Seeking an Equal Place at the Therapy Research Table: An Introduction to a Series on the Pragmatic Case Study Method

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*Note: This article is based on a paper presented at the Society for Psychotherapy Research, Edinburgh, Scotland, June 21-24, 2006 on a panel, "A Marriage Made in Heaven: Systematic Case Studies and Psychotherapy Rresearch," Daniel Fishman, Moderator.

ABSTRACT

This is an introduction to a series of three articles that address the potentials and challenges of a systematic and naturalistic approach to the case study method as embodied in the design of this PCSP journal, a model that the late Kenneth Howard called "patient-focused research." These articles help to advance this model by addressing continuing barriers to case studies achieving an equal place at the therapy research table. These barriers can be found in politics and ideology (Edwards); in epistemology (Eells); in the logic of knowledge generation (Edwards and Eells); and in the relative lack of scientific rigor in a psychotherapy area that has traditionally embraced case studies, psychoanalysis (Messer). The three articles are followed by an integrating discussion (Caspar). As a group, these articles provide a persuasive rationale for the value of properly conducted case studies as a complement to group studies in improving the effectiveness of psychotherapy.

Key words: case study method; patient-focused research; case study epistemology; therapy "culture wars"; psychoanalysis

This series of articles deals with the potentials and challenges of a systematic and naturalistic approach to case study method as embodied in the design of this PCSP journal. The articles were developed from a panel presented at the 2006 annual convention of the Society for Psychotherapy Research (SPR) in Edinburgh, Scotland. In this introduction, I will provide a context for the papers and an overview of them.

The late Ken Howard, one of the co-founders of SPR, introduced the very useful distinction between treatment-focused and patient-focused psychotherapy research (e.g., see Howard, Moras, Brill, Martinovich, & Lutz, 1996). The former involves studies of the constructed, average functioning of separate groups of clients who are differentiated on a

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relatively few variables, e.g., as found in randomized controlled trial studies. In contrast, in patient-focused research, particular individual clients and therapists are studied as individuals; and frequently this involves the holistic examination of the individual client and therapist as concrete persons (not variables) engaging in the client-therapist dyad that constitutes therapy. By championing some of the advantages of patient-focused approach, Howard helped to provide important momentum to case-based research. The present articles help to advance that momentum further in a variety of ways by addressing the continuing barriers to case studies achieving an equal place at the therapy research table. These barriers can be found in politics and ideology (Edwards), in epistemology (Eells), in the logic of knowledge generation (Edwards and Eells), and in the relative lack of scientific rigor in psychoanalytic case studies and vignettes (Messer). (For more on epistemological issues associated with case studies, see Fishman, 2005, and the trialogue among Barbara Held, Ronald Miller, and myself in Volume 2, module 4 of PCSP.)

David Edwards on transcending the therapy "culture wars. The first article in the series by David Edwards begins by focusing on politically and ideologically based "culture wars" in therapy research that see the predominant, group-based paradigm labeling group experimental studies as the "gold standard" of research and case studies as "anecdotal" and not even "empirical." As a counterpoint to this extreme position, Edwards reviews the "Evidence-Based Practice" (EBP) psychotherapy research model recently developed and endorsed by the American Psychological Association (2005). This model recognizes the complementarity of group-based and case-based research methods. Edwards then expands on the notion of complementarity in methods by laying out eight different, interacting components of therapy research and their close interrelationships. These include:

- *** The overall contexts of Clinical Practice, on the one hand, with its "case-based clinical observations, supervision, and professional discussion;" and Science, on the other, with its "principles, rules of evidence and research methodology."
- *** Case-Based Studies, which involve the direct, systematic, and rigorous study of clinical practice.
- *** Clinical Treatment Models, including manuals and organizing strategies, which guide clinical practice.
- *** Randomized Controlled Trials (RCTs), which test the clinical treatment models.
- *** Applied Clinical Theory, which informs the clinical treatment models.
- *** Experimental Studies, which systematically test applied clinical theory.

*** The theories and models from Nonclinical Science, which also inform applied clinical theory.

From the above components, Edwards derives seven categories of case-based research methods that contribute in different and complementary ways to the development, refinement, and evaluation of clinical interventions. He shows how each draws on everyday clinical practice, and the kinds of questions each is most likely to be helpful in answering. The categories are illustrated by examples, several from recent research on the development of focused cognitive therapies for posttraumatic stress disorder (PTSD). The categories include: (1) brief case observations; (2) systematic case studies; (3) case-based qualitative analysis; (4) multivariate studies of clinically relevant variables; (5) analogue experiments; (6) RCTs; and (7) practice-based-evidence research. Edwards ends his paper by integrating the above material in a series of guidelines for conducting scientific case studies

Tracy Eells on creating generalized knowledge about psychotherapy from pragmatic case studies. The second article by Tracy Eells begins with a formal definition of case-based research, which he calls single "Single Subject Research" (SSR). He defines SSR in the study of psychotherapy as "investigation that takes the individual as both the unit of interest and the unit of analysis." He then addresses one of the usual critiques of case-based-research -- the difficulty in achieving generalized knowledge from SSR studies - by showing how such knowledge can be obtained. What Ells explains as important is to properly align the question being addressed in a research study and the methods used to study that question. Some questions are better addressed through SSR, and others, through group studies. Eells provides two examples of misalignment: one involving experimental studies (of causal attribution), and the other involving correlational studies (of the association between testosterone level and orgasmic activity). To provide further epistemological grounds for the value of SSR, Eells then reviews two sets of ideas: (a) Molenaar and Valisner's (2005) genetic metaphor of genotypes as underlying universal processes versus phenotypes as the diverse expression of these processes at the level of the individual; and (b) Lewin's (1931) concept of Aristotelian thinking, which posits that the essence of human experience and behavior resides within groups of similar persons and thus privileges group studies, versus Galileian thinking, which posits that such essence resides in "the relation of the concrete individual to the concrete situation" (Lewin, 1931, p. 174), and thus privileges individually based studies.

Next, in light of the above as conceptual context, Eells provides examples of how a database created by the *PCSP* journal process might serve as a tool to generate and generalize psychotherapy knowledge. This potential is facilitated by the PCSP's database of cases, all of which are presented in a similar organizational format, aiding cross-case analysis. These examples include: (a) identifying and then studying anomalous cases to search for previously undiscovered processes that help to account for individual differences in outcomes; (b) identifying serendipitous theoretical explanations that emerge in the careful and intensive study of individuals; (c) following Cronbach's (1986) maxim of "just sufficient isolation of complex processes," that is, isolating complex phenomena to the extent that they can be systematically

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studied, but not so much that important interrelations within the phenomena are obscured and lost; (d) studying micro-episodes of behavior and process-outcome relationships in the individual case, since the inclusion of a case formulation in each published case study means that a set of testable hypotheses about the client being treated are present and can be tested; (e) using the variation in groups of cases of a particular type (e.g., all manifesting the same psychopathology and undergoing the same type of therapy) as a way of capturing the range and complexity of the phenomena to be explained for the type; and (f) using PCSP to study "pure cases," i.e., cases that represent a theoretically important idea in a "pure" way.

Stanley Messer on psychoanalysis giving case studies a "bad name." Stanley Messer focuses on another reason why case studies are seen by many as in low repute. Specifically, Messer points out that in one of the few places where they have been published, in the psychoanalytic literature, case studies are frequently fraught with methodological problems with data presented that are "all too often fragmentary, highly selective, subject to memory distortion and possessing little separation between clinical data and the inferences drawn from them." Messer presents a published case example from the psychoanalytic literature, and he uses the methodological problems it raises to underline the importance of the methodological criteria PCSP has adopted for ensuring quality control in its published case studies. As one example, in response to the problem of lack of separation between clinical data and the inferences drawn from them, Messer cites the design of PCSP as an online journal, which provides the space for rich, detailed clinical description and that encourages more separation of data and theory than typically has been the case in standard case studies; and the complementary requirement in PCSP that authors must explicitly set forth the theoretical guiding conception behind the therapy. As another example, in reaction to the problem of a case write-up that is solely dependent upon the perspective of the therapist in judging outcome, Messer cites the ideal sought for in PCSP case studies of using standardized and normed questionnaires completed by clients and/or therapists so that their responses can be placed in a normative context relative to other clients and so that more than one perspective is achieved.

<u>Discussion by Franz Caspar.</u> Finally, Franz Caspar brings his combination of clinical acumen and research expertise to provide perspective as a discussant of the Edwards, Eells, and Messer papers.

In sum, these articles provide a variety of arguments, perspectives, and exemplars to advocate for the epistemological and pragmatic potential of systematic case studies. These articles provide a rationale as to why case studies -- with the proper methodological quality controls and as a complement to group studies -- have the potential to make crucial contributions to our knowledge about psychotherapy process and to very importantly help achieve improvement of therapy outcomes.

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