Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 7, Module 2, Article 1, pp. 242-245, 06-05-11 [copyright by author]

The "Individual-Case-Comparison" Method for Systematically Comparing Good-Outcome and Poor-Outcome RCT Clients: Editor's Introduction

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ABSTRACT

This issue of *PCSP* explores a promising approach for bridging the gap in communication and mutual respect between therapy group researchers and therapy practitioners: the "Individual Case-Comparison" (ICC) method. This method consists of systematically comparing good-outcome and poor-outcome cases that have both been drawn from a successful randomized controlled trial (RCT) treatment condition. As such the ICC method adopts a "mixed methods" model that integrates group-based, quantitative results with the case-based results of systematic and contextualized, narrative case studies—viewing both types of knowledge as complementary. To illustrate the ICC method, two pairs of case comparisons between a good-outcome and a poor-outcome client are presented. One pair is drawn from the successful condition of an RCT on Dialectical Behavior Therapy (DBT) for borderline personality disorder; and one pair, from the successful condition of an RCT for Emotion-Focused Therapy (EFT) for depression. In each instance, the comparative analysis incorporates detailed qualitative data from the individual cases along with standardized, quantitative process and outcome measures drawn from the RCT studies—showing the "value added" of a mixed methods model. The issue is capped by a wide-ranging and incisive commentary by the Japanese clinical psychologist Shigeru Iwakabe, who discusses the history, logic, and cultural context of the comparative case study method, together with a critical analysis of the DBT and EFT case studies comparisons.

Key words: case study comparisons, randomized controlled trials, mixed methods, quantitative research, qualitative research, case studies, clinical case studies

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Dattilio, Edwards, and Fishman (2010) document and discuss the longstanding divide between group researchers and practitioners. As support for this, they survey studies (e.g., Stewart & Chambless, 2010) which report that clinicians, in conceptualizing and conducting their therapy, rely largely on clinical experience and give limited attention to the research literature.

Datillio et al. discuss underlying epistemological reasons for these survey findings. The types of data associated with group research are quantitative and decontextualized. In this paradigm, the world is seen as a complex arrangement of variables in mathematical relationship

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to each other across populations of human beings and other organisms. The work of science is to identify these variables and to map these mathematical relationships in terms of general laws. In contrast to the search for general laws, case-based, qualitative researchers take a pragmatic, contextualized approach to what is real. They employ a range of data collection methods designed to examine human experience on its own narrative terms, such as interviews and transcripts of therapy sessions. When this information is collected and analyzed in a systematic and rigorous manner, it gives rise to narrative accounts that can be used for the inductive building of a "grounded theory" of knowledge that can serve to guide practical decision-making in applications like psychotherapy.

As a way to bridge the epistemological and pragmatic differences between practitioners and group researchers, Dattilio et al., proposed adopting a "mixed methods" model in doing psychotherapy research. This model, which has been implemented in program evaluation and other areas of social science (e.g., Tashakkori & Creswell, 2007; Teddlie & Tashakorrie, 2009) involves the active, integrated, complementary combination of quantitative, group-based and qualitative, case-based perspectives in studying a particular phenomenon. It is important to note that the Evidence-Based Practice in Psychology model supported by the American Psychological Association (2006) incorporates a mixed methods model, viewing best therapy practice as an integration of the results of quantitative, group-based treatment research with case-based, contextualized clinical expertise and the idiographic tailoring of therapy to patient values and preferences.

In applying the mixed methods model to psychotherapy research, Dattilio et al. propose a new "gold standard" for authoritative research on psychotherapy. Instead of relying solely on RCTs, scientific studies should include RCT data, a qualitative evaluation of the study's implementation, a set of systematic case studies illustrating factors that contribute to or detract from the treatment's effectiveness, and a synthesis of these three components.

The present issue of *PCSP* illustrates a particular mixed model approach to therapy research that is consistent with Dattilio et al.'s new "gold standard" for psychotherapy research. I have termed this approach the "Individual–Case-Comparison" (ICC) method (Fishman, 2008). This method recognizes that an RCT is successful when the average client in the experimental group shows more success than the average client in the control group. Yet there are typically still a substantial number of poor outcome clients in the experimental group. For example, this has been documented for the two treatments involved in the present *PCSP* issue: Dialectical Behavior Therapy (DBT) for borderline personality disorder and Emotion-Focused Therapy (EFT) for depression. Specifically, for DBT, 36% of individuals diagnosed with borderline personality disorder fail to respond to DBT (Salsman, Harned, Secrist, Comtois, & Linehan 2008); and for EFT, 31% fail to fully recover from depression in response to EFT (Goldman, Greenberg, & Angus, 2006).

Systematic qualitative and quantitative case studies of a sample of poor outcome clients in comparison to good outcome clients—all taken from the successful RCT condition—provides an opportunity to investigate holistically, precisely, and in detail the individual and interactive roles of a variety of factors that affect the outcome for each specific client, including: (a) how the

theoretical model of the therapy was translated into an individualized case formulation, (b) how the treatment manual was adapted to each individual client, (c) how the specific process of the therapy unfolded, (d) the impact of client characteristics, such as the client's personality and comorbid conditions, (e) the impact of the client's life situation, such as his/her social support system, and (f) the impact of the client's history. In these analyses, the group quantitative data from the RCT place the individual case analyses in normative context, reflecting the complementary role of quantitative and qualitative data in elucidating the processes of psychotherapy.

To illustrate the Individual-Case-Comparison method, this *PCSP* issue presents analyses of two pairs of good-outcome and poor-outcome case studies, all drawn from a successful condition of an RCT. Specifically, in the first article Lisa Burckell and Shelley McMain (2011) compare the poor-outcome case of "Dean" and the good-outcome case of "Marie," who were both offered the same manualized DBT therapy for borderline personality disorder. In the second and third articles, respectively, the team of Jeanne Watson, Rhonda Goldman, and Leslie Greenberg (Watson et al., 2011; and Goldman et al., 2011) compare the poor-outcome case of "Tom" with the good-outcome case of "Eloise," both of whom were offered the same manualized EFT treatment for depression. What is particularly notable is how working within a mixed methods model, the two sets of authors combine detailed qualitative analysis with standardized quantitative indicators of process and outcome in their analyses, showing the "value added" of a mixed methods approach.

This *PCSP* issue is capped by a wide-ranging and incisive commentary by the Japanese clinical psychologist Shigeru Iwakabe (2011), who explores a variety of themes. These include: (1) the logic of the case comparison method; (2) the national differences in views of case studies, with Japan specifically cited as a country in which clinical case studies are the predominant form of psychotherapy research; (3) the need for more rigorous case study methods as case studies become a more central component of systematic therapy research; (4) the history of case comparison research within RCTs, starting with Strupp's classic articles in 1980; and, in the context of the first four themes, (5) a critical analysis of the Burckell and McMain BPD cases and the Watson Goldman, and Greenberg EFT cases. It is my hope that the clinical research contained in this issue of *PCSP* motivates other researchers to pursue this type case study analysis.

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