic techniques into their practice, (d) employed by a managed behavioral healthcare agency, (e) engage in face-to-face client contact for a minimum of 10 hours per week, (f) required at work to complete third-party payers' documentation for reimbursement, (g) experience and insight of the issue surrounding creativity and work accountability, (h) a recommendation from a colleague stating their reputation as a creative marriage and family therapist, and (i) a desire to participate and understand the phenomenon's nature. There will be up to ten participants in this research study.

What will I be doing if I agree to be in the study?
Participation in this study will require one face-to-face audio-recorded interview with Mrs. Bello, the researcher, lasting up to 75 minutes. The interview will be about your experience with the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting. The interview will be conducted at either the researcher's home or the participant's home. You will be asked to complete a participation demographic form that will take you five minutes to complete; the demographic form which will ask you information regarding you gender, ethnicity, academic degree and work setting. You will also be asked to list examples of your therapeutic creativity and required accountability measurements in your current work setting; this form will take you five minutes to complete. The interview will take place at either the researcher's home or the participant's home. Once your interview is analyzed, an electronic copy of the transcript and themes generated from the interview will be sent to your secure password protected email address via my secure password protected email address. Upon receipt, Mrs. Bello will schedule a phone meeting with you, the participant, to verify accuracy of information and interpretation of the transcript. It will take you approximately 30 minutes to review your transcript. You will have three weeks to complete this phone interview. The phone meeting will last approximately 30 minutes, thus allowing the researcher and the participant to discuss and address any necessary changes. Your interview will then be compared with the other participant's answers in search of common themes. The results will be shared with you at the conclusion of the study.

Is there any audio or video recording?
This research project will include audio recording of the interview. The audio recording will be available to be heard by the researcher, Mrs. Bello, personnel from the IRB, and the dissertation chair, Dr. Rambo. Mrs. Bello will transcribe the recordings into her

password-protected computer. Mrs. Bello will use headphones to transcribe all interviews in the editing room at Nova Southeastern University to ensure privacy. The digital recording will be kept securely in Mrs. Bello's home office in a locked safe. The recording will be kept for 36 months from the end of the study and permanently deleted after that time. Because your voice could be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the audio recordings as described in this paragraph.

What are the dangers to me?
This research represents minimal risk to you. However, procedures or activities in all studies may have unknown or unforeseeable risks. Complete confidentiality cannot be guaranteed since all interviews will be recorded; however Mrs. Bello has established secure procedures to protect your identity, which many prevent potential harm. You have the ability to rescheduled the interview or discontinue your participation in the research at any given time, for any given reason, without any penalties. There is a minimal likelihood that you may experience some emotional discomfort since Mrs. Bello will require the participant to recall past experiences in narrating your story. All information disclosed during the research will be kept confidential and private, except in the case were the law requires the mandatory report to authorities regarding information deemed harmful to self or others, elderly abuse, and child neglect. Therefore, you are advised not to disclose any information that you may not be comfortable sharing. If any emotional distress were to occur, Mrs. Bello will provide a referral for counseling and you will assume the full costs associated with the services sought.

If you have any questions about the research, your research rights, or have a research-related injury, please contact Mrs. Bello and Dr. Rambo. You may also contact the IRB at the numbers indicated above with questions as to your research rights.

Are there any benefits for taking part in this research study?
There are no benefits to you for participating in this study.

Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study.

How will you keep my information private?
Being recorded means that confidentiality cannot be guaranteed. However, the access to your records will be limited to Dr. Rambo, my chair, IRB personnel, and myself. All information obtained in this study will be edited for anonymity and is strictly confidential unless disclosure is required by law. The interviews will be recorded on a digital recording device that will be stored in a locked safe in the researcher's home office. The researcher will personally transcribe the interviews in a password protected computer. With the exception of this consent form, the researcher will protect the confidentiality of your identifying information and your participation in the study by utilizing pseudonyms.

Throughout the study and 36 months after, all recordings saved on the digital recorder will be maintained in a locked safe in PI's home office. At the conclusion of the study, all transcribed interviews and data analysis will be transferred from the password protected computer to a portable USB; therefore no information will remain in the password protected computer at the conclusion of the study. The USB and all paper documents will be maintained for 36 months in a locked safe in the researcher's home office. At the end of the 36 months, all electronically saved data stored in the digital recorder and USB will be deleted. Furthermore, the researcher will destroy all transcribed documents by cross-cut shredding all physical documents.

What if I do not want to participate or I want to leave the study?
You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study and may be used as part of the research.

Other Considerations:
If significant new information relating to the study becomes available, which may relate to your willingness to continue to participate, this information will be provided to you by the researcher.

Voluntary Consent by Participant:
By signing below, you indicate that

- ☐ this study has been explained to you
- ☐ you have read this document or it has been read to you
- ☐ your questions about this research study have been answered
- ☐ you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- ☐ you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- ☐ you are entitled to a copy of this form after you have read and signed it
- ☐ you voluntarily agree to participate in the study entitled **"**Balancing Act: Successfully Combining Creativity and Accountability in the Practice of Marriage and Family Therapy"

Participant's Signature: _____ Date: _____

Participant's Name: _____ Date: _____

Signature of Person Obtaining Consent: _____ Date: _____

Initials: _____ Date: _____

Appendix B

Letter of Invitation to Participant

Dear prospective research participant:

My name is Nathalie Duque Bello. I am a licensed Marriage and Family therapist who is a Ph. D. candidate at Nova Southeastern University. I am currently working on my qualitative research dissertation study. I am seeking to collect data for my study titled "Balancing Act: Successfully Combining Creativity and Accountability in the Practice of Marriage and Family Therapy". The chairperson of this dissertation is Dr. Anne Rambo. She can be reached at (954-262-3002) for further information about this study.

You were selected as a potential participant in this study because of your profession as a Marriage and Family Therapist.

The purpose of this research is to understand the perspective of therapists who have experienced the phenomenon of *successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting.* The primary goal of this study is to explore how creative therapists who are not hindered by third-party payers' paperwork marriage and service parameters, describe what their creativity looks like and the internal/external factors that have supported their ability to balance creativity and accountability in their job.

Criteria to participate in this study include (a) a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, (b) can not be a current student or faculty member of Nova Southeastern University, (c) a self-perception of having the ability to incorporate creative therapeutic techniques into their practice, (d) employed by a managed behavioral healthcare agency, (e) engage in face-to-face client contact for a minimum of 10 hours per week, (f) required at work to complete third-party payers' documentation for reimbursement, (g) experience and insight of the issue surrounding creativity and work accountability, (h) a recommendation from a colleague stating their reputation as a creative marriage and family therapist, and (i) a desire to participate and understand the phenomenon's nature.

This study will help in creating an opportunity for positive conversation to occur within the field on how to support therapists' creative skills. Contrary to the research available in the literature regarding the barriers to creativity, this study will narrow the gap within the literature by inviting the participants to provide insight into the positive qualities available in today's mental health care system.

Participation in this study will require one face-to-face interview with myself, the researcher, lasting up to 75 minutes, conducted at either the researcher's home or the participant's home. I will request that the interview be audio-recorded. You will also be asked to complete a participation demographic form, and provide examples of your therapeutic creativity and required accountability measurements in your current work

setting. Lastly, once I transcribe and analyze your interview, an electronic copy of the transcript and themes generated from the interview will be sent to your secure password protected email address via the researcher's secure password protected email address. Upon receipt, I will schedule a phone meeting with you to verify accuracy of information and interpretation of the transcript. It will take you approximately 30 minutes to review your transcript. You will have three weeks to complete this phone interview. The phone meeting will last approximately 30 minutes, thus allowing the researcher and the participant to discuss and address any necessary changes Participation in the study is completely voluntary and you will be free to terminate your involvement in the study at any given moment. There will be no financial reimbursement for your involvement in the study.

There is a minimal risk that you will experience any discomfort participating in this study. Every effort will be made throughout the study to ensure complete confidentiality. Being recorded means that confidentiality cannot be guaranteed. However, the access to your records will be limited to Dr. Rambo, my chair, IRB personnel, and myself. With the exception of the consent form, a pseudonym will be used for all collected data; therefore, no actual names will be used nor linked to the participant's identity. All information will be stored in a password-protected locked computer and safe in my home office.

If you wish to participate in the study or have any further questions, please feel free to contact me at 954-778-1538 or at bello_nat@yahoo.com. If you reach my voice mail, please leave your name, phone number, and a convenient time when you can be reached.

Thank you very much for your time,

Nathalie Duque Bello, LMFT
Doctoral Family Therapy Student

Appendix C

Participant Demographics

Participant Pseudonym:_____

Fill out the questions by indicating the categories that best describe you.
This will be non-identifying information for the study.

Gender: ___ Female ___ Male

Age: _____

How do you define your ethnicity:
____ African American
____ Asian American
____ White (Anglo American)
____ Hispanic American
____ Native American
Other (Please specify)_____
Multi-racial (Please describe)_____

What type of degree(s) have you earned:
Bachelor Major: _____
Year Earned: _____
Master's Major: _____
Year Earned: _____
Doctoral Major: _____
_____ Ph.D _____ Psy. D
Year Earned: _____
School: _____

Were you trained in post-modern, systemic therapy? Yes or No

Are you a licensed MFT? Yes or No
If so, since what year:_____

Are you a licensed MFT Supervisor?
Yes or No
If so, since what year:_____

What, if any, other licenses do you hold:
_____
_____

List any specialized areas you are certified in:
_____
_____

Describe your work setting:
_____
_____
_____

Work status:
Part time (less than 20 hours) _____
Full time (32 hours or more) _____

What is your job title:
_____

Do you work with youth, adults, or both:_____

How many client contact hours do you provide per week: _____

Please list the third-party payers you are a provider for: _____
_____
_____

Are you required to diagnose?
Yes or No

How many hours do you spend on completing third-party payers' paperwork per week:_____

Appendix D

Examples of Participant's Therapeutic Creativity and Required Accountability Measurements in Current Work Setting

Participant Pseudonym: _____

Please list ways in which you are creative in your current managed behavioral healthcare work setting. If possible, include copies (please eliminate identifying client information):

_____

_____

_____

_____

Please list all clinical documentation required in your current managed behavioral healthcare work setting. If possible, please include copies of documentation requirements:

_____

_____

_____

_____

Please list all service parameters required in your current managed behavioral healthcare work setting:

_____

_____

_____

Appendix E

Interview Guide

Participant's Pseudonym: _____

Date:
Place:
Start time of interview:
End time of interview:

Introduction

1. "Before we begin, do I have your permission to begin audio taping this interview?" Once permission has been granted and equipment turned on, greet and thank the participant for consenting to the study. Inform participant that the entire interview will be personally transcribed by self and that the analysis of the transcription will be emailed to them to ensure accuracy. Review of the transcript will take approximately 30 minutes to complete. Request participant's secure password protected email address and remind them that they will have three weeks to complete a follow up phone interview that will last approximately 30 minutes, in order to address any necessary changes. Reiterate confidentiality and privacy issues and their right to withdraw whenever they wish.

2. Describe the research process: "You have qualified to participate in this study based on the following criteria (a) a graduate degree in Marriage and Family Therapy from an accredited graduate school that teaches post-modern systemic therapy, (b) can not be a current student or faculty member of Nova Southeastern University, (c) a self-perception of having the ability to incorporate creative therapeutic techniques into their practice, (d) employed by a managed behavioral healthcare agency, (e) engage in face-to-face client contact for a minimum of 10 hours per week, (f) required at work to complete third-party payers' documentation for reimbursement, (g) experience and insight of the issue surrounding creativity and work accountability, (h) a recommendation from a colleague stating their reputation as a creative marriage and family therapist, and (i) a desire to participate and understand the phenomenon's nature." Provide the interviewee the Participant Demographics form (Appendix C) to ensure that they qualify for the study.

3. "Throughout this interview, I will be asking questions with the goal of understanding all aspects of your experience with the phenomenon of successfully combining creativity and accountability in the practice of marriage and family therapy at a managed care work setting. In order to engage the mind in reflective thinking, please take a few quiet moments to focus on your work setting, your experience at work with third-party payer's documents, and your ability to work creatively?"

Researcher Reminder: Elicit several textural and structural details connected to the memory for each question. Details include:

- thoughts that stand out
- social factors
- opposing perspectives
- personal affect
- emotions
- people

Engaging Reflection on the Phenomenon:

4. What is the first thing that comes to mind when I ask about your experience with being creative in your current place of employment?

General Interview Questions

Depending on the answer to question 4, pick the next question prompt from the following options to form the next question. Ensure both textural and structural follow up questions are asked.

5. What kinds of tools (e.g., crayons, games, materials) do you use in sessions?
6. What has influenced and supported your creative development?
7. What qualities or characteristics make you a creative therapist?
8. Are any of these creative qualities supported by factors at work?
9. Are any of these creative qualities supported or affected by your required agency documentation?
10. How do you balance creativity and accountability to third party payers at work?
11. Are there ever times when your creativity negatively affects your ability to be accountable?
12. Are there ever times when your need to be accountable affects your ability to be creative?

Participant's Pseudonym: _____

13. How do you document your creative skills/interventions in your paperwork? Please list examples in Appendix D. (please eliminate identifying client information)
14. How do you incorporate your post-modern, systemic training in achieving a balance between creativity and accountability?
15. Studies have shown required agency documentation may affect a therapist's time and energy, potentially reducing their creativity. Do you find this to be an issue?

    If participant answers no, ask 15A. Why do you think this is not an issue for you?

    If participant answers yes, ask 15B. How do you manage to incorporate your creativity despite these issues?
16. Studies have shown required agency documentation could at times reduce a therapist's willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?

    If participant answers no, ask 16A. Why do you think this is not an issue for you?

    If participant answers yes, ask 16B. How do you manage to incorporate your creativity despite these issues?
17. Have you shared all that is significant with reference to the experience of being a marriage and family therapist who works at a managed behavioral healthcare agency, and has successfully balanced creativity and accountability?

Conclusion

18. Thank the participant for their time and information. Remind them that they will

Participant Pseudonym: _____

be given the opportunity to review the analysis of the interview which will take them 30 minutes to complete. Confirm the participant's secure password protected email address and remind them that they will have three weeks to complete a follow up phone interview that will last approximately 30 minutes, in order to address any necessary changes.

Participant Pseudonym: _____

Appendix F

Cross Analysis for All Six Participants

Textural Themes Cross Analysis for All Six Participants			
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?			
Textural Theme TT#	*Textural Themes* #(participant)T(textural)T(theme)	*Textural Subthemes*	Related to TT Unit #s
1TT1	Creatively combining the needs of the clients, insurance companies and you as a therapist		2TT1, 2TT1b, 3TT2, 4TT1, 4TT2, 5TT3a, 6TT4
1TT1a	Not confining therapeutic practice and documentation writing only to insurance companies' requirements, but be flexible to also incorporate systemic language and postmodern therapy into sessions and paperwork		3TT2a, 5TT3, 6TT1
1TT1b	Inclusion of games and other materials to get required information in a manner that client feels comfortable		2TT2, 3TT1, 3TT1a, 3TT1b, 5TT1, 5TT1a, 5TT1b, 6TT3
1TT2	Incorporate techniques from models across disciplines and combine MFT models in session to achieve change and measure progress (ex. Scaling)		2TT2a, 5TT2, 6TT3
2TT1	Constantly hypothesizing multiple systemic creative ways to fluidly connect and meet the needs of the clients and the different professional entities		1TT1, 2TT1b, 3TT2, 4TT1, 4TT2, 5TT3a, 6TT4
2TT1a	Creating a relationship with the client through honesty allows the therapist to creatively partner up with the client to complete the documentation		4TT1a, 6TT1a, 6TT2
2TT1b	Having reverence for what is important for the client, while naturally incorporating into the therapeutic conversation the required treatment goals of the insurance companies		1TT1, 2TT1, 3TT2, 4TT1, 4TT2, 5TT3a, 6TT4
2TT2	Creative therapeutic techniques include the use of metaphors and themes to discuss interactional patterns and the incorporation of humor, games, handouts and homework		1TT1b, 3TT1, 3TT1a, 3TT1b, 5TT1, 5TT1a, 5TT1b, 6TT3
2TT2a	Being open to utilizing resources and techniques from other models to better understand client		1TT2, 5TT2, 6TT3
3TT1	Continuously reflecting ways to creatively engage client in uncovering patterns of relational dynamics		1TT1b, 2TT2, 3TT1a, 3TT1b,

	and behaviors	5TT1, 5TT1a, 5TT1b, 6TT3
3TT1a	Having a readily available activity resource box and not being afraid to incorporate different artistic therapeutic interventions from other models, such as music, drawing and games	1TT1b, 2TT2, 3TT1, 3TT1b, 5TT1, 5TT1a, 5TT1b, 6TT3
3TT1b	Assisting clients to view situations differently through the use of metaphors, feedback from fellow peers and self-reflecting in journals	1TT1b, 2TT2, 3TT1, 3TT1a, 5TT1, 5TT1a, 5TT1b, 6TT3
3TT2	Communicating in medical terminology with the insurance company and utilizing the insurance company's requirements in order to provide the client with the best treatment	1TT1, 2TT1, 2TT1b, 4TT1, 4TT2, 5TT3a, 6TT4
3TT2a	Skillfully connecting the client's language, therapist's clinical observations and creative therapeutic interventions back to the requirements of the insurance company in the medical language that meets the third-party payer's requirements	1TT1a, 5TT3, 6TT1
4TT1	Creatively employing different Solution Focused and Narrative therapy strength based techniques to uncover coping skills and demonstrate to clients experiencing crisis and exhibiting oppositional behavior that the therapist is respecting and understanding their side of the story	1TT1, 2TT1, 2TT1b, 3TT2, 4TT2, 5TT3a, 6TT4
4TT1a	Using the documentation to develop a trust with the client by being honest and showing them the paperwork, and allowing client to make additions to the progress note that better represents how they view their situation	2TT1a, 6TT1a, 6TT2
4TT2	Systemically understanding all the factors in the client's life and client's situational behaviors, in order to fulfill the insurance requirements and choose a diagnosis that will help the client and family receive the best level of care	1TT1, 2TT1, 2TT1b, 3TT2, 4TT1, 5TT3a, 6TT4
5TT1	Incorporating a combination of creative artistic therapy techniques, pop culture and inspirational narratives in every aspect of the therapeutic process in order to keep the clients and their families engaged in therapy	1TT1b, 2TT2, 3TT1, 3TT1a, 3TT1b, 5TT1a, 5TT1b, 6TT3
5TT1a	Creating therapeutic activities based on pop cultural mediums, such as movies, video games, puzzles and games, to join with clients	1TT1b, 2TT2, 3TT1, 3TT1a, 3TT1b, 5TT1, 5TT1b, 6TT3
5TT1b	Utilizing a wide array of creative therapeutic techniques from music, play and art therapy to create	1TT1b, 2TT2, 3TT1, 3TT1a,

	change from different perspectives	3TT1b, 5TT1, 5TT1a, 6TT3
5TT1c	Motivating clients with inspirational narratives, including personal story of survival	
5TT2	Not following text-book application of models to all clients, but creatively combining therapy models to fit the unique needs of each individual	1TT2, 2TT2a, 6TT3
5TT3	Being creative to translate the post-modern models and creative techniques used in the therapy session into a concise medical model language utilized for documentation	1TT1a, 3TT2a, 6TT1
5TT3a	Focusing the therapeutic interventions on the client's needs while being flexible to incorporate the requirements of the insurance company into the session	1TT1, 2TT1, 2TT1b, 3TT2, 4TT1, 4TT2, 6TT4
6TT1	After fulfilling necessary insurance documentation requirements, creatively tailoring paperwork to reflex therapist's post-modern approach and the specific needs of the client by incorporating additional systemic questions and information acquired through Marriage and Family therapy methods	1TT1a, 3TT2a, 5TT3
6TT1a	Engaging client to take ownership over therapy by collaborating with client to complete documentation and incorporating client's creative therapeutic activity sheets into the documentation process	2TT1a, 4TT1a, 6TT2
6TT2	Utilizing several creative techniques in the prioritization of the joining process and allowing clients the freedom to provide therapist with feedback regarding the direction of therapy develops an honest therapeutic relationship which gives therapist the confidence to try different creative interventions	2TT1a, 4TT1a, 6TT1a
6TT3	Constantly thinking of different creative therapeutic interventions, such as drawing emotions and implementing a life planner, to help the client view their behavior from different perspectives, including family dynamics, in order to create systemic change	1TT1b, 2TT2, 3TT1, 3TT1a, 3TT1b, 5TT1, 5TT1a, 5TT1b
6TT4	Normalizing client's behavior and creatively helping client remove the stigma of, "Am I crazy?" by explaining to client how his/her medical issues could affect behaviors and mood	1TT1, 2TT1, 2TT1b, 3TT2, 4TT1, 4TT2, 5TT3a

Synthesized Textural Themes for All Six Participants	
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?	
Clustered Related Textural Themes TT #s	*Synthesized Textural Themes* and Supporting Quotes S(Synthesized)T(textural)T(theme)
1-TT1, 2-TT1 2-TT1b, 3-TT2 4-TT1, 4-TT2 5-TT3a, 6-TT4	STT1: Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist
	#1T1: "It's not about just your goals or the company's goals, it's a way of finding a medium to accomplish that and the only ways is to be creative." #2T17: "I think it helps because you actually have to be more creative to combine the two. You know, because there's the creativity that you have, but then there's the creativity that you have to create when you're then faced with a challenge. And I think it's the same thing with the therapist with regards to third-party payers and being creative." #2T19: "But I think they go hand-in-hand. Every time I walk into a session, I'm not only thinking about the legal ramifications. And that's why I was saying where I kind of hold multiple hypothesis in my head at the same time. Hypotheses. If I walk into a session thinking about, you know, what's the content, what's the process, what is DCF looking for, what's my insurance payer looking for, what's my agency's liability. If I'm walking in there with all of these things kind of floating in the air from the gate, then it really does inform everything I do moving forward. You know I make sure that my lens, kind of when you're an optometrist, I can flip it around to whatever I need it to flip to. But that every tool that I need to use is already there." #2T20: "This is where it comes to having the fundamental beliefs about things being connected. So because I believe that things are truly, truly connected, it's very natural and fluid for me to pull those things in…You just pull it in. You find a way to work it into the whole process. That way when you're documenting your Medicaid note, you are being ethical, you're being legal and you are saying, 'I worked on these two coping skills with her, you know, this session.' So you have to make sure that you do what you say, but that you're able to also have these wonderfully romantic moments with your client, while still attending to the mandates of whatever insurance provider, example Medicaid, that

	you're dealing with." #3T18 : "I would look at what are the struggles that the client is going through, because this is what the insurance needs to see…So I am going to write like there is less post-acute withdrawal symptoms. Awesome; I'm not going to list all of the post-acute withdrawal symptoms, I'm not going to put the ones that she's not experiencing any more. But I'm going to make emphasis on that they need to continue care, level of care, because of these reasons. Which are going to be either expressed by the client or observed by the clinical team, etcetera." #4T13: "But a lot of times I just try to figure out different ways, you find different ways to word it to get in what you need to get in, without making it super awkward." #5T13: "When you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you're telling the truth, you're not breaking any laws, and you are fulfilling the requirement of the insurance company." #6T9: "And I say, 'Good thing that we do blood work here so they can check your thyroid levels first, because that can most of the time affect.' And I use that to normalize their behavior. That it could just be an imbalance in their hormones and the thyroid might be an issue." #6T12: "Because I want to give them that hope and as a therapist coming from a systemic background, 'It's something going on in your environment that's affecting you right now. And part of it is making sure that medically you're okay'."
1-TT1a, 3-TT2a 5-TT3, 6-TT1	STT2: Translating post-modern information into the medical model language that meets the third-party payers' requirements
	#1T6: "There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper." #3T19: "So I'll just briefly say certain things like if I engaged a client through art, I would say I engaged them through art or through music or through this or through that with the purpose of doing XYZ. So putting your creativity, tying back to their needs, their requirements."

	#3T21: “The way that you incorporate systemic training in achieving balance between creativity and accountability is within session you are creative, you do your postmodern therapy, you focus on the client’s needs as a postmodern therapist, but then when you're translating it you use the medical language.” #5T20: “The documents are not helping you to be creative. You have to be creative to do the documents, you know. It’s the opposite.” #6T2: “And that’s something that I pride for because every note is tailored. I know that one of the things that we do run into is generic goals and I tailor them. And I change it up a bit, you know. I leave that for the psychiatrist and then I add my own goals, just because my name is at the bottom of that.” #6T15: “For the biopsychosocials I write down the information. I also incorporate from the other questions… And as a systemic therapist I bring up other things that were questioned, so that I have an understanding of how this affects the system, of how this affects my client.”
2-TT1a, 4TT1a, 6-TT1a, 6-TT2	STT3: Completing documentation with clients
	#2T4, #2T6: “Walking into the session and just be supper honest and say, ‘Hey, I’m here to help you. We’re here to work these things through. But… the first three sessions are going to be really, really paperwork heavy.’ And to share that in a very open and genuine way….And we’re tackling it more as a team…You know, because what ends up happening is that the therapist goes in and it’s client with their problem versus therapist with their paperwork. And so I tell them, flip that on its side. Make it client with therapist, versus problem and paperwork. Cause if you can get on the same page with your client, then you’re able to be creative with regards to what they're doing, and knock out all your paperwork. But it's all about how you position yourself in relationship to your client, and how you then position that relationship to the paperwork and their content.” #4T2: “Well what works for me is sharing my notes with the client. And if they say, ‘Oh no. I didn’t mean this I meant that,’ I’ll change it. I’ll cross it out and be like, ‘Oh, client says this,’ you know. And so it's more appropriate to what they feel. And I also have what I wrote, but I have what they added as well. And so it even gives me a better insight into what the client’s thinking.” #6T5: “You can trust me. If you don’t like my style, you can always tell me. I always leave an open door, you know, like to communicate and say I’m not sure if I agree with that. Because that way I learn more about you and how to tailor the way I do therapy with you.”

	#6T13: “When I do my notes, a lot of the times I’m with my client and I always let them know that these goals are not for me, these goals are for you. And I say it in a way where it’s not like I don’t care, this is only for you. It’s to give them that power that they have complete control of what they want. That they can absolutely do this and it just takes that push, that motivation for them. And when someone believes in them, that I’ve noticed that, you know, the words are so powerful by just saying, ‘You’ve got this,’.”
1-TT2, 2-TT2a 5-TT2, 6-TT3	STT4: Incorporating techniques from a range of therapy models
	#1T2: “And I welcomed different models, not only what I learned from the family therapy, but you know, cognitive behavioral, maybe some psychoeducational, because it's having a toolbox of different therapy techniques and methods.” #2T14: “Here’s a handout that might actually help you as the therapist once he fills it out, understand where he's coming from better. So it’s not just about creating space in the client’s mind. Sometimes we have a need to create space in our mind. So I’ll step out of my preferred models.” #5T8: “So for instance, even when I’m providing therapy and using Solution Focused and I get to the point that the client is constantly focusing on some specific point and he blaming himself for that, I try to use externalization and make the client separated from you know the problem. So it’s not completely all my idea, but creatively I believe I mix what is working from narrative to Solution, what has worked from Bowenian. You know mix them up to see what is the best for my client.” #6T14: “And it’s me finding different ways of getting them to see it. And it’s a struggle because they have memory issues. So it’s a constant…And it's not constantly saying it the same way. It’s changing it. And I find it most effective that way. And that’s where I can be creative about it, because I feel comfortable with it.”
1-TT1b, 2-TT2 3-TT1, 3-TT1a 3-TT1b, 5-TT1 5-TT1a, 5-TT1b 6-TT3	STT5: Keeping clients engaged through a variety of resources and activities
	#1T11: “Which is not a part of let's say family therapy therapeutic models. None of them say to use games. But you know, we’re dealing with children and there is where the creativity comes again, where you incorporate your models, your knowledge of these theories and use other tools such as games, to either join with the clients or through that, kind of assess and get more information from them.”

	#2T12: “We have a folder that I put on all of their desktops that is chock-full of resources. Just stuff that I’ve collected throughout the years.” # 3T15: “Another resource that I didn’t tell you is that I buy activity books. So have something quick, you know, like a therapeutic box.” # 3T20: “I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it’s just like okay, this one didn’t click with the client. So next. You know, that’s okay.” #5T16: “If you are sitting meeting with the clients one hour, two hours, you have to be creative. Sometimes just sitting and talking is not, you know, fulfill the two hours. You have to be creative and bring something. For instance, I play Jenga, but I ask questions, you know, therapeutic questions, that when the clients pull the piece of wood I ask them.” #6T6: “So I would switch it; I would say, ‘Okay let’s use a crayon.’ So we would use, I would have crayons, markers, pens. But I started very basic. So then I incorporated colors. And then I incorporated markers. You know, very different from colored pencils to markers. And I don’t know, I was just using that to see if that would change something and it did.”
2TT2, 3TT1, 3TT1b	STT6: Utilizing metaphors and themes to uncover patterns of relational dynamics and behaviors
	#2T7: “And so as we go along, as I’m theming and categorizing with them, there comes this wonderful space where all of the sudden, we've gone from content to process. Because then we’re just talking about the themes and the categories, instead of all the problems.” #3T3: “I try to look at patterns of how they relate, of how they behave, and see how they might have similarities in how they get stuck at home, as well.” #3T11: “But information helps me look at my clients in different ways. So there's not only the creativity of like art therapy or music therapy, or things like that, but also like metaphors and helping them connect in different ways that they haven’t connected before.”

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?			
Structural Theme ST#	*Structural Themes* #(participant)S(structural)T(theme)	*Structural Subthemes*	Related to ST Unit #s
1ST1	Internal desire to make a difference in clients' lives allows therapist to systemically understand the benefits of third-party payers for clients		1ST1a, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 3ST2, 4ST3, 4ST4, 4ST5a, 5ST2, 5ST2a, 5ST4, 5ST4a, 6ST3, 6ST5, 6ST5a
1ST1a	Having an internal drive and commitment to help clients achieve change allows therapist to push past third-party payers' limitations and time consuming paperwork		1ST1, 3ST2, 4ST4, 5ST4, 5ST4a, 6ST3
1ST1b	Positive systemic perspective of third-party payers and an understanding of benefits from insurance company requirements		1ST1, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a, 6ST5, 6ST5a
1ST2	Continuous education to gain confidence in skills and provide more creative therapy		2ST2a, 3ST1a, 5ST1, 5ST1a, 6ST6
1ST3	Trainings in post-modern systemic models provided by agency promotes support from supervisors and colleagues, allowing therapist a certain level of liberty to creatively practice therapy		1ST3a, 2ST1b, 2ST2, 2ST3, 2ST3a, 3ST3, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST1, 6ST1a, 6ST2, 6ST2a, 6ST2b
1ST3a	Seeking out case consultation from a professional network of colleagues		1ST3, 2ST2, 2ST3, 2ST3a, 3ST3, 3ST4a 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST1, 6ST1a, 6ST2, 6ST2a, 6ST2b
2ST1	Having a true systemic perspective of how all the therapeutic and business systems interact together for		1ST1, 1ST1b, 2ST1a, 3ST1,

	the benefit of the community and client	3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a, , 6ST5, 6ST5a
2ST1a	Belief that successfully balancing accountability and therapeutic creativity does not mean sacrificing ethics for money; insurance companies are not an oppositional force to the client's treatment	1ST1, 1ST1b, 2ST1, 3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a, 6ST5, 6ST5a
2ST1b	Company's financial support of creative therapy demonstrates business and therapy systems functioning together	1ST3, 3ST4a, 5ST5
2ST2	Respectful systemic interaction with colleagues has created a supportive environment of professional trust and clinical latitude; therapist has to change and adapt self in order to change working environment, because insurances does not support being artistic	1ST3, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST2, 6ST2a, 6ST2b
2ST2a	Develop confidence and practice the linguistic ability to express and defend personal systemic therapeutic intent in other professional disciplines' languages	1ST2, 3ST1a, 5ST1, 5ST1a, 6ST6
2ST3	Having a true belief in equifinality allows therapist to collaborate, mentor and learn from other mental health professionals	1ST3, 1ST3a, 2ST2, 2ST3a, 3ST3, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST1, 6ST1a, 6ST2, 6ST2a, 6ST2b
2ST3a	Genuinely removing ego and having no interest in own level of rightness	1ST3, 1ST3a, 2ST2, 2ST3, 3ST3, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST1, 6ST1a, 6ST2, 6ST2a, 6ST2b
2ST3b	Challenging oneself to identify areas of weakness and uncomfortableness to become a better therapist and coworker	6ST3a
3ST1	Being truly post-modern means understanding the perspectives of the different systems that work together to provide services and help to the people that need it, while being able to maintain your systemic stance as a therapist with your client	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a,

		6ST5, 6ST5a
3ST1a	Viewing the insurance company not as an anti-systemic component, but as another client whose language you must understand and adapt to as a way of benefiting your primary client	1ST1, 1ST1b, 1ST2, 2ST1, 2ST1a, 2ST2a, 3ST1, 3ST1b, 4ST3, 4ST5a 5ST1, 5ST1a, 5ST2, 5ST2a, 6ST5, 6ST5a, 6ST6
3ST1b	To best serve client, therapeutic creativity and postmodern stance cannot interfere with having professional integrity and understanding the ethics and laws of the mental health field	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 4ST3, 4ST5a, 5ST2, 5ST2a, 6ST5, 6ST5a
3ST2	Desire to have a profession with a purpose and to help people create change motivates inner desire for therapist to learn more, research different resources and work overtime.	1ST1, 1ST1a, 4ST4, 5ST4, 5ST4a, 6ST3
3ST3	Creating a professional network of colleagues and mentors that you trust outside of your work setting to continuously learn different interventions and creative techniques, in order to reduce sense of overwhelmingness, burnout and repetition of practice	1ST3a, 5ST5, 6ST1, 6ST1a
3ST4	Prioritizing self-care and management of personal stress encourages vocalizing to coworkers and supervisor what is needed to manage time to complete the documentation	4ST1, 4ST1a, 5ST3, 5ST3b
3ST4a	Having a supportive group of coworkers and supervisor that work as a team to meet the company's workload and agency providing incentives to attend creative therapy trainings promotes a balance of creativity and accountability	1ST3, 2ST1b, 2ST2, 2ST3, 2ST3a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST2, 6ST2a, 6ST2b
4ST1	Coping with the emotional stress of the job by prioritizing self-care and discussing cases with coworkers is crucial to successfully working with third-party payers at a managed behavior health care agency	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4, 3ST4a, 4ST1a, 4ST1b, 4ST2, 5ST3, 5ST3b, 5ST5, 5ST5a, 6ST2, 6ST2a, 6ST2b
4ST1a	Prioritizing emotional and physical self-care by integrating stretching and exercising during and	3ST4, 4ST1, 5ST3, 5ST3b

	outside of work	
4ST1b	Developing a supportive network of coworkers to help you brainstorm cases and reflect on any negative emotions that may emerge for the therapist	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST2, 5ST5, 5ST5a, 6ST2, 6ST2a, 6ST2b
4ST2	Having a supervisor that encourages the use of creative strength-based techniques, and working for a company that truly appreciates their employees' work by ensuring that moral is high and providing proper trainings on documentation completion and post-modern therapy	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b, 5ST5, 5ST5a, 6ST2, 6ST2a, 6ST2b
4ST3	Viewing insurance companies' questions and requirements as beneficial to the therapy process, instead of an oppositional force that's affecting therapy; having the perspective that some clients may benefit from medication and that diagnosing can help clients and their families receive the services that will improve their lives	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST5a, 5ST2, 5ST2a, 6ST5, 6ST5a
4ST4	Helping clients that are experiencing crisis feel validated creates an internal happiness for the therapist that acts as a motivator to avoid professional burn-out and successfully balance creativity and accountability at a managed care agency	1ST1, 1ST1a, 3ST2, 5ST4, 5ST4a, 6ST3
4ST5	Being cognizant during the session of the insurance requirements allows the therapist to stay organized, incorporate therapeutic creativity and take notes on the necessary information needed to later complete the documentation in a timelier manner	5ST3, 5ST3a, 6ST4
4ST5a	Documenting clearly the purpose and outcome of therapeutic interventions utilized in session, and therapist's clinical observations allows the therapist to be creative while still ensuring accountability at all times	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST3, 5ST2,5ST2a, 6ST5, 6ST5a
5ST1	Constantly researching different therapeutic techniques, learning the medical model and educating yourself on pop culture in order to grow with field and meet the ever changing demands of society; being a therapist does not end when you leave the job	1ST2, 2ST2a, 3ST1a, 5ST1a, 6ST6
5ST1a	Utilizing multi-media, such as movies and videos on line, to visually understand the diagnoses symptoms and application of therapy interventions	1ST2, 2ST2a, 3ST1a, 5ST1, 6ST6
5ST2	Having a positive systemic belief that all the entities in the business system of managed behavioral health	1ST1, 1ST1b, 2ST1, 2ST1a,

	care, including insurance companies and all the different mental health models (e.g. modern, post-modern and medical models), can harmoniously function together to provide the best services for the client	3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2a, 6ST5, 6ST5a
5ST2a	An acceptance that paperwork is part of any job and a belief that documentation does not limit the therapist, but rather a negative perspective towards paperwork is what creates the anxiety that diminishes creativity	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 6ST5, 6ST5a
5ST3	Managing professional and personal time and stress through knowledge, organization and moments of relaxation, is crucial to maintaining a positive attitude and love for your profession	3ST4, 4ST1, 4ST1a, 4ST5, 5ST3a, 5ST3b, 6ST4
5ST3a	Knowledge of the approved time-frame and requirements of the insurance company allows therapist to organize work schedule and plan ahead on how to combine the creative therapeutic interventions with the needs of the insurance company	4ST5, 5ST3, 6ST4
5ST3b	Being aware of levels of stress, and prioritizing self-care and moments of relaxation to return to a state where calmness and happiness is projected	3ST4, 4ST1, 4ST1a, 5ST3
5ST4	A love for humanity, a desire to help those in crisis and a respect for the impact this profession can have on clients' lives motivates therapist to work as hard as possible to be accountable and create change; being at therapist is not a job, it's a career	1ST1, 1ST1a, 3ST2, 4ST4, 5ST4a, 6ST3
5ST4a	A desire to help people in need stems from growing up in a country inflicted by war, grief and persecution for fighting for human rights, and reinforced after the attacks on September 11, 2001	1ST1, 1ST1a, 3ST2, 4ST4, 5ST4, 6ST3
5ST5	Supportive conditions include consulting cases with a network of colleagues within and outside of the therapist's job setting, and working for an agency that supports creative therapy and reimburses for purchased creative materials	1ST3, 1ST3a, 2ST1b, 2ST2, 2ST3, 2ST3a, 3ST3, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5a, 6ST1, 6ST1a, 6ST2, 6ST2a, 6ST2b
5ST5a	Creating a relationship with every staff member at the agency and mentoring work colleagues to develop a supportive trusting work environment	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 6ST2,

		6ST2a, 6ST2b
6ST1	Having supportive outside supervision to provide therapist with feedback helps therapist maintain creative MFT approach while successfully working with professionals from other disinclines and completing documentation in a medical model format	1ST3a, 3ST3, 5ST5, 6ST1a
6ST1a	Outside supportive supervision allows therapist to brainstorm different creative techniques, remove the fear of making mistakes by trusting in academic training and increases therapist's confidence in ability to provide effective creative MFT therapy while being an accountable employee	1ST3a, 3ST3, 5ST5, 6ST1
6ST2	Having a supervisor that understands how difficult the job is and creates comradery amongst co-workers diminishes the negative feelings towards the overtime necessary to complete paperwork	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b, 4ST2, 5ST5, 5ST5a, 6ST2a, 6ST2b
6ST2a	Having a supervisor that encourages self-care and developing a relationship with co-workers creates a support system that provides an outlet to discuss topics other than work, allowing therapist to disconnect from the stress of the job	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b 4ST2, 5ST5, 5ST5a, 6ST2, 6ST2b
6ST2b	Having a supervisor that trusts in the therapist's ability and grants therapist flexibility to be creative in session, creates a supportive work environment	1ST3, 2ST2, 2ST3, 2ST3a, 3ST4a, 4ST1, 4ST1b 4ST2, 5ST5, 5ST5a, 6ST2, 6ST2a
6ST3	Motivated by the value of the profession to have integrity and a work ethic stemming from a personal desire to always strive for self-improvement; driven by impacting and learning from an underserved population	1ST1, 1ST1a, 3ST2, 4ST4, 5ST4, 5ST4a
6ST3a	Being taught in the post-modern MFT Master's program to be a systemic thinker motivates therapist to constantly self-reflect on personal and professional areas that can be improved	2ST3b
6ST4	Balancing accountability and creativity is achieved by focusing on the client's needs and note-taking during session, and then managing schedule to revise/complete documentation; therapist is less stressed when clients are engaged with the therapy process and overtime is necessary for the paperwork,	4ST5, 5ST3, 5ST3a

	than when focus in session is on paperwork and clients do not wish to return to therapy	
6ST5	Viewing the documentation as a positive asset that has a useful purpose in the progress of therapy allows the therapist to successfully combining post-modern MFT models with other mental health medical models both in session and in the documentation writing, thereby meeting both the needs of the insurance company and those of the clients	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a, 6ST5a
6ST5a	Well written documents that are tailored to reflect what is occurring in session can be used as a tool to legally protect the therapist and help therapist establish professional boundaries, monitor client's progress and maintain therapist's focus on creating change in multiple areas of the client's life	1ST1, 1ST1b, 2ST1, 2ST1a, 3ST1, 3ST1a, 3ST1b, 4ST3, 4ST5a, 5ST2, 5ST2a, 6ST5
6ST6	Being a well-rounded systemic therapist means constantly improving your knowledge of different MFT models and educating yourself on all aspects of the mental health field in order to skillfully combine creative post-modern techniques and medical model language necessary for the insurance company	1ST2, 2ST2a, 3ST1a, 5ST1, 5ST1a,

Synthesized Structural Themes for All Six Participants		
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related Structural Themes ST#s	*Synthesized Structural Themes* and Supporting Quotes S(Synthesized) S(Structural) T(theme)	*Synthesized Structural Subthemes* and Supporting Quote
1-ST1, 1-ST1b 2-ST1, 2-ST1a 3-ST1, 3-ST1a 3-ST1b, 4-ST3 4-ST5a, 5-ST2 5-ST2a, 6-ST5 6-ST5a	SST1: Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together	
	#1S17: "I think it depends on the therapist. Do they take it serious? Do they understand what is it doing? Are they rereading their notes? Are they looking back and checking their treatment plan? Or are they just going through the motions and just turning it in? Are they holding themselves accountable? Never mind is the insurance holding you accountable, cause, you know, you're just another number and the client is just another number. They don't really have a face. But are you holding yourself accountable?" #2S9: "I can't just be systemic when it only comes to interactions with people. You know, and your feelings, and your history, and your diagnoses. I have to be fully systemic with what's going on in your life, the systems there, the systems in my life and in my agency, and systems that those systems are interacting with." #2S16: "And really, I have to weigh both sides equally. You know I have to be mindful that we can keep doors open and lights on; and we can keep children safe and households healthy. So you know, I could dive into just the therapy part of it, but then, you know, you're funding is going to dry up and your doors are going to close. So how do you do both? For me, that was the journey, figuring out how to do both" #2S24: "I think once you are able to straddle both, you can say, 'Okay actual ethics from a place of balanced systems thinking dictates ABCD.' You know, that I can actually do these things over there while still practicing best practice." #3S31: "I think that the problem with some of the postmodern therapists out there is that they get stuck a lot on, you know, if you're postmodern you can't use the medical model because you're not postmodern because you are putting yourself in an expert position. But we are in a society that there are certain rules	

	when it comes to abuse and neglect. And we are in a world that we need insurance to get certain services. So I guess I'd like to live in a little bit more of the understanding; that also being postmodern, it means being adaptable to making certain things happen for the people that need the help." #4S26: "Because there are some important things. Like for instance, if I, like in a couple of situations, if I didn't ask about hallucinations, that child would continue going on never telling anyone about his hallucinations. Um, if you don't ask about abuse sometimes they don't say it. Sometimes people, it's like death, sometimes people don't know how to talk about it, so they don't. So sometimes being forced by the entities to ask these questions, but in your own way, can be very helpful for the clients. Because if not then they fall through the cracks, because sometimes clients can get very good at flying under the radar." #5S31: "If we don't do the paperwork, the insurance companies don't get paid, the clients will not be able to afford to see us, to pay cash most of them, no therapy's going to happen. So if you really care about your clients, you have to understand that the clients have insurance and the insurance needs the specific paper to be filled up for clients to be qualified. I mean this is just the system, too. Just like how any other system. If one doesn't work, of course it's not going to turn." #6S9: "I also think it [treatment plan] encourages me as a therapist to think, you know, okay make sure I've thought about this."	
1-ST3, 1-ST3a 2-ST2, 2-ST3 2-ST3a, 3-ST3 3-ST4a, 4-ST1 4-ST1b, 4-ST2 5-ST5, 5-ST5a 6-ST1, 6-ST1a 6-ST2, 6-ST2a 6-ST2b	SST2: Having a supportive network of colleagues	
1-ST3, 2-ST2 2-ST3, 2-ST3a 3-ST4a, 4-ST1 4-ST1b, 4-ST2 5-ST5, 5-ST5a 6-ST2, 6-ST2a 6-ST2b		SST2a: Supportive group of coworkers within the job setting
	#1S12: "Well, I mean you have these supervisors that can be very supportive. I've had plenty that they trust in your skills set and hope that you're doing a good job… But you know, for the most part, I have felt the liberty to do whatever I need to, within ethical boundaries, to meet my clients' goals."	

	#2S8: “And if I come at you from a perspective that is not, ‘I’m better, you’re worse, I have something to offer that you’re missing,’; if I come from the perspective of, ‘Your offering something equal to me, let’s just collaborate,’ that creates just a better space for community and collaboration. I think people don't get offended when I come at them with my creative stuff, because I'm very respectful of what their coming with.” #3S8: “You’re not left alone to deal with everything.” #4S17: “But sometimes it can kind of hit us. It can be terrible to see.” #4S18: “And it was very helpful, because it’s a way to vent without having problems with HIPPA, you know, because we’re on the same team. And we talk about it in supervision. And it’s just basically to address things. And you can say to your coworkers, ‘Is this something that’s hitting home for you because of a specific reason?’ And you get a chance to reflect back.” #4S23: “They’re more eager now to listen to what we have to say to try to keep our morale up. Because if we’re miserable than it makes the whole process more miserable. They try to help us make us feel more appreciated…Well a big part of it is my supervisor. I believe he really does care for us and for the clients.” #5S26: “Anybody that needs to see me, my door is always open to people to come in.” #6S3: “If I had a supervisor or a boss that was hovering over me, I would definitely feel the pressure. But my supervisors understand that. They get it. They don’t question what I’m doing. They feel that I'm there to help my clients. They trust me.” #6S26: “That we do have an hour when we’re not at work. He even suggest don’t eat at work, leave the office, do something, you know walk around outside. Because they know that it’s exhausting. They know that it can really affect us as therapists.”	
1-ST3a, 3-ST3 5-ST5, 6-ST1 6-ST1a		SST2b: Supportive network of MFT colleagues outside of the work setting
	#1S26: “The more you speak to your colleagues and self-track; discuss things as you start thinking about them, ‘I’m thinking of doing this.’ If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence.” #3S13: “I think that if you’re a therapist that works by yourself, and never consults cases, and thinks that you know it all, you get burned out like so quick.” #3S17: “So I think that because to be creative, information has to be coming in so you can make new connections. You know, you	

	can pick other people's brain. I think that if you are stale, in that sense, it does hinder your creativity." #5S18: "Make a circle of friendship…and get together at least once a month and discuss these cases together. And you'll be able to give each other down points and up points, and lift each other up, and listen to each other's problems to help to become a better therapists." #6S16: "You know there's mental health degrees, there's social worker degrees. And they're all about diagnosing and it's very different for me. So having my MFT arm you know where I can grab it and she's there to help me not get sucked into that environment really helps."	
1-ST1, 1-ST1a 3-ST2, 4-ST4 5-ST4, 5-ST4a 6-ST3	SST3: Desire to make a difference in peoples' lives	
	#1S14: "I care. I want to make a difference. I got into this field for reason. It's not a job, it's a career." #1S23: "You just want to externalize pain. You want to externalize grief. You want to externalize problems. Just want people to be happy. Find a way to find their place. Find a way for them to be okay." #3S20: "Cause the main need for me to like help people, like I guess, is always what helps me look at different resources." #4S1: "Having to work against being burned-out. Because we're going from crisis to crisis to crisis. You know, realizing that these people are in crisis and they're going through a lot." #4S28: "About just basically validating feelings, summarizing what people are saying, helping people feel heard. And it just really made me feel. I got a lot of really good feelings from that...I felt that I had helped that person. I focused on where they were when they started and where they were after that half hour. And usually they went from crying to feeling hopeful. And it was very, it felt good for me to give them that. It was like almost like a gift. And it made me feel good." #5S4: "The response of my clients! When I see that the clients are really making changes, when I see that the families are happier…You're making me cry because…when you see, it makes you to be even more creative." #5S11: "And right after September 11 I told my husband that I wanted to have a job that can help for people in a time of stress, trauma… and I said I want to work in a job that I can help people when the crisis happens. And I went back to school and I continued until I became a therapist." #5S15: "I don't look at it as working overtime, because then it makes it to be any other job and it's going to be money involved.	

	Being a therapist is not all about money. You have to have something more. Either a spiritual feeling, a strong spiritual feeling or a strong love for humanity…So definitely making a difference in this world is one of the motivating factors for your creativity." #5S16: "So for me life has different meaning. You know I want to bring to people what I never had a chance to have, which is happiness when I was growing up." #5S17: "So yes, as a therapist, we have a job that we can make changes in people's lives. And definitely you have to have some sort of extra love for humanity to be able to do it." #6S35: "Yes I've worked with people who are depressed, people who have anxiety issues, people who are schizophrenic, you know. And having that, you know, where I work, you know, there's more to it than just serving the population in my community; it's that they are also helping me. You know, I feel that it's serving the purpose of fueling my knowledge."	
1-ST2, 2-ST2a 3-ST1a, 5-ST1 5-ST1a, 6-ST6	SST4: Continuous education on all aspects of the mental health field	
	#1S15: "What's the point of just showing up? So you have to invest. You have to invest your time, you have to do your research, you have to think about things. Your client doesn't end when you walk out that door." #2S6: "I think so much of being able to navigate that third-party payer, being creatively systemic, is the artistry with which you are able to interact." #2S18: "Where when I'm sitting there talking with all of these different degreed people, or people who aren't degreed, who are just business people in the building, I'm able to really convey my intent while utilizing their language. So I'm conveying a systems intent, without using all of that systems language that other people might not know. So I'm really conveying my intent to the other person. And that's an art." #3S4: "So just like you're trained to understand your client's language and speak like the clients speaks, and things like that, you also have to understand how the insurance speaks and talks. So their vocabulary." #5S8: "It never stops. Never stop. If one person is attempting to be a therapist, things changing. Almost everything. Look at IT. Technologies changing. I see that I go see a doctor, a medical doctor, and they like, you know, have the book because there's new medication. So what is different with us? We are therapists. We also have to constantly learn new materials and new skills to be able. Because people are changing, societies changing, demands is changing, needs are changing. So we have to be more	

	creative to accommodate our society and our clients with what they need." #6S18: "It is because I do feel again that I want to make sure that I'm a well-rounded therapist and I'm not just a therapist in the room. But you know, that I have knowledge of how to do therapy, but I also know the other therapist's world. And I want to eventually bring that together where I know, I know disorders like the back of my hand."	
1-ST3, 2-ST1b 3-ST4a, 5-ST5	SST5: Employers' support of creative therapy	
	#1S18: "I do see a shift. I do see a change. A lot of these agencies are aware, some, are aware of now brief therapy. Even systemic and Solution Focused… And so I think that's positive. And perhaps that's why some supervisors can be more supportive of your creativity, because they see how we have to be creative and systemic, and open to realizing that there is more than one way to achieving goals." #2S22: "And then when I got into the position where I could actually coordinate pulling stuff together, and you now, using the corporate AMEX Card to get family games; when I found that I then had power to do those things and not go broke, then that's what motivated me to really just kick it to the next level." #3S15: "The owners want creativity, but it's kind of like thrown at you. They just recently started with incentives of like, 'Okay if you want to attend the training, we'll give you the time off you need to do it,'." #5S43: "And most companies they actually pay for you to buy stuff, purchase stuff to use creativity with your client. They pay for client art therapy, music, books, you know."	
2-ST3b, 6-ST3a	SST6: Self-reflection	
	#2S27: "I recognize the deficit or lacking in myself or something that's biased, and I'm going to actively get rid of it." #6S36: "This program [MFT graduate school] was more of a self-growth for me because it makes you think differently. I mean to be a systemic thinker, you know as a therapist, you have to really look at yourself too."	
3-ST4, 4-ST1 4-ST1a, 5-ST3 5-ST3b	SST7: Self-care	
	#3S7: "I guess what helps me is that I'm vocal to my boss, like, 'Okay I need to get this done for utilization review,' which is like the guy that deals with insurance, so can we work something out so I have a free moment." #4S19: "And then there's also the separation that you have to	

	have. You need to know that you need to not take everyone's problems on your back, cause if you take on the problems of this person, and that person and the other person, you are going to be so weighed down, you're not going to be able to help anyone." #4S22: "I've learned the importance of exercising… yoga and stretching… You have the adrenaline going while you're on the job. And then when you're done and you're relaxed, then all of a sudden your body knots up because you become hypervigilant while you're working, almost. And when you finally relax, that's when your body is like what did you do to me? And so I find that it really helps a lot when I stretch, when I take care of myself, when I'm working. Even if I don't feel like I need to." #5S46: "I believe that actually more therapist have to really emphasize on how they're managing their time, so they be able to enjoy being a therapist. You know it's very important that therapists, not fake, but really have to have a big smile. You have to love your job and you have to know what you're doing. And you have to be able to face challenges and manage crisis within you, with you and your clients, with you and your client and their family, and with you and your agency or supervisor or anybody, to be able to do your job the best." #5S48: "And I think if any therapist, at any point of time, they fear that they're too stressed or too nervous or not too happy, they should take some time off, couple of days, something; whatever makes them to be able to gain that back to be able to work. Because you know, I don't know how angry, you know, stressed and anxious therapists can go to a family, and bring happiness and calmness, and you know."	
4-ST5, 5-ST3 5-ST3a, 6-ST4	SST8: Organization and time management	
	#4S5: "I try to take pretty good notes, so that I don't forget about what happened. Because if you go from one crisis to the next, it can, you can really mix them up. You could forget how the person's affect was. It's very easy to forget those things. So there's certain points that I remembered to touch on that I know I'm going to be asked about. I've learned to write down certain things I'm going to be asked for my note in order to keep it. So it doesn't have to necessarily be in my brain, it's on that piece of paper." #4S7: "I figure out with each job how to stay best organized. You have to tailor yourself to each job, in order to figure out the level of organization you need, in order to get done what you need to get done, while still offering good quality therapy." #5S38: "You have to know what you're doing. You have to know what's the requirements. You have to know how many sessions	

	you can spend. You have to know all these in advance to be able to plan for your clients, and meet the treatment plans and meet the goals of the treatment plan in that period of time." #6S2: "So I do note taking while I meet with the client and I revise my notes once I'm done. However the revision is what takes time and that's outside of work. #6S4: "And what works for me is eight to four is my work schedule and then I devote more hours outside of work. And this is mostly my doing. You can stay after work, but if I remove myself from there and then I do my notes at home over the weekend it's not stressful to me."

Cross-Analysis for All Six Participants

Category 1: Textural / Content What does your creativity look like in your present managed care work setting? What is the purpose?						
Textural Cross-Analysis	Individual Textural Analysis (participant)-T(textural)T(theme)#					
Shared STT-Synthesized Textural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
STT1: Creatively combining the needs of the clients, the different professional entities, insurance companies and you as a therapist	1-TT1	2-TT1 2-TT1b	3-TT2	4-TT1 4-TT2	5-TT3a	6-TT4
Partially Shared STT-Synthesized Textural Themes						
STT2: Translating post-modern information into the medical model language that meets the third-party payers' requirements	1-TT1a		3-TT2a		5-TT3	6-TT1
STT3: Completing documentation with clients		2-TT1a		4-TT1a		6-TT1a 6-TT2
STT4: Incorporating techniques from a range of therapy models	1-TT2	2-TT2a			5-TT2	6-TT3
STT5: Keeping clients engaged through a variety of resources and activities	1-TT1b	2-TT2	3-TT1 3-TT1a 3-TT1b		5-TT1 5-TT1a 5-TT1b	6-TT3
STT6: Utilizing metaphors and themes to uncover patterns of relational		2-TT2	3-TT1 3-TT1b			

dynamics and behaviors						

Synthesized Textural-Structural Descriptions =
***Synthesized Essence of Phenomenon* for All Six Participants**

Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

Category 2: Structural / Supportive Conditions How/Why do you balance creativity and accountability in your current work setting?						
Structural Cross-Analysis	Individual Structural Analysis (participant)-S(Structural)T(theme)#					
Shared SST-Synthesized Structural Themes	Madonna 1	John 2	Alanis 3	Daisy 4	Suzy 5	Julia 6
SST1: Systemic understanding of how the therapeutic and business systems of managed behavioral healthcare interact together	1-ST1 1-ST1b	2-ST1 2-ST1a	3-ST1 3-ST1a 3-ST1b	4-ST3 4-ST5a	5-ST2 5-ST2a	6-ST5 6-ST5a
SST2: Having a supportive network of colleagues	1-ST3 1-ST3a	2-ST2 2-ST3 2-ST3a	3-ST3 3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST1 6-ST1a 6-ST2 6-ST2a 6-ST2b
SST2a: Supportive group of coworkers within the job setting	1-ST3	2-ST2 2-ST3 2-ST3a	3-ST4a	4-ST1 4-ST1b 4-ST2	5-ST5 5-ST5a	6-ST2 6-ST2a 6-ST2b
SST2b: Supportive network of MFT colleagues outside of the work setting	1-ST3a		3-ST3		5-ST5	6-ST1 6-ST1a
Partially Shared SST-Synthesized Structural Themes						

SST3: Desire to make a difference in peoples' lives	1-ST1 1-ST1a		3-ST2	4-ST4	5-ST4 5-ST4a	6-ST3
SST4: Continuous education on all aspects of the mental health field	1-ST2	2-ST2a	3-ST1a		5-ST1 5-ST1a	6-ST6
SST5: Employers' support of creative therapy	1-ST3	2-ST1b	3-ST4a		5-ST5	
SST6: Self-reflection		2-ST3b				6-ST3a
SST7: Self-care			3-ST4	4-ST1 4-ST1a	5-ST3 5-ST3b	
SST8: Organization and time management				4-ST5	5-ST3 5-ST3a	6-ST4

Appendix G

Individual Analysis

Question for Textural Analysis: Some studies have shown that required agency documentation could at times reduce a therapist willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?

Answer for Textural Analysis: “Not for me. The more educated you are, the more you fine tune your techniques, your models, the more aware you are; the more you speak to your colleagues and self-track; discuss things as you start thinking about them, ‘Hum, I’m thinking of doing this,’. If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence.”

Participant # 1: Madonna Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 1T Unit #	*Horizonalization* of Textural Statements for Participant # 1 Madonna 1(participant)T(textural)	Related 1T Unit #s
1T1	It's not about just your goals or the company's goals, it’s a way of finding a medium to accomplish that and the only ways is to be creative.	1T5, 1T6, 1T11
1T2	And I welcomed different models, not only what I learned from the family therapy, but you know, cognitive behavioral, maybe some psychoeducational, because it's having a toolbox of different therapy techniques and methods	1T3, 1T4, 1T5
1T3	Solution Focused, maybe even Narrative, because there is measurements. You can find a way of measuring progress and change. So the scaling question, the miracle question, those are very creative, I feel and yet you still meet the expectations of treatment plans.	1T2, 1T4, 1T5
1T4	Bowen, we could do you know genograms. That’s the creative part with children, we would draw things, externalize things, “oh what does anger look like,” and maybe we would draw different things.	1T2, 1T3, 1T5
1T5	Definitely I use a lot of the models and in a way where it shows, it identifies the problem, and also we could see progress and progression through the different measurement tools that they all provide. Which again goes with what these insurances need. Its maybe not what they typically requests or maybe they don’t even know of because every therapist does it differently, but this is a way that a marriage and family therapist as a systemic therapist can meet that.	1T1, 1T2, 1T3, 1T4

1T6	There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper.	1T1, 1T7, 1T8, 1T9, 1T10, 1T13
1T7	Are you going to be creating a treatment plan review every single goal that comes about? You know as a systemic therapist we could work on multiple goals.	1T6
1T8	I most probably languaging the treatment plan or whatever I'm filling out in a language that's systemic, in a language that shows more of solutions and change versus problem talk or pathologizing so yes the creativity aspect of it.	1T6
1T9	You don't quite put everything that you're doing with the clients because it just doesn't fit their world.	1T6, 1T13
1T10	We have the liberty to include things in our files. Pictures the children might have drawn, maps, you know, anything that I felt that kind of was relevant to the progress.	1T6
1T11	Which is not a part of let's say family therapy therapeutic models. None of them say to use games. But you know, we're dealing with children and there is where the creativity comes again, where you incorporate your models, your knowledge of these theories and use other tools such as games, to either join with the clients or through that, kind of assess and get more information from them.	1T1, 1T12, 1T14
1T12	A lot of the information that you need to get, you would get it through creative ways so the client could feel comfortable.	1T11, 1T14
1T13	I don't note down every single thing I do. I feel there's no need, there is no point. I provide what is necessary on the paper and I just do my therapy.	1T6, 1T9
1T14	So one thing is what you write and another thing is how you apply it. And the treatment plans are typically written like textbook type. They give you samples. But I don't like that confinement. I find ways to incorporate…which solution focused techniques or how I'm using the games.	1T11, 1T12

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 1T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 1 Madonna 1(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 1 Madonna
1T1, 1T5, 1T6, 1T11	1TT1. Creatively combining the needs of the clients, insurance companies and you as a therapist	
	# 1T1: "It's not about just your goals or the company's goals, it's a way of finding a medium to accomplish that and the only ways is to be creative."	
1T1, 1T6, 1T7, 1T8, 1T9, 1T10, 1T13		1TT1a. Not confining therapeutic practice and documentation writing only to insurance companies' requirements, but be flexible to also incorporate systemic language and postmodern therapy into sessions and paperwork
	#1T6: "There's these requirements you need to fulfill, diagnosing, treatment plans, CFARS, all these things that come together to supposedly, to identify the problem and to stay on plan. But in doing the work and, you know, there has to be some flexibility; there has to be some creativity there. You can't just confine yourself to what you put on a paper."	
1T1, 1T11, 1T12, 1T14		1TT1b. Inclusion of games and other materials to get required information in a manner that client feels comfortable
	#1T11: "Which is not a part of let's say family therapy therapeutic models. None of them say to use games. But you know, we're dealing with children and there is where the creativity comes again, where you incorporate your models, your knowledge of these theories and use other tools such as games, to either join with the clients or through that, kind of assess and get more information from them."	
1T1, 1T2, 1T3, 1T4, 1T5	1TT2 Incorporate techniques from models across disciplines and combine MFT models in session to achieve change and measure progress (ex. Scaling)	

	# 1T5: “Definitely I use a lot of the models and in a way where it shows, it identifies the problem, and also we could see progress and progression through the different measurement tools that they all provide. Which again goes with what these insurances need. It’s maybe not what they typically requests or maybe they don’t even know of because every therapist does it differently, but this is a way that a marriage and family therapist as a systemic therapist can meet that.”

Question for Structural Analysis: Are there ever times when your creativity affects your ability to be accountable?

Answer for Structural Analysis:
"No. Well it can only affect it in a positive way. Right? I mean not negative. I don't see how that would do that."

Participant # 1: Madonna Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 1S Unit #	*Horizonalization* of Structural Statements for Participant # 1 Madonna 1(participant)S(structural)	Related to 1S Unit #s
1S1	I gained confidence.	1S6
1S2	I just put things into perspective and relied on my training as a systemic therapist to find a way to juggle what's expected of me from the company and, um, and what I was taught.	1S7
1S3	I did that because the client is important to me. So in dealing with children and families you have to be creative.	1S4, 1S7, 1S14
1S4	What motivated you to create a better balance was the needs of your clients, specifically your children.	1S3, 1S7, 1S14, 1S20,
1S5	More models you researched upon, the more models that you learned, it was easier for you to be creative while still following the accountability measures of your office.	1S1, 1S6, 1S15, 1S25
1S6	I needed to gain some more knowledge and become more of an expert to gain some confidence and provide better therapy.	1S1, 1S5, 1S25
1S7	You have to be responsible, and you go ahead and meet those requirements. But I don't let things restrict me. I can't. Because the client has to benefit from it. So the one that's being effected is me, not the client, because the client doesn't see everything I do after or before therapy. And I imagine for some therapists it's really confining. But as a systemic therapist and as a therapist that only thinks about her clients, I make it work.	1S2, 1S3, 1S4, 1S14, 1S17, 1S20, 1S22, 1S23, 1S24
1S8	Does your creativity affect how you complete your paperwork? Well it can only affect it in a positive way. Perhaps because I'm in that mode, it gives me the	1S2, 1S7

	motivation to get through it and I'm in that zone.	
1S9	But you know, it's [insurance] very important. It's part of the process. You have to turn all that in and it has to meet certain requirements for you to get more of, what are they called, the units, so that the clients could get more.	1S10, 1S16, 1S17
1S10	The treatment plan is an outline. It has its purpose. It's a tool. Identifying. You know we need to identify the goals. And then we should be identifying ways to achieve those goals. And through the insurance, we have to write it down. The thing is that the treatment plan serves a good purpose.	1S9, 1S16, 1S17
1S11	I think it's mostly internal. I think it's myself. I think I go beyond.	1S7, 1S13, 1S14, 1S21
1S12	Well, I mean you have these supervisors that can be very supportive. I've had plenty that they trust in your skills set and hope that you're doing a good job… But you know, for the most part, I have felt the liberty to do whatever I need to, within ethical boundaries, to meet my clients' goals.	1S18, 1S26, 1S27, 1S28
1S13	But yeah it's driven internal. Like no one told me go buy a board game or go buy or do this. You just figure it out.	1S7, 1S11, 1S21
1S14	I care. I want to make a difference. I got into this field for reason. It's not a job, it's a career.	1S7, 1S11, 1S13, 1S20, 1S21, 1S22, 1S23, 1S24
1S15	What's the point of just showing up? So you have to invest. You have to invest your time, you have to do your research, you have to think about things. Your client doesn't end when you walk out that door.	1S5, 1S6, 1S25
1S16	So it's important to self-reflect. And I guess that's where those measuring tools come in. But you know, again it depends if you use it… So you always have to be checking that; checking in and seeing are you and your client walking on that same path, and is progress occurring and what does that look like	1S9, 1S10, 1S17
1S17	Participant: I think it depends on the therapist. Do they take it serious? Do they understand what is it doing? Are they rereading their notes? Are they looking back and checking their treatment plan? Or are they just going through the motions and just turning it in? Are they holding themselves accountable? Never mind is the insurance holding you accountable, cause, you know, you're just another number and the client is just another number. They don't really have a face. But are you holding yourself accountable? Researcher: So to summarize what you just stated, because I thought it was very impactful, you are stating that the documentation isn't necessarily support or affect your	1S7, 1S9, 1S10, 1S16

	creativity. It's what you do with that documentation. Participant: Right.	
1S18	I do see a shift. I do see a change. A lot of these agencies are aware, some, are aware of now brief therapy. Even systemic and Solution Focused… And so I think that's positive. And perhaps that's why some supervisors can be more supportive of your creativity, because they see how we have to be creative and systemic, and open to realizing that there is more than one way to achieving goals.	1S12, 1S19, 1S26, 1S27
1S19	They're even doing trainings of, you know, Brief Therapy.	1S18
1S20	Researcher: How have you managed to incorporate your creativity despite being tired? Participant: It's simple. What I do outside of the therapy room, all the paperwork, whatever, that's my frustration. That's, "Oh my God, I got to stay up late and do all this," dah-dah-dah-dah. You know, leave it there, recharge, breath, and go back. And once I'm with the client, you know, you put that face, and you just focus, zone in, and it's all about them. And deal with the paperwork later.	1S7, 1S21
1S21	Researcher: What do you think has allowed you to do that? Participant: Drive. Just I have to…Well, it's not external, because I get paid regardless, right. So it's internal.	1S7, 1S11, 1S13, 1S14, 1S20
1S22	"Wow I made a difference." You know, you're vested, you're committed to change. To help that client progress.	1S7, 1S14
1S23	You just want to externalize pain. You want to externalize grief. You want to externalize problems. Just want people to be happy. Find a way to find their place. Find a way for them to be okay.	1S23, 1S14
1S24	I come from a Hispanic background. They are very loving, very caring. Everyone depends on each other. Everyone needs each other. It is a community there. And I guess when you love people, you want to help them. And I always wanted to help.	1S7, 1S14, 1S22, 1S23
1S25	(Is taking risks due to accountability an issues for you?) Not for me. The more educated you are, the more you fine tune your techniques, your models, the more aware you are;	1S5, 1S6, 1S15
1S26	(Is taking risks due to accountability an issues for you?) The more you speak to your colleagues and self-track; discuss things as you start thinking about them, "Hum, I'm thinking of doing this." If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence.	1S18, 1S27, 1S28
1S27	And you want to be honest with your employers, so you	1S26, 1S28

	check in. And it's great when you get that reassurance and that, you know, thumbs up, “Go ahead!”	
1S28	So connecting with your colleagues has increased your ability to be creative and your willingness to take risks and not be afraid of failing.	1S26, 1S27

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 1S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 1 Madonna 1(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 1 Madonna
1S2, 1S3, 1S4, 1S7, 1S14, 1S17, 1S20, 1S22, 1S23, 1S24	1ST1. Internal desire to make a difference in clients' lives allows therapist to systemically understand the benefits of third-party payers for clients	
	#1S7: "You have to be responsible, and you go ahead and meet those requirements. But I don't let things restrict me. I can't. Because the client has to benefit from it. So the one that's being effected is me, not the client, because the client doesn't see everything I do after or before therapy. And I imagine for some therapists it's really confining. But as a systemic therapist and as a therapist that only thinks about her clients, I make it work."	
1S7, 1S11, 1S13, 1S14, 1S20, 1S21, 1S22, 1S23, 1S24		1ST1a. Having an internal drive and commitment to help clients achieve change allows therapist to push past third-party payers' limitations and time consuming paperwork
	#1S14: "I care. I want to make a difference. I got into this field for reason. It's not a job, it's a career." #1S21: "Drive. Just I have to…Well, it's not external, because I get paid regardless, right. So it's internal."	
1S7, 1S9, 1S10, 1S16, 1S17		1ST1b. Positive systemic perspective of third-party payers and an understanding of benefits from insurance company requirements
	#1S17: "I think it depends on the therapist. Do they take it serious? Do they understand what is it doing? Are they rereading their notes? Are they looking back and checking their treatment plan? Or are they just going through the motions and just turning it in? Are they holding themselves accountable? Never mind is the insurance holding you accountable, cause, you know, you're just another number and the client is just another number. They don't really have a face. But are you holding yourself accountable?"	
1S1, 1S5, 1S6, 1S15, 1S25	1ST2. Continuous education to gain confidence in skills and provide	

	more creative therapy	
	#1S15: “What’s the point of just showing up? So you have to invest. You have to invest your time, you have to do your research, you have to think about things. Your client doesn't end when you walk out that door.”	
1S12, 1S18 1S19, 1S26, 1S27, 1S28	1ST3. Trainings in post-modern systemic models provided by agency promotes support from supervisors and colleagues, allowing therapist a certain level of liberty to creatively practice therapy	
	#1S18: “I do see a shift. I do see a change. A lot of these agencies are aware, some, are aware of now brief therapy. Even systemic and Solution Focused… And so I think that's positive. And perhaps that's why some supervisors can be more supportive of your creativity, because they see how we have to be creative and systemic, and open to realizing that there is more than one way to achieving goals.”	
1S26, 1S27, 1S28		1ST3a. Seeking out case consultation from a professional network of colleagues
	#1S26: “The more you speak to your colleagues and self-track; discuss things as you start thinking about them, ‘Hum, I’m thinking of doing this.’ If you processes it with someone who has been there, done that, or with your supervisor, or whatever the case is, then they'll give you the confidence.”	

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 1TT#	*Textural Themes* for Participant # 1 Madonna 1(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 1 Madonna
1TT1	Creatively combining the needs of the clients, insurance companies and you as a therapist	
1TT1a	Not confining therapeutic practice and documentation writing only to insurance companies' requirements, but be flexible to also incorporate systemic language and postmodern therapy into sessions and paperwork	
1TT1b	Inclusion of games and other materials to get required information in a manner that client feels comfortable	
1TT2	Incorporate techniques from models across disciplines and combine MFT models in session to achieve change and measure progress (ex. Scaling)	

Textural-Structural Descriptions = *Essence of Phenomenon*
for Participant # 1 Madonna
Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 1ST#	*Structural Themes* for Participant # 1 Madonna 1(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 1 Madonna
1ST1	Internal desire to make a difference in clients' lives allows therapist to systemically understand the benefits of third-party payers for clients	
1ST1a	Having an internal drive and commitment to help clients achieve change allows therapist to push past third-party payers' limitations and time consuming paperwork	
1ST1b	Positive systemic perspective of third-party payers and an understanding of benefits from insurance company requirements	
1ST2	Continuous education to gain confidence in skills and provide more creative therapy	
1ST3	Trainings in post-modern systemic models provided by agency promotes support from supervisors and colleagues, allowing therapist a certain level of liberty to creatively practice therapy	
1ST3a	Seeking out case consultation from a professional network of colleagues	

Question for Textural Analysis: Some studies have shown that required agency documentation could at times reduce a therapist willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?

Answer for Textural Analysis: “Not now. I don’t feel that I position myself in a place where it's me versus the system or where I have to advocate on behalf of the client against an oppositional force…If you have your Masters, if you have a license, if you're moving forward in the field, and you feel like you know what you're doing, you're doing it ethically and doing it well and the family is responding, it's okay to own that. And that’s confidence, not ego.”

Participant # 2: John Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 2T Unit #	*Horizonalization* of Textural Statements for Participant # 2 John 2(participant)T(textural)	Related to 2T Unit #s
2T1	With our billing department with regard to Medicaid compliance, I’m able to talk about the things that I do in a way that relates to what they're trying to hear. So it's all about translation for me.	2T15, 2T16, 2T19, 2T20, 2T21, 2T22
2T2	It’s art. It’s art. I have the fundamental belief that doing therapy is like drawing, it’s like painting.	2T3, 2T7, 2T8, 2T14, 2T16, 2T19
2T3	My mind is wired in a way that I’m randomly holding on to a million hypotheses at the same time, until I figure out what works for the person I’m with.	2T2, 2T14, 2T19
2T4	So with my therapists, in order to preserve their creativity, part of what I tell them worked for me that might work for them is to not burry the lead with their clients. Walking into the session and just be supper honest and say, “Hey, I’m here to help you. We’re here to work these things through. This is what I came in for. But let me tell you right now, the first three sessions are going to suck. Or the first three session are going to be really, really paperwork heavy.” And to share that in a very open and genuine way.	2T5, 2T6, 2T17, 2T19
2T5	So that you’re partnering up with the client about knocking this out. You’re not coming at them like another official, or another governmental force or another outside person, you know, infecting their life with this paperwork. You know, you come in and you’re like, “Listen. We’re both on the same page. This is something we are going to handle. You know, I’m in this with you. This third-party paperwork is something that we’re both, you know, going to tackle and work against.” That way it's not me and the paperwork versus the client. It’s me and the client versus the	2T4, 2T6,

	paperwork. You know, and we're tackling it more as a team.	
2T6	You know, because what ends up happening is that the therapist goes in and it's client with their problem versus therapist with their paperwork. And so I tell them, flip that on its side. Make it client with therapist, versus problem and paperwork. Cause if you can get on the same page with your client, then you're able to be creative with regards to what they're doing, and knock out all your paperwork. But it's all about how you position yourself in relationship to your client, and how you then position that relationship to the paperwork and their content.	2T4, 2T5
2T7	I'm am metaphor heavy. And, um, I really, really, find that all these years out, what I do, besides identifying interactional patterns, what I do a lot is I theme and I categorize…And so as we go along, as I'm theming and categorizing with them, there comes this wonderful space where all of the sudden, we've gone from content to process. Because then we're just talking about the themes and the categories, instead of all the problems… And if I can categorize and theme things that are going on in the client's life with them, then I can pull them out of those super emotionally, hypertense situations, into all the process work that really helps us, you know, shift everything.	2T2, 2T8, 2T9, 2T16, 2T19
2T8	Humor. A lot of humor. But when it's appropriate.	2T19
2T9	Type of tools: "client language"	2T7, 2T19
2T10	I definitely also come from a place of holding reverence for your client. Like whatever is important to you.	2T3, 2T7, 2T16, 2T20
2T11	Some people love homework. Some people like activity sheets.	2T12, 2T14, 2T19
2T12	We have a folder that I put on all of their desktops that is chock-full of resources. Just stuff that I've collected throughout the years. Handouts for stuff for substance abuse, for couples work. You know, there's stuff in there that's a little bit of Gottman. There's stuff in there that's a little bit of, you know, CBT. There's stuff in there that's Emotionally Focused Therapy.	2T11, 2T14, 2T19
2T13	Family games	2T19
2T14	Here's a handout that might actually help you as the therapist once he fills it out, understand where he's coming from better. So it's not just about creating space in the client's mind. Sometimes we have a need to create space in our mind. So I'll step out of my preferred models.	2T9, 2T11, 2T12, 2T19
2T15	When it comes to the documentation of it, I know how to translate what I do into what they need. And that's hard. That's hard. Because, you know, if your billing for instance	2T1, 2T16, 2T17, 2T18, 2T19, 2T20,

	Medicaid. Medicaid wants things that are quantifiable.	2T21
2T16	It's a wonderfully therapeutic session, but it's not reimbursable because it's not one of the things that you listed specifically on your Medicaid paperwork. So in session when I'm talking about, you know, the affair, you know whatever is happening in that family's situation, I have to make sure that while I have been theming and categorizing in my other sessions, I'm pulling in those coping skills; I'm pulling in those stress management stuff. And not necessarily make it so obvert that you're derailing the therapeutic connection in the session that's happening there.	2T2, 2T7, 2T10, 2T15, 2T17, 2T18, 2T19, 2T20
2T17	I think it helps because you actually have to be more creative to combine the two. You know, because there's the creativity that you have, but then there's the creativity that you have to create when you're then faced with a challenge. And I think it's the same thing with the therapist with regards to third-party payers and being creative.	2T2, 2T6, 2T12, 2T15, 2T16, 2T19, 2T20, 2T22
2T18	Incorporate those treatment goals into the narrative sessions	2T15, 2T19, 2T20, 2T21
2T19	But I think they go hand-in-hand. Every time I walk into a session, I'm not only thinking about the legal ramifications. And that's why I was saying where I kind of hold multiple hypothesis in my head at the same time. Hypotheses. If I walk into a session thinking about, you know, what's the content, what's the process, what is DCF looking for, what's my insurance payer looking for, what's my agency's liability. If I'm walking in there with all of these things kind of floating in the air from the gate, then it really does inform everything I do moving forward. You know I make sure that my lens, kind of when you're an optometrist, I can flip it around to whatever I need it to flip to. But that every tool that I need to use is already there.	2T1, 2T3, 2T4, 2T6, 2T7, 2T12, 2T14, 2T16, 2T17, 2T18, 2T20, 2T22
2T20	This is where it comes to having the fundamental beliefs about things being connected. So because I believe that things are truly, truly connected, it's very natural and fluid for me to pull those things in…You just pull it in. You find a way to work it into the whole process. That way when you're documenting your Medicaid note, you are being ethical, you're being legal and you are saying, "I worked on these two coping skills with her, you know, this session." So you have to make sure that you do what you say, but that you're able to also have these wonderfully romantic moments with your client, while still attending to the mandates of whatever insurance provider, example Medicaid, that you're dealing with.	2T1, 2T10, 2T15, 2T16, 2T17, 2T18 2T19, 2T21, 2T22

2T21	I'm not note heavy with regards to I’m going to quote every single thing that you said. That’s not necessarily going to make it into my note, because I recognize the only thing that's applicable is the thing that is connected to my treatment plan goal. And even though the whole session was about happy stuff, I still worked in there that piece that’s connected to my treatment plan goal. So my note’s going to reflect that.	2T1, 2T16, 2T18, 2T15, 2T20,
2T22	And a lot of that for me is mentally reframing.	2T1, 2T6, 2T16, 2T19

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 2T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 2 John 2(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 2 John
2T1, 2T3, 2T4, 2T6, 2T7, 2T12, 2T14, 2T16, 2T17, 2T18, 2T19, 2T20, 2T22	2TT1. Constantly hypothesizing multiple systemic creative ways to fluidly connect and meet the needs of the clients and the different professional entities	
	#2T19: "But I think they go hand-in-hand. Every time I walk into a session, I'm not only thinking about the legal ramifications. And that's why I was saying where I kind of hold multiple hypothesis in my head at the same time. Hypotheses. If I walk into a session thinking about, you know, what's the content, what's the process, what is DCF looking for, what's my insurance payer looking for, what's my agency's liability. If I'm walking in there with all of these things kind of floating in the air from the gate, then it really does inform everything I do moving forward. You know I make sure that my lens, kind of when you're an optometrist, I can flip it around to whatever I need it to flip to. But that every tool that I need to use is already there."	
2T4, 2T5, 2T6, 2T17, 2T19		2TT1a. Creating a relationship with the client through honesty allows the therapist to creatively partner up with the client to complete the documentation
	#2T4, #2T6: "Walking into the session and just be supper honest and say, 'Hey, I'm here to help you. We're here to work these things through. But… the first three sessions are going to be really, really paperwork heavy.' And to share that in a very open and genuine way….And we're tackling it more as a team…You know, because what ends up happening is that the therapist goes in and it's client with their problem versus therapist with their paperwork. And so I tell them, flip that on its side. Make it client with therapist, versus problem and paperwork. Cause if you can get on the same page with your client, then you're able to be creative with regards to what they're doing, and knock out all your paperwork. But it's all about how you position yourself in relationship to your client, and how you then position that relationship to the paperwork and their content."	
2T1, 2T10,		2TT1b.

2T15, 2T16, 2T17, 2T18 2T19, 2T20, 2T21, 2T22		Having reverence for what is important for the client, while naturally incorporating into the therapeutic conversation the required treatment goals of the insurance companies
	#2T20: "This is where it comes to having the fundamental beliefs about things being connected. So because I believe that things are truly, truly connected, it's very natural and fluid for me to pull those things in…You just pull it in. You find a way to work it into the whole process. That way when you're documenting your Medicaid note, you are being ethical, you're being legal and you are saying, 'I worked on these two coping skills with her, you know, this session.' So you have to make sure that you do what you say, but that you're able to also have these wonderfully romantic moments with your client, while still attending to the mandates of whatever insurance provider, example Medicaid, that you're dealing with."	
2T2, 2T7, 2T8, 2T9, 2T11, 2T12, 2T13, 2T16, 2T19	2TT2. Creative therapeutic techniques include the use of metaphors and themes to discuss interactional patterns and the incorporation of humor, games, handouts and homework	
	#2T7: "And so as we go along, as I'm theming and categorizing with them, there comes this wonderful space where all of the sudden, we've gone from content to process. Because then we're just talking about the themes and the categories, instead of all the problems."	
2T9, 2T11, 2T12, 2T14, 2T19		2TT2a. Being open to utilizing resources and techniques from other models to better understand client
	#2T14: "Here's a handout that might actually help you as the therapist once he fills it out, understand where he's coming from better. So it's not just about creating space in the client's mind. Sometimes we have a need to create space in our mind. So I'll step out of my preferred models."	

Question for Structural Analysis: Are there ever times when your creativity negatively affects your ability to be accountable?

Answer for Structural Analysis: "[No] I think once you are able to straddle both, you can say, 'Okay actual ethics from a place of balanced systems thinking dictates ABCD. You know, that I can actually do these things over there will still practicing best practice.'"

Participant # 2: John Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 2S Unit #	*Horizonalization* of Structural Statements for Participant # 2 John 2(participant)S(structural)	Related to 2S Unit #s
2S1	I am glad that I have the latitude to be able to do so as assistant director.	2S7
2S2	They have been very open and embracing of the fact that I know my stuff. I think part of it comes from being able to defend your stance and be able to share that with someone in their specific language.	2S1, 2S6, 2S7, 2S18, 2S29
2S3	I would say what has helped me feel better about it and strong about it and give me that kind of confidence is being open to helping others. So I'm very collaborative.	2S4, 2S8, 2S32
2S4	So because I'm collaborative and it's with LCSW or LMHC or, you know, if it's someone who's a bachelor's level social worker, whoever it is that I'm working with, I'm also into mentoring.	2S3, 2S8, 2S32
2S5	And I'm so into kind of helping them work their case or work the issue, that just all those years of practicing that skill has given me the confidence to, you know, take my creativity and fight for it.	2S6, 2S19, 2S20, 2S30
2S6	I've seen plenty of people with my same degree, who can't execute this. But it is just like it is with any other modality. Some people just can't execute the miracle question because it's just not necessarily in their nature to pull it off genuinely. I think so much of being able to navigate that third-party payer, being creatively systemic, is the artistry with which you are able to interact.	2S2, 2S5, 2S7, 2S17, 2S18, 2S20, 2S23
2S7	Researcher: So you're saying that there's something definitely a personal connection that you're able to interact with the third-party payers, with your supervisors, with your colleagues. And that has made you stand out and be able to be supported as a creative therapist in your community? Participant: Yeah.	2S1, 2S6
2S8	And if I come at you from a perspective that is not, "I'm	2S3, 2S4,

	better, you're worse, I have something to offer that you're missing,"; if I come from the perspective of, "Your offering something equal to me, let's just collaborate," that creates just a better space for community and collaboration. I think people don't get offended when I come at them with my creative stuff, because I'm very respectful of what their coming with.	2S10, 2S11, 2S12, 2S32
2S9	I can't just be systemic when it only comes to interactions with people. You know, and your feelings, and your history, and your diagnoses. I have to be fully systemic with what's going on in your life, the systems there, the systems in my life and in my agency, and systems that those systems are interacting with.	2S13, 2S14, 2S24, 2S15, 2S16, 2S31
2S10	My fundamental belief in equifinality. I believe that no matter what modality you utilize, you're going to be successful to some degree with your people.	2S8, 2S11
2S11	Researcher: What allowed you to develop that respectful mindfulness? Participant: It was me owning that belief. Me really believing it. It's not this secret agenda that I have of, "Oh, if I act like I respect what you're doing, then I can get my MFT stuff in there." I really had to believe the stuff that I'm saying. I had to believe, on the inside, that there is equifinality. But you have to believe it, cause if you don't, you're always going to come off disingenuous.	2S8, 2S10
2S12	Researcher: When did you start developing that respect? Participant: As soon as I started working with people who weren't systemic. Because then I really had to learn their stuff first. And put my ego aside and keep it aside, and figure out what beliefs do I hold that will make this work best for all of us.	2S8, 2S21, 2S25
2S13	Researcher: One of the things that has helped your creativity is understanding the opposing perspective? Participant: I had to. You have to embrace it. And take it on. Not just view it in a petri dish in a distance. I had to get the business side down. Like, what's the daily rate? How were we making money? And that is normally in opposition of therapeutic, you know, what's right for the client, what's best for the client.	2S9, 2S14, 2S16
2S14	But to be effective, you have to be able to straddle both of those things. And understand that you're not sacrificing your ethics for money. You're just really pulling in what it means to actually be systemic.	2S9, 2S13, 2S15, 2S16, 2S24

2S15	So once I kind of pulled my head out of that therapy place that you're stuck when you come out of school and you're idealistic, and understood that actually being systemic is all these other things too, it helped me move forward and still feel ethical.	2S9, 2S14, 2S24
2S16	And really, I have to weigh both sides equally. You know I have to be mindful that we can keep doors open and lights on; and we can keep children safe and households healthy. So you know, I could dive into just the therapy part of it, but then, you know, you're funding is going to dry up and your doors are going to close. So how do you do both? For me, that was the journey, figuring out how to do both.	2S9, 2S13, 2S14
2S17	When you have to work that in there, you have to actually up your creative game to make it fit. I don't think it diminishes it. Because I think at the end what you want to do is, "How do I get my full message through, even in this new disguise that I have to wear?" And if you can do that, you are actually being more creative.	2S6, 2S18, 2S29, 2S30
2S18	Where when I'm sitting there talking with all of these different degreed people, or people who aren't degreed, who are just business people in the building, I'm able to really convey my intent while utilizing their language. So I'm conveying a systems intent, without using all of that systems language that other people might not know. So I'm really conveying my intent to the other person. And that's an art.	2S2, 2S6, 2S17, 2S19, 2S20, 2S29, 2S30
2S19	That's an art. And it's practice.	2S5, 2S18, 2S20
2S20	And not judging yourself for not being as proficient as probably the first step. Cause people want to kick themselves…Yes. All practice. But it's practice with the appreciation for the fact that you're okay even where you're starting.	2S5, 2S6, 2S18, 2S19,
2S21	Yes. Pull your ego out of it. I am not invested in my level of rightness.	2S12, 2S25
2S22	And then when I got into the position where I could actually coordinate pulling stuff together, and you now, using the corporate AMEX Card to get family games; when I found that I then had power to do those things and not go broke, then that's what motivated me to really just kick it to the next level.	
2S23	Working with insurance companies does not support being artistic. At all. Or being creative or any of those things. And it's another example of you having to be the one that changes and adopts, because you can't change them.	2S6, 2S7
2S24	I think once you are able to straddle both, you can say,	2S9, 2S14,

	"Okay actual ethics from a place of balanced systems thinking dictates ABCD." You know, that I can actually do these things over there while still practicing best practice.	2S15, 2S16, 2S31
2S25	I had to recognize that there was no room for my ego. For those tools to fit in front of my face, I had to remove my ego	2S12, 2S21
2S26	So it's about recognizing what you need to challenge yourself on and challenging yourself on it. Because that will knock the ego right out of your head. So I think I very actively battled to pull my ego out of it. And the space that created was wonderful because I really feel like I can be in any setting now and get along just fine.	2S25, 2S27, 2S28
2S27	I recognize the deficit or lacking in myself or something that's biased, and I'm going to actively get rid of it. So I'm going to seek out this kind of client, because I want the challenge that this client provides.	2S26, 2S28
2S28	It's when I was in high school I had this horrible fear of heights…And I was so, so tired of feeling crippled by this, that I remember taking a trip to Bush Gardens and I just rode that Kumba roller coaster until I was okay…it helped develop a pattern of me challenging things that I noticed where hindering me.	2S26, 2S27
2S29	Still finding a place for having confidence…There is, not that you're an expert, but there is a level of expertise that you're bringing to the conversation because you're literally in the home six to ten hours with each of these families. So don't shy away from that.	2S2, 2S18, 2S30
2S30	If you have your Masters, if you have a license, if you're moving forward in the field, and you feel like you know what you're doing, you're doing it ethically and doing it well and the family is responding, it's okay to own that. And that's confidence, not ego.	2S2, 2S 5 2S18, 2S29
2S31	I don't feel that I position myself in a place where it's me versus the system or where I have to advocate on behalf of the client against an oppositional force.	2S24
2S32	Collaboration with fellow colleagues	2S3, 2S4, 2S8

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 2S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 2 John 2(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 2 John
2S9, 2S13, 2S14, 2S15, 2S16, 2S22, 2S24, 2S31	2ST1. Having a true systemic perspective of how all the therapeutic and business systems interact together for the benefit of the community and client	
	#2S9: "I can't just be systemic when it only comes to interactions with people. You know, and your feelings, and your history, and your diagnoses. I have to be fully systemic with what's going on in your life, the systems there, the systems in my life and in my agency, and systems that those systems are interacting with."	
2S9, 2S14, 2S15, 2S16, 2S24, 2S31		2ST1a. Belief that successfully balancing accountability and therapeutic creativity does not mean sacrificing ethics for money; insurance companies are not an oppositional force to the client's treatment
	#2S24: "I think once you are able to straddle both, you can say, 'Okay actual ethics from a place of balanced systems thinking dictates ABCD.' You know, that I can actually do these things over there while still practicing best practice."	
2S22		2ST1b. Company's financial support of creative therapy demonstrates business and therapy systems functioning together
	#2S22: "And then when I got into the position where I could actually coordinate pulling stuff together, and you now, using the corporate AMEX Card to get family games; when I found that I then had power to do those things and not go broke, then that's what motivated me to really just kick it to the next level."	
2S1, 2S2, 2S5, 2S6, 2S7, 2S17, 2S18, 2S20, 2S23	2ST2. Respectful systemic interaction with colleagues has created a supportive environment of professional trust and clinical latitude; therapist has to change and adapt self in order to change	

	working environment, because insurances does not support being artistic	
	#2S6: “I’ve seen plenty of people with my same degree, who can’t execute this. But it is just like it is with any other modality. Some people just can’t execute the miracle question because it’s just not necessarily in their nature to pull it off genuinely. I think so much of being able to navigate that third-party payer, being creatively systemic, is the artistry with which you are able to interact.”	
2S2, 2S5, 2S6, 2S17, 2S18, 2S19, 2S20, 2S29, 2S30		2ST2a. Develop confidence and practice the linguistic ability to express and defend personal systemic therapeutic intent in other professional disciplines’ languages
	#2S18: “Where when I’m sitting there talking with all of these different degreed people, or people who aren’t degreed, who are just business people in the building, I’m able to really convey my intent while utilizing their language. So I’m conveying a systems intent, without using all of that systems language that other people might not know. So I’m really conveying my intent to the other person. And that’s an art.” #2S20: “And not judging yourself for not being as proficient as probably the first step. Cause people want to kick themselves…Yes. All practice. But it’s practice with the appreciation for the fact that you‘re okay even where you’re starting.”	
2S3, 2S4, 2S8, 2S10, 2S11, 2S12, 2S32	2ST3. Having a true belief in equifinality allows therapist to collaborate, mentor and learn from other mental health professionals	
	#2S8: “And if I come at you from a perspective that is not, ‘I’m better, you’re worse, I have something to offer that you’re missing,’; if I come from the perspective of, ‘Your offering something equal to me, let’s just collaborate,’ that creates just a better space for community and collaboration. I think people don't get offended when I come at them with my creative stuff, because I'm very respectful of what their coming with.”	
2S8, 2S12, 2S21, 2S25		2ST3a. Genuinely removing ego and having no interest in own level of rightness
	#2S12: Researcher: “When did you start developing that respect?” Participant: “As soon as I started working with people who weren’t	

	systemic. Because then I really had to learn their stuff first. And put my ego aside and keep it aside, and figure out what beliefs do I hold that will make this work best for all of us."	
2S26, 2S27, 2S28		2ST3b. Challenging oneself to identify areas of weakness and uncomfortableness to become a better therapist and coworker
	#2S27: "I recognize the deficit or lacking in myself or something that's biased, and I'm going to actively get rid of it. So I'm going to seek out this kind of client, because I want the challenge that this client provides."	

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 2TT#	*Textural Themes* for Participant # 2 John 2(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 2 John
2TT1	Constantly hypothesizing multiple systemic creative ways to fluidly connect and meet the needs of the clients and the different professional entities	
2TT1a	Creating a relationship with the client through honesty allows the therapist to creatively partner up with the client to complete the documentation	
2TT1b	Having reverence for what is important for the client, while naturally incorporating into the therapeutic conversation the required treatment goals of the insurance companies	
2TT2	Creative therapeutic techniques include the use of metaphors and themes to discuss interactional patterns and the incorporation of humor, games, handouts and homework	
2TT2a	Being open to utilizing resources and techniques from other models to better understand client	

Textural-Structural Descriptions = *Essence of Phenomenon*
for Participant # 2 John
Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 2ST#	*Structural Themes* for Participant # 2 John 2(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 2 John
2ST1	Having a true systemic perspective of how all the therapeutic and business systems interact together for the benefit of the community and client	
2ST1a	Belief that successfully balancing accountability and therapeutic creativity does not mean sacrificing ethics for money; insurance companies are not an oppositional force to the client's treatment	
2ST1b	Company's financial support of creative therapy demonstrates business and therapy systems functioning together	
2ST2	Respectful systemic interaction with colleagues has created a supportive environment of professional trust and clinical latitude; therapist has to change and adapt self in order to change working environment, because insurances does not support being artistic	
2ST2a	Develop confidence and practice the linguistic ability to express and defend personal systemic therapeutic intent in other professional disciplines' languages	

2ST3	Having a true belief in equifinality allows therapist to collaborate, mentor and learn from other mental health professionals
2ST3a	Genuinely removing ego and having no interest in own level of rightness
2ST3b	Challenging oneself to identify areas of weakness and uncomfortableness to become a better therapist and coworker

Question for Textural Analysis: Does accountability reduce your willingness to take creative risks?

Answer for Textural Analysis: “No. I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it’s just like okay, this one didn’t click with the client. So next. You know, that’s okay.”

Participant # 3: Alanis Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 3T Unit #	*Horizonalization* of Textural Statements for Participant # 3 Alanis 3(participant)T(textural)	Related to 3T Unit #s
3T1	I always talk about patterns in my progress notes	3T4
3T2	I look at patterns of dynamics in the families, with the client with others, the rest of their peers; So I try to help them.	3T3, 3T6, 3T8, 3T10
3T3	I try to look at patterns of how they relate, of how they behave, and see how they might have similarities in how they get stuck at home, as well.	3T2, 3T6, 3T8, 3T10, 3T11
3T4	There is a component of my progress notes that I always describe mood, affect, post-acute withdrawal symptoms, which is terminology for in terms of substance use. And then I’ll provide an assessment of how those patterns are in a way inhibiting progress or facilitating progress of whatever I'm seeing.	3T1,3T5, 3T7
3T5	I try to use as much as possible in my assessment, the client’s assessment of themselves. So you know, if they’re feeling stuck in some sort of area, then I use that from whatever they say in a medical way, with the right medical terminology. So I'm not like necessarily making, you know, my own assessment as the expert. So it's, I guess, it’s a combination of both when it comes down to the documentation.	3T4, 3T7
3T6	So if the client say, for example, doesn’t even understand the purpose of the counseling, you would say, “How do you get DCF off your back? Okay so how do you get your parents to feel like you don’t need treatment?”	3T2, 3T3
3T7	So engaging in a way that you understand all the different components. So insurance, like you know, it's another component to me in that sense. But I'm trying to understand what they need to hear. So I understand, like I guess, all the different players in the picture. And try to make it work for the best for the client.	3T4, 3T5, 3T17, 3T18, 3T19

3T8	Kind of like checking in with yourself. You know, where are you at with each case? You know, are you getting or have you been stuck with any client? Particularly are there areas that I haven't explored?	3T2, 3T3, 3T10, 3T12, 3T20
3T9	Let me engage this client in more therapeutic artistic ways, you know, with drawing, whatever, playing games, things like that.	3T14, 3T15, 3T20
3T10	Sometimes using much more of, like, the rest of the clients to provide feedback to the client. So reaching out, using the community, for the client as well.	3T2, 3T3,
3T11	But information helps me look at my clients in different ways. So there's not only the creativity of like art therapy or music therapy, or things like that, but also like metaphors and helping them connect in different ways that they haven't connected before.	3T3, 3T12, 3T13, 3T20
3T12	So to review the qualities and characteristics that make you a creative therapist: you definitely check in with yourself, you understand all systems, you use outside resources, professional networking, self-motivating, learn on your own, you use metaphors, you connect patterns for your client's.	3T8, 3T20
3T13	I ask my clients to journal so they can self-reflect.	3T11
3T14	I use music as well.	3T9, 3T20
3T15	Another resource that I didn't tell you is that I buy activity books. So have something quick, you know, like a therapeutic box, I guess. Like stuff that you can go to easily and you're not like pulling your hair when you're like super stressed out. So one of the ways is having automatic resources.	3T9, 3T20
3T16	Well the accountability is always there. Meaning like don't lie how long you've done your sessions for. You know, document what's real. Not what's fake. So don't make up stuff. Yes, be timely with your paperwork as possible. So try not to fall too behind on anything.	3T17,
3T17	Describe all the medical things that the client is going through. Cause I write, you know, I write, "There's progress in this area, but this is, this is still needed to be addressed." But if I focus on, "Oh everything is fine and dandy." Like, of course they're going to drop them and bye, you know. And then it's a disservice to the client, because they still need more. So you have to understand, well you know, what are you doing for the client.	3T7, 3T16, 3T18
3T18	I would look at what are the struggles that the client is going through, because this is what the insurance needs to see…So I am going to write like there is less post-acute withdrawal symptoms. Awesome; I'm not going to list all of the post-acute withdrawal symptoms, I'm not going to put the ones that she's not experiencing any more. But I'm going to make	3T7, 3T17,

	emphasis on that they need to continue care, level of care, because of these reasons. Which are going to be either expressed by the client or observed by the clinical team, etcetera.	
3T19	So I'll just briefly say certain things like if I engaged a client through art, I would say I engaged them through art or through music or through this or through that with the purpose of doing XYZ. So putting your creativity, tying back to their needs, their requirements.	3T5, 3T7
3T20	I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it's just like okay, this one didn't click with the client. So next. You know, that's okay.	3T8, 3T9, 3T11, 3T12, 3T14, 3T15
3T21	The way that you incorporate systemic training in achieving balance between creativity and accountability is within session you are creative, you do your postmodern therapy, you focus on the client's needs as a postmodern therapist, but then when you're translating it you use the medical language. So you're able to give the medical language, which they need for accountability, but still provide your client with the creative post-systemic model that you have.	3T4, 3T5, 3T7, 3T16, 3T17, 3T18, 3T19,

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 3T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 3 Alanis 3(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 3 Alanis
3T2, 3T3, 3T6, 3T8, 3T10, 3T11, 3T12, 3T20	3TT1. Continuously reflecting ways to creatively engage client in uncovering patterns of relational dynamics and behaviors	
	# 3T3: "I try to look at patterns of how they relate, of how they behave, and see how they might have similarities in how they get stuck at home, as well."	
3T8,3T9, 3T14, 3T15, 3T20		3TT1a. Having a readily available activity resource box and not being afraid to incorporate different artistic therapeutic interventions from other models, such as music, drawing and games
	# 3T20: "I think that I see every opportunity to engage with the client with whatever creative form that I might use. You know, it either fails or not. So if it fails, it's just like okay, this one didn't click with the client. So next. You know, that's okay."	
3T3, 3T11, 3T12, 3T13, 3T20		3TT1b. Assisting clients to view situations differently through the use of metaphors, feedback from fellow peers and self-reflecting in journals
	#3T11: "But information helps me look at my clients in different ways. So there's not only the creativity of like art therapy or music therapy, or things like that, but also like metaphors and helping them connect in different ways that they haven't connected before."	
3T4, 3T5, 3T7, 3T16, 3T17, 3T18, 3T19, 3T21	3TT2. Communicating in medical terminology with the insurance company and utilizing the insurance company's requirements in order to provide the client with the best treatment	
	#3T7: "So engaging in a way that you understand all the different components. So insurance, like you know, it's another component to me in that sense. But I'm trying to understand what they need to hear. So I understand, like I guess, all the different players in the	

	picture. And try to make it work for the best for the client."	
3T1, 3T4, 3T5, 3T7, 3T19, 3T21		3TT2a. Skillfully connecting the client's language, therapist's clinical observations and creative therapeutic interventions back to the requirements of the insurance company in the medical language that meets the third-party payer's requirements
	#3T19: "So I'll just briefly say certain things like if I engaged a client through art, I would say I engaged them through art or through music or through this or through that with the purpose of doing XYZ. So putting your creativity, tying back to their needs, their requirements." #3T21: "The way that you incorporate systemic training in achieving balance between creativity and accountability is within session you are creative, you do your postmodern therapy, you focus on the client's needs as a postmodern therapist, but then when you're translating it you use the medical language."	

Question for Structural Analysis: Are there ever times when your creativity negatively affects your ability to be accountable? Do you ever find it as an obstacle to your accountability?

Answer for Structural Analysis:
"No I think that for me particularly ethics in this profession, so having a lot of integrity, is very important."

Participant # 3: Alanis Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 3S Unit #	*Horizonalization* of Structural Statements for Participant # 3 Alanis 3(participant)S(structural)	Related to 3S Unit #s
3S1	There is a part of my job that for me to understand, for me to provide services for the client, I have to act as the expert, which is not a postmodern view. But that's not the stance that I take with the client all the time. I do that for the insurance purposes.	3S2, 3S3, 3S4, 3S5, 3S10, 3S27,
3S2	For me is understanding who's your client. So the client is not only your client; the insurance is also your client. And that in a way meets the purpose for the client.	3S3, 3S4, 3S5, 3S10, 3S31
3S3	It is in the client's best interest for me to understand the insurance so that I make sure that the client has as much care as possible in order to recover from, or better himself or herself from substance abuse, and help other mental health issues that they might have. So for me to comply with the needs of the insurance is for the benefit of the client. So I don't see animosity in that sense for me.	3S1, 3S2, 3S10, 3S11, 3S27
3S4	So just like you're trained to understand your client's language and speak like the clients speaks, and things like that, you also have to understand how the insurance speaks and talks. So their vocabulary.	3S1, 3S2, 3S10
3S5	To me it's, you know, being postmodern means like understanding like all the people you're dealing with. And so an insurance is another component.	3S1, 3S2, 3S3, 3S27, 3S31
3S6	Well trying to stay organized definitely helps. So I try to understand like the flow of the work and be able to say like, okay this is a period of time that I'm going to really focus on that.	3S26
3S7	I guess what helps me is that I'm vocal to my boss, like, "Okay I need to get this done for utilization review," which is like the guy that deals with insurance, "so can we work something out so I have a free moment."	3S6, 3S8, 3S9, 3S26

3S8	Having a boss that is supportive always helps. You're not left alone to deal with everything.	3S7, 3S9
3S9	Also in having a good team, you know. Like, I work with the girls of the rehab, the three of us that work on that side, we kind of are able to do that for each other. It's like, "Okay, this needs to happen. How do we meet that need for the overall necessity of the company at the moment?"	3S7, 3S8
3S10	Understanding the ins and outs. Like understanding what the insurance needed to hear.	3S2, 3S3, 3S4
3S11	They [the insurance company] also understand that they would benefit from further counseling like family counseling or even the parents like doing their own counseling. So they understand that it's not only the patient that needs help, it's like the whole family. But it's not completely anti-systemic.	3S3, 3S31
3S12	So if needed also, that means like go back to those people that provided me supervision. Or the supervision that I trust. So that gives us another resource that helps with the part of being overwhelmed is like having good people. Like people that you consider mentors or equipped to consult cases if you have to for those kind of things.	3S14, 3S17, 3S22, 3S23
3S13	I think that if you're a therapist that works by yourself, and never consults cases, and thinks that you know it all, you get burned out like so quick. Like you can't. It's not a field…If you really think that you are the expert, and you don't need anything, and you are all good to go by yourself for the rest of your life after you're licensed, you will get burned out or be a terrible therapists. That's my opinion about the matter.	3S12, 3S17, 3S14, 3S22,
3S14	So yeah, for me definitely relying on the good professional network to consult, to discuss cases.	3S12, 3S13, 3S17, 3S22, 3S23
3S15	The owners want creativity, but it's kind of like thrown at you. They just recently started with incentives of like, "Okay if you want to attend the training, we'll give you the time off you need to do it."	3S16
3S16	That they don't provide like good training or that kind of thing. So if you're self-motivated you do it.	3S18, 3S19, 3S20
3S17	I like learning. So I think that because to be creative, you have to, information has to be coming in. So you can make new connections. You know, you can pick other people's brain. I think that if you are stale, in that sense, it does hinder your creativity.	3S12, 3S13, 3S14, 3S22, 3S23
3S18	Self-motivated and learning on your own, and this inner desire really.	3S16, 3S19, 3S20, 3S21,
3S19	So I guess what motivates me is seeing that change in the	3S16, 3S18,

	client.	3S20
3S20	Cause the main need for me to like help people, like I guess, is always what helps me look at different resources.	3S16, 3S18, 3S19, 3S21, 3S24, 3S25
3S21	Well have a purpose of what you're doing.	3S20
3S22	Well having a good licensure supervisor.	3S12, 3S17
3S23	School program and Teachers: Well through Nova. I had her in one of my classes and for theories. And I really learned my models with her.	3S12, 3S17
3S24	So that's when I have a high caseload, in order to meet that extra paperwork, yeah, I have to work harder at connecting with my clients and you know working.	3S20, 3S25
3S25	Well yeah, I mean you put overtime.	3S24
3S26	You also have to be balancing how you're taking care of yourself, managing your own personal stress. So self-care is always something important for any therapist.	3S6, 3S7
3S27	They are missing the part of seeing that the insurance is a resource for the client. Like, if the client didn't have insurance, they can't get the services and they need the service. So it would be a disservice to the client to not try to understand how the insurance works. And how it is always with the benefit of the client to understand how they're going to get paid for the services.	3S3, 3S5, 3S31
3S28	I think that for me particularly ethics in this profession, so having a lot of integrity, is very important.	3S29, 3S30, 3S31
3S29	I love to do the training for laws and rules every year because I like to have that in my mind like all the time.	3S28
3S30	That we can be as postmodern as we want, but the law is the law. And it's not postmodern at all. It's black or white. Otherwise, when it comes to for example child abuse, if we were 100% postmodern, we'd be like, "Well that's what they choose to do right? If it makes sense for them." Right?	3S28, 3S31
3S31	I think that the problem with some of the postmodern therapists out there is that they get stuck a lot on, you know, if you're postmodern you can't use the medical model because you're not postmodern because you are putting yourself in an expert position. But we are in a society that there are certain rules when it comes to abuse and neglect. And we are in a world that we need insurance to get certain services. So I guess I'd like to live in a little bit more of the understanding; that also being postmodern, it means being adaptable to making certain things happen for the people that need the help.	3S1, 3S2, 3S3, 3S5, 3S11,3S27, 3S28, 3S30

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 3S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 3 Alanis 3(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 3 Alanis
3S1, 3S2, 3S3, 3S4, 3S5, 3S11, 3S27, 3S28, 3S30, 3S31	3ST1. Being truly post-modern means understanding the perspectives of the different systems that work together to provide services and help to the people that need it, while being able to maintain your systemic stance as a therapist with your client	
	#3S31: "I think that the problem with some of the postmodern therapists out there is that they get stuck a lot on, you know, if you're postmodern you can't use the medical model because you're not postmodern because you are putting yourself in an expert position. But we are in a society that there are certain rules when it comes to abuse and neglect. And we are in a world that we need insurance to get certain services. So I guess I'd like to live in a little bit more of the understanding; that also being postmodern, it means being adaptable to making certain things happen for the people that need the help."	
3S2, 3S3, 3S4, 3S5, 3S10, 3S11, 3S29, 3S31		3ST1a. Viewing the insurance company not as an anti-systemic component, but as another client whose language you must understand and adapt to as a way of benefiting your primary client
	#3S2: "For me is understanding who's your client. So the client is not only your client; the insurance is also your client. And that in a way meets the purpose for the client."	
3S28, 3S29, 3S30, 3S31		3ST1b. To best serve client, therapeutic creativity and postmodern stance cannot interfere with having professional integrity and understanding the ethics and laws of the mental health field
	#3S30: "That we can be as postmodern as we want, but the law is the law. And it's not postmodern at all. It's black or white. Otherwise, when it comes to for example child abuse, if we were 100% postmodern, we'd be like, 'Well that's what they choose to do right?	

	If it makes sense for them.' Right?"	
3S16, 3S18, 3S19, 3S20, 3S21, 3S24, 3S25	3ST2. Desire to have a profession with a purpose and to help people create change motivates inner desire for therapist to learn more, research different resources and work overtime	
	#3S20: "Cause the main need for me to like help people, like I guess, is always what helps me look at different resources."	
3S12, 3S13, 3S14, 3S17, 3S22, 3S23	3ST3. Creating a professional network of colleagues and mentors that you trust outside of your work setting to continuously learn different interventions and creative techniques, in order to reduce sense of overwhelmingness, burnout and repetition of practice	
	#3S17: "I like learning. So I think that because to be creative, you have to, information has to be coming in. So you can make new connections. You know, you can pick other people's brain. I think that if you are stale, in that sense, it does hinder your creativity."	
3S6, 3S7, 3S8, 3S9, 3S26	3ST4. Prioritizing self-care and management of personal stress encourages vocalizing to coworkers and supervisor what is needed to manage time to complete the documentation	
	#3S7: "I guess what helps me is that I'm vocal to my boss, like, 'Okay I need to get this done for utilization review,' which is like the guy that deals with insurance, so can we work something out so I have a free moment."	
3S7, 3S8, 3S9, 3S15		3ST4a. Having a supportive group of coworkers and supervisor that work as a team to meet the company's workload and agency providing incentives to attend creative therapy trainings promotes a balance of creativity and accountability
	#3S8: "You're not left alone to deal with everything." #3S9: "Okay, this needs to happen. How do we meet that need for the overall necessity of the company at the moment?"	

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 3TT#	*Textural Themes* for Participant # 3 Alanis 3(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 3 Alanis
3TT1	Continuously reflecting ways to creatively engage client in uncovering patterns of relational dynamics and behaviors	
3TT1a	Having a readily available activity resource box and not being afraid to incorporate different artistic therapeutic interventions from other models, such as music, drawing and games	
3TT1b	Assisting clients to view situations differently through the use of metaphors, feedback from fellow peers and self-reflecting in journals	
3TT2	Communicating in medical terminology with the insurance company and utilizing the insurance company's requirements in order to provide the client with the best treatment	
3TT2a	Skillfully connecting the client's language, therapist's clinical observations and creative therapeutic interventions back to the requirements of the insurance company in the medical language that meets the third-party payer's requirements	

Textural-Structural Descriptions = *Essence of Phenomenon*
for Participant # 3 Alanis
Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 3ST#	*Structural Themes* for Participant # 3 Alanis 3(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 3 Alanis
3ST1	Being truly post-modern means understanding the perspectives of the different systems that work together to provide services and help to the people that need it, while being able to maintain your systemic stance as a therapist with your client	
3ST1a	Viewing the insurance company not as an anti-systemic component, but as another client whose language you must understand and adapt to as a way of benefiting your primary client	
3ST1b	To best serve client, therapeutic creativity and postmodern stance cannot interfere with having professional integrity and understanding the ethics and laws of the mental health field	
3ST2	Desire to have a profession with a purpose and to help people create change motivates inner desire for therapist to learn more, research different resources and work overtime	
3ST3	Creating a professional network of colleagues and mentors that you trust	

	outside of your work setting to continuously learn different interventions and creative techniques, in order to reduce sense of overwhelmingness, burnout and repetition of practice
3ST4	Prioritizing self-care and management of personal stress encourages vocalizing to coworkers and supervisor what is needed to manage time to complete the documentation
3ST4a	Having a supportive group of coworkers and supervisor that work as a team to meet the company's workload and agency providing incentives to attend creative therapy trainings promotes a balance of creativity and accountability

Question for Textural Analysis: Are you ever afraid that if you incorporate a certain technique or a certain creative language that your insurance companies won't reimburse you, so therefore you don't take that risk? Or are you creative without worrying about it?

Answer for Textural Analysis: "I try to be creative without worrying about it."

Participant # 4: Daisy Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 4T Unit #	*Horizonalization* of Textural Statements for Participant # 4 Daisy 4(participant)T(textural)	Related to 4T Unit #s
4T1	Sometimes clients become suspicious when you write notes. But I'm very open and honest with my notes. And if they ask me, or if they seem suspicious of what I'm writing. I show them and I tell them, "I'm just writing down exactly what you just told me, so that I can remember.	4T2, 4T4, 4T5, 4T8
4T2	Well what works for me is sharing my notes with the client. And if they say, "Oh no. I didn't mean this I meant that," I'll change it. I'll cross it out and be like, "Oh, client says this," you know. And so it's more appropriate to what they feel. And I also have what I wrote, but I have what they added as well. And so it even gives me a better insight into what the client's thinking.	4T1, 4T4, 4T5, 4T8
4T3	And what I do is when I see my clients I tell them, "Look I only know a few things about you." And sometimes I flat out show them the face sheet I was given, cause I'm usually not given a lot of information…What do I need to know?" And then the client tells me their side of the story. And I find that that's a creative way that helps a lot with oppositional children and oppositional people, in general.	4T4, 4T5
4T4	If you tell them that you're trying to figure out things from their side of the story, then their usually, instead of fighting against you, they're trying, they're expressing themselves to you. Because a lot of people are telling them, "Oh, you need to do this. You need to do that." And they're trying to stand up to them. But instead of doing that, I take their side of things. I don't really take sides, but I really try to understand where they're coming from. I go, "Tell me your story. What happened? Tell me your side of the story." And so I'm not necessarily taking their side, but I'm listening to their side. And that way they're not acting oppositional towards me, which is helpful.	4T1, 4T2, 4T3, 4T8
4T5	And it really helps them say it in their own language. Because they can be someone that cuts or they can be someone that feels depressed or suicidal, it doesn't mean	4T1, 4T2, 4T3

	that they have any intention of hurting themselves. And so there's just different ways to look at it, cause it's really to see how it is from their perspective.	
4T6	Sometimes if I feel the situation is situational. What I usually try to give them a, you know, a more tame diagnosis. You know, some people will, you know, just be like, "Oh, they're oppositional defiant." But if I'm able to talk to the kid and they're not treating me with any opposition or any defiance at all, I'm more likely to give them disruptive behavior because it might be more situational. And, I mean, they might be going through something that we don't know about.	4T7, 4T18
4T7	So it's hard because you have to give them a diagnosis in order for the insurance. And in order for them to bill. But I usually try to, unless if it's really necessary, give them something more tame.	4T6, 4T10, 4T13
4T8	But I found from talking to them, that as long as you listen to their side of the story and you're respectful towards them, they're respectful towards you. I find that all the time. I almost never have problems with oppositional clients	4T1, 4T2, 4T3, 4T4, 4T19
4T9	Researcher: So why do you think you've never had that problem? Participant: Because I use Solution Focus. I'm very strength based. Especially with oppositional kids. I talk to them and I bring out their strengths.	4T11, 4T12, 4T15, 4T16
4T10	And it's not just about the diagnosis, it's about providing the support for the whole family, the whole group. Like letting the guidance counselor know how they could help.	4T7
4T11	Change the scaling to fit what we do. Because normally, like, we weren't taught, I wasn't taught in, you know, my program to use scaling to scale someone's likelihood to want to kill themselves, to scale someone's degree of sadness, to scale someone's, you know, likelihood to want to help themselves. Things like that. So it is using scaling, but in different ways. And it's still using, like, what can we do to make this a higher number, what can we do to make this a lower number. And it really does help us determine whether or not they really need to be Baker Acted or not.	4T9, 4T15, 4T16
4T12	Looking for exceptions. They are very big on looking for exceptions. They're very big on what are times that you're able to, like finding coping tools from the client themselves.	4T9, 4T15, 4T16
4T13	But a lot of times I just try to figure out different ways, you find different ways to word it to get in what you need to get in, without making it super awkward.	4T7, 4T14
4T14	So changing the language. So making it more language that	4T13

	you're comfortable with to get the information that the insurance companies are looking for.	
4T15	Being Solution Focused. Trying to notice strengths. That's a big deal. Because a lot of clinicians that don't notice strengths the kids end up they don't like going to therapy. And a lot of times, you know, I interact with a lot of kids that have never had experience with counseling or they didn't like counseling. But after they talk to me they're willing to try it, because I show them that it can be a positive experience.	4T9, 4T11, 4T12, 4T16, 4T17
4T16	Strength, Solution Focused. I even get Narrative sometimes.	4T9, 4T11, 4T12, 4T15, 4T17
4T17	Thinking abstractly about, you know, other situations. Cause it's so much easier to think about other situations instead of what's happing with yourself and not taking it personally.	4T16
4T18	It was more about what's going on in all the different, you know, what's going on in the community with this kid, what's going on in the neighborhood, what's going on at school, what's going on just all over the place.	4T6
4T19	We ask them a lot, you know to break the ice, we ask them about them. We ask them about what type of music they like. What type of cartoons they like.	4T8

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 4T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 4 Daisy 4(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 4 Daisy
4T1, 4T2, 4T3, 4T4, 4T5, 4T8, 4T9, 4T11, 4T14, 4T15, 4T16, 4T17, 4T19	4TT1. Creatively employing different Solution Focused and Narrative therapy strength based techniques to uncover coping skills and demonstrate to clients experiencing crisis and exhibiting oppositional behavior that the therapist is respecting and understanding their side of the story	
	#4T4: "If you tell them that you're trying to figure out things from their side of the story, then their usually, instead of fighting against you, they're trying, they're expressing themselves to you. Because a lot of people are telling them, 'Oh, you need to do this. You need to do that.' And they're trying to stand up to them. But instead of doing that, I take their side of things. I don't really take sides, but I really try to understand where they're coming from. I go, 'Tell me your story. What happened? Tell me your side of the story.' And so I'm not necessarily taking their side, but I'm listening to their side. And that way they're not acting oppositional towards me, which is helpful."	
4T1, 4T2, 4T3, 4T4, 4T5, 4T8		4TT1a. Using the documentation to develop a trust with the client by being honest and showing them the paperwork, and allowing client to make additions to the progress note that better represents how they view their situation
	#4T2: "Well what works for me is sharing my notes with the client. And if they say, 'Oh no. I didn't mean this I meant that,' I'll change it. I'll cross it out and be like, 'Oh, client says this,' you know. And so it's more appropriate to what they feel. And I also have what I wrote, but I have what they added as well. And so it even gives me a better insight into what the client's thinking."	
4T6, 4T7, 4T10, 4T13, 4T14, 4T18	4TT2. Systemically understanding all the factors in the client's life and client's situational behaviors, in	

	order to fulfill the insurance requirements and choose a diagnosis that will help the client and family receive the best level of care	
	#4T6: “Sometimes if I feel the situation is situational. What I usually try to give them a, you know, a more tame diagnosis. You know, some people will, you know, just be like, ‘Oh, they’re oppositional defiant.’ But if I’m able to talk to the kid and they’re not treating me with any opposition or any defiance at all, I’m more likely to give them disruptive behavior because it might be more situational. And, I mean, they might be going through something that we don't know about.”	

Question for Structural Analysis: Are there ever times when your creativity negatively affects your ability to be accountable? Do you ever find it as an obstacle to your accountability?

Answer for Structural Analysis:
Participant: “Well that’s when you have to be really clear about abuse and neglect. Like I need to be accountable with abuse and neglect. But sometimes, you know, I think about that’s something I have to be very firm about. So I guess I just, that’s another thing where I have to be creative with the language. And sometimes I have to be more firm and I am firm about it.”

Researcher: “So then you would say that your creativity does not affect your need to be accountable because there are times that you know you need to be accountable and you’re firm with it. And there’s other times when you know that your clients might be messing with you so you find the language way to get the information that you need?”

Participant: “Yeah. Or talk to other people to try to figure it out.”

Participant # 4: Daisy Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 4S Unit #	*Horizonalization* of Structural Statements for Participant # 4 Daisy 4(participant)S(structural)	Related to 4S Unit #s
4S1	Having to work against being burned-out. Because we're going from crisis to crisis to crisis. You know, realizing that these people are in crisis and they’re going through a lot.	4S17, 4S19, 4S29, 4S34
4S2	A lot of it is talking with my coworkers. A lot of it is getting their support. Something that is very helpful, also, is when we go out in teams.	4S2, 4S17, 4S18, 4S19
4S3	And I work hard to make sure that I don't have lingering paperwork. Because if I have lingering paperwork then it stays with me when I go home and I'm thinking about it then.	4S4, 4S5, 4S6, 4S7
4S4	I figure out what works with my schedule.	4S3, 4S5, 4S6, 4S7
4S5	I try to take pretty good notes, so that I don't forget about what happened. Because if you go from one crisis to the next, it can, you can really mix them up. You could forget how the person’s affect was. It’s very easy to forget those things. So there’s certain points that I remembered to touch on that I know I’m going to be asked about. I’ve learned to	4S3, 4S4, 4S6, 4S7, 4S9, 4S33

	write down certain things I'm going to be asked for my note in order to keep it. So it doesn't have to necessarily be in my brain, it's on that piece of paper.	
4S6	Researcher: What I'm hearing from you is that staying organized, staying present with each one of your clients, and completing each one of your client's documentations in order to really understand their perspective, their position right now in this crisis, is what's helped you not burnout? Participant: Yeah	4S3, 4S4, 4S5, 4S7
4S7	I figure out with each job how to stay best organized. You have to tailor yourself to each job, in order to figure out the level of organization you need, in order to get done what you need to get done, while still offering good quality therapy.	4S3, 4S4, 4S5, 4S6
4S8	It's a combination of learning myself what works for me and also talking to my coworkers. And sometimes with my supervisors, as well. And they'll let us know what works for them.	4S21, 4S36
4S9	You have in your brain the language that you need to have for your documents…I need to be thinking about the diagnosis, as well.	4S5, 4S24, 4S25, 4S32, 4S33
4S10	Well, I look at what's going on with, and like holistically, with the client. And I look at everything that's happening…Sometimes they need medication. So sometimes a diagnosis is needed.	4S11, 4S12, 4S13, 4S30
4S11	Sometimes they need to be evaluated for things like that. Sometimes they might need more severe level or a more restrictive level of care. So sometimes it is important to have a diagnosis. Um, sometimes, you know, in order to become or go into a program that's more intensive they need a diagnosis	4S10, 4S12, 4S13, 4S26
4S12	Sometimes it [diagnosis] can be helpful in helping them with their treatment and knowing, you know, letting their provider know what to do.	4S10, 4S11, 4S13, 4S26
4S13	Recommend then to look at the big picture and use a diagnosis as a positive thing for the client to get the treatment they need, instead of an oppositional force that's affecting your therapy	4S10, 4S11, 4S12, 4S26
4S14	My specific supervisors have been very, you know, I'm lucky that they have been very nice and very Solution Focused, as well. You know, very into scaling, and in trying to find strengths in people and just being helpful.	4S15, 4S16, 4S23
4S15	And also, if your supervisor, whether or not they're focused on meeting the criteria. Their focus really means a	4S14, 4S23

	lot, because if they're focused on trying to help the families more so than, well meeting the criteria, that makes it a lot easier for us.	
4S16	My supervisor is given me a lot of good information.	4S14, 4S37
4S17	But sometimes it can, you know, it can kind of hit us. It can be terrible to see. And so that's why, when it's helpful to vent to coworkers	4S1, 4S2, 4S18, 4S19
4S18	Vented to my coworkers. And it was very helpful, because you know, it's a way to vent without, you know, without having problems with HIPPA, you know, because we're on the same team. And you know, we talk about it in supervision. And it's just basically to address things. And you can say to your coworkers, "Is this something that's hitting home for you because of a specific reason?" And you get a chance to reflect back.	4S2, 4S17, 4S19
4S19	And then there's also the separation that you have to have. "You need to know that you need to not take everyone's problems on your back, cause if you take on the problems of this person, and that person and the other person, you are going to be so weighed down, you're not going to be able to help anyone."	4S1, 4S2, 4S17, 4S18, 4S20, 4S22
4S20	Prioritize their self-care and their own careers	4S19, 4S21, 4S22
4S21	That's another thing you learn. Just how to make your schedule work with you.	4S8, 4S20, 4S36
4S22	I've learned the importance of exercising… yoga and stretching… You have the adrenaline going while you're on the job. And then when you're done and you're relaxed, then all of a sudden your body knots up because you become hypervigilant while you're working, almost. And when you finally relax, that's when your body is like what did you do to me? And so I find that it really helps a lot when I stretch, when I take care of myself, when I'm working. Even if I don't feel like I need to.	4S19, 4S20
4S23	They're more eager now to listen to what we have to say to try to keep our morale up. Because if we're miserable than it makes the whole process more miserable. They try to help us make us feel more appreciated sometimes…Well a big part of it is my supervisor. I believe he really does care for us and for the clients.	4S14, 4S15, 4S34, 4S35, 4S38
4S24	Researcher: So then you would say that your creativity does not affect your need to be accountable because there are times that you know you need to be accountable and you're firm with it. And there's other times when you know that your clients might be messing with you so you find the language way to get the information that you	4S9, 4S25, 4S32, 4S33

	need? Participant: Yeah. Or talk to other people to try to figure it out.	
4S25	You just basically you make sure you hit everything that they need for the accreditation. But you explain how you got it, what you did and the tools you used.	4S9, 4S24, 4S31, 4S33, 4S39, 4S40
4S26	Researcher: Are any of your creative qualities supported or affected by the required documentation? Participant: It can be both because there are some important things. Like for instance, if I, like in a couple of situations if I didn't ask about hallucinations, that child would continue going on never telling anyone about his hallucinations. Um, if you don't ask about abuse sometimes they don't say it. Sometimes people, it's like death, sometimes people don't know how to talk about it, so they don't. So sometimes being forced by the entities to ask these questions, but in your own way, can be very helpful for the clients. Because if not then they fall through the cracks, because sometimes clients can get very good at flying under the radar.	4S11, 4S12, 4S13
4S27	I show them that it can be a positive experience. And that makes me feel good. And it's nice that sometimes we have good outcomes. I've just learned that being strength-based makes it a much more pleasant experience for everyone. Me, them, everyone. Sometimes, you know, you have to validate feelings to people that are feeling disrespected. You have to validate feelings of people that feel, you know, for whatever reason, belittled.	4S28, 4S29
4S28	I also worked as a phone counselor. And I learned a lot about Rogerian Theory. About just basically validating feelings, summarizing what people are saying, helping people feel heard. And it just really made me feel. I got a lot of really good feelings from that. I really…Whenever…It was usually half hour calls, but every time I got off the phone I felt that I had helped that person. I focused on where they were when they started and where they were after that half hour. And usually they went from crying to feeling hopeful. And it was very, it felt good for me to give them that. It was like almost like a gift. And it made me feel good.	4S27, 4S29
4S29	Researcher: So definitely validating people's feelings, making somebody feel special, making somebody feel heard, making somebody feel like I'm here for you, that has really motivated your creative development throughout	4S1, 4S27, 4S28

	this process? Participant: Yeah. That spoke to me more than just diagnosing a person and telling them what's wrong with them, what they need to do, what meds they ned to take.	
4S30	And I've learned, meds sometimes, people need meds. But they can stay on meds forever. Sometimes they need to. Just like how a diabetic needs insulin forever.	4S10
4S31	Researcher: Are you ever afraid that if you incorporate a certain technique or a certain creative language that your insurance companies won't reimburse you, so therefore you don't take that risk? Or are you creative without worrying about it? Participant: I try to be creative without worrying about it.	4S25, 4S39, 4S40
4S32	Researcher: So you've learned to change your language, change your tone? Participant: Yeah, kind of know when to say the language, when to say what I need to say.	4S9, 4S24
4S33	Participant: Yeah that they are telling the truth and not just telling me what they think I want to hear. Because I don't want to, you know, say the client has no hallucinations, and then further down the road someone talks to him and they establish that he's had hallucinations since he was four. I don't know, that just doesn't feel like good practices to me. But I'm doing my best with what he tells me, but you know, sometimes I'm just suspicious about it. So with that client, even though he told me that, I wrote in my notes I think he might have been trying to cover up for this. So that's why the notes kind of cover up for myself… so if he does have services with us that at least they'll see what my thoughts were on it. Researcher: And that's how you are able to still be creative and still get the information that you need, and know when to take risks and not to take risks, because you documented it? Participant: Yes.	4S5, 4S9, 4S24, 4S25, 4S40
4S34	And I think it makes a big deal when we're appreciated because it makes us feel better about what we do. It puts us in a better mood. It makes us less likely to feel burned out. It makes us just more happy to do what we have to do.	4S1, 4S23, 4S35, 4S38
4S35	And I think it makes a big difference and we're more likely to want to do what we have to do without, you know,	4S23, 4S34, 4S38

	feeling annoyed by it if we feel appreciated.	
4S36	Learning from your coworkers. Learning from your supervisor.	4S8, 4S21
4S37	If I'm taught how to do it in a way that is easier to work…Teaching helps a lot.	4S16
4S38	Researcher: So for therapists who say it's the agency paperwork, it's the agency paperwork, you would say, "Well yes it is the agency paperwork, but I'm willing to do it if I'm appreciated,"? Participant: Yeah if I'm appreciated.	4S23, 4S34, 4S35
4S39	I basically just say [in progress notes] what I did. I say if I use solution focused therapy talk, I talk about how I did scaling.	4S25, 4S31, 4S40
4S40	That's where our notes come in. That's where we explain what we did and how we use our different tools: our scaling, our miracle questions, our exceptions.	4S25, 4S31, 4S33, 4S39

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 4S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 4 Daisy 4(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 4 Daisy
4S2, 4S8, 4S17, 4S18, 4S19, 4S20, 4S21, 4S22, 4S36	4ST1. Coping with the emotional stress of the job by prioritizing self-care and discussing cases with coworkers is crucial to successfully working with third-party payers at a managed behavior health care agency	
	#4S19: "And then there's also the separation that you have to have. You need to know that you need to not take everyone's problems on your back, cause if you take on the problems of this person, and that person and the other person, you are going to be so weighed down, you're not going to be able to help anyone."	
4S19, 4S20, 4S21, 4S22, 4S36		4ST1a. Prioritizing emotional and physical self-care by integrating stretching and exercising during and outside of work
	#4S22: "I've learned the importance of exercising… yoga and stretching… You have the adrenaline going while you're on the job. And then when you're done and you're relaxed, then all of a sudden your body knots up because you become hypervigilant while you're working, almost. And when you finally relax, that's when your body is like what did you do to me? And so I find that it really helps a lot when I stretch, when I take care of myself, when I'm working. Even if I don't feel like I need to."	
4S2, 4S8, 4S17, 4S18, 4S19, 4S36		4ST1b. Developing a supportive network of coworkers to help you brainstorm cases and reflect on any negative emotions that may emerge for the therapist
	#4S17: "But sometimes it can, you know, it can kind of hit us. It can be terrible to see. And so that's why, when it's helpful to vent to coworkers."	
4S14, 4S15, 4S16, 4S23, 4S34, 4S35, 4S37, 4S38	4ST2. Having a supervisor that encourages the use of creative strength-based techniques, and working for a company that truly	

	appreciates their employees' work by ensuring that moral is high and providing proper trainings on documentation completion and post-modern therapy	
	#4S23: "They're more eager now to listen to what we have to say to try to keep our morale up. Because if we're miserable than it makes the whole process more miserable. They try to help us make us feel more appreciated sometimes…Well a big part of it is my supervisor. I believe he really does care for us and for the clients."	
4S10, 4S11, 4S12, 4S13, 4S26, 4S30	4ST3. Viewing insurance companies' questions and requirements as beneficial to the therapy process, instead of an oppositional force that's affecting therapy; having the perspective that some clients may benefit from medication and that diagnosing can help clients and their families receive the services that will improve their lives	
	#4S26: "It can be both because there are some important things. Like for instance, if I, like in a couple of situations if I didn't ask about hallucinations, that child would continue going on never telling anyone about his hallucinations. Um, if you don't ask about abuse sometimes they don't say it. Sometimes people, it's like death, sometimes people don't know how to talk about it, so they don't. So sometimes being forced by the entities to ask these questions, but in your own way, can be very helpful for the clients. Because if not then they fall through the cracks, because sometimes clients can get very good at flying under the radar."	
4S1, 4S27, 4S28, 4S29	4ST4. Helping clients that are experiencing crisis feel validated creates an internal happiness for the therapist that acts as a motivator to avoid professional burn-out and successfully balance creativity and accountability at a managed care agency	
	#4S28: "About just basically validating feelings, summarizing what people are saying, helping people feel heard. And it just really made me feel. I got a lot of really good feelings from that...I felt that I had helped that person. I focused on where they were when they started and where they were after that half hour. And usually they went from crying to feeling hopeful. And it was very, it felt good for me	

	to give them that. It was like almost like a gift. And it made me feel good."	
4S3, 4S4, 4S5, 4S6, 4S7, 4S9, 4S24, 4S25, 4S31, 4S32, 4S33, 4S39, 4S40	4ST5. Being cognizant during the session of the insurance requirements allows the therapist to stay organized, incorporate therapeutic creativity and take notes on the necessary information needed to later complete the documentation in a timelier manner	
	#4S5: "I try to take pretty good notes, so that I don't forget about what happened. Because if you go from one crisis to the next, it can, you can really mix them up. You could forget how the person's affect was. It's very easy to forget those things. So there's certain points that I remembered to touch on that I know I'm going to be asked about. I've learned to write down certain things I'm going to be asked for my note in order to keep it. So it doesn't have to necessarily be in my brain, it's on that piece of paper."	
4S33, 4S24, 4S25, 4S39, 4S40		4ST5a. Documenting clearly the purpose and outcome of therapeutic interventions utilized in session, and therapist's clinical observations allows the therapist to be creative while still ensuring accountability at all times
	#4S25: "You just basically you make sure you hit everything that they need for the accreditation. But you explain how you got it, what you did and the tools you used."	

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 4TT#	*Textural Themes* for Participant # 4 Daisy 4(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 4 Daisy
4TT1	Creatively employing different Solution Focused and Narrative therapy strength based techniques to uncover coping skills and demonstrate to clients experiencing crisis and exhibiting oppositional behavior that the therapist is respecting and understanding their side of the story	
4TT1a	Using the documentation to develop a trust with the client by being honest and showing them the paperwork, and allowing client to make additions to the progress note that better represents how they view their situation	
4TT2	Systemically understanding all the factors in the client's life and client's situational behaviors, in order to fulfill the insurance requirements and choose a diagnosis that will help the client and family receive the best level of care	

Textural-Structural Descriptions = *Essence of Phenomenon*
for Participant # 4 Daisy
Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 4ST#	*Structural Themes* for Participant # 4 Daisy 4(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 4 Daisy
4ST1	Coping with the emotional stress of the job by prioritizing self-care and discussing cases with coworkers is crucial to successfully working with third-party payers at a managed behavior health care agency	
4ST1a	Prioritizing emotional and physical self-care by integrating stretching and exercising during and outside of work	
4ST1b	Developing a supportive network of coworkers to help you brainstorm cases and reflect on any negative emotions that may emerge for the therapist	
4ST2	Having a supervisor that encourages the use of creative strength-based techniques, and working for a company that truly appreciates their employees' work by ensuring that moral is high and providing proper trainings on documentation completion and post-modern therapy	
4ST3	Viewing insurance companies' questions and requirements as beneficial to the therapy process, instead of an oppositional force that's affecting therapy; having the perspective that some clients may benefit from medication and that diagnosing can help clients and their families receive	

	the services that will improve their lives
4ST4	Helping clients that are experiencing crisis feel validated creates an internal happiness for the therapist that acts as a motivator to avoid professional burn-out and successfully balance creativity and accountability at a managed care agency
4ST5	Being cognizant during the session of the insurance requirements allows the therapist to stay organized, incorporate therapeutic creativity and take notes on the necessary information needed to later complete the documentation in a timelier manner
4ST5a	Documenting clearly the purpose and outcome of therapeutic interventions utilized in session, and therapist's clinical observations allows the therapist to be creative while still ensuring accountability at all times

Question for Textural Analysis: They might be afraid that if they try something different or try something creative, they will get in trouble. So that could potentially reduce their creativity. Do you find this to be an issue?

Answer for Textural Analysis: "No I'm sorry, but I don't think so. I think it's very personal, you know. I think therapists are just human being, like any other people. Some people, they're afraid to take risks. Some people, they risk. I do not believe that documentation and insurance companies has anything to do with it. They can blame it on, but I don't think they are thinking honestly."

Participant # 5: Suzy Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 5T Unit #	*Horizonalization* of Textural Statements for Participant # 5 Suzy 5(participant)T(textural)	Related to 5T Unit #s
5T1	Bringing new ideas with therapy so the clients do not feel bored.	5T2, 5T3, 5T7, 5T11, 5T16, 5T17
5T2	Come up with questionnaires or games or something that they can relate to that work with the children to try to engage them.	5T1, 5T3, 5T7, 5T16, 5T17
5T3	So I use my creativity to help to make the client to join with me to be able to provide a better therapy for them.	5T1, 5T2, 5T7, 5T11, 5T16, 5T17
5T4	But in systemic approach, we trying to engage the whole family to the program.	5T7, 5T13, 5T19
5T5	I definitely use Solution Focus. Most likely it's accepted by most insurance, so it make my job easy…Solution Focused or narrative. I tried to use you know the methods and the scales.	5T6, 5T18. 5T20
5T6	But it's like for progress notes, we go through certain questioners that we have to answer...So I use Solution Focus to answer every one of those questions that is acceptable by insurance companies to justify why I am seeing the client and why I have to see the client, you know, next time. I believe most likely in treatment plan and biopsychosocial and progress note we use Solution Focus or narrative.	5T5, 5T18, 5T20
5T7	Because when you see that works for this family and maybe what you know doesn't work, then you have to come up with some other ways to be able to engage the family.	5T1, 5T2, 5T3,5T4, 5T11, 5T16, 5T17
5T8	So for instance, even when I'm providing therapy and using Solution Focused and I get to the point that the client is constantly focusing on some specific point and he blaming	5T9, 5T10, 5T21

	himself for that, I try to use externalization and make the client separated from you know the problem. So it's not completely all my idea, but creatively I believe I mix what is working from narrative to Solution, what has worked from Bowenian. You know mix them up to see what is the best for my client.	
5T9	Because some people they are stuck on some, um what do you call it, a model of therapy and they just use that exactly how the book says. But I tell my students how the different models become different models is because a person was working with that model became more creative and added their better or take away something that felt that didn't work with society and made it from, you know, constructive to you know Solution Focused, from Solution Focused to narrative, from narrative to cognitive, from cognitive to etc. This is how it is. It's not like, you know, they didn't completely invent it. They just designed it and, you now, cut it and paste it and, you know, made it to work better with their clients.	5T8, 5T10, 5T21
5T10	Because maybe every one of the skills in one model not work with your client, so you have to become creative and try to use something from another model that may work better with this specific client.	5T8, 5T9, 5T21
5T11	I didn't have much of teenager time because it was spent all in war and destruction and losing your friends, school friends, classmates, you know. I always use that in my group therapy. I always remind people that you live in such a beautiful country that provides all this for you: shelter, groups, places to go get medication, places to receive mental health services. Not many people around the world have all this opportunities. I tell them to always be positive and look at, you know, the bright side of their life to make changes.	5T1, 5T3
5T12	If someone is asking for a diagnosis, okay, try to be creative to find a diagnosis that will work for the insurance company and actually your client has the symptoms of it. You know, I'm not saying to make a fake diagnosis, but you can be creative, mostly now with DSM-V. This morning I'm diagnosing a client, even though I'm not getting paid for that client, but I wanted get the best for my client…So you just, yes, you have to be a little creative to be able to fulfill the requirement of the insurance company.	5T20, 5T22
5T13	When you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the	5T4, 5T18, 5T19, 5T20, 5T22

	child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you're telling the truth, you're not breaking any laws, and you are fulfilling the requirement of the insurance company.	
5T14	I've learned throughout the years that progress notes, what the insurance companies are looking in your progress note, it has to be short and sweet. As long as you fulfill the questions that is in the progress note. That's it.	5T15, 5T22
5T15	Writing less and more direct to what the needs of the insurance company is and how I am using it with my clients.	5T14, 5T22
5T16	If you are sitting meeting with the clients one hour, two hours, you have to be creative. Sometimes just sitting and talking is not, you know, fulfill the two hours. You have to be creative and bring something. For instance, I play Jenga, but I ask questions, you know, therapeutic questions, that when the clients pull the piece of wood I ask them.	5T1, 5T2, 5T3, 5T7, 5T11, 5T17
5T17	Puzzles, breathing, music therapy, play therapy, game therapy, art therapy, story therapy. You know, drawing genograms. Writing poetry.	5T1, 5T2, 5T3, 5T7, 5T11, 5T16
5T18	"This clinician," for instance, "assisted Solution Focused therapy's scales on joining with the client and family. In addition, this clinician assisted narrative therapy to externalize the problem from the client to have the client to understand that the problem can be solved. This clinician used Solution Focused therapy to normalize the situation. By playing role model was able to, you know, make the client practice new ways to reduce anger response." I use all that. I put it in my note.	5T5, 5T6, 5T13, 5T20, 5T22
5T19	Participant: I say that I use play therapy to assist the family to be able to verbalize their feelings, needs and wants. Researcher: So you're saying that you use the technique and you combine it with what the medical symptoms or the medical treatment goal is? Participant: Exactly and I've never had an issue.	5T4, 5T13, 5T20, 5T22
5T20	The documents are not helping you to be creative. You have to be creative to do the documents, you know. It's the opposite.	5T5, 5T6, 5T12, 5T13, 5T18, 5T19, 5T22
5T21	I am not a person at work that uses the same skill as everybody. I use to make dresses. I use to make curtains. I use to dress people or dress homes. So I believe every	5T8, 5T9, 5T10

	homes, every window, everybody has different needs to be dressed. So I cannot use one skill, one design, one model to fit the home.	
5T22	First comes your client's needs and then comes fitting it into the insurance's language	5T12, 5T13, 5T15, 5T14, 5T18, 5T19, 5T20

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 5T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 5 Suzy 5(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 5 Suzy
5T1, 5T2, 5T3,5T4, 5T7, 5T11, 5T16, 5T17	5TT1. Incorporating a combination of creative artistic therapy techniques, pop culture and inspirational narratives in every aspect of the therapeutic process in order to keep the clients and their families engaged in therapy	
	#5T1: "Bringing new ideas with therapy so the clients do not feel bored."	
5T1, 5T2, 5T3, 5T7, 5T16, 5T17		5TT1a. Creating therapeutic activities based on pop cultural mediums, such as movies, video games, puzzles and games, to join with clients
	#5T2: "Come up with questionnaires or games or something that they can relate to that work with the children to try to engage them."	
5T1, 5T3, 5T7, 5T17		5TT1b. Utilizing a wide array of creative therapeutic techniques from music, play and art therapy to create change from different perspectives
5T1, 5T3, 5T11		5TT1c. Motivating clients with inspirational narratives, including personal story of survival
	#5T11: "I didn't have much of teenager time because it was spent all in war and destruction and losing your friends, school friends, classmates, you know. I always use that in my group therapy. I always remind people that you live in such a beautiful country that provides all this for you: shelter, groups, places to go get medication, places to receive mental health services. Not many people around the world have all this opportunities. I tell them to always be positive and look at, you know, the bright side of their life to make changes."	
5T8, 5T9, 5T10, 5T21	5TT2. Not following text-book application of models to all clients, but creatively combining	

	therapy models to fit the unique needs of each individual	
	#5T8: "So for instance, even when I'm providing therapy and using Solution Focused and I get to the point that the client is constantly focusing on some specific point and he blaming himself for that, I try to use externalization and make the client separated from you know the problem. So it's not completely all my idea, but creatively I believe I mix what is working from narrative to Solution, what has worked from Bowenian. You know mix them up to see what is the best for my client."	
5T6, 5T12, 5T13, 5T14, 5T15, 5T18, 5T19, 5T20, 5T22	5TT3. Being creative to translate the post-modern models and creative techniques used in the therapy session into a concise medical model language utilized for documentation	
	#5T20: "The documents are not helping you to be creative. You have to be creative to do the documents, you know. It's the opposite."	
5T13, 5T18, 5T19, 5T20, 5T22		5TT3a. Focusing the therapeutic interventions on the client's needs while being flexible to incorporate the requirements of the insurance company into the session
	#5T13: "When you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you're telling the truth, you're not breaking any laws, and you are fulfilling the requirement of the insurance company."	

Question for Structural Analysis: Are there ever times when your creativity negatively affects your ability to be accountable?

Answer for Structural Analysis: “If things like that happen, again you have to be more creative. So what you have to do, you start, when you are working with a child that is like three years old, and whatever you are going to do it is not going to match with the system. Then use some creativity and work with what works with the insurance, with the parent of the child. So you are not lying. You are not breaking any rules. But use instead of individual, go to family therapy. And work that with the mom, and then work the rest with the child. So when you do documentation, you’re telling the truth, you’re not breaking any laws, and you are fulfilling the requirement of the insurance company.”

Participant # 5: Suzy Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 5S Unit #	*Horizonalization* of Structural Statements for Participant # 5 Suzy 5(participant)S(structural)	Related to 5S Unit #s
5S1	I try to separate my therapy session with my client from the thinking of paperwork, because the anxiety from doing the paperwork will not allow me to be the therapist that I want to be with my clients.	5S30, 5S48
5S2	So I always on my weekends or time off I go ahead and try to find something new that is current with what teenagers or, you know, young children like	5S3, 5S6, 5S8, 5S37
5S3	Researcher: So would one of the suggestions that you would give to another therapists to increase the creativity is to have knowledge in all areas of different models? Participant: So yes definitely. And by knowing every one of the models, I believe that it helping the new therapists to come up with the new ideas.	5S6, 5S7, 5S8, 5S19, 5S20, 5S37
5S4	Oh the response of my clients! When I see that the clients are really making changes, when I see that the families are happier, when I see…You’re making me cry because…when you see, it makes you to be even more creative.	5S15, 5S17
5S5	Well then learn the language. I’m sorry…It’s a different language. But this is the language that you have to learn. This is the language that insurance companies are accepting.	5S41
5S6	If I don't know it or it doesn’t come to my mind, I am going to research for it, or look, or ask, or talk with other therapists, “How do you do if you have a client that do that?”	5S2, 5S3, 5S7, 5S8, 5S19, 5S20, 5S37

5S7	Or I go online and do research. Or I listen to YouTube to different therapy sessions. Watch different therapy sessions to see how they challenging their clients, or how challenging clients try to challenge their therapists and how they overcome all that.	5S3, 5S6, 5S8, 5S19, 5S20, 5S37
5S8	It never stops. Never stop. If one person is attempting to be a therapist, things changing. Almost everything. Look at IT. Technologies changing. I see that I go see a doctor, a medical doctor, and they like, you know, have the book because there's new medication. So what is different with us? We are therapists. We also have to constantly learn new materials and new skills to be able. Because people are changing, societies changing, demands is changing, needs are changing. So we have to be more creative to accommodate our society and our clients with what they need.	5S2, 5S3, 5S6, 5S7, 5S19, 5S20, 5S37
5S9	Well I start joining all the arts and crafts when I was in school.	
5S10	At tenth grade I started to design this dolls. And we made about a hundred and we sold. And with that money from that 100 we made 200 and we donated on Christmas to the orphanage.	5S15, 5S16
5S11	And right after September 11 I told my husband that I wanted to have a job that can help for people in a time of stress, trauma… and I said I want to work in a job that I can help people when the crisis happens. And I went back to school and I continued until I became a therapist.	5S13, 5S15, 5S16, 5S17
5S12	Maybe working with very creative teachers, you know. I think the school makes a difference.	5S14
5S13	I think I have a need to work with the very difficult or challenging clients.	5S11, 5S15 5S16
5S14	I think your supervisors make a difference in you…And it's like two o'clock and I am still studying to see what I can do, and I contact you know my supervisor or one of my old teacher. And she takes her time to respond to me and…it helps me to become more caring, more creative, more innovative you now therapist to see what I can do.	5S12, 5S18
5S15	I don't look at it as working overtime, because then it makes it to be any other job and it's going to be money involved. Being a therapist is not all about money. You have to have something more. Either a spiritual feeling, a strong spiritual feeling or a strong love for humanity…So definitely making a difference in this world is one of the motivating factors for your creativity.	5S4, 5S10, 5S11, 5S13, 5S16, 5S17, 5S21, 5S23, 5S27
5S16	I am a survivor. I was supposed to be dead many, many years ago. Because of my love for humanity, I got arrested	5S10, 5S11, 5S13, 5S15

	and, you know, prosecuted in my country…So for me life has different meaning. You know I want to bring to people what I never had a chance to have, which is happiness when I was growing up.	
5S17	So yes, as a therapist, we have a job that we can make changes in people's lives. And definitely you have to have some sort of extra love for humanity to be able to do it.	5S4, 5S11, 5S15
5S18	You kind of make a circle of friendship…And you have to get together at least once a month and discuss these cases together. And you'll be able to give each other, you know, down points and up points, and lift each other up, and listen to each other's problems to help to become a better therapists."	5S14, 5S26
5S19	I do lots of reading. I do lots of research.	5S3, 5S6, 5S7, 5S8, 5S20, 5S37
5S20	I actually do research about what movies…Sometimes it doesn't matter how many books you read and how many times you sit in a class room, if you watch a movie that the person is acting or experiencing a specific symptom and how it you know it's being presented, it helps you to visualize it better.	5S3, 5S6, 5S7, 5S8, 5S19, 5S37
5S21	So it is very important for therapists. It's not always what the job requirement is. Because besides the job, you're still a therapist.	5S15, 5S23, 5S27
5S22	I talked to the case manager. I talked to the front desk lady.	5S24
5S23	Sometimes it happened to be Friday night when every other therapist or liaison were going home, they didn't perhaps put any attention to Friday because they were tired.	5S15, 5S21
5S24	Because I made this sort of friendship with the front. You have too. Otherwise you won't be able to.	5S22
5S25	You have to come up with a method for yourself. Each person, each therapist, each human being have different methods of how to run their life, how to run their household, how to do their paperwork in school, how to do manage meeting their friends. You know these are things that you have to come up with.	5S35, 5S44, 5S46
5S26	Anybody that needs to see me, my door is always open to people to come in.	5S18
5S27	My 'Me' time is to make myself to be a better therapist, because I think since I'm a better therapist, I'm a better mother, since I'm a better therapist, I'm a better wife, better daughter, and better friend. You now it's all affecting each other. So if I'm so much focused on being	5S15, 5S21

	selfish on some part, yes I would not have enough time to finish my paperwork on time, and it affects me.	
5S28	I logically tell myself that to be able to have Sandy and Jeff as my clients, part of it is to be able finish this paperwork that the companies have to present to get paid. And you know, the insurance companies have to get paid. It's just I make myself understand that this is part of the job. And just like another job. You know, a doctor writes it. A mechanic writes it. People have to do taxes.	5S30, 5S31, 5S33
5S29	So I manage it that I be able to see five clients a day. Five hours. 5 x 45. 45 minutes I meet with my clients and five 15 minutes to half an hour I do the paperwork. Sometimes some have more, you know. Some have less.	5S39, 5S46
5S30	But it's just a reality that you have to accept. If you don't accept it, and you keep mentioning it, then it's going to become a stress and anxiety for therapists. But if you just accept it that this is part of the job, just like any other job. You know, a lawyer has to read 550,000 pages to be able to run one case and maybe they don't win the case. At least we get paid with every client we see. So it's just a reality we have to accept. This is part of it…And it's just part of the job. You know, we have to accept it. I know that it may cause anxiety. But by thinking that it may cause anxiety, it actually causes anxiety. But by thinking it doesn't cause anxiety it's just part of the job, I feel that I'm doing it much faster, much better, and more accurate.	5S1, 5S28, 5S31, 5S33, 5S45
5S31	If we don't do the paperwork, the insurance companies don't get paid, the clients will not be able to afford to see us, to pay cash most of them, no therapy's going to happen. So if you really care about your clients, you have to understand that the clients have insurance and the insurance needs the specific paper to be filled up for clients to be qualified. I mean this is just the system, too. Just like how any other system. If one doesn't work, of course it's not going to turn.	5S28, 5S30, 5S32, 5S33
5S32	Participant: Try to study more and spend a little bit more time to find out how it works. Researcher: So if I'm hearing you correctly, both systems can match? Participant: Definitely! Researcher: The system of medical and the system of systemic?	5S31, 5S42, 5S45

	Participant: They're not crazy to provide, to make something that is not going to match. You have to be more understanding and more educated to find the match. Which part match. You know, which part match. Because, you know, educated people, if they made that system, obviously it's working. It should work. It wouldn't, you know, pass.	
5S33	I mean it doesn't matter how much you love your client, you still have to be able to get paid. The insurance company has to get paid by another company. You know, it's all a system, yes. So no.	5S28, 5S30, 5S31
5S34	If you become sour and try to complain, complain, complain, of course nothing is going to get done. I mean to me, the therapists that complain too much, they're in the wrong field. Sorry.	5S44, 5S47
5S35	Plan ahead	5S25, 5S38, 5S39, 5S46
5S36	Because we are working with people that they complain about life. You know, if we become one of them, we need help ourselves, you know.	5S46, 5S48
5S37	And educated. You have to really know what you are doing and what they are asking. And you constantly have to upgrade yourself.	5S3, 5S6, 5S7, 5S8, 5S19, 5S20
5S38	You have to know what you're doing. You have to know what's the requirements. You have to know how many sessions you can spend. You have to know all these in advance to be able to plan for your clients, and meet the treatment plans and meet the goals of the treatment plan in that period of time.	5S35, 5S39, 5S40, 5S41, 5S46
5S39	Being organized. Educating yourself. Upgrading your information.	5S29, 5S35, 5S38, 5S41, 5S46
5S40	So you can do so many things with your client that is part of your model and part of your ability to help your client. But it does not need to be documented in your progress note, because it is neither important to be documented nor it is important to the insurance company.	5S38, 5S41
5S41	You can write and write and write, but this is not acceptable to your insurance company. Or when you are asked to go to court to represent and talk on behalf of your clients. Cause many jobs of therapists can be related to that; if you working for the police department, DCF, you're working with court case clients, you have to write a report for probation officers and judge. So if you don't know the language, you can actually get in trouble or make your clients to get in trouble. So yes you have to learn.	5S5, 5S38, 5S39, 5S40

	Educate yourself. Simple as that.	
5S42	All that. I put it [in progress note] and so far no insurance company reject it or complain that they don't like it.	5S32
5S43	And most companies they actually pay for you to buy stuff, purchase stuff to use creativity with your client. They pay for client art therapy, music, books, you know.	
5S44	They [other therapists] don't know how to organize their life. They don't know how to manage their time. They're either focused in one area so much, that they forgot the other part of it is also as equally important. And I try to make my interns to understand that all this has to be had.	5S25, 5S34, 5S46
5S45	Researcher: They might be afraid that if they try something different or try something creative, they will get in trouble. So that could potentially reduce their creativity. Do you find this to be an issue? Participant: No I'm sorry, but I don't think so. I think it's very personal, you know. I think therapists are just human being, like any other people. Some people, they're afraid to take risks. Some people, they risk. I do not believe that documentation and insurance companies has anything to do with it. They can blame it on, but I don't think they are thinking honestly.	5S30, 5S32
5S46	I believe that actually more therapist have to really emphasize on how they're managing their time, so they be able to enjoy being a therapist. You know it's very important that therapists, not fake, but really have to have a big smile. You have to love your job and you have to know what you're doing. And you have to be able to face challenges and manage crisis within you, with you and your clients, with you and your client and their family, and with you and your agency or supervisor or anybody, to be able to do your job the best.	5S25, 5S29, 5S35, 5S36, 5S38, 5S39, 5S44, 5S47, 5S48
5S47	Well because it's transferring your energy. You know your energy is transferring from you to your clients. And if it's positive, it will; you will see the changes in your clients. If it's negative, I know of therapist that they complain about their job, and their supervisor and their company to their clients. I mean what do you expect to happen with that client? Do you really think that client's going to change? You know. Thinking, "Oh my god! Who is this therapist?"	5S34, 5S46, 5S48
5S48	And I think if any therapist, at any point of time, they fear that they're too stressed or too nervous or not too happy, they should take some time off, couple of days, something; whatever makes them to be able to gain that back to be able to work. Because you know, I don't know how angry,	5S1, 5S36, 5S46, 5S47

	you know, stressed and anxious therapists can go to a family, and bring happiness and calmness, and you know.	

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 5S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 5 Suzy 5(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 2 John
5S2, 5S3, 5S6, 5S7, 5S8, 5S19, 5S20, 5S37	5ST1. Constantly researching different therapeutic techniques, learning the medical model and educating yourself on pop culture in order to grow with field and meet the ever changing demands of society; being a therapist does not end when you leave the job	
	#5S8: "It never stops. Never stop. If one person is attempting to be a therapist, things changing. Almost everything. Look at IT. Technologies changing. I see that I go see a doctor, a medical doctor, and they like, you know, have the book because there's new medication. So what is different with us? We are therapists. We also have to constantly learn new materials and new skills to be able. Because people are changing, societies changing, demands is changing, needs are changing. So we have to be more creative to accommodate our society and our clients with what they need."	
5S3, 5S6, 5S7, 5S20		5ST1a. Utilizing multi-media, such as movies and videos on line, to visually understand the diagnoses symptoms and application of therapy interventions
	#5S20: "I actually do research about what movies…Sometimes it doesn't matter how many books you read and how many times you sit in a class room, if you watch a movie that the person is acting or experiencing a specific symptom and how it you know it's being presented, it helps you to visualize it better."	
5S28, 5S30, 5S31, 5S32, 5S33, 5S42, 5S45	5ST2. Having a positive systemic belief that all the entities in the business system of managed behavioral health care, including insurance companies and all the different mental health models (e.g. modern, post-modern and medical models), can harmoniously function together to provide the best services for the client	

	#5S31: “If we don’t do the paperwork, the insurance companies don’t get paid, the clients will not be able to afford to see us, to pay cash most of them, no therapy’s going to happen. So if you really care about your clients, you have to understand that the clients have insurance and the insurance needs the specific paper to be filled up for clients to be qualified. I mean this is just the system, too. Just like how any other system. If one doesn’t work, of course it’s not going to turn.”	
5S28, 5S30, 5S31		5ST2a. An acceptance that paperwork is part of any job and a belief that documentation does not limit the therapist, but rather a negative perspective towards paperwork is what creates the anxiety that diminishes creativity
	#5S30: “But it’s just a reality that you have to accept. If you don’t accept it, and you keep mentioning it, then it’s going to become a stress and anxiety for therapists. But if you just accept it that this is part of the job, just like any other job. You know, a lawyer has to read 550,000 pages to be able to run one case and maybe they don’t win the case. At least we get paid with every client we see. So it’s just a reality we have to accept. This is part of it…And it’s just part of the job. You know, we have to accept it. I know that it may cause anxiety. But by thinking that it may cause anxiety, it actually causes anxiety. But by thinking it doesn’t cause anxiety it’s just part of the job, I feel that I’m doing it much faster, much better, and more accurate.”	
5S1, 5S5, 5S25, 5S29, 5S34, 5S35, 5S36, 5S38, 5S39, 5S40, 5S41, 5S44, 5S46, 5S47, 5S48	5ST3. Managing professional and personal time and stress through knowledge, organization and moments of relaxation, is crucial to maintaining a positive attitude and love for your profession	
	#5S46: “I believe that actually more therapist have to really emphasize on how they’re managing their time, so they be able to enjoy being a therapist. You know it's very important that therapists, not fake, but really have to have a big smile. You have to love your job and you have to know what you're doing. And you have to be able to face challenges and manage crisis within you, with you and your clients, with you and your client and their family, and with you and your agency or supervisor or anybody, to be able to do your job the best.”	
5S29, 5S35,		5ST3a.

5S38, 5S39, 5S41		Knowledge of the approved time-frame and requirements of the insurance company allows therapist to organize work schedule and plan ahead on how to combine the creative therapeutic interventions with the needs of the insurance company
	#5S38: "You have to know what you're doing. You have to know what's the requirements. You have to know how many sessions you can spend. You have to know all these in advance to be able to plan for your clients, and meet the treatment plans and meet the goals of the treatment plan in that period of time."	
5S36, 5S46, 5S47, 5S48		5ST3b. Being aware of levels of stress, and prioritizing self-care and moments of relaxation to return to a state where calmness and happiness is projected
	#5S48: "And I think if any therapist, at any point of time, they fear that they're too stressed or too nervous or not too happy, they should take some time off, couple of days, something; whatever makes them to be able to gain that back to be able to work. Because you know, I don't know how angry, you know, stressed and anxious therapists can go to a family, and bring happiness and calmness, and you know."	
5S4, 5S10, 5S11, 5S13, 5S15, 5S16, 5S17, 5S21, 5S23, 5S27	5ST4. A love for humanity, a desire to help those in crisis and a respect for the impact this profession can have on clients' lives motivates therapist to work as hard as possible to be accountable and create change; being at therapist is not a job, it's a career	
	#5S15: "I don't look at it as working overtime, because then it makes it to be any other job and it's going to be money involved. Being a therapist is not all about money. You have to have something more. Either a spiritual feeling, a strong spiritual feeling or a strong love for humanity…So definitely making a difference in this world is one of the motivating factors for your creativity."	
5S4, 5S10, 5S11, 5S13, 5S15, 5S16		5ST4a. A desire to help people in need stems from growing up in a country inflicted by war, grief and persecution for fighting for

		human rights, and reinforced after the attacks on September 11, 2001
	#5S16: "I am a survivor. I was supposed to be dead many, many years ago. Because of my love for humanity, I got arrested and, you know, prosecuted in my country…So for me life has different meaning. You know I want to bring to people what I never had a chance to have, which is happiness when I was growing up."	
5S12, 5S14, 5S18, 5S22, 5S24, 5S26, 5S43	5ST5. Supportive conditions include consulting cases with a network of colleagues within and outside of the therapist's job setting, and working for an agency that supports creative therapy and reimburses for purchased creative materials	
	#5S14: "I think your supervisors make a difference in you…And it's like two o'clock and I am still studying to see what I can do, and I contact you know my supervisor or one of my old teacher. And she takes her time to respond to me and…it helps me to become more caring, more creative, more innovative you now therapist to see what I can do."	
5S18, 5S22, 5S24, 5S26		5ST5a. Creating a relationship with every staff member at the agency and mentoring work colleagues to develop a supportive trusting work environment

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 5TT#	*Textural Themes* for Participant # 5 Suzy 5(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 5 Suzy
5TT1	Incorporating a combination of creative artistic therapy techniques, pop culture and inspirational narratives in every aspect of the therapeutic process in order to keep the clients and their families engaged in therapy	
5TT1a	Creating therapeutic activities based on pop cultural mediums, such as movies, video games, puzzles and games, to join with clients	
5TT1b	Utilizing a wide array of creative therapeutic techniques from music, play and art therapy to create change from different perspectives	
5TT1c	Motivating clients with inspirational narratives, including personal story of survival	
5TT2	Not following text-book application of models to all clients, but creatively combining therapy models to fit the unique needs of each individual	
5TT3	Being creative to translate the post-modern models and creative techniques used in the therapy session into a concise medical model language utilized for documentation	
5TT3a	Focusing the therapeutic interventions on the client's needs while being flexible to incorporate the requirements of the insurance company into the session	

Textural-Structural Descriptions = *Essence of Phenomenon*
for Participant # 5 Suzy
Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 5ST#	*Structural Themes* for Participant # 5 Suzy 5(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 5 Suzy
5ST1	Constantly researching different therapeutic techniques, learning the medical model and educating yourself on pop culture in order to grow with field and meet the ever changing demands of society; being a therapist does not end when you leave the job	
5ST1a	Utilizing multi-media, such as movies and videos on line, to visually understand the diagnoses symptoms and application of therapy interventions	
5ST2	Having a positive systemic belief that all the entities in the business system of managed behavioral health care, including insurance companies and all the different mental health models (e.g. modern, post- modern and medical models), can harmoniously function together to provide the best services for the client	

5ST2a	An acceptance that paperwork is part of any job and a belief that documentation does not limit the therapist, but rather a negative perspective towards paperwork is what creates the anxiety that diminishes creativity
5ST3	Managing professional and personal time and stress through knowledge, organization and moments of relaxation, is crucial to maintaining a positive attitude and love for your profession
5ST3a	Knowledge of the approved time-frame and requirements of the insurance company allows therapist to organize work schedule and plan ahead on how to combine the creative therapeutic interventions with the needs of the insurance company
5ST3b	Being aware of levels of stress, and prioritizing self-care and moments of relaxation to return to a state where calmness and happiness is projected
5ST4	A love for humanity, a desire to help those in crisis and a respect for the impact this profession can have on clients' lives motivates therapist to work as hard as possible to be accountable and create change; being at therapist is not a job, it's a career
5ST4a	A desire to help people in need stems from growing up in a country inflicted by war, grief and persecution for fighting for human rights, and reinforced after the attacks on September 11, 2001
5ST5	Supportive conditions include consulting cases with a network of colleagues within and outside of the therapist's job setting, and working for an agency that supports creative therapy and reimburses for purchased creative materials
5ST5a	Creating a relationship with every staff member at the agency and mentoring work colleagues to develop a supportive trusting work environment

Question for Textural Analysis: Some studies have shown that required agency documentation could at times reduce a therapist willingness to take risks and fail, potentially reducing their creativity. Do you find this to be an issue?

Answer for Textural Analysis: “I think it takes courage to do that. So I could definitely see that, you know, wondering if insurance companies will consider that. Whenever I have a doubt about doing something in the room, I always do that and then I do something that’s going to be covered by the insurance. And I document that. I document both of them. That way they know that I did do that. I never do anything that is unethical where I would feel, oh that’s a code red.”

Participant # 6: Julia Transcript
TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?

Statement 6T Unit #	*Horizonalization* of Textural Statements for Participant # 6 Julia 6(participant)T(textural)	Related to 6T Unit #s
6T1	The first thing that comes to my mind with being creative is focusing all my energy with the creativity on joining with my client. Because if I don't do that everything else is pointless. That means that if the goal is to do treatment plan, none of that will be beneficial for my client because I haven’t even built an alliance with them. And if they feel that I'm just getting them in and out, they won’t come again.	6T5
6T2	And that’s something that I pride for because every note is tailored. I know that one of the things that we do run into is generic goals and I tailor them. And I change it up a bit, you know. I leave that for the psychiatrist and then I add my own goals, because just because my name is at the bottom of that.	6T4, 6T8, 6T13, 6T15, 6T16, 6T17
6T3	So every time there’s a client that disagrees with anything that I’m, you know, talking to them about it or the way I do therapy, I always use that, you know, as constructive feedback so that I know how to approach other people.	6T5
6T4	And you talked about tailoring your notes, taking your time joining, smoothing out your sessions.	6T2, 6T8, 6T13, 6T15, 6T16, 6T17
6T5	And that gives me that boost of confidence to say, “You can trust me. If you don’t like my style, you can always tell me. I always leave an open door, you know, like to communicate and say I’m not sure if I agree with that. Because that way I learn more about you and how to tailor the way I do therapy with you.”	6T1, 6T3
6T6	So I would switch it; I would say, “Okay let’s use a crayon.” So we would use, I would have crayons, markers, pens. But I started very basic. So then I incorporated colors.	6T7, 6T14

	And then I incorporated markers. You know, very different from colored pencils to markers. And I don't know, I was just using that to see if that would change something and it did.	
6T7	A lot of them want to do the planners. I felt that I was doing something that they were really going to write something down that they will remember because they want to change. And it's when you see that, you know, that state of change. When you see that happening in front of you because they went from thinking about it, to actually incorporating it, to actually doing it.	6T6, 6T14
6T8	And that's how we work; add what you need to add and then everything else you can start learning to be creative and wording. And that's what I do. Change my wording a lot and making sure I document exactly. You know what, you want the objective to be 'I will learn two or three ways', I will make sure that these two or three ways are covered. If it's not achieved, then I write a note. It's all about the notes and note-taking.	6T2, 6T4, 6T15, 6T17
6T9	And I say, "Good thing that we do blood work here so they can check your thyroid levels first, because that can most of the time affect." And I use that to normalize their behavior. That it could just be an imbalance in their hormones and the thyroid might be an issue. So because I know that I feel it's okay for me to give that, you know, as a normalization to have them relax.	6T12
6T10	I could get a family dynamic	6T14
6T11	I use a lot of Solution Focused.	6T14
6T12	Because I want to give them that hope and as a therapist coming from a systemic background, "It's something going on in your environment that's affecting you right now. And part of it is making sure that medically you're okay."	6T9
6T13	When I do my notes, a lot of the times I'm with my client and I always let them know that these goals are not for me, these goals are for you. And I say it in a way where it's not like I don't care, this is only for you. It's to give them that power that they have complete control of what they want. That they can absolutely do this and it just takes that push, that motivation for them. And when someone believes in them, that I've noticed that, you know, the words are so powerful by just saying, "You've got this."	6T2, 6T4, 6T16
6T14	And it's me finding different ways of getting them to see it. And it's a struggle because they have memory issues. So it's a constant…And it's not constantly saying it the same way. It's changing it. And I find it most effective that way. And that's where I can be creative about it, because I feel	6T6, 6T7, 6T10, 6T11

	comfortable with it.	
6T15	For the biopsychosocials I write down the information. I also incorporate from the other questions… And as a systemic therapist I bring up other things that were questioned, so that I have an understanding of how this affects the system, of how this affects my client.	6T2, 6T4, 6T8
6T16	And that's kind of the way I've been doing it to get my time management to make sure that I'm connecting with my clients, and I'm not overwhelming them, and they're just not just signing everything, and that I take the time to actually look at them and interact with them. That's why my desk is right here and my legs are like that. And because I don't want the desk to add anything else to it cause I'm just taking notes and doing the psychosocial on the computer. And I always let them know if they feel comfortable with it, but it does become bothersome because I know that it does bother me. And that's just part of it.	6T2, 6T4, 6T13, 6T17
6T17	I do, like I said the drawings, I do upload them. And that's anything. I do upload anything…There's like a blank body outline and every day they color it with their emotions. Red is for anger, whatever color they choose. And then I have them write on it what was going on that day. And when they bring that in, we discuss it. And then I write notes on that from that activity. So on top of my note, I do write on that. And I upload it so that they know that this works. This is helping my client.	6T2, 6T4, 6T8, 6T16

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Clustered Related 6T Statement Unit #s	*Textural Themes* and Main Supporting Quote for Participant # 6 Julia 6(participant)T(textural)T(theme)	*Textural Subthemes* and Main Supporting Quote for Participant # 6 Julia
6T2, 6T4, 6T8, 6T13, 6T15, 6T16, 6T17	6TT1. After fulfilling necessary insurance documentation requirements, creatively tailoring paperwork to reflex therapist's post-modern approach and the specific needs of the client by incorporating additional systemic questions and information acquired through Marriage and Family therapy methods	
	#6T2: "And that's something that I pride for because every note is tailored. I know that one of the things that we do run into is generic goals and I tailor them. And I change it up a bit, you know. I leave that for the psychiatrist and then I add my own goals, because just because my name is at the bottom of that."	
6T2, 6T4, 6T13, 6T16, 6T17		6TT1a. Engaging client to take ownership over therapy by collaborating with client to complete documentation and incorporating client's creative therapeutic activity sheets into the documentation process
	#6T13: "When I do my notes, a lot of the times I'm with my client and I always let them know that these goals are not for me, these goals are for you. And I say it in a way where it's not like I don't care, this is only for you. It's to give them that power that they have complete control of what they want. That they can absolutely do this and it just takes that push, that motivation for them. And when someone believes in them, that I've noticed that, you know, the words are so powerful by just saying, 'You've got this.'"	
6T1, 6T3, 6T5	6TT2. Utilizing several creative techniques in the prioritization of the joining process and allowing clients the freedom to provide therapist with feedback regarding the direction of therapy develops an honest therapeutic relationship which gives therapist the	

	confidence to try different creative interventions	
	#6T1: “The first thing that comes to my mind with being creative is focusing all my energy with the creativity on joining with my client. Because if I don't do that everything else is pointless. That means that if the goal is to do treatment plan, none of that will be beneficial for my client because I haven’t even built an alliance with them. And if they feel that I'm just getting them in and out, they won’t come again.”	
	#6T5: “And that gives me that boost of confidence to say, ‘You can trust me. If you don’t like my style, you can always tell me. I always leave an open door, you know, like to communicate and say I’m not sure if I agree with that. Because that way I learn more about you and how to tailor the way I do therapy with you.’”	
6T6, 6T7, 6T10, 6T11, 6T14	6TT3. Constantly thinking of different creative therapeutic interventions, such as drawing emotions and implementing a life planner, to help the client view their behavior from different perspectives, including family dynamics, in order to create systemic change	
	#6T14: “And it’s me finding different ways of getting them to see it. And it’s a struggle because they have memory issues. So it’s a constant…And it's not constantly saying it the same way. It’s changing it. And I find it most effective that way. And that’s where I can be creative about it, because I feel comfortable with it.”	
6T9, 6T12	6TT4. Normalizing client’s behavior and creatively helping client remove the stigma of, “Am I crazy?” by explaining to client how his/her medical issues could affect behaviors and mood	
	#6T12: “Because I want to give them that hope and as a therapist coming from a systemic background, ‘It’s something going on in your environment that’s affecting you right now. And part of it is making sure that medically you’re okay.’”	

Question for Structural Analysis: Are there ever times when your creativity affects your ability to be accountable?

Answer for Structural Analysis: “No I don’t think so. Yeah no.”

Participant # 6: Julia Transcript
STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?

Statement 6S Unit #	*Horizonalization* of Structural Statements for Participant # 6 Julia 6(participant)S(structural)	Related to 6S Unit #s
6S1	Creative with time	6S2, 6S4, 6S5
6S2	Sometimes I go extremely over and that’s just more of me. So I give them that. And when I give them that, I find myself relieved and less stressed, but with my clients relationship with me. With the relationship me and my clients have. So I do note taking while I meet with the client and I revise my notes once I'm done. However the revision is what takes time and that’s outside of work.	6S1, 6S4, 6S5
6S3	The setting that I work in allows flexibility. If I had a supervisor or a boss that was hovering over me, I would definitely feel the pressure. But my supervisors understand that. They get it. They don’t question what I’m doing. They feel that I'm there to help my clients. They trust me and they know I’m a hard-working person.	6S6, 6S20, 6S27, 6S31, 6S32
6S4	And what works for me is eight to four is my work schedule and then I devote more hours outside of work. And this is mostly my doing. You can stay after work, but if I remove myself from there and then I do my notes at home over the weekend it’s not stressful to me.	6S1, 6S2, 6S5
6S5	I’m very flexible with my clients, but when I do that I do cut my lunch time. And when I do cut my lunch time, that whole day is speedy, speedy, speedy. But I make sure that the next day isn’t like that. So I create my own flexible schedule	6S1, 6S2, 6S4
6S6	But it does definitely help having a supervisor that isn’t stressing, you know, that’s not hovering over me…I feel very relaxed knowing that I don’t have anybody overwhelming me.	6S3, 6S20, 6S27, 6S31, 6S32
6S7	I like for people to know that Julia’s one person that’s going to get it done, and you can trust in her and she’s going to give it a hundred percent.	6S40

6S8	But I customize it [documentation] myself to make sure that each individual, because you know, that's not very specific to the needs of my clients. So when I do add that it does make sense to me.	6S9, 6S42
6S9	But I also think it [treatment plan] encourages me as a therapist to think, you know, "Okay make sure I've thought about this. Make sure I do think of other ways for them to figure out how to deal with anxiety."	6S8, 6S42
6S10	I think definitely something that I've worked on is being sure of myself in the session.	6S12, 6S14, 6S15
6S11	I immediately switched it to boundaries in a serious tone.	6S13
6S12	I was trained and taught by amazing professors. I love Nova. I love my school. I love my program. So because of that, because I came from such a supportive program, I feel that I have exactly what I need to say, "I'm a great therapist. You know I've learned a lot." And that gives me that boost of confidence to say, "You can trust me…"	6S10, 6S14
6S13	I think it takes courage to do that [take risks]. So I could definitely see that, you know, wondering if insurance companies will consider that. Whenever I have a doubt about doing something in the room, I always do that and then I do something that's going to be covered by the insurance. And I document that. I document both of them. That way they know that I did do that. I never do anything that is unethical where I would feel, oh that's a code red.	6S11, 6S19, 6S29, 6S43
6S14	And then also having someone outside of my work setting. You know that is a huge help, because a lot of the times my supervisor might not be there. And I know if I ever needed somebody I have my other supervisor to back me up, to support me, to make sure that I'm doing a great job and not feel like there's no room for mistakes. Having my outside supervisor being as supportive as she, I do feel that you know she'll be there to tell me, "No that's wrong. No that's okay."	6S10, 6S12, 6S15, 6S16
6S15	And that's just part of the way I am. I always want an outside opinion. I always want someone to give me feedback. That's why I ask my clients, because I prefer, I like to have feedback about my work. And knowing that I'm being covered on all grounds to make sure, you know, I do have a supervisor outside of my office.	6S10, 6S14, 6S16
6S16	I do have a supervisor outside of my office. Because you can turn into this bubble where everything is…You know there's mental health degrees, there's social worker degrees. And they're all about diagnosing and it's very different for me. So having my MFT arm you know where I can grab it and she's there to help me not get sucked into that	6S14, 6S15

	environment really helps.	
6S17	I do look at articles. Websites. Because I do feel that I am…I don't have enough knowledge when it comes to diagnosis and disorders… And that's what motivates me to, you know what, maybe I need to go back to school in mental health. Or you know what, go to a conference cause I've been wanting to go to a conference for DSM-V.	6S18, 6S30, 6S41
6S18	It is because I do feel again that I want to make sure that I'm a well-rounded therapist and I'm not just a therapist in the room. But you know, that I have knowledge of how to do therapy, but I also know the other therapist's world. And I want to eventually bring that together where I know, I know disorders like the back of my hand	6S17, 6S28, 6S30, 6S40, 6S41
6S19	And we do have to mention a model every time on our notes.	6S13
6S20	Independence	6S3, 6S6, 6S27, 6S31 6S32
6S21	Because it also helps having a good relationship with my colleagues.	6S22, 6S24, 6S25, 6S32
6S22	So having that information from my other therapists that I work with.	6S21, 6S24, 6S32
6S23	And having a supervisor who also not only creates, you know we know we're working for him, he's the supervisor there, but he's also very social and we're friends. You know every time there's a birthday there's cake.	6S26, 6S24, 6S32
6S24	Comradery	6S21, 6S22, 6S23, 6S25, 6S32
6S25	It does let you have a space to talk and engage. You know the spending time with my colleagues, it's not all the time. If it is it's during lunch time. And it's about other things not related to therapy.	6S21, 6S24, 6S26, 6S32
6S26	You know my boss makes it a point that we have an hour. So I do cut it. That we do have an hour when we're not at work. He even suggest don't eat at work, leave the office, do something, you know walk around outside. Because they know that it's exhausting. They know that it can really affect us as therapists.	6S23, 6S25, 6S32
6S27	So it's just having that where I'm independent. I don't have anyone breathing down my neck, but I do have a lot of support. And I think that really does help me a lot.	6S3, 6S6, 6S20, 6S31, 6S32
6S28	And that's where I can be creative about it, because I feel comfortable with it. If I wasn't comfortable with it, I would feel my creativity would be limited.	6S18, 6S41
6S29	So if anything wasn't discussed in there, that I feel the note	6S13, 6S43

	you know someone would question it, I always make sure that I write that in there so that they know I didn't forget about it, we just didn't have enough time to process it.	
6S30	Participant: And that's something that I do like about my program is that because it's not there, it's not leaving residue. Researcher: So if I'm hearing you correctly you are saying that it's important for us to have our systemic perspective at the forefront, but then have knowledge of across disciplines and how to be able to speak their language in the background? Participant: Yeah, exactly.	6S17, 6S18, 6S41
6S31	And I feel that they give each therapist space.	6S3, 6S6, 6S20, 6S27, 6S32
6S32	Researcher: Are you saying that the reason why the overtime doesn't affect you is because your work environment is supportive? Participant: Yes	6S3, 6S6, 6S20, 6S21, 6S22, 6S23, 6S24, 6S25, 6S26, 6S27, 6S31
6S33	Because it is in a low income, it's serving the community that I live in, which brings a lot of comfort too.	6S35
6S34	Self-reflecting	6S36, 6S40
6S35	Yes I've worked with people who are depressed, people who have anxiety issues, people who are schizophrenic, you know. And having that, you know, where I work, you know, there's more to it than just serving the population in my community; it's that they are also helping me. You know, I feel that it's serving the purpose of fueling my knowledge.	6S33
6S36	I always tell my friends that this program was more of a self-growth for me because it makes you think differently. I mean to be a systemic thinker, you know as a therapist, you have to really look at yourself too.	6S34, 6S40
6S37	But you know it's a profession and it is something that has enough value and importance as any other profession.	6S40
6S38	Because of the motivation, because of the drive.	6S40
6S39	First grade teacher who said I was not just beautiful on the outside, but on the inside.	6S40
6S40	Like this is for me. This isn't for anybody else. And again it goes back to proving myself, but that's just something that's in me…But if I take the time to be motivated and determined that I'll get there. It could be that knowledge,	6S7, 6S18, 6S34, 6S36, 6S37, 6S38, 6S39

	that learner in me that just wants to continue learning.	
6S41	I Google different ways of, I'm just going to say anxiety. And then when I do that, I tailor it to my client, making sure this is something that they would be interested in. Then I write it as Solution Focused.	6S17, 6S18, 6S28, 6S30
6S42	Researcher: You had stated that you use your progress notes to see that you are making progress with your clients? Participant: Yeah.	6S8, 6S9
6S43	Change my wording a lot and making sure I document exactly. You know what, you want the objective to be 'I will learn two or three ways', I will make sure that these two or three ways are covered. If it's not achieved, then I write a note. It's all about the notes and note-taking.	6S13, 6S29

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Clustered Related 6S Statement Unit #s	*Structural Themes* and Main Supporting Quote for Participant # 6 Julia 6(participant)S(structural)T(theme)	*Structural Subthemes* and Main Supporting Quote for Participant # 6 Julia
6S10, 6S12, 6S14, 6S15, 6S16	6ST1. Having supportive outside supervision to provide therapist with feedback helps therapist maintain creative MFT approach while successfully working with professionals from other disinclines and completing documentation in a medical model format	
	#6S16: "I do have a supervisor outside of my office. Because you can turn into this bubble where everything is…You know there's mental health degrees, there's social worker degrees. And they're all about diagnosing and it's very different for me. So having my MFT arm you know where I can grab it and she's there to help me not get sucked into that environment really helps."	
6S10, 6S12, 6S14,		6ST1a. Outside supportive supervision allows therapist to brainstorm different creative techniques, remove the fear of making mistakes by trusting in academic training and increases therapist's confidence in ability to provide effective creative MFT therapy while being an accountable employee
	#6S14: "And I know if I ever needed somebody I have my other supervisor to back me up, to support me, to make sure that I'm doing a great job and not feel like there's no room for mistakes. Having my outside supervisor being as supportive as she, I do feel that you know she'll be there to tell me, 'No that's wrong. No that's okay.'"	
6S3, 6S6, 6S20, 6S21, 6S22, 6S23, 6S24, 6S25, 6S26, 6S27, 6S31, 6S32	6ST2. Having a supervisor that understands how difficult the job is and creates comradery amongst co-workers diminishes the negative feelings towards the overtime necessary to complete paperwork	
	#6S26: "You know my boss makes it a point that we have an hour. So I do cut it. That we do have an hour when we're not at work. He even	

	suggest don't eat at work, leave the office, do something, you know walk around outside. Because they know that it's exhausting. They know that it can really affect us as therapists."	
6S21, 6S22, 6S23, 6S24, 6S25		6ST2a. Having a supervisor that encourages self-care and developing a relationship with co-workers creates a support system that provides an outlet to discuss topics other than work, allowing therapist to disconnect from the stress of the job
	#6S25: "It does let you have a space to talk and engage. You know the spending time with my colleagues, it's not all the time. If it is it's during lunch time. And it's about other things not related to therapy."	
6S3, 6S6, 6S20, 6S27, 6S31, 6S32		6ST2b. Having a supervisor that trusts in the therapist's ability and grants therapist flexibility to be creative in session, creates a supportive work environment
	#6S3: "The setting that I work in allows flexibility. If I had a supervisor or a boss that was hovering over me, I would definitely feel the pressure. But my supervisors understand that. They get it. They don't question what I'm doing. They feel that I'm there to help my clients. They trust me and they know I'm a hard-working person."	
6S7, 6S33, 6S34, 6S35, 6S36, 6S37, 6S38, 6S39, 6S40	6ST3. Motivated by the value of the profession to have integrity and a work ethic stemming from a personal desire to always strive for self-improvement; driven by impacting and learning from an underserved population	
	#6S33: "Because it is in a low income, it's serving the community that I live in, which brings a lot of comfort too." #6S40: "Like this is for me. This isn't for anybody else. And again it goes back to proving myself, but that's just something that's in me…But if I take the time to be motivated and determined that I'll get there. It could be that knowledge, that learner in me that just wants to continue learning."	
6S34, 6S36, 6S40		6ST3a. Being taught in the post-modern MFT Master's program to be a

		systemic thinker motivates therapist to constantly self-reflect on personal and professional areas that can be improved
	#6S36: "I always tell my friends that this program was more of a self-growth for me because it makes you think differently. I mean to be a systemic thinker, you know as a therapist, you have to really look at yourself too."	
6S1, 6S2, 6S4, 6S5	6ST4. Balancing accountability and creativity is achieved by focusing on the client's needs and note-taking during session, and then managing schedule to revise/complete documentation; therapist is less stressed when clients are engaged with the therapy process and overtime is necessary for the paperwork, than when focus in session is on paperwork and clients do not wish to return to therapy	
	#6S2: "Sometimes I go extremely over and that's just more of me. So I give them that. And when I give them that, I find myself relieved and less stressed, but with my clients relationship with me. With the relationship me and my clients have. So I do note taking while I meet with the client and I revise my notes once I'm done. However the revision is what takes time and that's outside of work."	
6S8, 6S9, 6S11, 6S13, 6S19, 6S29, 6S42, 6S43	6ST5. Viewing the documentation as a positive asset that has a useful purpose in the progress of therapy allows the therapist to successfully combining post-modern MFT models with other mental health medical models both in session and in the documentation writing, thereby meeting both the needs of the insurance company and those of the clients	
	#6S13: "Whenever I have a doubt about doing something in the room, I always do that and then I do something that's going to be covered by the insurance. And I document that. I document both of them. That way they know that I did do that. I never do anything that is unethical where I would feel, oh that's a code red."	
6S8, 6S9,		6ST5a.

6S11, 6S42		Well written documents that are tailored to reflect what is occurring in session can be used as a tool to legally protect the therapist and help therapist establish professional boundaries, monitor client's progress and maintain therapist's focus on creating change in multiple areas of the client's life
	#6S9: "But I also think it [treatment plan] encourages me as a therapist to think, you know, "Okay make sure I've thought about this. Make sure I do think of other ways for them to figure out how to deal with anxiety."	
6S17, 6S18, 6S28, 6S30, 6S41	6ST6. Being a well-rounded systemic therapist means constantly improving your knowledge of different MFT models and educating yourself on all aspects of the mental health field in order to skillfully combine creative post-modern techniques and medical model language necessary for the insurance company	
	#6S18: "It is because I do feel again that I want to make sure that I'm a well-rounded therapist and I'm not just a therapist in the room. But you know, that I have knowledge of how to do therapy, but I also know the other therapist's world. And I want to eventually bring that together where I know, I know disorders like the back of my hand."	

TEXTURAL: Content/ What does your creativity look like in your present managed care work setting? What is the purpose?		
Textural Theme 6TT#	*Textural Themes* for Participant # 6 Julia 6(participant)T(textural)T(theme)	*Textural Subthemes* for Participant # 6 Julia
6TT1	After fulfilling necessary insurance documentation requirements, creatively tailoring paperwork to reflex therapist's post-modern approach and the specific needs of the client by incorporating additional systemic questions and information acquired through Marriage and Family therapy methods	
6TT1a	Engaging client to take ownership over therapy by collaborating with client to complete documentation and incorporating client's creative therapeutic activity sheets into the documentation process	
6TT2	Utilizing several creative techniques in the prioritization of the joining process and allowing clients the freedom to provide therapist with feedback regarding the direction of therapy develops an honest therapeutic relationship which gives therapist the confidence to try different creative interventions	
6TT3	Constantly thinking of different creative therapeutic interventions, such as drawing emotions and implementing a life planner, to help the client view their behavior from different perspectives, including family, in order to create systemic change	
6TT4	Normalizing client's behavior and creatively helping client remove the stigma of, "Am I crazy?" by explaining to client how his/her medical issues could affect behaviors and mood	

Textural-Structural Descriptions = *Essence of Phenomenon* for Participant # 6 Julia

Successfully combining creativity and accountability in the practice of marriage and family therapy at a managed behavioral healthcare work setting

STRUCTURAL: Supportive Conditions- How/Why do you balance creativity and accountability in your current work setting?		
Structural Theme 6ST#	*Structural Themes* for Participant # 6 Julia 6(participant)S(structural)T(theme)	*Structural Subthemes* for Participant # 6 Julia
6ST1	Having supportive outside supervision to provide therapist with feedback helps therapist maintain creative MFT approach while successfully working with professionals from other disinclines and completing documentation in a medical model format	
6ST1a	Outside supportive supervision allows therapist to brainstorm different creative techniques, remove the fear of making mistakes by trusting in academic training and increases therapist's confidence in ability to provide effective creative MFT therapy while being an accountable employee	
6ST2	Having a supervisor that understands how difficult the job is and creates	

	comradery amongst co-workers diminishes the negative feelings towards the overtime necessary to complete paperwork
6ST2a	Having a supervisor that encourages self-care and developing a relationship with co-workers creates a support system that provides an outlet to discuss topics other than work, allowing therapist to disconnect from the stress of the job
6ST2b	Having a supervisor that trusts in the therapist's ability and grants therapist flexibility to be creative in session, creates a supportive work environment
6ST3	Motivated by the value of the profession to have integrity and a work ethic stemming from a personal desire to always strive for self-improvement; driven by impacting and learning from an underserved population
6ST3a	Being taught in the post-modern MFT Master's program to be a systemic thinker motivates therapist to constantly self-reflect on personal and professional areas that can be improved
6ST4	Balancing accountability and creativity is achieved by focusing on the client's needs and note-taking during session, and then managing schedule to revise/complete documentation; therapist is less stressed when clients are engaged with the therapy process and overtime is necessary for the paperwork, than when focus in session is on paperwork and clients do not wish to return to therapy
6ST5	Viewing the documentation as a positive asset that has a useful purpose in the progress of therapy allows the therapist to successfully combining post-modern MFT models with other mental health medical models both in session and in the documentation writing, thereby meeting both the needs of the insurance company and those of the clients
6ST5a	Well written documents that are tailored to reflect what is occurring in session can be used as a tool to legally protect the therapist and help therapist establish professional boundaries, monitor client's progress and maintain therapist's focus on creating change in multiple areas of the client's life
6ST6	Being a well-rounded systemic therapist means constantly improving your knowledge of different MFT models and educating yourself on all aspects of the mental health field in order to skillfully combine creative post-modern techniques and medical model language necessary for the insurance company

Biographical Sketch

Nathalie Duque Bello was born in Miami, Florida. Her mother raised her to believe that no matter what happens in life, the life that God gave us is beautiful and is meant to be spent making a difference in this world. With this perspective, she always knew that she wanted to help others and therefore pursued a degree in Psychology with a minor in Secondary Education. After receiving a full academic scholarship to the University of Florida, Nathalie graduated Summa Cum Laude in 2002. Nathalie pursued a degree in Marriage and Family Therapy after her experience as a teacher and an assistant researcher on parent-child communication increased her passion for assisting families. After graduating from Nova Southeastern University (NSU) with her Masters in 2004, she was blessed to work alongside of Dr. Anne Rambo and Senator Jeremy Ring in the award-winning anti-bullying program, SUPERB (Students United with Parents and Educators to Resolve Bullying), where she helped co-create the curriculum for the program. In 2005, Nathalie became the Executive Director of SUPERB, expanding the program throughout Broward County. During her five years as Executive Director, she oversaw the services for over 1,000 children, supervised and trained over 50 marriage and family therapy Master students, and worked closely with faculty members from NSU and the Broward County Public School District to conduct research, publish articles, and create anti-bullying policies. In 2008, Nathalie became a licensed Marriage and Family Therapist in the State of Florida and opened her private practice Therapeutic Solutions Counseling Center. Upon completing her Ph. D. in Marriage and Family Therapy from NSU, Nathalie intends to pass along the passion for her profession by educating the next generation of family therapists.

Nathalie Duque Bello's publications include:

Bello, N. D. (2011). Narrative case study: Using the client as her own witness to change. *Journal of Systemic Therapies, 30*(2), 11-21.

Rambo, A. H., Bello, N. D., & Pasquet, M. (2006, Spring). Rudolf the Haitian reindeer and other heroes: Helping children perform change. *Peace and Conflict Studies, 13*(1), 79-92.

Rambo, A., Monnay, F., Bello, N., & Palmer, L. (2008). Uncharted waters: Working with immigrant families. *AAMFT Family Therapy News*, January/February.

Rambo, A., Rhoades, E., Boyd, T., & Bello, N. (2009). An introduction to systemic family therapy. In E. Rhoades and J. Duncan (Eds.) *Auditory-Verbal Practice: Towards a family centered approach.* Springfield, IL: Charles C. Thomas, Inc.