A protocol for systematic case study research in pluralistic counselling and psychotherapy

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ABSTRACT

Purpose. Pluralistically-oriented therapy is tailored to the needs and preferences of each client, with the consequence that the course of therapy does not follow a standard pattern. Examining the outcomes and processes of pluralistic therapy therefore requires the adoption of research methodologies that are capable of representing complexity. Systematic case studies comprise a form of inquiry that is well suited to this task. *Methods.* A flexible case study protocol is described, that is capable of being integrated into routine practice by both students and experienced clinicians. Examples are provided of types of research knowledge that may be generated through the use of this approach. *Discussion.* Issues associated with the future development of this protocol are highlighted.

Keywords: case study method, narrative, outcome, pluralism, research. .

The historical development of counselling and psychotherapy has been accompanied by a proliferation of competing theories and models. There is currently a growing appreciation within the discipline that it is unlikely that these ideas and practices can or will ever be integrated into a single unified approach to therapy. Instead, there is a movement in the direction of a pluralistic stance, which acknowledges the value of a wide range of therapy concepts and methods. The existence of multiple plausible therapeutic strategies inevitably raises the question of whether, and in what ways, these ideas can be combined in work with specific clients (McLeod, 2009).

In response to these issues, a pluralistic framework for the practice of counselling, counselling psychology and psychotherapy has been outlined by Cooper & McLeod (2007, 2011). A key feature of this approach is the notion that both the client and the therapist possess skills and knowledge that can be brought to bear on the work of helping the client to accomplish his or her therapeutic goals. Pluralistic practice therefore centres on a capacity on the part of the therapist to engage in collaborative conversations with the client around the client's preferences, and his or her experience of what has been helpful or unhelpful for them in their efforts to resolve their problems and move forward in their life. The therapist is called on to identify therapeutic tasks and methods that reflect client preferences: the aim is to construct a *personalised* approach that builds on the client's strengths. At the same time, the knowledge and skill base of each therapist is inevitably limited – the adoption of a pluralistic orientation to therapy requires an ability to engage in dialogue around ways of making connection between what the client wants and what the therapist can offer.

The task of carrying out research into the process and outcomes of pluralistic therapy faces a number of challenges that are not present in investigations of 'pure' therapy approaches such as psychodynamic psychotherapy, person-centred therapy or cognitive-behaviour therapy (CBT). Each of these established therapy approaches is grounded in a set of assumptions about specific change activities that should occur (e.g., interpretation of transference, empathic reflection, behavioural experiments). It is therefore possible to anchor research by measuring, describing or enhancing these processes. By contrast, within any particular case, a pluralistic approach to therapy may encompass all, or none, of these change processes. In order to carry out meaningful investigation of what happens in pluralistic therapy, and how useful it is for clients, it is therefore necessary to adopt a research strategy that allows the potential complexity of the therapeutic pathway to be taken into account. Systematic case study research represents a methodology that is particularly well suited to this kind of investigative task (McLeod, 2010). In seeking to develop a knowledge base for pluralistic therapy, there is certainly a role for all forms of research (e.g., qualitative interviews with groups of clients around their experience of pluralistic therapy, randomised controlled trials that compare the outcomes of pluralistic and other forms of therapy, etc.). However, it can be argued that, for pluralistic counselling and psychotherapy, it is desirable that studies conducted using larger samples are used to determine the generalisability of preliminary findings from case-based studies, rather than as a primary research strategy. This is because large-n studies will always limit the extent to which a plurality of therapeutic processes can be depicted.

The aim of the present paper is to provide an outline of a protocol for practice-based systematic case study research in pluralistic counselling, counselling psychology, and

psychotherapy. The following section describes general data collection procedures and instruments used in therapy case study research. There is then a discussion of specific data collection tools that are particularly appropriate for research into pluralistic therapy. Strategies for analysing case data are described, and then some examples of relevant research designs and research questions are explored. The paper concludes with a brief discussion of possible future developments in systematic case study research in counselling and psychotherapy. For reasons of length, this paper cannot offer a comprehensive manual of how to conduct case study research into pluralistic therapy. Readers wishing to put these ideas into practice are advised to consult Elliott (2001, 2002), McLeod (2010), Stinckens, Elliott & Leijssen (2009), and other sources referenced in these texts, for further detailed information on particular aspects of the process of case study research.

Systematic case study research in counselling and psychotherapy: a standard protocol

Over the last 20 years, considerable progress has been achieved in relation to the validity and rigour of case study research in counselling and psychotherapy. Further information on these debates can be found in McLeod (2010), and in collections of methodological papers in the on-line journal *Pragmatic Case Studies in Psychotherapy.* It is possible to specify a standard research protocol that has emerged in recent years, and which is widely used by research groups in several centres. This protocol consists of four main elements:

1. Careful management of ethical issues around informed consent and confidentiality.

2. The construction of a 'rich case record' (Elliott 2001, 2002) consisting of information about the process and outcomes of therapy, using a mix of qualitative and quantitative data sources.

3. Team-based analysis of data, in which a group of researches systematically consider divergent interpretations of the case data.

4. Presentation of findings in a format that allows the reader to follow and monitor the process of data collection and analysis, and independently evaluate the credibility of the conclusions of the study.

Further elaboration on each of these areas can be found in McLeod (2010). A set of sample informed consent information sheets and forms is available from the authors.

From the point of view of being able to generate interesting and practically valuable findings, the construction of a sufficiently rich case record represents the heart of any attempt to carry out systematic case study research. The case record needs to be able to be comprehensive enough to include information about all aspects of the therapy that might have a bearing on the interpretation of the case. It also needs to include multiple sources of information about therapeutic events and processes, sufficient to allow 'triangulation' through which the validity of interpretations can be supported by reference to different segments of the data. The minimum requirement for a rich data set includes:

- pre-therapy or assessment information about the client;
- at least one standard outcome measure (such as CORE-OM; Barkham et al., 2006) administered on a regular basis (preferably at each session, and at follow-up);

- at least one standard measure of the quality of the therapeutic relationship (e.g., the Working Alliance Inventory Short From: Hatcher and Gillaspy, 2006) completed by the client on a regular basis (e.g., every second or third session);
- information on client and therapist experience of the process of therapy, for instance administering the Helpful Aspects of Therapy (HAT; Llewelyn, 1989) form at the end of each session;
- therapist notes;
- copies of any documents generated during the therapy, such as drawings, diagrams, client diary entries, etc.;
- recordings of therapy sessions;
- therapist end-of-therapy summary account of the process and outcome of the case;
- follow-up interview.

No-cost copies of suitable instruments are available on various websites (see McLeod 2010). Recent studies that exemplify different styles of team-based analysis of rich case records include Elliott et al. (2009), Hill et al. (2008), Kasper, Hill & Kivlighan (2008) and Rabu, Halvorsen & Haavind (2011).

Collecting data on pluralistic aspects of therapy

Assembling a rich case record by using the instruments described in the previous section provides a basis for understanding many aspects of a pluralistic approach. However, it can be valuable to augment a standard protocol with additional data collection techniques that specifically focus on dimensions of therapy that are central to a pluralistic stance. The methods described below comprise some research tools that are currently available. Detailed information on these techniques, and copies of scales, can be found at www.strath.ac.uk/humanities/counsellingunit/pluralistic/ or by contacting the authors. It is probable that the further development of research and practice in pluralistic counselling and psychotherapy will result in an increasing range of data-collection techniques, and further versions of the instruments listed here.

1. Pre-therapy strengths and resources interview (PTSRI). A pluralistic perspective emphasises the client's contribution to therapy, in terms of the strengths and resources that he or she can draw on in working to reach their goals. It also suggests that the outcomes of therapy are best understood in terms of the client's own criteria for change. It is valuable to collect information around both of these areas before the start of therapy, to provide a baseline against which data gathered later in therapy can be compared. The client's pre-therapy account of his or her approach to life is also of interest in that it is relatively free of any client-therapist co-construction. The PTSRI consists of a pluralistically-oriented pre-therapy assessment interview that can be administered in around 30-40 minutes, and can be adapted for use in different settings.

2. Client preferences scales. A pluralistic stance reflects a position that the life experience of each client has led him or her to have a sense of what will be helpful for them in therapy. Information about client preferences can be collected through therapist notes and analysis of session transcripts. However, it can also be useful to provide clients with a structure through

which they can report on their preferences. At present, two client preference scales are available. The *Therapy Personalisation Scale* (TPS: developed by Bowens, Johnston and Cooper, see Cooper & McLeod, 2011, Appendix B) is a 20-item measure that can be completed both prior to, and during, therapy in which participants use an 11-point bipolar rating scale to indicate how they would like their therapist to respond to them (sample item: *focus more on my past* vs. *focus more on my future*). The *Psychotherapy Preferences and Experiences Questionnaire* (PEX), developed by David Clinton and Rolf Sandell, is a 25-item measure in which respondents use a 6-point scale (*agree not at all* to *agree completely*) to indicate their preferences for specific therapeutic activities (sample items: *sharing bottled-up emotions*; *getting good advice*). The PEX scale has been used in large-n studies to examine the extent to which outcome is predicted by the degree of fulfilment of client preferences (Berg, Sandahl & Clinton 2008; Sandell et al. in press). Therapist versions of both TPS and PEX have been developed, to measure the therapist's perception of the preferences of their client (and thus enable degree of therapist-client agreement to be assessed).

3. Structured therapist session note form (STN). The therapist is an essential source of information on the process of therapy. Therapists tend to develop idiosyncratic styles of note-keeping, so for purposes of collecting data for a systematic case study, it can be useful to ensure that therapist observations and perceptions around key elements of pluralistic practice are routinely recorded. The STN is a modification of the therapist form developed by Robert Elliott for use in research into emotion focused therapy (see Elliott et al 2009; www.experiential-researchers.org/instruments.html), and consists of open-ended items (examples: *describe important extra-therapy events; describe client use of social/cultural resources*), accounts of pluralistically-focused episodes in the session (e.g., collaborative conversation) and ratings of self-perceived competence in use of pluralistic skills. The STN can be adapted for application in different settings.

4. Client goals assessment form. The pluralistic framework for practice developed by Cooper & McLeod (2007; 2011) suggests that clarification and agreement around the client's goals represents the starting point for collaborative exploration of multiple ways in which these goals might be attained. Information about client-defined goals therefore forms part of any case study of pluralistic practice. There are several goals instruments that can be used. A very simple tool is the *Goal Assessment Form* (GAF: See www.pluralistictherapy.com), which invites clients to develop goals for their therapy -- in dialogue with their therapists -- and then to rate their proximity to these goals, at the start of every session, on a seven point scale (*Not at all achieved* to *Completely achieved*). There are several alternative instruments that can be used to record and monitor this dimension of therapy (see Cooper & McLeod 2011; McLeod 2010), most of which tend to invite clients to formulate their response in terms of *problems* rather than goals.

5. Measures of client use of extra-therapy resources and activities. One of the basic assumptions of a pluralistic approach to therapy is the concept of the 'active client' (Bohart & Talmann 1999) – the idea that clients are actively involved in using whatever resources are available to them (e.g., exercise, complementary therapies, diet, reading) alongside and in combination with any psychotherapy that they receive. A comprehensive case analysis of the process of therapy therefore needs to encompass information about extra-therapy activities and events that may have an influence on the achievement of therapeutic goals. At present,

there is no scale or interview schedule that has been developed to collect this kind of data from therapy clients. However, there are scales that address aspects of this issue. Elkins et al. (2005) and Kessler et al (2001) have devised a measure of client use of complementary and alternative therapies (e.g., yoga, massage). Jorm et al. (2000) have constructed a measure of strategies used by members of the public (examples: *taking more exercise, drinking less coffee)* to overcome depression. These scales can be modified and adapted for use in therapy case study research, or could form the basis for a new purpose-built scale.

6. *Therapist intervention scales.* A crucial dimension of pluralism in therapy relates to the ideas and methods that the therapist uses within their work with a client. In pluralistically-oriented therapy, it is likely that a therapist will make use of a wide range of methods and theories, at various stages within a case. In order to makes sense of what is happening, it is therefore necessary to collect information around therapist interventions. Although it is important to ask the therapist in a case study about the therapy theories that influence them, this information is not likely to be adequate in itself, because it is probable that the therapist will make use of component of major orientations rather than apply all aspects of an approach. It is also likely that a pluralistic therapist will engage in many 'non-specific' interventions that cannot be categorised as being derived from one specific therapy orientation. Therapist use of interventions can be recorded in the therapist notes. There are also several scales that can be used to provide the therapist with a structure that they can use in describing their work with a client (either in a session or across the case as a whole). Appropriate scales include the *Therapeutic Procedures Inventory* (McNeilly & Howard, 1991), *Comprehensive Therapeutic Interventions Rating Scale* (Trijsburg, 2004) and the *Therapist Techniques Survey Questionnaire* (Thoma & Cecero, 2009). The *Psychotherapy Process Q-sort* (Ablon & Jones, 1998; Jones & Pulos, 1993) is a therapist intervention coding system that can be applied to therapy transcripts.

7. *Pluralistically-oriented outcome interview*. A pluralistic perspective invites a critical and questioning stance in relation to the reporting of the outcomes of therapy. Characterising the outcome of a case in terms of a single dimension of 'good vs poor outcome' or attainment of 'clinically significant change' on a symptom measure reflect a monist assumption that there is one kind of change or therapeutic gain that applies to all clients. A pluralistic position, by contrast, is open to the possibility that there are a multiplicity of change pathways or trajectories, and that practical knowledge about how to help people will be enhanced if a more differentiated model of change can be developed within the profession. As a result, in systematic case study research into pluralistic therapy, it is necessary to include standard outcome measures (such as BDI and CORE-OM), which allow outcomes of the target case to be readily compared with benchmark findings from other studies, individualised goal measures, and also more open-ended strategies for collecting information about the breadth and range of impact of outcomes for the client. The Change Interview (Elliott, 1999), a structured follow-up interview that takes 45-60 minutes, provides a valuable tool for this aspect of case study data collection. In some circumstances it may be useful to augment the Change Interview with items from other post-therapy interview schedules developed by Nilsson et al. (2007) and Lilliengren & Werbart (2005). The *Life Space Map* (LSM: Rodgers 2006) is an interview schedule that makes use of creative arts techniques to facilitate client description of outcomes.

It is perhaps important to note that measurement scales are used in a different way in case study research, compared to conventional studies where data from large samples of participants are aggregated. In large-n studies, it is essential to use scales for which the psychometric properties (validity, reliability) have been established. In case studies, the psychometric status of a scale is less important. In analysing case data, there are some circumstances in which it is valuable to have access to psychometric norms for a scale, for the purposes of positioning a client (or segment of discourse) in relation to a wider population. However, scales that have not been validated can also be employed, because the process of systematic case analysis (see below) calls for constant comparison of all pieces of data against each other. This means, for example, that the meaning of responses to individual items from a scale may be of considerable analytic significance.

A wide range of potential data collection activities have been introduced in this section, as well as in the preceding 'basic protocol' section. It is important not to assume that it is necessary to collect information under each of these categories. Collecting data that is too 'thin' leads to difficulties at the analysis stage, if there is not sufficient information to allow patterns to be reliably identified, or to support robust conclusions. But it can also cause problems if too much information is collected – there is a risk that the research team can be overwhelmed by detail, or that participants spend time completing scales that are then not used. When planning a case study, it is useful to take some time to anticipate the possible findings of the study, then to work back and identify the type of data that would be required in order to substantiate such findings, and then work out the actual data collection instruments and data administration points that would be required. This kind of planning does not imply that the findings of a study merely reflect the prior assumptions of the researcher. What it means, instead, is that the broad *focus* of the study needs to be clarified from the outset. For example, if the focus of a study is to document the outcome of therapy, and demonstrate links between certain therapeutic procedures and outcome, then specific types of process and outcome data need to be collected (see Elliott et al. 2009 for an example of this kind of study). If, on the other hand, the focus of a case study is on the role of the client-therapist relationship, then it will be appropriate to collect other types of data (see Rabu et al., 2011 for an example of such a study). One of the key choice-points for case study researchers, with respect to data collection, is to decide whether or not to make recordings of therapy sessions. Therapy transcripts provide rich material, but are very time-consuming to produce and then to analyse. Mindful of these issues, many case study researchers make use of supplementary instruments, such as the Helpful Aspects of Therapy form (HAT: Llewelyn 1989) that can be used to direct the research time toward particular segments of transcript (i.e., a turning point in a session) that are worth transcribing.

Strategies for analysing case study data

Historically, it has been widely acknowledged that one of the major methodological limitations and weaknesses of case study research was that data were collected and analysed solely by the therapist. As a result, there was no possibility of independent or external critique of the therapist's account of the case, and many published case studies came to

resemble self-promoting or self-justificatory exercises that promulgated the therapist's beliefs or approach, but made a minimal contribution to the knowledge base for counselling and psychotherapy as a whole. In recent years, it has become good practice to overcome this problem by using a team of researchers, who independently analyse the case (or segments of the case) and then compare findings. There are various ways in which such a research team can be organised (see McLeod 2010 for examples). The basic principle is that the ultimate findings or conclusions of the case analysis can be shown to have been generated by a process of open dialogue in which competing interpretations are systematically evaluated in terms of their 'fit' with the data: i.e., a *pluralistic* analysis. The usual way in which such a team operates is that the principal investigator takes responsibility for collating all of the case data into a 'case book', copies of which are which is then distributed to all members of the team. The team then meets and agrees on a set of analytic procedures (e.g., identifying episodes in the case where the therapist is responsive to client preferences, or segmenting the process of the therapy into discrete stages). Each member then completes the procedure independently. The team then meets to share their analysis, discuss discrepancies, and arrive at an acceptable consensus. The team then works through the next steps in the analysis, until it has exhausted all possible 'readings' of the material and has the confidence to proceed to the writing stage.

The task of analysing complex and voluminous case data is challenging for most researchers. What tends to be helpful is to work out a step-by-step approach, that begins by getting a sense of the case as a whole, and then moves to more fine-grained analysis of particular areas of data. For example, it can be helpful for each member of the research team to begin by reading through the case book and making a brief summary of the key themes within each session, and their overall sense of how helpful the therapy was, and the factors within the therapy that made a positive or negative contribution to outcomes. It also useful, then, to identify stages in the therapy, give names to these stages, and to develop some ideas about what happened to facilitate a shift from one stage to the next. Once this kind of overall, non-theoretical understanding of the case has been accomplished, it is then possible to move to more detailed, theoretically-informed analysis of specific processes. For example, in a poor outcome or ambiguous outcome case, it might be hypothesised from a pluralistic perspective that there was a mismatch between client preferences and what the therapist could offer, or a failure to engage in collaborative conversations. These hypotheses could be tested by examining particular facets of the case record. For example, failure to engage in collaborative conversation might have been mentioned by the client in their follow-interview, or be expressed in low working alliance ratings, or be observable in an absence of metacommunicative sequences in therapy transcript data. An example of how this kind of analytic process is structured can be found in McLeod and Balamoutsou (2001). A valuable analystic strategy that has been used by several groups of case study researchers has been to organise data analysis around competing sub-teams who each produce alternative interpretations of the case material, and then invite a group of judges to decide on which version is the most convincing. Different ways of conducting this kind of 'adjudicated' case study method are described in Fishman (2011) and McLeod (2010).

The form of analysis that is being described here is fundamentally *hermeneutic* or interpretive in intent (Elliott 2001, 2002; McLeod 2011). The aim is to develop a credible and

practically useful understanding and representation of what happened within a case. This kind of research is carried out with the awareness that alternative interpretations are always possible. Hermeneutic inquiry does not claim to result in a single, once-and-for-all 'objective' truth, but to construct a perspective on, or reading of, a case that is demonstrably grounded in the facts of the matter, and which opens up new possibilities for insight and action. The philosophical rationale for this approach to inquiry is explained in detail by Fishman (1999), who argues that systematic case studies provide the kind of knowledge that is most relevant to the advancement of professional practice. The incorporation of both qualitative and quantitative data sources represents a significant source of strength of this kind of pragmatic research, because it enables the sensitivity to complexity and context of qualitative tools to be combined with access to standardised norms available for quantitative process and outcome measures. The use of both types of data reflects a growing appreciation within the research community of the value of *mixed methods* research strategies (Hanson, Creswell et al., 2005).

Research designs: different questions that can be addressed through case study inquiry

Within the field of research in counselling, counselling psychology and psychotherapy, case studies have been used to examine four discrete types of research goals or questions:

- *Outcome* questions: How effective has therapy been in this case? To what extent can changes that have been observed in the client be attributed to therapy?
- *Theory-building questions:* How can the process of therapy in this case be understood in theoretical terms? How can the data in this case be used to test and refine an existing theoretical model?
- *Pragmatic questions:* What strategies and methods did the therapist use in this case, that contributed to the eventual outcome? How were therapeutic methods adapted and modified to address the needs of this specific client? What are the principles of good practice that can be derived from this case?
- *Experiential or narrative questions.* What was it like to be the client or therapist in this case? What is the story of what happened, from the client or therapist point of view?

Further elaboration of the ways in which particular case study investigations can be oriented toward one or more of these aims can be found in McLeod (2010).

These four types of research question open up a wide research agenda around the outcomes and processes of pluralistically-oriented counselling and psychotherapy. One of the current priorities, for the further development and professional acceptance of pluralistic therapy, is to publish systematic case studies of the effectiveness of this approach with clients reporting different kinds of presenting problems, and different degrees of therapy sophistication, being seen in different kinds of therapy settings (e.g., voluntary agencies, NHS, private practice). Such a body of systematic case-based literature would allow colleagues, clients, and trainees, to learn about how a pluralistic stance can be effective in some situations, and less effective in other situations, and to understand the ways in which

particular pluralistic strategies are associated with outcome. The relevance of this type of research can be supported by reference to developments within the field of emotion-focused therapy (Greenberg, 2002). There is good evidence that EFT is effective for clients suffering from depression (Watson, Gordon, Stermac, et al., 2003). In the last few years, case study evidence has been presented to demonstrate that EFT can also be effective for clients suffering from phobias (Elliott et al., 2009) and social anxiety. These cases have established not only *that* EFT is in principle effective with these conditions, but also *how* it is effective.

The domain of *theory-building* case studies (Stiles, 2007) offers many opportunities for projects that seek to elucidate aspects of the process of pluralistic therapy. For example, not enough is known about how productive collaborative conversations take place, about the process of identifying and agreeing goals, or about the therapeutic tasks that are associated with specific problems such as depression. The work of the research group led by Clara Hill, on the development of a theory of immediacy in therapy, provides an example of what can be achieved. This group have published two case studies (Hill et al., 2008, Kasper, Hill & Kivlighan, 2008) in which the operation of therapist immediacy has been analysed in relation to the overall process and outcome of each case. One case was chosen for analysis because it was known that the therapist favoured the use of immediacy, and a comparison case was chosen in which the therapist employed this skill to only a moderate extent. These two case studies, taken together, have produced a significant advance in the practical understanding of how this intervention functions within therapy.

Pragmatic case studies (Fishman 1999; McLeod 2010) are studies that seek to document the professional activity of the therapist – the way in which the therapist's underlying conceptual framework plays out in the context of his or her work with a particular client. A crucial aspect of this type of case study is the level of detail with which all aspects of the case are reported. The aim is to provide the reader with a comprehensive representation of what happens when a particular approach is used with a specific client. An on-line journal, *Pragmatic Case Studies in Psychotherapy,* has been established to function as a repository of such cases, with the long-term aim of operating as a professional resource – a place where therapists can consult if they are looking for ideas about possible ways of responding to the needs of clients with certain patterns of problems. The aim of the pragmatic case study initiative is to accumulate a bank of practical knowledge about what can work. This kind of knowledge is crucially important for the advancement of pluralistically-informed therapy, because pluralistic therapists need to be continually curious and open to learning, around the concrete details of how other colleagues have worked with clients to break down complex problems into step-by-step tasks, and then agreed on methods to accomplish such tasks.

Finally, narrative, or experiential case studies have substantial heuristic value in documenting the experiences of clients and therapists, around the therapy in which they have participated. Knowing more about client and therapist experience will play an essential role in the establishment of pluralistic approaches to therapy. For example, a criticism that is sometimes made of pluralistic therapy is that clients may feel confused and unsupported by being asked about their preferences around therapy methods. But to what extent is this true? At the present time, there are no published case narratives in which clients of pluralistic therapy report that they were unhappy (or otherwise) about being invited to explore

preferences. Similarly, there are no narrative accounts of therapist experiences of living with the uncertainty that accompanies a pluralistic stance. Basically, the voices of clients and therapists (and supervisors, and family members...) are not being recorded and are therefore not being heard. Philosophically and ethically, a pluralistic stance implies a high degree of open-ness to such diversity, as opposed to the construction of a knowledge base that is dominated by the writings of authority figures. The development of a narrative case tradition within pluralistic therapy is therefore of great significance.

For anyone planning to undertake a systematic case study investigation, it is probably wise to concentrate on one of these aims or questions, or at most, one primary aim (e.g., documenting outcome) with a second subsidiary aim (e.g., generating a model of the factors that contribute to outcome). There are no case studies within the currently available literature that successfully achieve all four of the aims that have been outlined in this section. Before embarking on a case study, it is valuable to take time to be immersed in the case study literature, to get a feel for how other researchers and research teams have dealt with the issues involved in condensing lengthy case records into a journal-length report.

Conclusions

The purpose of this paper has been to provide an overview of the potential role of systematic case study research in the development of pluralistically-informed ways of doing therapy, and to offer an outline of the practical and methodological issues and procedures associated with this form of investigation. It has been argued that case study methods are well suited to the exploration of pluralistic processes and outcomes, because case-based research is uniquely placed to capture the complexity of pluralistic work. Readers who wish to pursue this type of research are encouraged to consult McLeod (2010) and other sources, in order to develop sufficient background knowledge to enable them to make good decisions around research design, and the process of data collection and analysis. In recent years, there have been significant developments in case study methodology in fields such as education, political science and organisational studies, and there are several excellent texts that provide accessible accounts of the case study approaches that have evolved within these fields. Particularly recommended are Simons (2009) and Yin (2009).

There is a significant emerging challenge for the field of systematic case study research in counselling and psychotherapy, in the area of training. In contrast to other types of research, students and practitioners tend to report that case study research is intrinsically interesting and rewarding (see McLeod, 2010). However, in order to conduct good quality case studies, students and practitioners need to have opportunities to learn about, and try out, a range of possible ways of collecting and analysing case data. Probably one of the best means of offering such training is on an apprenticeship basis, where novice case study researchers are members of research teams that are led by more experienced colleagues. A good example of this approach can be found in Jackson, Chui & Hill (2012). Another strategy is to integrate systematic case inquiry into basic therapist training, in the manner pioneered by Stinckens et al. (2009). A further contribution might involve giving greater acceptance to case study projects in the context of Masters and Doctoral work. Counselling psychology and

other therapy practitioners represent the best source of potential case study material, because they are likely to work with a wide range of clients, and will thus have many interesting case-based stories to tell. It is clearly easier for clinicians to carry out case study research if they have already learned about methods of systematic case study inquiry in their initial professional training. Experienced practitioners may regard the time demands of case study research as a barrier to their involvement in this type of activity. However, case study research can be incorporated into group supervision, and can form a powerful means of continuing professional development (see McLeod, 2010). Finding the time for case study research may therefore be accomplished by re-organising existing supervision and CPD arrangements.

Finally, it is important to emphasise that, in the end, the contribution of case study research to the development of flexible, personalised, pluralistically-oriented therapy services depends on the on-going production of many case studies. Just as a single survey or RCT has limited impact until it has been replicated, a single case study only really has meaning and practical significance when it can be set alongside other cases. To get maximum value from the potential methodological richness of case study research, it is necessary to think in terms of case series, the selection of new cases that stand in contrast to (or replicate) previous cases, and case study meta-analysis. It is also necessary to look for ways to integrate case studies into large-scale practice-based outcome studies and randomised clinical trials (Dattilio, Edwards. and Fishman 2010; Edwards, Dattilio and Bromley 2004).

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