Editor's Introduction to PCSP –

From Single Case to Database:
A New Method for Enhancing Psychotherapy Practice*

Daniel B. Fishman[a,b]

[a] Rutgers—The State University of New Jersey
[b] Correspondence concerning this article should be addressed to Daniel B. Fishman, Rutgers University, Graduate School of Applied and Professional Psychology, 152 Frelinghuysen Road, Piscataway, NJ 08854. Email: dfish961989@aol.com

*Note: This Editor's Introduction is a modified version of an article published in *Applied & Preventive Psychology, Vol. 10*, No. 4, 2001, pp. 275-304. The author thanks Elsevier for permission to republish material from the original article.

_____

ABSTRACT

This article sets forth a new model for knowledge generation in applied and professional psychology – the pragmatic case study (PCS) method. Drawing from both psychology's traditional/quantitative and alternative/qualitative approaches, the PCS method involves the creation of systematic, peer-reviewed case studies in psychotherapy (and in all other areas of applied psychology) that follow D. Peterson's "disciplined inquiry" epistemological model. The studies are designed to be organized into "journal-databases," like *Pragmatic Case Studies in Psychotherapy (PCSP),* which combine (a) individual studies; (b) articles that address epistemological, theoretical, methodological, logistical, economic, political and ethical issues in the PCS method; and (c) substantive cross-case analyses of groups of individual cases already published in the database. To lay out the model's arguments, this article is divided into four major sections that consider, respectively: (1) a discussion of the relevant *historical and philosophical context* from which the PCS model emerges; (2) a proposal for an initial set of *methodological guidelines* for ensuring rigorous quality in each case study; (3) an illustrative *application* of the model to cognitive-behavioral efficacy research; and (4) an exploration of the *implications* of the model. Throughout, the emphasis is upon creating an integrative, pragmatic alternative for gaining new useful knowledge in our discipline.

Key words: case study method; pragmatic case studies; cognitive-behavior therapy; efficacy research; disciplined inquiry; applied psychology; online journals

_____

The basic unit of psychological practice is the case – be it an individual, a group, an organization, or a community. When a practitioner (or practitioner team) works with a case, he or she deals with the case holistically, looking in context at the problems, goals, situations, events, procedures, interactions, and outcomes associated with the case. Why

then does the case as such disappear when it comes to published research underlying psychological practice? Whatever happened to the systematic, pragmatically focused case study as a vehicle for meaningful, scholarly, empirically based, applied knowledge in our field? In my book, *The Case for Pragmatic Psychology* (Fishman, 1999a), I explore this question, employing historical, epistemological, methodological, technological, and practical perspectives on the field. I conclude that from all these perspectives, the time is right and the arguments persuasive for making the systematic case study an acceptable, published method for applied research.[1] More specifically, I argue that the time is right for a new coordinated investment of applied research resources into conducting systematic, pragmatic case studies and publishing them in electronic "journal-databases" like *PCSP* containing both (a) peer reviewed case studies in all the arenas of applied psychology, and (b) discussions of the broader epistemological and methodological issues associated with the case study approach, since the development of methodological criteria for the proper conduct and interpretation of systematic case studies is a "bootstrapping" venture that will evolve over time.

Since publication of the book, I have pursued a variety of follow-up projects in the areas of psychotherapy (Fishman, 2000a), forensic psychology (Fishman, 2003/2004a), and program evaluation (Fishman, 2003/2004b). In each project, I have explored how to turn the case study journal-database idea into a reality. In this introduction to the PCSP journal, I am focusing on the application of the case study journal-database idea to the arena of psychotherapy research, with an example given from the specific area of cognitive-behavioral efficacy research. My goal in this paper is to lay out a vision for treating the systematic case study in psychotherapy as a legitimate, accepted method in published applied and professional research in this field.

As a preface for what is to come, it's important to note that exploring a rationale for the systematic case study requires a consideration of the "culture wars" across many parts of our discipline between a *traditional paradigm*, associated with modernism and "natural science," and an *interpretive paradigm,* associated with postmodernism and "human science." While the traditional model is experimental, group-based, quantitatively focused,

---

[1] This conclusion is in tune with a variety of other authors who have been arguing for the revival and development of the case study as a legitimate, even "scientific," research method for applied and professional psychology (Bromley, 1977, 1986; Edelson, 1988; Edwards, 1996, 1998; Fishman & Peterson, 1987; Fishman, 1999a, 2000a; Hoshmand & Polkinghorne, 1992; Klumpner and Frank, 1991; Levine, 1974; 1980; Runyon, 1982; Sechrest, Stewart, Stickle, & Sidani, 1996; Spence, 1992, 1993; Yin, 1989). Despite the fact that these authors have developed their views on the importance of case study research from diverse perspectives (including cognitive-behavioral, phenomenological, hermeneutic, psychoanalytic, life-history, community/systems, and experimental-developmental psychology), they have offered related rationales for restoring the case study to its former prominence as a vehicle for systematically reporting and evaluating clinical observations, exploring theory, and documenting advances in professional effectiveness.

and theory-driven, the interpretive model is naturalistic, individual-case-based, qualitatively focused, and description-and-discovery-driven.

A great deal of attention has been devoted to a vigorous, lively debate between advocates of the traditional and interpretive alternatives to the practice of psychology. For example, in the arena of psychotherapy research, on one side a group of interpretively oriented writers critiques the "instrumentalism and technicism" of the traditional model and promotes "constructivism in psychotherapy" (Cushman & Gilford, 2000; Neimeyer & Mahoney, 1995). On the other side, traditionally oriented authors claim that models like constructivist psychotherapy can wander too far away from everyday, practical reality (Held, 1995). Instead they argue for the creation of highly structured manuals of "treatments that work" (Nathan & Gorman, 2002), which will allow clinical psychologists to "prosper in the era of managed care" (Cummings, Pallak, & Cummings, 1996).

Although such dialectic has an important place in advancing our thinking about the strengths and limits of the different paradigms, I contend that an integrative approach searching for ways to work collaboratively with elements from both paradigms also has a very significant role to play; and this is exactly what is involved in the *pragmatic paradigm* that I shall be setting forth. At the outset I want to state that my goal throughout has been and remains not to discredit the traditional or alternative paradigms, but rather to affirmatively create a third, integrative pragmatic alternative in our discipline -- a rediscovered, complementary method for gaining new, useful knowledge in applied and professional psychology.

HISTORY AND PHILOSOPHY

As context to considerations of method and application below, I first summarize some of the historical and philosophical analyses that are explored in depth in my book (Fishman, 1999a).

Psychology Adopts the Natural Science Model

Enlightenment-inspired modernism spawned the emergence of the natural science model of physics and chemistry as a privileged method for learning about the physical world, a method that was reinforced by its ability to generate amazing new technologies during the Industrial Revolution. In this context, modern psychology was created when this model was "officially" incorporated into Wilhelm Wundt's laboratory in 1879. The basic logic: under experimental laboratory conditions, general quantitative laws about an objectively observable, physical world – including human action -- would emerge as operationalized hypotheses deduced from general theory were empirically tested. The growing force of the natural science paradigm was reflected by the increasing dominance in psychology between the 1930s and 1950s of behaviorism, which emphasized the actions of humans and other organisms that could be directly observed and manipulated.

The values derived from behaviorism and natural science methodology were supported during the first half of the 20th century by the predominance in Anglo-American philosophy of a view known as "logical positivism," which asserted that there are only two kinds of knowledge: the truths of logic and the "positive" facts of sense experience (empiricism), which are determined by good experimental science. In effect, the logical positivists were reducing philosophy to the philosophy of science, helping to raise the political power and epistemologically "privileged" status of natural science knowledge.

The converging forces of modern natural science, behaviorism, and positivism during the 1930s through the 1950s created what, in Altman's (1987) model of historical pendulum swings, was a "centripetal" period of unification, convergence, and stability within the discipline.

Postmodern Psychology: Its "Culture War" with Modern Psychology, and Pragmatic Psychology As an Integrative Alternative

The 1960s saw a "centrifugal," diverging reaction against this stability. Accepted roles, identities, and authority relationships were overturned by forces like the anti-Vietnam War protests, the civil rights movement, the women's movement, the sexual revolution, "hippie" counterculture, and the growth of multiculturalism. At the epistemological level, postmodernism emerged and solidified its strength, beginning in disciplines like literary criticism, architecture, psychoanalysis, and anthropology, and later expanding into most other disciplines in the humanities and social sciences, including psychology (Denzin & Lincoln, 2000).

More specifically, the changes in the 60s were associated with the emergence of an interrelated family of alternative, narrative visions that were inspired by Continental philosophy and which directly attacked modern, positivist-inspired views. These were called by such names as "postmodernism," "social constructionism," "deconstructionism," "critical theory," "cultural criticism," "hermeneutics," "interpretive theory," and "phenomenology." (I will use the term "postmodernism" or "interpretive paradigm" to refer to these visions as a group.) These attacks were complemented by epistemological challenges to logical positivism coming "from within" by such Anglo-American, "post-positivist" philosophical ideas as Karl Popper's "falsifiability," Thomas Kuhn's "scientific paradigms," Willard Quine's "webs of belief," and Ludwig Wittgenstein's "language games" (Fishman, 1999a).

A core idea in postmodernism is "social constructionism," which assumes that reality is, to an important extent, "constructed" by individuals and groups. The postmodern view is that we are always interpreting our experienced reality through some pair of conceptual glasses, glasses based upon such factors as our present personal goals in this particular situation, our past experiences, our values and attitudes, our body of knowledge, the nature of language, and present trends in contemporary culture. It is never possible to

take the glasses off altogether and view the world as it "really is," with pure objectivity. All we can do is change glasses and realize that different pairs provide different pictures and perspectives of the world. Which glasses we "should" use in an individual situation depends not only upon which pair purports to correspond best to the "real" external world, but also upon a variety of other criteria, such as practical usefulness, which are an ongoing subject of discussion and dialogue.

Postmodernism thus contains a variety of epistemological themes, emphasizing that knowledge is not a single, integrated, foundational system, but rather is partial and limited by one's perspective. Also, neo-Marxist critical theory stresses that all knowledge-generation is driven by economic, political, and cultural forces, either pitting those in authority against the disadvantaged and disenfranchised, or empowering the latter in their striving towards social dignity, equity, and justice. In addition, the "ontological hermeneutics" of Heidegger and Gadamer views the process of understanding and interpretation as not merely tools of the humanities, but as constituting the very essence of human existence itself.

Lastly is the theme of a renewed postmodern interest in pragmatism, sometimes referred to as "neopragmatism." Accepting the view that much of our experienced reality is socially constructed in cultural and historical context, neopragmatism focuses on the contextual goals and purposes that specific human groups do in fact have, and it evaluates the "truth" of a body of knowledge in terms of its capacity to help achieve those goals and purposes. In Polkinghorne's words:

> Neopragmatism . . . [does not] accept that a postmodern discipline has to be solipsistic and relativistic. Human beings do make choices, complete projects and accomplish purposes in the world. Their everyday choices of which actions to pursue in order to bring about a desired result are most often informed by previous experiences rather than theoretical predictions. . . Neopragmatism allows for scientific effort, although the purpose of science is revised. Instead of being a search for underlying laws and truths of the universe, science serves to collect, organize, and distribute the practices that have produced their intended results (Polkinghorne, 1992, 151-152).

Within these themes, a variety of types of postmodernism can be differentiated in terms of which of the themes they emphasize. For example, "skeptical" postmodernism emphasizes the limitations of knowledge; "critical" postmodernism emphasizes critical theory; and "affirmative," "neopragmatic"-- or what I am simply calling "pragmatic" -- postmodernism highlights neopragmatism (Fishman, 1999a).

Within psychology, it is mainly the skeptical and critical visions of postmodernism that have gained prominence. These visions are in many dramatic ways an explicit rebellion against the hegemony of modernist psychology. The dialectical debate between traditional psychology and these versions of postmodernism -- psychology's version of the "culture wars" -- has been polarizing the field. For example, critical postmoderns are viewed by traditional psychologists as anti-scientific in their ideological politicalization of

all psychological issues; while traditional psychologists are viewed by critical postmoderns as strongly and naively aligned with perpetuating the political status quo of contemporary, oppressive, corporate capitalism, e.g., by emphasizing individual rather than systemic theories of human action (Prilleltensky, 1994).

Also, traditionalists are angered by skeptical postmoderns. Emphasizing the limitations of knowledge, skeptical postmoderns put their energies into the provocative deconstruction of accepted realities, ideas and institutions, e.g., Gergen's (1991) undermining attack on traditional psychology's concepts of the self. Although, this can have a salutary effect upon unfreezing entrenched and problematic belief systems, traditionalists argue that ultimately skeptical postmodernism is empty because it does not propose more useful belief systems. In Brewster Smith's words, "the version of postmodernism that Gergen advocates represents an increasingly fashionable style of metatheory that reflects contemporary threats to selfhood but paralyzes endeavors to cope with them" (Smith, 1994, p. 405).

Debates like these among advocates of natural science, skeptical postmodernism, and critical postmodernism in psychology over the past 40 years have reached a point of diminishing returns. The skeptics have made their point that there are fundamental limitations on the knowledge generated by traditional psychology, and the critical postmoderns have sensitized us to the political and economic agendas running throughout psychological research projects. Yet the traditionalists have held their ground, still politically and economically dominating the field of organized psychology. Even though some believe that the practical value of all these years of traditional psychology has been disappointing, almost all would agree that the traditionalists have staked out psychometrically sophisticated and inventive methodologies that set high standards for rigorous, critical, and ingenious thinking about the complexities of measuring psychological phenomena. In addition, traditionalists have developed a rich supply of psychological theories and ideas that explore a variety of the vast array of possible perspectives that can be taken upon human behavior and action.

The *pragmatic paradigm* in psychology seeks to transcend psychology's dialectical culture wars by developing an integrative alternative. This approach combines the epistemological insights and value-awareness of skeptical, critical, and ontological postmodernism -- here referred to in group as the *interpretive paradigm* -- with the methodological and conceptual achievements of the *traditional paradigm*. Thus natural science methods and concepts are employed, not only for the traditional goal of discovering general laws of human nature, but also for the practical goal of achieving the democratically derived objectives of particular, historically and culturally situated social groups.

Pragmatism's Rationale for the Case Study Method

Philosophical pragmatism is founded upon a social constructionist theory of knowledge. The world that exists independently of our minds is viewed as an unlimited complex of change and novelty, order and disorder. As reviewed above, to understand and cope with this world, we take on different conceptual perspectives, as we might put on different pairs of glasses, with each providing us a different perspective on the world. The pragmatic "truth" of a particular perspective does not lie only in its correspondence to "objective reality." Rather, the pragmatic truth of a particular perspective also importantly lies in the usefulness of the perspective in helping us to cope and solve particular problems and achieve particular goals in today's world.

Because there are few empirically falsifiable high-level principles that transcend specific situational contexts, to understand and cope with a particular psychosocial problem, it is necessary to assess needs and develop solution-oriented interventions within the context of the particular problem. This means that theory and research should deal with problems as they holistically present themselves in actual situations, and that programmatic interventions administered to single clients (be they individuals, groups, organizations, or communities) should be studied, documented and assessed as whole units for a proper understanding and evaluation of these programs. Thus the pragmatic paradigm argues that actual cases -- in all their multisystemic complexity and contextual embeddedness – should be one of the crucial units of study in applied and professional psychology (Fishman, 1999a).

The impact of a traditional, theory-driven model as opposed to a pragmatic, case-driven approach on psychological practice is concretely captured by Donald Peterson's (1991) two models of professional activity: linear, theory-driven, "applied science" versus cyclical, pragmatist, "disciplined inquiry," respectively. As seen in Figure 1, in the applied science model, basic research begins by discovering the underlying laws of human nature, which leads to applied research, which in turn generates technologies (such as "manualized" cognitive-behavior therapy for panic attacks, or whole language techniques for teaching reading), which are then applied by professional practitioners working directly with clients.

As seen in Figure 2, the disciplined inquiry model starts with the client and the client's problems and goals for change (component A in the figure). The first step is assessment (D), orchestrated by a "guiding conception" (B) of the process under study, which includes the practitioner's assumptions about theory, epistemology, intervention program goals, and ethics; and the examiner's knowledge of relevant empirical research and remembered examples of similar cases (C). The assessment is then employed by the practitioner to create a specific formulation of the client's situation (E), frequently involving a reframing of the issues the client initially presented. This formulation implies some sort of action (F), either an intervention or a decision of benefit to the client, and then

the effectiveness of the action is evaluated (G). If the client and practitioner agree that the changes they have accomplished or the decisions they have reached suffice for the client, or that further efforts are not promising, the project is completed and a concluding evaluation can be conducted (L). However, if either client or practitioner consider the outcomes insufficient and both consider that additional efforts promise improvement, further cycles of reformulation, action, and evaluation may continue until an acceptable outcome reached (H-K).

Although Figures 1 and 2 represent contrasting approaches to applied research, as pointed out by one of the reviewers of this article, there are important interrelationships between these two figures. For example, in therapy efficacy and effectiveness research, some empirically supported treatments (ESTs) are being evaluated in community settings, creating feedback loops from the "Client" box to the "Applied Research" and "Technology" boxes. As another illustration, the whole of Figure 1 can be viewed as fitting into the "C. Experience. Research" box of Figure 2. In the spirit of integration, it is important to develop further the nature and potential value of these interrelationships.

In sum, following the work of the philosopher-psychologist Stephen Toulmin (1990), we can see that pragmatism focuses on case studies which address particular practical problems in local and time-specific contexts rather than on the abstract, universal, quantitative knowledge of timeless principles and laws.

Ontology: The "Realist Vs. Constructionist" Continuum

Barbara Held has helpfully shown how the postmodern idea that reality is "socially constructed" can be contrasted with a "realist" view that reality can be directly sensed and apprehended as an entity independent of human mediation, i.e., the view that "nothing – no theory, for instance -- necessarily intervenes between the knower and the known, or between the knower and the (mind-independent) object of the knower's inquiry" (1995, p. 4).

In fact, there are a variety of epistemological positions that form a "realist vs. constructionist" continuum. At the realist pole is the position of "naïve realism," the belief that the knower can "attain all aspects of an independent reality" as a "passive spectator" (Held, 1995, p. 5, 165). At the other, constructionist pole is the skeptical postmodern view that "the knower cannot, under any circumstances, attain knowledge of a reality that is independent of the knower; rather, knowers make, invent, create, . . . or narrate, in language, their own subjective realities, or, in the usual terminology, antirealities or nonrealities" (Held, 1995, p. 7).

Held advocates a "non-naïve," "moderate" realist position that falls in the middle of the continuum. In this view, although knowers may, in some instances, be able to directly attain all aspects of an independent reality, in other instances, they may

only be able to approximate the real nature of some independent reality that is not directly observable. They may do so by means of theories, hypotheses, explanations . . . that may in the end turn out to be inadequate to the reality under investigation – that is, they may turn out to be incorrect (p. 5).

The pragmatic psychology view can also be characterized as a "moderate" constructionist position that also falls in the middle of the realist vs. constructionist continuum. The moderate constructionist posits that while it is not possible to apprehend transhistorical and cross-cultural – that is, history-and-culture-free -- foundational realities, there are "facts," "theories," and "values" that transcend any individual's idiosyncratic perspective because they have developed functional authority within society based upon their historical and conceptual capacity to be persuasive to the society's members. Examples in the United States, which reflect those adopted in many countries through the world, are the procedures and standards used to democratically elect government officials, to settle civil and criminal disputes in our court system, to conduct academic scholarship in our universities, to carry out investigative journalism, and to describe "objectively" social behavior in quantitative surveys like the U.S. Census, using the statistical methods derived from natural science (Whitman, 1998). (For more on moderate constructionism, and its basis in "pragmatic relativism," see Fishman, 1999a, p. 119-120, 130-132).

Moderate constructionism is consistent with pragmatism's de-emphasis upon ontological issues of what is real and its alternative focus on morality and the striving towards human betterment and democratic decision-making processes. Another way of saying this is that pragmatism is in essence agnostic on the issue of the knowability of external reality, and it is most concerned about contextually based, functional realities – what will help this particular individual, group, organization, community, or country achieve its democratically derived goals and in the process enhance solidarity and open, constructive dialogue.

Held points out that the radical constructionism of skeptical postmodernists leads them to the view that theoretical systems are such that we "invent and reinvent them in each and every act of knowing" (1995, p. 193), thus denying the possibility of systematic, trans-individual knowledge. In contrast, both Held and I are arguing for the pursuit in applied psychology of knowledge that is generalizable across persons and situations. While Held follows a more traditional, deductive approach in this pursuit, I am advocating a more descriptive and inductive approach, starting with the systematic description of many individual cases, and then inductively deriving generalizations as they emerge from cross-case analysis.

One example of proceeding from the detailed, systematic observation and description of the behavior of single organisms to the inductive development of pragmatic generalizations is the work of B.F. Skinner. From this perspective, Skinner was less interested in discovering general causal laws per se for explaining current behavior patterns than he was in finding functional relationships that make a pragmatic difference in changing those behaviors. In other words, prediction and control are valued over

"understanding." For example, a reinforcement is defined by its capacity to *change* the behavioral frequency of an organism in response to a stimulus. On the other hand, Skinner's work, while taking the individual organism as the unit of analysis, was primarily focused on non-human organisms, and thus his work does not connect with the primary foci of pragmatic psychology: the systematic, qualitative and quantitative study of (a) human cases generally; (b) human service program clients, specifically; and (c) the human service programs that serve those clients.

METHOD

From Single Case to Database: More Cases
Lead to More Capacity to Inductively Generalize

The pragmatic approach to knowledge generation in psychology does not stop with the production of a single, systematic case study. The real payoff comes when cases are assembled and organized into large, accessible databases. In most types of human service situations -- say conducting psychotherapy with a 40-year-old, female panic disorder client who is also experiencing severe marital problems, or teaching third grade in a blue collar, "white ethnic," suburban school district -- any single successful case is limited in the number of case situations in the future to which it will particularly apply. This is because large contextual differences can occur between a target case and any other case that is randomly drawn out of a heterogeneous case pool. However, as cases in the database grow, they begin to sample a wide variety of contextually different situations. As the number of cases in the database rise, then, the probability increases that there are specific cases in the database that are particularly relevant to an ongoing target case. One of the challenges in designing a case study database is therefore to provide methods to "match" a new, ongoing target case with directly relevant and helpful completed cases in the database.

The need for a large number of cases in a useful pragmatic database can be contrasted with the logic of the traditional group study. By experimentally or statistically "controlling" for the impact of contextual factors, a single group study can test a general theory -- say of mechanisms in phobia or of learning processes in third graders. Results from this one study then have the *logical potential of deductively generalizing* to the treatment of all phobics or the teaching of all third graders -- or at least to the population from which the study sample was representatively drawn. In contrast, a collection of pragmatic case studies have the *empirical potential of inductively generalizing* to the treatment of certain kinds of phobics or the teaching of certain kinds of third graders. The extent of the generalization to a new situation depends on how much the context and focus of the collection of completed cases do in fact correspond with the context and focus of a new, ongoing case.

Thus past cases provide guidance for understanding and action in present cases because of those features of past cases that are similar to features of the present cases. In short, we "learn from experience." This principle is the basis of a branch of computerized,

artificial-intelligence systems called "case-based reasoning" (Gentner & Holyoak, 1997; Kolodner, 1997; Watson, 1994). Developed in the early 1980s, CBR is a methodology that solves new problems by adapting previously successful solutions to similar problems.

> An example would be driving to work. When you get in the car in the morning usually you don't explicitly plan your route, you take the route you usually take. If you meet a traffic jam, you may remember how you avoided a similar jam in the past. If you take an alternate route to avoid a jam and it's a success, you will remember it and perhaps use it again in similar circumstances in the future. (Watson, 1994, p. 2)

Of course at certain points in your progress you might well use a conceptual guide – a map. However, you will also expand on the meaning of the map by adding your own experienced and remembered, context-specific landmarks, traffic patterns, shortcuts, local radio traffic reports, and so forth.

The Role of Values in Defining Problems and Goals in Applied Psychology Projects

How are problems and goals to be selected, defined, articulated, and addressed in any particular applied psychology project? Pragmatism takes the position that clients' human problems and goals are not "given" by the natural world. Instead, these problems and goals represent the purposes, intentions, desires, interests, and values of individuals and groups, who, Pitkin and Shumer (1982) remind us, will almost always manifest differences and conflicts. In many societies, both present and past, these conflicts have been dealt with in dictatorial and militaristic ways. However, in most industrialized Western countries and a substantial number of others, there is a political and moral consensus that these problems and goals should be articulated and chosen through dialogue and democratically negotiated agreement among the local individuals, groups, and communities (a) who are directly involved in the problems, that is, human service "clients", and (b) those who are have an important, indirect involvement in the clients' problems and their consequences -- that is, human service "stakeholders," such as the family members of a client, the client's employer, the client's therapist, and the therapist's employer.

The pragmatic approach to values can be illustrated for the DSM-IV categories (American Psychiatric Association, 1994) of mental disorder. These categories are seen as heuristic shorthand labels for specific behavior patterns that have been evaluated by society as important to identify and change. This is not to say that pragmatists downplay the importance of working towards the improvement of mental health or the treatment of individuals with behavior patterns meriting DSM-IV diagnoses. Rather, pragmatists make a clear separation between (a) the *values* involved in defining disorder and the related goals of mental health, and (b) the *science* of methods and procedures for reducing defined disorders and achieving defined mental health goals.

An example of an approach that combines scientific and valuative elements in defining mental disorder – a model consistent with pragmatism because of its acknowledgement of the crucial role values play -- is Wakefield's (1992):

> I argue that disorder lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person's internal mechanisms to perform their functions as designed by nature [as described, for example, by evolutionary psychology] impinges harmfully on the person's well-being as defined by social values and meanings. The order that is disturbed when one has a disorder is thus simultaneously biological and social; neither alone is sufficient to justify the label *disorder*. (p. 373)

In embracing this definition, the pragmatist would view evolutionary theory in terms of its usefulness in accomplishing predefined goals, that is, in terms of whether it is useful in the "guiding conception" (see Figure 2) for conceptualizing and formulating an action plan for individual clients who have been judged to have mental disorder.

Because pragmatism does not assume objectively given goals in human projects, pragmatists have a particular concern with morality and the striving towards humanistic goals. Pragmatic philosophers like John Dewey (Westbrook, 1991), Cornel West (1989), and Richard Bernstein (1983) have been articulate advocates for participatory democracy, including (a) the building of communities with shared understandings and experiences, shared social practices, and an emotional sense of affinity and cooperation, and (b) the institutionalizing of means for continuing, open, and genuine dialogue.

Nuts and Bolts: Procedures for Conducting the Pragmatic Case Study

When most psychologists hear the term "case study," they think of a journalistic, illustrative vignette. To create a case study in the best psychological tradition, it must be systematic and rigorous, with procedures in place for ensuring the high quality of the knowledge yielded. For psychology can be defined as distinctive from other approaches to human behavior not so much by what it knows than by *how* it knows -- that is, by its concern with questions of method and epistemology. In this light, how are we to develop a rigorous case study methodology that logically flows from the epistemological foundations of pragmatic psychology?

One place to look is the increasing interest in establishing guidelines for methodological rigor in qualitative and case-based research generally (e.g., Edwards, 1998; Miles & Huberman, 1984; Patton, 2002; Ryan & Russell, 2000). For example, Elliott, Fischer, and Rennie (1999) recently reported the following guidelines that emerged from a consensus-seeking process among psychotherapy researchers: "owning one's perspective," including the specification of the author's theoretical orientation, personal anticipations, values, and so forth and the role these play in the research design and conceptual analysis; "situating the sample," by describing relevant contextual data about the subjects involved; "providing reliability checks," by the use of multiple qualitative analysts and/or

an additional analytic "auditor"; and "grounding in examples." Concerning this last guideline, the authors point out parallels to the quantitative tradition: "*Grounding in examples* is analogous to reporting significance tests and effect sizes in quantitative research, in the sense that both research practices are used rhetorically to support conclusions about the phenomena being studied" (p. 224).

In my previous work (Fishman, 1999a; Fishman, 2000a; Fishman & Miller, 2001), I discuss and propose a variety of techniques and strategies for creating an initial set of guidelines for defining rigor in pragmatic case studies, drawing from both the qualitative research literature and the fields of traditional psychometrics and program evaluation. These guidelines are laid out in terms of the typical organization and content of a report of a traditional group research study: introduction, method, results, and discussion. For comparison, parallel items are included for the traditional group study and the ethnographic, hermeneutic, interpretively focused case study. This comparison illustrates that the pragmatic paradigm is integrative, drawing methodological concepts and procedures from each of these other two paradigms. While space does not allow a full description of the guidelines, Table 1 presents a partial summary of the traditional and pragmatic paradigms. (Table 1 and the description below is taken from Fishman, 2000a. For an elaboration of details in pragmatic and narrative case studies of therapy, see Fishman & Miller, 2001. For a comparative elaboration of methods in traditional, pragmatic, and hermeneutic case studies across all types of applied psychology problems, see Fishman, 1999a.)

The categories of activities presented in Table 1 and Figure 2 follow the same sequence. The *Introduction* section of a pragmatic case study article (see Table 1) describes the *client* (see Figure 2) and the client's presenting problems, together with three perspectives that the practitioner (or practitioner team) brings to the case: the practitioner's *guiding conception* (the theoretical and philosophical approach he or she typically brings to this type of case), the practitioner's previous professional *experience* with this type of case, and previous published *research* that bears on the case.

The Method section focuses on the practitioner's individualized *assessment* of the client and the client's situation, yielding a *formulation* of what is happening in this particular case. The formulation is then translated into a plan for program intervention services.

The Results section describes the results of the formulation – that is, the actual intervention services that are administered, the *actions* of the practitioner. The effects of the action are next assessed by a *monitoring evaluation*, the results of which comprise *feedback loops* to stimulate possible recycling through earlier phases of the case. When the case is completed, the final results are contained in a *concluding evaluation*.

Finally, the Discussion section presents an overall analysis of and reflections upon the study.

Selecting from the items listed in Table 1, below are some highlights of what might be expected in a systematic, pragmatic case study of a therapy case. In orienting to Table 1 and the discussion below, it is important to note that the differentiation into "traditional" and "pragmatic" categories represents "pure" types, and that many applied researchers are in fact identified with "mixed" versions incorporating elements from each of these.

Introduction Section

The typical traditional research article begins by setting forth a particular, theoretically oriented position, e.g., the advantages of a particular type of therapy treatment for a certain category of patients. In contrast, the pragmatic case study begins with a particular problem as presented by a specific patient. Theory enters into the pragmatic study in terms of (a) the guiding conception and case formulation that act as a pragmatic road map for designing a particular intervention program; and (b) a conceptual analysis of the functional links among the various components of the study, A-L (see Figure 2). Importantly, the initial guiding conception and formulation are responsive to data that emerge over the course of the case (see the feedback loops in Figure 2), and thus they can change over the course of the treatment. From the pragmatist's point of view, the multitude of theories that traditional psychology has created over the past 100 years or so can most usefully be conceptualized as a very valuable sampling of the vast array of possible perspectives that can be taken upon human behavior and action.

Method Section

Case Setting. The traditional study focuses on theory-relevant variables and procedures for reducing the effect of context upon these variables. The pragmatic study combines the focus and structure of the traditional model with an emphasis upon rich and detailed, narrative "thick" description (Geertz, 1973). Specifically, the setting of a pragmatic case is first described in terms of the broad, multidimensional nature of the context (historical, psychological, social, organizational, etc.) in which the therapy is being applied. For example, R. Peterson, D. Peterson, Abrams, & Stricker (1997) describe the therapy case of Marie, "a 48-year-old divorced woman of French Canadian ethnicity experiencing depression and anxiety across many areas of her life." Besides these facts about her, they argue that to effectively understand Marie and her situation, it is necessary to explore such dimensions of the case as: the semi-rural community in New Hampshire where Marie lives, her father's diabetes, the economic prospects for the small store that she manages, the role of alcoholism in her family of origin, the role of the Catholic church in her community and her relationship to it, her adolescent son's depression, and her lack of understanding as to what psychotherapy is all about. (Below in the section on "Reinventing the Wheel," I discuss how a "bootstraps" effort is required to evolve an increasing consensus on the types of "standard" clinical contextual factors that are considered by the field to be systematically important. For present illustrations of this process, see Beutler, 2000; Kanfer & Schefft, 1988; and Prochaska & DiClemente, 1983.)

Case Boundaries. Unlike the group study, one of the distinctive characteristics of the case study is that "the boundaries between phenomenon and context are not clearly evident" (Yin, 1989, p. 23). This "boundary problem" means that the limits of any case study are somewhat arbitrary. For example, a therapist might see a client periodically over many years. Should the "case" be limited to a particular episode in the total time span or to the total number of contacts?

Pragmatic case researchers address the boundary problem by specifying in detail the boundaries of their cases and why they were chosen. Relevant criteria in this choice include such characteristics as feasibility and what seems to be a "natural unit" in the case situation (such as a single episode of therapy). The delineation of the case chosen must be justified in terms of its potential for practical application, since the ultimate rationale for devoting resources to the pragmatic study is its potential for yielding information aiding human service programs dedicated to practical problem-solving.

To aid in clarifying the issue of boundaries in case studies, pragmatic case researchers can utilize Yin's (1989) typology of study designs, derived from a grid formed by two dimensions. One dimension distinguishes "single-case" designs from "multiple case" designs. A single case design looks at one unit, while a multiple case design looks at two or more of the same types of units -- e.g., two or more case studies of therapy with individuals with panic disorder. This allows the opportunity for comparison of different cases studied in the same context.

The other dimension distinguishes "holistic" (single unit of analysis) from "embedded" two or more units of analysis) designs. A holistic study only examines a case as a whole. In contrast, an embedded design study systematically examines three aspects of a case: subunits of the case, the case as a whole, and how the subunits relate to each other and to the larger case. For example, in studying a therapy case, one can either evaluate the course of therapy as a whole entity only or study both the whole case and individual sessions as separate subunits within themselves and in terms of how they relate to the total case. As another illustration, the analysis of a family therapy case can be viewed holistically, or separate analyses can be conducted to examine the impact of the therapy on individual family members and how the individual impacts relate to each other.

Construct Validity. The validity of a measure is the extent to which it assesses what it is intended to measure. In doing this, traditionalists typically strive to demonstrate that the intercorrelations among the operationalized, quantitative measures in their studies form a pattern that is theoretically consistent with the psychological construct that purportedly underlies them all.

Pragmatists are less interested in validating theoretical constructs per se. Rather, they are particularly interested in developing valid performance indicators of stakeholder constructs of program process and program outcomes. This involves demonstrating the

conceptual links between process or outcome constructs, on the one hand, and measures that purport to be reasonable, logically coherent, and socio-politically fair performance indicators of them, on the other (Rossi & Freeman, 1999). Because typically no single operationalized indicator can fully and directly measure either a theoretical construct or a program process or outcome, both the traditional and pragmatic paradigms use the technique of "triangulation," that is, the use of multiple and converging operational measures to add more validity to the assessment of a construct than is possible with any single construct.

Validity Within a Study. In a group study, the interest is in "internal-causality validity," or what traditionalists simply call "internal validity" to differentiate it from "external validity" (Cook & Campbell, 1979). The goal of internal-causality validity is in establishing genuine, theory-based causal relationships to explain the behavior of the subjects within the study.

In a pragmatist study, while theories of causality per se are not a primary concern, there is a special interest in accomplishing two goals that are logically parallel to internal-causality validity. The first, "internal-functionality validity," involves the establishment of pragmatically useful, functional relationships between program intervention variables and client outcome variables. (See the discussion of B.F. Skinner's work above.) Single-subject research designs are one way of establishing such validity. Another method involves the use of Kazdin's (1981) guidelines for drawing valid inferences from case studies. He demonstrates that the logical relationship between an intervention program and such an outcome is strengthened by the presence of each of the following factors: "objective" (intersubjectively reliable) data for assessing targeted behaviors and experiences; measurement of these targets at multiple points in time over the course of therapy and follow-up; a presenting problem that has been stable in the past; the presence of immediate and marked effects with the initiation of the therapy; and the finding of similar patterns of results across a number of cases.

The second goal, "internal-connectedness validity," involves the presentation of convincing logic and reasonableness concerning the relations among the various components of a case study (see Figure 2). Useful for this purpose are analytic techniques like "grounded theory" (Glaser & Strauss, 1967; Mahrer, 1988; Patton, 2002) and methods drawn from qualitative research, such as the employment of "prolonged engagement, persistent observation, and triangulation" (Lincoln & Guba, 1985).

Applicability to Other Sites. This criterion deals with the capacity to generalize from the results of a particular study to other, similar situations. The traditionalist calls this capacity "external validity" (Cook & Campbell, 1979). Ideally, the traditionalist achieves external validity by randomly sampling from a given population, so that the results of studying a sample can be directly generalized to the population. In this process, the traditionalist shows that the sample studied is not distinctive in terms of such

characteristics as the particular collection of subjects studied, the particular context in which they are studied, and unique historical factors (Guba & Lincoln, 1989; Yin, 1989).

In contrast, the pragmatist model doesn't try as thoroughly to alter or manage contexts, because pragmatism holds that contexts are distinctive and intrinsically important in many ways. In line with this view, pragmatism approaches generalizability by an empirical process. The major technique for doing this is to provide a thick description of the subjects, setting, and context of the study. Then the reader can conceptually decide to what extent the case as described can be generalized to other case situations.

Reproducibility of the Research Process. Traditionalists typically assume a world in which psychological and social transactions are caused by underlying, stable, and quantitatively expressible traits and processes, and thus assume that the measurement of "real" traits and processes should be characterized by stability and repeatability.

Where possible and useful, pragmatists employ traditional criteria of reliability when using standardized, quantitative measures. For example, to the extent that the Beck Depression Inventory, or "BDI" (Beck, 1967), has the potential to reliably sample depressive attitudes, feelings, and behaviors – i.e., to the extent that the kinds of reliability figures called for in the traditional model are attained -- and to the extent that the BDI scores are useful beyond themselves (e.g. by correlating with expert clinician judgements of depression), then the reliability of the BDI is pragmatically important to establish and maintain. On the other hand, pragmatists also accept an alternative view that sometimes it is more useful to assume that entities being studied are changeable as they intertwine and interact with their environment. Instabilities then become not "error variance," but an important phenomenon to study. Under these circumstances, pragmatists employ the interpretivist researcher's criterion of "dependability." This involves the capacity to document dependably these changes and shifts in such a way that they can be reconstructed by a research auditor who can "explore the process, judge the decisions that were made, and understand what salient factors in the context led the evaluator to the decisions and interpretations made" (Guba & Lincoln, 1989, p. 242).

Results Section

The Results section of a research study flows directly from the goals of the Introduction and Methods sections. In a traditional study, the Results section focuses on presenting statistical analyses of the quantitative data collected in order to see if these results are consistent or inconsistent with the theory-testing hypotheses of the study.

In a pragmatic study, the setting of the research is a particular human service program designed to address the problems of a specific client, within the context of (a) the goals of various stakeholders associated with the problem, and (b) a particular guiding conception of how the program works to achieve positive outcomes. Therefore, the Results

section focuses on the degree to which the program is successful in meeting its goals, and how the program works vis à vis its degree of success.

More specifically, the Results section in a pragmatic study summarizes the program's outcome and whether its guiding conception made the program more or less successful, including such analytic techniques as grounded theory (Patton, 2002) and Kazdin's (1981) guidelines for drawing valid inferences from case studies, described above. A number of important concepts in the process of evaluating a program's outcome are reviewed below.

Performance Indicators. Performance indicators are quantitative measures that are designed to provide a shorthand, efficient picture of how a system is functioning, such as the dashboard indicators in a car. While not providing a full view of what is happening, dashboard indicators do provide the driver important, practical feedback vis a vis the car's status (e.g., a door is open), behavior (speed), and dysfunction (abnormally high engine temperature). In an intervention program, there are two types of indicators: those that indicate how the *process* of intervention is proceeding, for example, the client's attendance rate and the practitioner's degree of adherence to the intervention plan; and those that indicate the *outcome* of the therapy, such as quantitative scales indicating the degree to which initial problems are reduced and individualized goals are attained. Traditional applied psychologists have developed numerous standardized quantitative measures of intervention process and outcome, and sophisticated psychometric models for evaluating their adequacy as measures. In the words of one of the reviewers of this article, these standardized measures provide a "common language" for helping to compare different pragmatic case studies.

Pattern Matching. In developing performance criteria for a program, there is frequently a need for a multidimensional approach, integrating across a variety of different outcome indicators. Campbell (1975) and Yin (1989) present a relevant approach called "pattern matching," in which several pieces of qualitatively different information that are measured in a case are compared to a predicted pattern. While Campbell and Yin employ pattern matching within the traditional paradigm to compare an observed pattern of results to a theoretically predicted pattern, it is possible to reframe this notion in a pragmatic context. Here, the pattern of interest is an arrangement of a program's outcome indicators that reflect a desirable pattern of program achievement, i.e., a pattern based on ideals rather than theory per se.

Goal-Attainment Scaling. Developed by Kiresuk (1973; Kirusek & Lund, 1978; Kiresuk & Sherman, 1968), this is an alternative pattern-matching assessment approach that allows for individual tailoring of goals to the individual client, rather than only applying the same, standardized measures to all who receive services. Goal attainment expectations can be based on the views of practitioners, clients, independent judges, or some combination of the three, as follows. At the beginning of a program intervention, a variety of qualitatively anchored goals are each placed on a numerical scale, from "-2, the

most unfavorable outcome thought likely," to "+2, the best anticipated success." The client's performance vis à vis each of the goal scales is assessed at the end of program intervention. The standardized, quantitative scaling of the goals allows both for the calculation of summary goal attainment scores per client and for comparison of those scores across clients.

Discussion Section

At the end of a research article, the study is reviewed in terms of its original focus. The traditionalist typically discusses the implications of the results for general, nomothetic theory, while the pragmatist discusses potential application to other case situations with similar contexts. In addition, the pragmatist discusses the relevance of the findings for confirming the general utility of the study's original guiding conception and/or for suggesting revisions of the guiding conception to make it more useful.

APPLICATION --
"CASE-ENHANCED" CBT EFFICIACY RESEARCH: LOOKING INTO THE "BLACK BOX" OF THE THERAPY PROCESS

Background

Traditionally, systematic, qualitative case studies have played an integral part in the research traditions of such "process-oriented" therapies as psychodynamic, humanistic, and family systems therapy. On the other hand, throughout its history cognitive behavioral therapy (CBT) has emphasized in its research the "efficacy" model, which involves experimental, quantitative, group studies. This model is considered the "gold standard" for determining "empirically based" or "evidenced-based" treatments" ("ESTs") (Nathan & Gorman, 2002). To demonstrate the generality of the benefits of the pragmatic case study model, it is thus important to show that systematic therapy case studies combining quantitative *and* qualitative data can make an important contribution to CBT-based and efficacy-based knowledge (Fishman, 1999a, 2000b; Edwards, Dattilio, & Bromley, in press). In line with this, the discussion below represents the application of pragmatic case study thinking to enhancing CBT efficacy research.

In efficacy studies, clients are randomly assigned to differing experimental or control treatment packages, each of which is standardized by manualization. If the experimental treatment achieves a statistically superior outcome compared to its parallel control treatment over a number of studies, the experimental treatment is deemed "empirically supported" or "evidence-based" (Task Force on Promotion and Dissemination of Psychological Procedures, 1995; Woody, & Sanderson, 1998). This model exemplifies a variable-oriented approach, assuming that a certain package of variables will generally work the same way across a large number of clients, as opposed to an approach that is case-based, looking within each client situation individually.

There are a variety of limitations to this variable-oriented approach. First, it does not pay full attention to nonspecific factors – e.g., therapist-client "chemistry" -- that cut across different treatment procedures and that have been shown to be powerful. One analysis of therapy research suggests that about 30% of the variation in therapy outcome has been attributed to such "nonspecific factors," while only about 10-15%, to specific procedures (Lambert, 1992). For example, in a meta-analysis of 24 studies, 26% of the difference in the rate of therapeutic success was associated with the quality of the therapeutic alliance (Horvarth & Symonds, 1991). Some examples of these nonspecific factors can be found in a variety of well-known therapy process models, such as:

- Kanfer and Schefft's (1988) "phases of therapeutic change" model, in which a client's responsiveness to particular therapeutic procedures varies in terms of what phase of the therapeutic process the client is in, such as the phase of "creating a therapeutic alliance" versus "developing a commitment for change" versus "negotiating treatment objectives and methods" versus "implementing treatment and maintaining movitation" versus "generalization and the termination of treatment."

- Persons' (1989) "case formulation" model, in which the set of procedures employed in a particular therapy are dependent upon an individualized case formulation of the client's presenting problems and underlying beliefs.

- Beutler's (2000) "prescriptive therapy" model, including (a) contextual variables such as patient distress, resistance, social support, chronicity/complexity, and coping styles; (b) therapist activity and therapeutic alliance; and (c) the match between a particular client and a particular therapy procedure. (See also Norcross, 2002.)

- Prochaska and DiClemente's (1983) client "stages-of-change" model, in which a client's responsiveness to particular therapeutic procedures varies in terms of what state-of-change the client is in: "precontemplation," "contemplation," "preparation," "action," or "maintenance." (See Freeman & Dolan, 2001, for the recent addition of five new stages.)

A second indication of the role of nonspecific factors in therapy outcome research is the substantial collection of outcome differences that have been found among individual therapists using the same treatment packages (Lambert & Okishi, 1997; Luborsky, McLellan, Diguer, Woody, & Seligman, 1997; Orlinsky & Howard, 1986).

A third indication includes findings of no outcome differences in a number of very well designed and high profile EST studies in which highly contrasting treatment procedures were used, such as Project MATCH (Project MATCH Research Group, 1997); the NIMH Treatment of Depression Collaborative Program (Roth & Fonagy, 1996); a study contrasting CBT and interpersonal treatments for bulimia (Agras, Wilson, Fairburn,

Walsh, & Hollon, 1999); and a study contrasting substance abuse counselors who received CBT-training and those who did not (Morgenstern , Morgan, Labouvie, Blanchard, & McDonald, 1999). Consistent with this finding is continuing credible research evidence to support the "Dodo Bird Verdict" of no substantial differences when different active treatments are compared among each other (e.g., Beutler, 2002; Luborsky, Rosenthal, Diguer, Andrusyna, Berman, Levitt, Seligman, & Krause, 2002; Messer, in press; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997). (Note that this research is in contrast to the typical "empirically supported treatment" studies in which active treatments are compared with control conditions.)

Finally, a number of conceptual differences have been raised by the present efficacy model, such as (a) the need to differentiate more clearly between "manual adherence" and "therapist competence" (Christensen & Dobson, 2001); (b) the problem of manual complexity, for as a manual gets longer and more complex to reflect clinical complexities, it moves from being a recipe to a conceptual, strategic, and procedural framework within which the individual therapist functions (Christensen & Dobson, 2001; Addis, Hatgis, Soiysa, Zaslavsky, & Bourne, 1999); and (c) the problem of unstandardized terms, for as "empirically supported" manuals have proliferated – one estimate is over 150 (Beutler, 2002), with each one using different terms, the large areas of underlying similarities among them have been camouflaged (Davison & Hayes, 2000). Addis et al. (1999) have analyzed some of these problems from the individual therapist's perspective by framing them in terms of the therapist being pulled in opposite directions by the dialectical forces of manual prescription versus individual-client-focused flexibility. Addis et al.'s analysis is discussed below in the section on "Integrating Clinical Expertise and Operationalized Manuals."

Research interest in the above considerations is indicated by two recent efforts. These can be viewed as responses to an earlier initiative by APA's Clinical Psychology Division in creating in 1993 a "Task Force on Treatments that Work," in order to identify and document empirically supported treatments (Seligman, 1998; Task Force, 1995). The two new efforts include: a Presidential Initiative of APA's Psychotherapy Division for identifying "Empirically Supported Relationships"; and a "Task Force Defining Principles of Effective Therapeutic Change," including principles that deal with nonspecific, relationship issues, created by APA's Clinical Psychology Division and the North American Society for Psychotherapy Research (Beutler, 2002).

With the above as context, Table 2 (Fishman, 2000c) outlines a simplified, hypothetical situation to illustrate the potential limitations of a variable-oriented approach to understanding therapy efficacy and the advantages of a case-oriented approach. This situation is outlined in the table as a grid. The rows represent four 30-year-old male clients who are each seen in therapy with a male therapist using the same structured cognitive behavior therapy, manualized treatment for the client's presenting anxiety disorder. The columns consist of (a) three contextual therapy variables (degree of informality of the therapist, therapist age, and degree of the client's attraction to structured therapy); (b)

therapy outcome; and (c) a description of the processes leading to the outcome based on the contextual variables. By looking at each hypothetical case as a whole, the three contextual variables are shown to have functional connections to the outcomes based upon the process description in the last column. However, by looking at the variables singly, one finds that none of them is correlated with outcome, with each leading to two positive and two negative outcomes.

For example, Cases A and B both are attracted to more structured therapy, which seems like a good sign for a positive outcome when a structured, CBT manualized treatment package is employed. And this is the outcome for Client A, for his preference for more structured therapy is supported by other aspects of the therapy that he likes: the therapist's older age and experience, and the therapist's informality. However, the story with Client B is very different. Here his attraction to the structure in the therapy is over-ridden by his distaste for the informality of the therapist. Since across the two cases, preference for therapy structure is not associated with a positive outcome, we might conclude that preference for structure is not a functionally relevant variable in therapy outcome. However, having looked within each case, we see that preference for therapy structure is a functionally important – although not necessarily a definitive – variable in mediating positive therapy outcomes.

A more formal way of looking at the logic here is presented in Table 3 (Fishman, 2000c). It shows how each of the three therapist variables can assume at least three different valences. Degree of valence, an additional complexity, is not shown. It is the pattern of these valences in their varying degrees and the interactions among them that can importantly impact on therapy process and outcome. Moreover, in real cases, the situation is much more complex with many more than three process variables. Thus the argument for looking at the interrelationships among the many process variables within a case seems even stronger (see also Fishman & Messer, 2004).

On the other hand, it is important to note that traditional group research designs have an "aptitude-treatment interaction" model for investigating the effect of therapist and patient variables on outcome (e.g., Dance & Neufeld, 1988; Jacobson & Addis, 1993). Generally, the strengths and weaknesses of traditional group research and case studies are complementary. For example, group studies have the power of controlled statistical comparisons, but are limited to dealing with a relatively few variables that have to be contextually simplified by standardized quantification. On the other hand, case studies have the ability to holistically accommodate the complexity and contextuality of the individual case, but are limited in their capacity for standardized, quantitative, controlled comparisons across individuals. Ultimately, the actual degree and particular configurations of interaction among client, treatment, and therapist variables will be an empirical question, dependent both upon patterns that emerge in (a) large numbers of carefully compared case studies, and (b) traditional aptitude-treatment interaction studies.

Case-Based Approaches in CBT's History

Viewing the individual case as the basic unit of research actually resonates with the history of cognitive behavior therapy and its forebear, behavior therapy. The origins of behavior therapy are replete with the importance of case studies. For example, in the 1920s, Watson and Rayner (1920) demonstrated the principle of learned fear by showing how the nine-month-old "Little Albert" became afraid of white rats when their presence was associated with a loud noices, and how this fear generalized to the sight of other animals, such as rabbits and dogs. A few years later, Mary Cover Jones (1924) clinically demonstrated counterconditioning by helping "Peter," who began with a fear of rabbits, to lose this fear through the experience of being fed in the presence of a rabbit. The animal was at first placed a few feet away from Peter, and then gradually moved closer on subsequent occasions.

As described earlier, in the 1930s, a major facet of B.F. Skinner's research was a focus on the "functional analysis" of the individual-organism-in-context as the unit of analysis. In the 1960s, the case study approach to behavior therapy was advocated by Shapiro (1961), a colleague of Eysenck's at the Maudsley Hospital in London. Also at this time, Ullmann and Krasner's (1965) *Case Studies in Behavior Modification* persuasively demonstrated the effectiveness of behavior change processes through particular cases. In the 1970s, Goldfried and Davison's groundbreaking book, *Clinical Behavior Therapy,* connected behavior therapy to the whole clinical psychotherapy tradition. The authors did this by providing detailed case examples throughout, and by presenting the extended case illustration of "Ann," a 35-year old woman with "feelings of depression, severe and seemingly pervasive anxiety, lack of incentive, inability to function independently, and marked feelings of helplessness and inadequacy" (1976, p. 246). In the 1980s, we find this illustrative statement by the editor of the journal, *Behavioral Assessment*:

> [Nomothetic] psychometric criteria . . . are antithetical to behavior theory. . . . Given the assumption that behavior is modifiable, test-retest reliability should not be expected. Given the assumption that behavior is situation-specific, concurrent validity across different assessment situations should not be predicted. Given the assumption that behavior frequently varies across response systems, concurrent validity across different assessment methods should be not expected. . . . For each client, an assessment process must be delineated that takes into account his or her unique problematic situations and response systems. (Nelson, 1983, pp. 199, 201)

More recently, while the CBT movement has been promoting the group-based efficacy research model, the historically important emphasis on individualized case formulation has not been lost (e.g., Fishman, 1988; Hayes, Strosahl, & Wilson, 1999; Kanfer & Scheff , 1988; Kehrer & Linehan, 1997; Lazarus, 1985, 1997; Nezu & Nezu, 1995; Persons, 1989). Additional case-oriented trends within CBT include: the development of naturalistically based "effectiveness" research as a complement to the more controlled "efficiacy" model (Seligman, 1995); continued development of the Skinnerian, case-based tradition by creating a "functional contextualism" paradigm

(Hayes, Strosahl, & Wilson, 1999); and promotion of the distinctive roles that case studies play in cognitive behavior therapy research (Davison & Lazarus, 1994). In addition, the mainstream CBT journal, *Cognitive and Behavioral Practice,* has at times featured a "Cognitive Behavioral Case Conference," in which a particular case situation is summarized and then a variety of authors present alternative case formulations.

Proposal

Following from these empirical findings and arguments, I have proposed a "case-enhanced" model for CBT efficacy research (Davison & Hayes, 2000; Freeman & Nezu, 1999; Fishman, 1999b, 2000a, 2000b). This new model is designed to improve the standard efficacy design by complementing its present variable-oriented approach with a case-based model. This involves looking into the "black boxes" of the individual therapies that comprise the groups compared in these studies. Specifically, I have proposed adding to the design of standard efficacy research the inclusion of systematic case studies of clients selected for theoretical or practical purposes. The basic data for each case study would consist of videotapes of all contacts within the case. Since all the cases in an efficacy study are typically videotaped, then cases could be chosen after the study is over based upon the scores of the cases on the quantitative measures in the research. The criteria for choosing the cases could be based either on "random probability" sampling or "purposive" sampling. The advantages and disadvantages of each are discussed and summarized in detail in Patton (2002).

For the case studies to have scientific value, they must be conducted according to the highest quality standards of qualitative and quantitative research, as outlined in the discussion in the Method section above. These standards would be enforced by rigorous peer review. Those cases that were accepted would be published in an accumulating electronic database.

Note that the focus of the discussion below is on enhancing CBT efficacy studies through the use of pragmatic case studies. However, many of the arguments apply more broadly to therapy research designs that study groups, including both efficacy and effectiveness research models.

Examples

Some CBT therapy researchers have worried that the introduction of qualitative research methods to CBT efficacy therapy research will result in interminable, open-ended analyses of the rich narrative material generated by therapy transcripts and tapes (Davison & Hayes, 2000). It is true that if the approach taken is open-ended, without a specific theoretical framework, this can happen; for therapy narrative is open to as many interpretations as there are interpretative frameworks. However, CBT efficacy research does not take place with an open-ended approach. Each CBT therapy model is expected to have a clear, defined, and elaborated theory concerning the nature of a client's presenting

problems and mechanisms of change – in the vocabulary of disciplined inquiry, this is a developed "guiding conception" of the change process (see Figure 2, component B).

What would each case look like? In many ways, like the types of detailed cases occasionally published by cognitive behavior therapists, and sometimes written up for limited audiences for research, clinical, or didactic purposes. For example, a number of the cases in Barlow's (1993) *Clinical Handbook of Psychological Disorders* are excellent examples. Each case is associated with: (a) a description of the setting in which the treatment is carried out (cf. the "client" component in Figure 2); (b) a review of current knowledge and the models or theories that guide the cognitive-behavioral technology associated with the treatment (cf. the "guiding conception" component in Figure 2); (c) a discussion of clinical predictors of success or failure wherever data exist (cf. the "research" component in Figure 2); (d) a discussion about the social context of treatment and the implications of therapist and client variables for treatment (cf., respectively, the "assessment" and "guiding conception" components in Figure 2); (e) a description of detailed, step-by-step protocols for assessment and treatment (cf. the "assessment," "formulation," "action," and "monitoring evaluation" components in Figure 2); and (f) case excerpts or a full case study illustrating how elements a-e come together in the particular case (cf. Figure 2 as a whole).

A particularly good example from the Barlow book is the case of Cindy, a 26-year-old white woman with PTSD as a result of a rape that had occurred 10 years earlier (Calhoun & Resick, 1993). In my book (Fishman, 1999a, pp. 237-244) I have organized, summarized, and explained the case of Cindy in terms of the components in Figure 2, to show how such a case study can fit very nicely into the pragmatic case study model.

Another, above-mentioned source – this time for partial CBT case studies – is the "Cognitive-Behavior Therapy Case Conference" section of the journal, *Cognitive and Behavioral Practice,* which was initiated in the second issue of 1998. Each case conference begins with the presentation by a well-known therapist of a particular case in terms of the client's background, presenting problems, and initial assessment information, along with a brief description of the beginning sessions. Then a variety of expert clinician authors discuss case conceptualization and associated assessment and treatment strategies. Finally, the initial author comments on similarities and differences among the experts' recommendations and summarizes what actually transpired in the remainder of the therapy. An excellent example of such a "case conference" is that of Mary, a 44-year-old African American woman with major depression accompanied by anger attacks. The case is presented by Haaga (1999), with commentaries by four different CBT experts.
A third example of a source that includes peer-reviewed examples of CBT case studies is the recently created journal, *Clinical Case Studies (*Hersen, 2002). Finally, *Pragmatic Case Studies in Psychotherap*y offers an ideal setting in which to greatly expand examples of CBT case studies.

Research Analyses

As the database of such systematic case studies conducted within CBT efficacy research designs accumulates, it will permit a variety of cross-case and within-case analyses, looking at many different factors affecting therapy, similar to the goal of Beutler's (2002) "Task Force on Defining the Principles of Effective Therapeutic Change." Specifically, these analyses could examine how change processes and related outcomes vary as a function of (a) type of client (e.g., as differentiated by clinical and/or socio-demographic variables), (b) type of therapist, and/or (c) type of intervention model and procedures employed. For example:

- *Therapist competence* could be studied by comparing, within similar types of clients, (i) those cases of particular therapists who achieved exceptionally good results relative to the study's outcome norms with (ii) cases in which particular therapists achieved exceptionally poor results.

- *Processes determining differential outcomes* could be studied by a comparative analysis, within similar types of clients, of a random sample of cases with exceptionally good outcomes, those with average outcomes, and those with exceptionally poor outcomes.

- *Theoretical analyses* could be conducted via a detailed qualitative and quantitative analysis of a case to examine the extent to which the processes generated by the manualized procedures appeared to be functionally related to outcomes as hypothesized by the clinical change theory underlying the procedures (Yin, 1989).

The above types of analyses of representative cases within CBT efficacy research designs could be enhanced by also incorporating into such cases quantitative, single-subject research designs (Hayes, Barlow, & Nelson, 1999). In other words, there could be synergistic knowledge value in integrating into a CBT efficacy study three types of research designs: (a) the efficacy design itself; (b) pragmatic case studies with selected, representative clients in the efficacy study; and (c) single-subject research designs with those same representative clients. (As mentioned above, note that the logic here applies to efficacy research with non-CBT types of therapy, although the inclusion of single-subject research designs would seem unique to CBT therapy. In addition, the logic below about practitioner guidance, training, and so forth also applies to non-CBT types of therapy.)

Quantitative and Qualitative Data in Complementary Relationship

It is crucial to emphasize that in every systematic, individual case conducted within a CBT efficacy study, the case itself can be linked with the quantitative framework of the larger study. Thus the quantitative "location" of the case adds important standardizing context to understanding it as a case. Likewise, the process details of the case provide important individualized context to understanding the quantitative group results of the

larger study. As just mentioned, in the instance of a systematic case study that includes a single-subject design, the case can be viewed from three interrelated perspectives: as part of the group of cases using manualized treatment; as a systematic, pragmatic case study; and as a single-subject research design -- with the three different analyses complementing and interacting with one another.

Practitioner Guidance

In addition to CBT efficacy research goals, accumulating databases of systematic individual case studies could provide guidance to practitioners dealing with particular present cases and using particular manualized types of treatment. The practitioner would search the database for cases with similar types of client characteristics and/or intervention procedures as a present target case. The resultant cases yielded by the database could then provide guidance to the practitioner, in the way that clinical case conferences presently do. The advantages of the database over the clinical case conference include the expanded range of cases included in the database; the systematic, peer-reviewed detail of the database cases; and the accessibility of the databases – at any time from any properly safeguarded computer in almost any place.

Training

The database could also enhance training by providing CBT manualized treatment instructors a rich source of model cases from which to teach.

Public Education and Marketing

The accumulating database could also be an excellent source of case examples to inform and persuade lay decision-makers and the general public about the nature of CBT therapy and its value in helping individuals in different types of situations. This function seems particularly important in the present era of managed care and the need for "evidence-based" accountability of therapy services. In this context, systematic case studies can be viewed as a type of empirical evidence that is complementary to the group statistics of traditional efficacy study results (Messer, in press).

Integrating Clinical Expertise and Structured Therapy Manuals

The above proposal would result in the availability in a particular efficacy study of both case study process information and quantitative group data. This would aid in what is becoming an emergent goal in therapy efficacy research: the integration of clinical expertise and operationalized manuals in therapy practice, what has been called "the concrete ins and outs of manual-based practice" (Addis et al., 1999), and "breathing of life into a manual . . . [through] flexibility and creativity" (Kendall, Chu, Gifford, Hayes, & Nauta, 1998).

In point of fact, there is an inherent set of dialectical trade-offs between highly prescriptive manuals and clinician flexibility in adapting therapy to the individual case. In other words, therapists feel pulled in opposite directions by the forces of manual prescription versus individual-client-focused flexibility. Addis et al. (1999) identify five of these trade-offs, which they view as lying on continua. The poles of the continua, contrasting prescription versus flexibility, are: (a) focus on a general diagnostic category versus on the individual client; (b) focus on therapeutic techniques versus on the therapeutic relationship; (c) focus on adherence to a manual versus on integration of the manual with the client's individual situation; (d) focus on adherence to the manual versus being genuine with client; and (e) focus on the therapist believing in what the manual says about positive outcome versus on recognizing that this individual client may not improve as much as the manual says.

Addis et al. propose a strategy for identifying choice points in individual therapy cases. At each point the clinician will experience dialectic tension, being pulled in different directions on one or more of the continuua. The goal is to articulate the advantages and disadvantages on each pole of a continuum in the context of the specific choice point, and use this awareness to find a synthesis, a "middle ground," at some point on the continuum. Addis et al. illustrate by describing a therapist who is being trained in manual-based treatment for panic disorder (Craske, Meadows, & Barlow, 1994) with a 42-year-old woman. During the second session, the client is preoccupied by her intense depression over the past week. Should the therapist deviate from the phobia manual to recognize and deal with the depression? Should the therapist readjust her expectations about the prognosis for this case? Working with a supervisory group, the therapist comes to the following middle ground:

> In this case, this involved the therapist regularly discussing with the client the goals of the current treatment. The therapist explained to the client that the treatment would focus on panic disorder and that she expected it to be an effective treatment for that problem (adherence to and confidence in the treatment). At the same time, the therapist recognized that the client was struggling with other problems and understood the desire to work on all of them (validating the client's perspective and developing an alliance). . . .The therapist also emphasized that making changes in any problem requires a sustained effort and focus. Having the experience of working successfully on the panic disorder while putting other problems on hold temporarily would enhance the client's belief in her ability to make changes in her life, as opposed to being overwhelmed by a multitude of concurrent problems (using the specific treatment in the service of broader goals). (Addis et al., 1999, p. 132)

Addis et al. point out that this is only one synthesis for both adhering to the panic manual while attending to other concurrent problems. For example, the therapist could have decided to alternate sessions between panic and other problems, or to split sessions in half. Generalizing from Addis et al.'s example, there would seem to be great value in creating an accessible, cumulating database of cases that illustrate the different types of choices therapists make in dealing with the dialectical forces in manualized therapy,

together with process and outcome information about the consequences of such decisions within individual cases.

Two good examples of efficacy research designs that attempt to integrate clinical expertise and structured manuals are described by Christensen and Dobson (2001): one in which cognitive therapy, behavioral activation, and medication approaches to depression are compared; and one in which traditional behavioral marital therapy is compared with integrative behavioral couple therapy. To make these studies as close as possible to therapy conducted in its usual, natural conditions, both studies sought populations of "seriously and chronically problematic people," and both employed "highly trained, experienced therapists." Moreover, the treatment manuals employed were not rigidly structured:

> None of the treatment manuals in either study prescribed session-by-session activities, much less time lines for the minutes devoted to each activity. Each treatment manual described a model of treatment, and a concomitant sequence of treatment principles and strategies that needed to be flexibly applied, given the exigencies of each particular case. The manuals left plenty of room, and indeed encouraged creativity in applying the treatment principles and strategies (p. 142).

Again, if these are the kinds of manuals employed in efficacy studies, it would seem crucial to document through systematic case studies the varied ways in which these cases actually play out, together with how the different process patterns in the studies are tied to outcomes that differ both in quality and degree of success.

Comparison with Effectiveness Research Practice Networks

As alluded to above, the psychotherapy research literature has explored a model called "effectiveness research," as an alternative to the more laboratory-like approach of efficacy research. Effectiveness research systematically studies therapy as it is actually practiced by clinicians, that is, in its natural context. Two recent examples are noteworthy. In the "Pennsylvania Practice Research Network" (PPRN), researchers at the Pennsylvania State University sought out and trained 57 volunteers from among clinicians across their state. The clinicians collected standardized patient intake and progress measures on the their individual cases, derived from both patient and therapist ratings (Borkovec, Echemendia, Ragusea, & Ruiz, 2001). Persons (2001) has reported a related model employed in her private practice group, the San Francisco Bay Area Center for Cognitive Therapy. All the clinicians in Persons' practice group employ standardized quantitative instruments to monitor treatment outcome at every therapy session. To date, the data have been employed in two open trials investigating the effectiveness of cognitive therapy for depression in private practice samples (e.g., Persons, Bostrom, & Bertagnolli, 1999).

Although the PPRN and Persons efforts are to be commended for systematically studying therapy as practiced, both efforts still have a major focus on the average impact of particular therapy interventions and their correlates *across a group of patients.* In contrast, the pragmatic approach to efficacy or effectiveness research looks at process and outcome

data *within each case*. This idea is illustrated in my book in terms of a decision-making methodology for managed-care-provided psychotherapy. The approach builds on the work of the late Kenneth Howard and his colleagues (e.g., Howard, Moras, Brill, Martinovich, & Lutz (1996).

> By employing standardized input and outcome measures for each case (e.g., the "TEaM" assessment system developed by the Howard group [Grissom, Lyons, & Lutz, 2002]), norms could be inductively established for superior, average, and inferior outcomes relative to a particular type of case. Thus, for example, ongoing decisions over time about how to treat a problem of violent outbursts that interfere with a particular patient's work functioning and close relationships could be based on what is happening in the actual case over time. It would not be based [only] on what a limited number of research studies revealed about the treatment of this *type* of case, independent of the case's *particulars* vis-à-vis the particular therapist, therapy process, and unique life circumstance of the patient. The whole cumulating case database would be used to develop expectations for how this type of patient should progress over the course of therapy, and based upon those expectations, it would be possible to monitor the case over time in terms of its comparative outcome.

> If the case deviated from the average expected outcome, the process information about the case would become especially important. In cases with superior outcomes, the process information would help to differentiate whether the deviation from average goal attainment was due to exceptional therapy, or to special opportunities and patient strengths in the individual case. In a parallel way, in instances of inferior outcomes, the process information would help to differentiate whether the deviation from average goal attainment was due to problematic therapy, or to special constraints, obstacles, and complexities in the case. In both instances, as the case database developed, there would be more and more cases of a particular type with "superior" or "inferior" outcomes, allowing for cross-case analyses of factors and themes to provide guidelines for improving the overall practice of therapy with that type[2] of patient. As more and more "superior" outcome cases emerge, newly differentiated categories of type of patient might emerge as these cases are shown to have distinct patterns of

---

[2] With regard to the development of accepted categories of "types" of patients, in my book I note that this task will be

a complex political, conceptual, and empirical process, . . . integrating a variety of considerations. Some of these include: What are the different political interests of various stakeholders, such as patients, payors, and therapists? Is it possible to negotiate a political consensus among them upon a common set of outcome goals? What are alternative conceptual frameworks for typing patients and outcomes? For example, there are striking conceptual differences in how therapists of different theoretical orientations -- such as cognitive-behavioral versus psychodynamic approaches -- conceptualize relevant patient type and therapy outcome variables. In light of such conceptual differences, can a common framework be rationally derived and agreed upon -- especially in light of the political considerations? Also, how do patient typing variables (like diagnosis and severity of disorder) empirically correlate with outcome criteria, and is it possible to statistically control for these correlations? (Fishman, 1999a, p. 330.).

patient characteristics; and likewise for the emergence of more and more "inferior" outcome cases. (Fishman, 1999a, 225-226)

IMPLICATIONS

Reinventing the Wheel: A "Journal-Database"
for Many Reasons

In the above section I discussed the application of the pragmatic case study method in accumulating rigorously peer-reviewed, "journal-databases" of individual cases to enhance research and practice in psychotherapy efficacy research. The present journal, *Pragmatic Cases in Psychotherapy* (PCSP), is an example of such a journal-database. Also, I have illustrated application of this model to the fields of program evaluation (Fishman & Neigher, 2003/2004) and forensic psychology (Fishman & Goodman-Delahunty, 2003/2004). (In the latter publication, I termed such a journal database a "Psycholegal Lexis," to highlight the parallel between a journal-database of forensic psychology cases and established, computerized databases like "Lexis" and "Westlaw" that are so central to legal research. [For more details, see Fishman, 2003, 2004.) However, these are just illustrations, since the concept is applicable to any area of practice, including programs that address such social ills as school violence, organizational dysfunction, dislocation caused by factory closings, community deterioration, family breakup, lack of job skills and opportunities, racism, homelessness, drug addiction, ethnic brutality, and coping with terrorism (Fishman, 1999a; D. Peterson, 1994).

For every problem arena, I propose a similar, wheel-like structure for each journal-database, like the one employed in PCSP. The hub of the wheel would consist of articles of two types: (a) those that address epistemological, theoretical, methodological, logistical, economic, political, and ethical issues in the development of insightful and useful, systematic case studies in the problem area; and (b) substantive cross-case analyses of groups of individual cases already published in the database. The spokes of the wheel would each consist of particular databases of types of cases within the content area, embodying the issues and applied usefulness associated with practice in the content area. For example, in PCSP, one spoke might be viewed as consisting of cognitive-behavioral case studies of the outpatient treatment of anxiety-based disorders. Keeping it narrow would allow such a database to develop generalization power for helping cognitive-behavioral therapists dealing with particular cases in the same diagnostic category. Using similar logic, another spoke might consist of short-term psychodynamic therapy case studies with anxiety-based disorders. As these spokes develop, they will also allow for theoretical comparisons -- e.g., a comparison of cognitive-behavioral versus short-term psychodynamic approaches to anxiety-based disorders.

Thus spokes are necessary because, on one hand, there is a need within a spoke to focus on a particular group of case studies so as to enhance generalization. On the other hand, there is a

need for many spokes to encompass the wide variety of types of cases in which psychological practice takes place.

As is illustrated by PCSP, at a journal-database's initiation, when cases are just beginning to be developed, there would not be a need for spokes per se. At this point, the purpose of the cases would be to illustrate case study methodology in different kinds of situations. In terms of my discussion of inductive, functionally focused generalization (see the beginning of the METHOD section above), at some later point a "critical mass" of cases would develop to create the capability for a practitioner to match a present, target case with particular cases in the database so as to obtain specific guidance with the target case. This capability would require that, as in other computer databases, each case in a journal-database was categorized in various ways so that it could be accessed in a search for cases with its identifying characteristics. In PCSP, this type of searching can be done in at least two ways: (a) by searching for "key words" that are listed under an article's Abstract; and by searching full articles for particular words and phrases.

As mentioned earlier, continuing "hub" discussions of the broader epistemological and methodological issues associated with the case study approach are necessary because the development of methodological criteria for the proper conduct, common vocabulary, and interpretation of systematic case studies is a "bootstrapping" venture that will evolve over time. I have proposed two frameworks -- Peterson's "disciplined inquiry" model (Figure 2) and the related initial ways of rigorously designing systematic case studies outlined in Table 1 -- for beginning this bootstrapping process. An associated framework for this purpose is the model employed in the recent journal, *Clinical Case Studies* (Hersen, 2002).

In addition to practitioner use, psychological researchers and theorists could conduct comparative analyses across specific types of cases. These analyses could yield pragmatically focused generalizations about what intervention factors administered by what types of practitioners and programs are associated with accomplishing certain types of goals in specific kinds of case situations (Paul, 1969). Since the full case study would be available, each factor could be explored in the context of the total service program. In other words, the exploration of a specific intervention factor would be embedded within the reality of the total intervention process.

Before concluding this section, it must be noted that in developing a case study, there are a variety of logistical issues to be worked out. A particularly important one is how to balance the need for disguising context to protect the confidentiality of the client against pragmatic psychology's epistemological need to be true to context as much as possible. Some suggested approaches to this challenge that we recommend in PCSP are: (a) pre-reading of the case study draft by another professional who knows all the original details, for an independent assessment of how adequately this balance is accomplished; (b) obtaining where feasible client consent; and (c) "hybridization," a method of disguise that involves not only changing identifying characteristics, but also adding elements from

other similar clients to further disguise the individual, e.g., adding a divorce and remarriage, or adding an additional, peripheral presenting problem. This last approach obviously extends the line between "disguise" and creating a "fictional" person somewhat further.

Pluralism in Psychology

As emphasized throughout, the goal of the pragmatic case study method is not to discredit the traditional or interpretive paradigms, but rather to focus on the creation of a third, integrative pragmatic alternative as a complementary method for gaining new, useful knowledge about psychological practice. Pragmatists acknowledge that there are different paradigms within psychology, and that different paradigms constitute alternative visions of the nature of appropriate psychological knowledge and the methods by which it should be pursued. The strengths of the case-based paradigm lie in practical problem-solving for addressing psychosocial troubles. At the same time, pragmatists accept that there are interests other than practical problem-solving for which the public turns to psychology, such as basic scientific research as an intellectual end in itself, and interpretive work that doesn't focus on solving specific problems, but deepens our understanding of some aspect of human life and personality, in the tradition of the humanities.

Unlike "pop" psychology and journalism, disciplinary psychology is distinctively valuable because it takes a rigorous, systematic, and scholarly approach to the study of human action -- be the data experimental or experiential, quantitative or qualitative. As illustrated in Table 1, there are different ways in which paradigms can be rigorous. Each paradigm should develop its own body of research literature, and the quality of a study should be judged by the methodological standards within the paradigm. This will lead to the continuing development of different bodies of research literature, each documenting particular models, methods, and results. Each paradigm should then be judged on its results, its own particular contribution, laying these results out before the discipline and the public for evaluation.

Broader Benefits of the Pragmatic Case Study Method

Conceptual Synthesis

In the context of the pluralism in psychology today, with different competing alternative paradigms, the pragmatic case study method has a capacity for conceptual integration, incorporating the empiricism and quantitative sophistication of the traditional model with the holistic, contextual, and qualitative emphases of the interpretive approach. Pragmatists view the variety of alternative points of view as a rich resource for developing guiding conceptions, strategies, and procedures in addressing practical problems as they present themselves in complex, real-world case situations.

Theoretical Mediation

In a related way, the pragmatic paradigm has the capacity to mediate theory clashes. In addressing socially critical areas like psychotherapy service delivery reform and the most appropriate model for forensic psychology practice, pragmatism takes a *case-driven* position and thereby stands between the competing views that emerge when advocates of opposing *theory-driven* positions disagree. This means, for instance, that psychotherapy service planning should not be dictated by a forced choice between individualized versus manualized treatment; and that forensic practice should not be dictated by a forced choice between actuarial versus clinical models. Rather, each case is judged on its own merits by systematically assessing the case -- both quantitatively and qualitatively -- within all the distinctiveness and complexity of its context.

Democratic Decision-Making

The pragmatic paradigm supports our democratic ideals by requiring collaboration with program stakeholders in program goal-setting. The pragmatic paradigm does not attempt to preempt value questions, including questions of what goals human service programs should seek to attain. These are conceived as falling outside the realm of the psychologist's or other social scientist's disciplinary exclusive expertise as such.
    The accessible, "natural," and engaging nature of social science case studies can re-inspire the public to become more involved in serious democratic debate about human service programs. Citizens will be able to see that psychologists, through their case studies, value the "real" experiences of individuals. Thus, this work can directly connect with the public's own lives and enhance the connection between their personal world and human service program outcomes and policies. It will in turn enhance the public's stake in the basic data of serious psychological and other social science research.

A "Middle Way" To Generalization

The traditionalist criticizes the single case study as too context-specific from which to generalize. The interpretivist criticizes the traditionalist for trying to achieve generalization by merging individual case information into group data and, in the process, stripping away individual context and reducing qualitatively complex processes to numbers. The pragmatist agrees with the traditionalist about the value of generalizing, but also with the interpretivist about the need to retain context.
    The pragmatist provides the alternative of the case study database. Yes, as discussed earlier, a single pragmatic case is quite limited in its generalization to other cases, because of the unique contextual complexities in any particular case. However, as multiple cases accumulate and are organized into computer-accessible databases, they begin to sample a wide variety of contextually different human service situations in which a particular problem can occur and be addressed. A rising number of cases in the database thus increases the probability that there are specific cases that as a group inductively generalize to any particular target case.

Accountability

The pragmatic paradigm meets its accountability to clients in the most direct way possible, by putting the client's needs first, before the program provider's theory. The pragmatic paradigm also meets its accountability to the discipline. As context, it is important to remember that traditional psychology has had over a hundred years to develop its methods, while pragmatic psychology is just beginning. Thus pragmatic psychology's efforts must be seen as a bootstrapping process, in which mechanisms for ongoing quality improvement must be built into the pragmatic paradigm. One such mechanism is the ongoing dialogue created by the articles in the hub of a case study journal-database, a dialogue designed in part to continually enhance the sophistication and validity of the methodological quality criteria employed for assessing rigor in a case study manuscript. Moreover, the increasing number of studies in a journal-database generates its continuously improving capacity for inductive generalization.

"Mixing" the Traditional and Pragmatic Paradigms

At various points in this article I have contrasted three different paradigms -- the traditional, the interpretive, and the pragmatic -- with an emphasis upon comparing the traditional and the pragmatic. Because the pragmatic paradigm is itself integrative and because it offers practical approaches to enhancing human services, I have found that a variety of "mixed" paradigms -- combining elements from the traditional and the pragmatic -- are not only possible, but have also in effect been adopted by many applied psychologists. In the spirit of pragmatism, I welcome these mixed paradigms, because they strive to take components of traditional, mainstream psychology and make them more applied to actual, particular intervention cases as individual cases.

In conclusion, within our discipline today there is much discussion about the separation between theory versus practice, science versus profession, and the "service-delivery effort . . . called psychology" versus "the academic discipline . . . called behavioral science" (Rice, 1997). Pragmatic psychology's goal of accessible and relevant journal-databases of systematic case studies conducted according to rigorous quantitative and qualitative standards represents one effort towards integrating these two crucial strands of our discipline's history and identity.

REFERENCES

Achenbach, T.M. (1991). Manual for the Child Behavior Checklist, 4-18, 1991 Profile.
        Burlington: University of Vermont Department of Psychiatry.
Achenbach, T.M., Howell, C.T., McConaughy, S.H., & Stanger, C. (1998). Six-year
        predictors of problems in a national sample: IV. Young adult signs of disturbance.
        Journal of the American Academy of Child & Adolescent Psychiatry, 37, 718-727.
Addis, M.E., Hatgis, C., Soysa, C.K., Zaslavsky, I., & Bourne, L.S. (1999). The dialectics
        of manual-based treatment. *the Behavior Therapist, 22,* 130-132.

Agras, W.S., Wilson, G.T., Fairburn, C.G., & Walsh, T.B. (1999, November 12).
    Cognitive behavior therapy versus interpersonal psychotherapy in the treatment of
    Bulimia Nervosa. Panel presented at the annual conference of the Association for
    Advancement of Behavior Therapy. Toronto, Canada.

Altman, I. (1987). Centripetal and centrifugal trends in psychology. *American
    Psychologist*, *42*, 1058-1069.

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental
    disorders,* 4th edition. Washington, D.C.: American Psychiatric Association.

Barlow, D.H. (Ed.). (1993). *Clinical handbook of psychological disorders, 2nd Edition.*
    New York: Guilford. [Note that there is a 3rd edition of this book published in
    2001.]

Beck, A.T., Epstein, N., Brown, G., & Steer, R. (1988). An inventory for measuring
    clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical
    Psychology, 56,* 893-897.

Bernstein, R. (1983). *Beyond objectivism and relativism.* Philadelphia: University of
    Pennsylvania Press.

Beutler, L. E.(2000). Empirically based decision making in clinical practice. *Prevention &
    Treatment* . Available on the World Wide Web
    (http://journals.apa.org/prevention/), *3,* Article 27, posted September 1, 2000.

Beutler, L.E. (2002). Can principles of therapeutic change replace the need for manuals?
    The Clinical Psychologist, 55, 1, 3,4.

Borkovec, T.D., Echemendia, R.J., Ragusea, S.A., & Ruiz, M. (2001). The Pennsylvania
    Practice Research Network and future possibilities for clinically meaningful and
    scientifically rigorous psychotherapy effectiveness research. *Clinical Psychology:
    Science and Practice, 8*, 155-167.

Bromley, D.B. (1977). *Personality description in ordinary language.* Chichester: John
    Wiley.

Bromley, D.B. (1986). *The case study method in psychology and related disciplines*.
    Chichester: John Wiley.

Calhoun, K.S., & Resick, P.A. (1993). Post-traumatic stress disorder. In D.H. Barlow
    (Ed.), *Clinical handbook of psychological disorders, 2nd Edition*. New York:
    Guilford.

Campbell, D.T. (1975). Degrees of freedom and the case study. *Comparative Political
    Studies*, *8*, 178-193.

Christensen, A., & Dobson, K. (2001). Science and practice in clinical trials*. the Behavior
    Therapist, 24,* 141-143.

Cook, T.D., & Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis issues
    for field settings*. Chicago: Rand McNally.

Craske, M.G., Meadows, E. & Barlow, D.H. (1994). *Therapist's guide for the mastery of
    your anxiety and panic II & agoraphobia supplement.* New York: Graywind.

Cummings, N.A., Pallak, M.S., & Cummings, J.L. (Eds.). (1996). *Surviving the demise of
    solo practice: Mental health practitioners prospering in the era of managed care.*
    Madison, CT: Psychosocial Press.

Cushman, P., & Gilford, P.O. (2000). Will managed care change our way of being? *American Psychologist, 55,* 985-996.

Dance, K.A., & Neufeld, R.W.J. (1988). Aptitude-treatment interaction research in the clinical setting: A review of attempts to dispel the "patient uniformity" myth. *Psychological Bulletin, 104*, 192-213.

Davison, G.C., & Hayes, S.C. (2000, November 18). Discussion of the panel topic -- "Does 'EST' Research Lose the Forest for the Trees: Systematic Case Studies as a Complementary Strategy for Scientifically Advancing the Field?" Presented at the annual conference of the Association for Advancement of Behavior Therapy, New Orleans.

Davison, G.C., & Lazarus, A.A. (1994). Clinical innovation and evaluation: Integrating practice with inquiry. *Clinical Psychology: Science & Practice, 1,* 157-168.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2000). *Handbook of qualitative research, 2nd edition.* Thousand Oaks, CA: Sage Publications.

Dodge, K. A. (1991). The structure and function of reactive and proactive aggression. In D. J. Pepler & K. H. Rubin (Eds.). *The development and treatment of childhood aggression*. (pp. 201-218). Hillsdale, NJ: Lawrence Earlbaum Associates.

Edwards, D.J., Dattilio, F.M., & Bromley, D.B. (in press). Developing evidence-based practice: The role of case-based research. *Professional Psychology: Research and Practice.*

Edelson, M. (1988). *Psychoanalysis: A theory in crisis.* Chicago: University of Chicago.

Edwards, D.J. (1996). Epistemology of practice. *Journal of interprofessional care, 6,* 49-63. (Originally published, 1987).

Edwards, D.J. (1998). Types of case study work: A conceptual framework for case-based research. *Journal of Humanistic Psychology, 38*, 36-70.

Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38,* 215-229.

Fishman, D.B. (1999a). *The case for pragmatic psychology*. New York: NYU Press.

Fishman, D.B. (1999b, November 13). From single case to database: Resolving the "manualized treatment" versus "case formulation" dilemma. Paper presented at the annual conference of the Association for Advancement of Behavior Therapy. Toronto, Canada.

Fishman, D.B. (2000a). Transcending the efficacy versus effectiveness research debate: Proposal for a new, electronic "Journal of Pragmatic Case Studies." *Prevention & Treatment* (http://journals.apa.org/prevention/), Volume 3, Article 8, Posted May 3, 2000.

Fishman, D.B. (2000b, November 18). "Case-enhanced EST: Improving the "standard" EST model of therapy research by looking into the "black box." Paper presented at the annual conference of the Association for Advancement of Behavior Therapy, New Orleans.

Fishman, D.B. (2001). From single case to database: A new method for enhancing psychotherapy, forensic, and other psychological practice. *Applied & Preventive Psychology, 10*, 275-304.

Fishman, D.B. (2003). Background on the "Psycholegal Lexis Proposal": Exploring the potential of a systematic case study database in forensic psychology. *Psychology, Public Policy, and Law, 9*, 267-274.

Fishman, D.B. (2004). Integrative themes: Prospects of developing a "Psycholegal Lexis." *Psychology, Public Policy, and Law, 10*, 178-200.

Fishman, D.B., & Goodman-Delahunty, J. (Eds.). (2003, 2004a). Pragmatic psychology and the law, Parts I and II: Special section of *Psychology, Public Policy, and Law*, Volume *9*, No. 3/4 (pp. 267-399); and Volume *10*, No. 1/2 (pp. 3-200).

Fishman, D.B., & Messer, S.B. (2004). Case-based studies as a source of unity in applied psychology. In R.J. Sternberg (Ed.)., *Unity in psychology: Possibility or pipedream?* Washington,D.C.: American Psychological Association.

Fishman, D.B. & Miller, R.B. (2001, April 30). From single case to database -- proposal for an APA journal, *Systematic case studies in psychotherapy: Method & database (SCS-P)*. Unpublished proposal submitted to the American Psychological Association.

Fishman, D.B., & Neigher, W.D. (Eds.). (2003, 2004b). Systematic case studies in program evaluation: Parts I and II. Special Section of *Evaluation and Program Planning.* Volume *26*, No. 4 (pp. 421-469); and Volume *27*, No. 1 (pp. 59-113).

Fishman, D. & Peterson, D.R. (1987).On getting the right information and getting the information right. In D.R. Peterson & D.B. Fishman, ed., *Assessment for decision,* 395-451. New Brunswick, NJ: Rutgers University Press.

Fishman, D.B., Rotgers, F., & Franks, C.M. (Eds.). (1988). *Paradigms in behavior therapy: Present and promise*. New York: Springer Publishing Company.

Freeman, A., & Nezu, A.M. (1999, November 13). Discussion of the panel topic –"From single case to database: Resolving the 'manualized treatment' versus 'case formulation' dilemma. Presented at the annual conference of the Association for Advancement of Behavior Therapy, Toronto, Canada.

Freeman, A., and Dolan, M. (2001). Revisiting Prochaska and DiClemente's Stages of Change Theory: An expansion and specification to aid in treatment planning and outcome evaluation. *Cognitive and Behavioral Science, 8*, 215-223.

Gentner, D., & Holyoak, K.J. (1997). Reasoning and learning by analogy: Introduction. *American Psychologist, 52*, 32-34.

Gergen, K.J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. New York: Basic Books.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.

Goldfried, M.R., & Davison, G.C. (1976). *Clinical behavior therapy*. New York: Holt, Rinehart, & Winston.

Grisso, T. (1998). *Forensic evaluation of juveniles*. Sarasota, FL: Professional Resources Press.

Grissom, G.R., Lyons, J.S., & Lutz, W. (2002). Standing on the shoulders of a giant: Development of an outcome management system based on the dose model and phase model of psychotherapy. *Psychotherapy Research*, *12*, 397–412.

Grove, W.M., & Meehl, P.E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures. *Psychology, Public Policy, and Law, 2,* 293-323.

Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.

Haaga, D.A.F. (1999). Major depression with anger attacks: The case of Mary. *Cognitive and Behavioral Practice,* 6, 271-273.

Hayes, S.C., Barlow, D.H., & Nelson-Gray, R.O. (1999). *The scientist practitioner: Research and accountability in the age of managed care*. Boston: Allyn and Bacon.

Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* New York: Guilford.

Held, B.S. (1995). *Back to reality: A critique of postmodern theory in psychotherapy*. New York: W.W. Norton.

Hersen, M. (2002). Rationale for *Clinical Case Studies*: An Editorial. *Clinical Case Studies, 1*, 3-5.

Hoge, R. D., & Andrews, D. A. (1996). *Assessing the youthful offender*. New York: Plenum.

Horvarth, A.O., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *38*, 139-149.

Hoshmand, L.T. & Polkinghorne, D.E. (1992). Redefining the science-practice relationship and professional training. *American Psychologist, 47,* 55-66.

Howard, K.I., Moras, K., Brill, P.L., Martinovich, Z., & Lutz, W. (1996). Evaluation of psychotherapy: Efficacy, effectiveness, and patient progress. *American Psychologist, 51,* 1059-1064.

Jacobson, N.S., & Addis, M.E. Research on couples and couple therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology, 61,* 85-99.

Jones, M.C. (1924). A laboratory study of fear: The case of Peter. *Psychological Seminar, 31,* 308-315.

Kanfer, F.H., & Schefft, B.K. (1988). *Guiding the process of therapeutic change*. Champaign, Illinois: Research Press.

Kazdin, A.E. (1981). Drawing valid inferences from case studies. *Journal of Consulting and Clinical Psychology, 49,* 183-192.

Kendall, P.C., Chu, B., Gifford, A., Hayes, C., & Nauta, M. (1998). Breathing life into a manual: Flexibility and creativity with manual-based treatments. *Cognitive and Behavioral Practice, 5,* 177-198.

Kiresuk, T.J. (1973). Goal attainment scaling at a county mental health service. *Evaluation*, *1*, Special Monograph, 12-18.

Kiresuk, T.J., & Lund, S.H. (1978). Goal attainment scaling. In C.C. Attkisson, W.A. Hargreaves, M.J. Horowitz, J.E.Sorensen (Eds.). *Evaluation of human service programs,* pp. 341-370. New York: Academic Press.

Kiresuk, T.J., & Sherman, R.E. (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*, *4*, 443-453.

Klumpner,G.H. & Frank, A. (1991). On methods of reporting clinical material. *Journal of the American Psychoanalytic Association*, 537-551.

Kolodner, J.L. (1997). Educational implications of analogy: A view from case-based reasoning. *American Psychologist, 52,* 57-66.

Lambert, M.J. (1992). Psychotherapy outcome research: Implications for integration. In J.C. Norcross & M.R. Goldfried, eds., *Handbook of psychological integration*, 94-129. New York: Basic Books.

Lambert, M. J., & Okiishi, J. (1997). The effects of the individual psychotherapist and implications for future research. *Clinical Psychology: Research and Practice, 4*, 66–75.

Lazarus, A.A. (Ed.). (1985). *Casebook of multimodal therapy*. New York: Guilford.

Lazarus, A.A. (1997). *Brief but comprehensive psychotherapy: The multimodal way*. New York: Springer.

Levine, M. (1974). Scientific method and adversary method: Some preliminary thoughts. *American Psychologist*, 661-677.

Levine, M. (1980). Investigative reporting as a research method: An analysis of Woodward and Bernstein's *All the president's men. American Psychologist, 35,* 626-638.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

Linehan, M.M., & Kehrer, C.A. (1997). Borderline personality disorder. In D.H. Barlow (Ed.)., *Clinical handbook of psychological disorders, 2nd edition.* New York: Guilford.

Litwack, T.R. (2001). Actuarial versus clinical assessments of dangerousness. *Psychology, Public Policy, and Law, 7,* 409-443.

Loeber, R. (1990). Development and risk factors in juvenile antisocial behavior and delinquency. *Clinical Psychology Review*, *10*, 1-41.

Loeber, R., Wung, P., Keenan, K., Giroux, B., Stouthamer-Loeber, M., VanKammen, W. B., & Mughan, B. (1993). Developmental pathways in disruptive child behavior. *Development and Psychopathology*, *5*, 103-133.

Luborsky, L.L., McLellen, A.T., Diguer, L., Woody, G., & Seligman, D.A. (1997). The psychotherapist matters: Comparisons of outcomes across twenty-two therapists and seven patient samples. *Clinical Psychology: Research and Practice, 4,* 53–65.

Luborsky, L., Rosenthal, R., Diguer, L., Andrusyna, T.P., Berman, J.S., Levitt, J.T., Seligman, D.A., & Krause, E.D. (2002). The Dodo Bird is alive and well – Mostly. *Clinical Psychology: Science and Practice, 9,* 2-12.

Mahrer, A.R. (1988). Discovery-oriented psychotherapy research: Rationale, aims, and methods. *American Psychologist, 43, 694-702*

Meadow, P.W. (1996). Is psychoanalysis a science? *Modern Psychoanalysis, 21,* 335-358.

Melton, G.B., Petrila, J., Poythress, N.G., & Slobogin, C. (1997). *Psychological evaluations in the courts: A handbook for mental health professionals and lawyers, 2nd edition.* New York: Guilford.

Melton, Petrila, Poythress, & Slobogin (2001) Web updates to *Psychological evaluation for the courts: A handbook for mental health professionals and lawyers, 2nd edition.* www.guilford.com/courts

Messer, S.B. (in press). Evidence based practice: Beyond ESTs. *Professional Psychology: Research and Practice.*

Miles, M.B., & Huberman, A.M. (1984). *Qualitative data analysis: A sourcebook of new methods.* Newbury Park, CA: Sage Publications.

Moffit, T. E. (1993). Adolescent-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, *100*, 674-701.

Morgenstern, J., Morgan, T.J., Labouvie, E., Blanchard, K., & MacDonald, A. (1999, November 12). Disseminating cognitive behavioral treatment to community substance abuse practitioners: A test of the psychotherapy technology model. Paper presented at the annual convention of the Association for Advancement of Behavior Therapy. Toronto, Canada.

Nathan, P.E., & Gorman, J.M. (2002). *A guide to treatments that work, 2nd ed.* New York: Oxford University Press.

Neimeyer, R.A., & Mahoney, M.J. (Eds.). (1995). *Constructivism in psychotherapy.* Washington, D.C.: American Psychological Association.

Norcross, J.C. (2000). *Psychotherapy relationships that work: Therapists' contributions and responsiveness to patients.* New York: Oxford University Press.

Nelson, R.O. (1983). Behavioral assessment: Past, present, and future. *Behavioral Assessment, 5,* 195-206.

Nezu, C.M., & Nezu, A.M. (1995). Clinical decision making in everyday practice: The science in the art. *Cognitive and Behavioral Practice, 2,* 5-25.

Orlinsky, D. E., & Howard, K. I. (1986). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270–378). New York: Wiley.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys.* Eugene, OR: Castalia Press.

Patton, M.Q. (2002). *Qualitative research & evaluation methods.* Thousand Oaks, CA: Sage.

Paul, G.L. (1969). Behavior modification research: Design and tactics. In C.M. Franks (Ed.), *Behavior therapy: Appraisal and status.* New York: McGraw Hill.

Persons, J.B. (1989). *Cognitive therapy in practice: a case formulation approach.* New York: W.W. Norton.

Persons, J.B. (2001). Conducting effectiveness studies in the context of evidence-based clinical practice. *Clinical Psychology: Science and Practice, 8,* 168-172.

Persons, J.B., Bostrom, A., & Bertagnolli, A. (1999). Results of randomized clinical trials of cognitive therapy for depression generalize to private practice. *Cognitive Therapy and Research, 23, 535-548.*

Peterson, D.R. (1991). Connection and disconnection of research and practice in the education of professional psychologists. *American Psychologist*, *40*, 441-451.

Peterson, D.R. (1994). Making psychology indispensable. *Applied and Preventive Psychology,* 5, 1-8.

Peterson, R.L., Peterson, D.R., Abrams, J.C., & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology educational model. *Professional Psychology: Research and Practice, 28,* 373-386.

Pitkin, H.F., & Shumer, S.M. (1982). On participation. *Democracy, 2,* 43-54.

Polkinghorne, D.E. (1992). Postmodern epistemology of practice. In S. Kvale (Ed.)., *Psychology and postmodernism,* 146-165. Newbury Park, CA: Sage.

Prilleltensky, I. (1994). *The morals and politics of psychology: Psychological discourse and the status quo*. Albany: SUNY Press.

Prochaska, J.O. & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51, 390-395.

Project MATCH Research Group. (1997). Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol*, *58*, 7-29.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier (1999). *Violent offenders: Appraising and managing risk.* Washington, D. C. : American Psychological Association.

Rice, C.E. (1997). Four scenarios: The scientist-practitioner split and the future of psychology. *American Psychologist, 52*, 1173-1181.

Rossi, P.H., & Freeman, H.E. (1999). *Evaluation: A systematic approach, 6th ed.* Thousand Oaks, CA: Sage.

Roth, A., & Fonagy, P. (1996). *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.

Runyon, W.M. (1982). *Life histories and psychobiography*. New York: Oxford University Press.

Ryan, G.W., & Bernard, H.R. (2000). Data management and data analysis methods. In N.K. Denzin & Y.S. Lincoln (Eds.). *Handbook of qualitative research, 2nd edition*, 769-802. Thousand Oaks, CA: Sage Publications

Sechrest, L., Stewart, M., Stickle, T.R., & Sidani, S. (1996). *Effective and persuasive case studies.* (Product # PN-20). Cambridge, MA: the Evaluation Center@HSRI.

Seligman, M.E.P. (1995). The effectiveness of psychotherapy: The *Consumer Reports* study. *American Psychologist*, *50*, 965- 974.

Seligman, M.E. (1998). Foreword—A purpose. In P.E. Nathan & J.M. Gorman (Eds.). *A guide to treatments that work*, v-vii. New York: Oxford University Press.

Shapiro, M.B. (1961). The single case in fundamental psychological research. *British Journal of Medical Psychology, 34,* 255-262.

Smith, M.B. (1994). Selfhood at risk: Postmodern perils and the perils of postmodernism. *American Psychologist, 49,* 405-411.

Spence, D.P. (1992). *Narrative and historical truth: Meaning and interpretation in psychoanalysis.* New York: W.W. Norton & Co.

Spence, D. P. (1993). Traditional case studies and prescriptions for improving them. In N.E. Wilson (Ed*.) Psychodynamic treatment research: A handbook for clinical practice.* New York : Basic Books.

Stake, R.E. (2000). Case studies. In N.K. Denzin & Y.S. Lincoln (Eds.). *Handbook of qualitative research, 2nd edition*, 435-454. Thousand Oaks, CA: Sage Publications.

Task Force on Promotion and Dissemination of Psychological Procedures (1995). Training in and dissemination of empirically validated psychological treatments. *Clinical Psychologist, 48*, 3-23.

Toulmin, S. (1990). *Cosmopolis: The hidden agenda of modernity*. Chicago: University of Chicago Press.

Ullmann, L.P., & Krasner, L. (1965). *Case studies in behavior modification.* New York: Holt, Rinehart, & Winston.

Wakefield, J.C. (1992). The concept of mental disorder: On the boundary between biological facts and social values. *American Psychologist, 47*, 373-388

Wampold, B.E., Mondin, G.W., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological Bulletin, 122,* 203-215.

Watson, I. (1994). The case for case-based reasoning. Unpublished manuscript, available on the internet and from Ian Watson of Salford, Bridgewater Building, Salford, M5 4WT; email: i.d.watson@surveying.salford.ac.uk.

Watson, J.B., & Raynor, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology, 3,* 1-14.

West, C. (1989). *The American evasion of philosophy: A genealogy of pragmatism.* Madison: University of Wisconsin Press.

Westbrook, R.B. (1991). *John Dewey and American democracy*. Ithaca, NY: Cornell University Press.

Whitman, D. (1998). *The optimism gap: The I'm Okay—They're Not Syndrome and the myth of American decline.* New York: Walker and Company.

Witt, P.W. (in press). Transfer of juveniles to adult court: The case of H.H. *Psychology, Public Policy, and Law.*

Witt, P. H. & Dyer, F. J. (1997). Juvenile transfer cases: Risk assessment and risk management. *Journal of Psychiatry and Law*, *25*, 581-614.

Woody, S.R. & Sanderson, W.C. (1998). Manuals for empirically supported treatments: 1998 update from the task force on psychological interventions. *The Clinical Psychologist, 51*, 17-21.

Yin, R.K. (1989). *Case study research: Design and Methods (revised edition)*. Newbury Park, CA: Sage.

Table 1. Typical Organization and Content of a Therapy Research Report in Two Paradigms (adapted from Fishman, 2000a).

SECTION OF ARTICLE	THE TRADITIONAL, GROUP STUDY PARADIGM	THE PRAGMATIC, CASE STUDY PARADIGM
Introduc-tion	**The Theory to Be Tested.** This section sets forth a general theory of therapy that the study is empirically "testing" by setting up an scientifically experimental situation.	**The Problem to Be Solved.** This section sets forth (a) the particular client who is to be served and the client's particular problems that are the focus of the study; and (b) a "guiding conception" of the client's presenting problem and associated types of therapy, as informed by (c) previous research and relevant experiences of the practitioner therapist (see components A-C in Figure 2).
Method	**Setting, Measures, and Procedures for Theory-Testing.**	**Case Context, Program Description, Stakeholders, and Outcome Measures**.
setting	This section describes the setting (typically a *"controlled," laboratory-like setting*) in which the study took place.	This section describes the particular *naturalistic case situation* in which the therapy was implemented, including the case's context (historical, psychological, social, political, economic, organizational, community, cultural, and physical).
rationale for choosing the study situation	This section describes how the study situation is logically reflective of the theoretical hypotheses to be tested.	This section describes the rationale for choosing the study case. Two general types of rationales are: (a) the case is an instance of an exemplary, average, or poor program, or (b) the case is an instance of a rare or unique program.
case boundaries and relation to other cases	Not applicable.	This section describes: (a) the boundaries of the case (e.g., a therapy episode versus a full course of episodes over an extended period of time); and (b) the "type" of case design in relation to other cases on two dimensions. These dimensions are: (1) the "holistic" (single unit of analysis) vs. the "embedded" (several levels of analysis) case design; and (2) the "single-case" vs. the "multiple-case" design (see Yin, 1989).
assessment and formulation	Not applicable.	This section describes the process of integrating (a) contextual information about the patient and (b) the results of the assessment within the framework of the guiding conception to derive (c) a formulation of the patient's problems and an individualized treatment plan for addressing them (see components D and E in Figure 2).

Table 1. Typical Organization and Content of a Therapy Research Report in Two Paradigms, page 2

SECTION OF ARTICLE	THE TRADITIONAL, GROUP STUDY PARADIGM	THE PRAGMATIC, CASE STUDY PARADIGM
Method (continued)	**Setting, Measures, and Procedures for Theory-Testing**	**Case Context, Program Description, Stakeholders, and Outcome Measures**
stakeholder values and goals	Not applicable.	This section outlines: (a) the stakeholders in the situation; (b) the stakeholders' values and goals vis à vis the patient's presenting problem; (c) how and why the therapist derived the final values and goals in the case; and (d) how these final values and goals are shared with the stakeholders.
measures and data collection procedures	This section describes the discrete, operationalized, quantitative measures and procedures used for testing hypotheses associated with the study's theory.	This section describes the measures and procedures employed to assess therapy impact, which can include participant observation. These measures vary across two dimensions: (a) quantitative vs. qualitative measures; and (b) standardized (normative) vs. individualized measures.
study design	The design is the plan for ensuring that criteria of logical adequacy for theory-testing have been met, including the criteria below:	The design is the plan for ensuring that criteria of logical adequacy have been met for documenting the effectiveness of a particular program and for relating program outcomes to the case's guiding conception. The criteria include the items below:
construct validity	*Theoretical construct validity:* showing the correctness of the operational measures in reflecting the theoretical concepts being studied. Since a theoretical construct cannot be fully and directly assessed by any particular operational measure, the technique of *triangulation* is frequently used, that is, multiple and converging operational measures are employed to add validity to the assessment of a theoretical construct.	*Program process and goal construct validity*: showing the reasonableness, logical coherence, and sociopolitical fairness of the operational performance indicators that are used to reflect a therapy program's process and the goals of its stakeholders. Since a therapy program process or program goal is typically not fully and directly assessable by any particular performance indicator, the technique of *triangulation* is frequently used, that is, multiple and converging performance indicators are employed to add validity to the measurement of program processes and goals.

Table 1. Typical Organization and Content of a Therapy Research Report in Two Paradigms, page 3

SECTION OF ARTICLE	THE TRADITIONAL, GROUP STUDY PARADIGM	THE PRAGMATIC, CASE STUDY PARADIGM
Method (continued)	**Setting, Measures, and Procedures for Theory-Testing**	**Case Context, Program Description, Stakeholders, and Outcome Measures**

validity within the study	*Internal-causality validity:* establishing the presence of genuine causal relationships within the study.
	
	    Time-series analysis, a technique for establishing internal-causality validity in group studies, can be applied to the individual case through *single-subject research.*
		(a) *Internal-functionality validity*: establishing the presence of discreet functional relationships between therapy intervention variables and patient outcome variables.
		    The logic of *single subject research* can be adapted to the pragmatic case study as a technique for developing internal-functionality validity.
		b) *Internal-connectedness validity*: presenting convincing logic and reasonableness concerning the relations among the various components of a case study -- guiding conception, assessment, formulation, action, evaluation, and feedback (see Figure 2).
		    Also applicable to enhancing internal-connectedness validity are techniques from interpretive case studies for establishing *credibility* – prolonged engagement, persistent observation, and triangulation in the information gathering process by using multiple methods, multiple sources, and multiple investigators.

applicability to other sites	*External validity:* identifying the domain to which the study can be properly generalized.	*Transferability:* providing a "thick" description from which generalizability can be derived.
reproduci-bility of the research process	*Reliability:* demonstrating the repeatability of the measurement process.	(a) *Reliability*: employing the positivist paradigm for studying variables that are reflected in standardized, quantitative measures. (b) *Dependability*: employing the interpretivist, qualitative paradigm for tracking the process by which the case study was conducted (see text).
addressing the researcher's interests and values	*Researcher objectivity:* showing (a) the "value neutrality" of the researcher; and (b) the lack of "experimenter bias," e.g. by use of "double blind" designs.	(a) *Researcher bias reduction:* showing how the researcher's own personal interests and values that appear to unduly interact and interfere with the design and conduct of the study are reduced, e.g. by use of "double blind" designs. (b) *Researcher values clarification:* clarifying the values and interests of the researcher that remain. (c) *Confirmability:* assuring that data, interpretations, and outcomes in the research are rooted in contexts and persons apart from the researcher, e.g., by the use of a research auditor's assessment of the content of the research.

Table 1. Typical Organization and Content of a Therapy Research Report in Two Paradigms, page 4

SECTION OF ARTICLE	THE TRADITIONAL, GROUP STUDY PARADIGM	THE PRAGMATIC, CASE STUDY PARADIGM
Results	**Theory-Relevant Results**. This section presents the quantitative results of the study that shed light on testing of the theory.	**Program Impact** This section addresses components F-K in Figure 2. It summarizes: (a) narrative and quantitative evaluation data that shed light on the process and effectiveness of the therapy program, using such data analytic techniques as "performance indicators," "pattern matching," "cost-effectiveness analysis," and "goal attainment scaling"; and (b) analysis of the guiding conception in terms of what seems to make the program more or less successful, including such emergent analytic techniques as "grounded theory" (Mahrer, 1988; Patton, 2002).
Discussion	**Implications for General, Nomothetic Theory** This section reviews the study results and discusses their implications for the viability of the originally introduced general theory.	**Application to Other Cases** This section reviews the study results and discusses them in terms of: (a) their applications to other similar case situations; and (b) their relevance for confirming the general usefulness of the original guiding conception and/or for suggesting revisions of the guiding conception to make it more useful (see component L in Figure 2). .

Table 2. A Variable Vs. Configural Approach to Predicting Therapy Outcome

CLIENTS	*CONTEXTUAL THERAPY VARIABLES*			*THERAPY OUTCOME*	*PROCESSES LEADING TO OUTCOME*
Each case involves a 30-year-old male in therapy with a male therapist using the same "manualized" treatment package for the client's presenting anxiety disorder.	**1. Informal, laidback Vs. formal, business-like therapist in manner and dress.**	**2. Therapist is same age (30) as Vs. older (50) than the client.**	**3. Client more Vs. less attracted to struc-tured therapy.**	**4. Out-come.**	
A	More informal	Older	More attracted	Positive	The client likes the therapist's informality; he associates the therapist's older age with more experience, competence, and wisdom; and he is attracted to the structure of the therapy.
B	More informal	Same Age	More attracted	Negative	Although the client is attracted to the structure of the therapy and doesn't care about the age of the therapist, the informality of the therapist is a real turn-off.
C	Less informal	Same age	Less attracted	Positive	A client who very much values his independence and emotional distance is positively motivated by a therapist who is the same age and formal and business-like -- overcoming the client's disinclination towards structured procedures.
D	Less informal	Older	Less attracted	Negative	A client who is disinclined towards structured procedures is further turned off by the fact that his therapist is older and more formal and business-like.

Table 3. Valances of the Contextual Variables in Table 2

	VARIABLE VALUE		
VALANCE OF VARIABLE VALUE	**1. Informal, Laidback Therapist**	**2. Therapist is Same Age**	**3. Client More Attracted to Structured Therapy**
Positive	Client views an informal and laidback therapist manner as warm and welcoming.	Client views a therapist the same age as positive, as working collaboratively and cooperatively as a peer. An older therapist is viewed as intimidating and out of touch with the client's life style.	Client is comfortable with structure and associates structure with competence and effectiveness.
Neutral	Client is not concerned about the informality or formality of the therapist.	Client is not concerned about the age of the therapist.	Client is not concerned about the degree of structure in the therapy.
Negative	Client views an informal and laidback therapist as unprofessional and distracting. The client's expectations of competence assume a formal and business-like therapist manner.	Client associates the same-age therapist as lacking the experience, competence, and wisdom the client associates with older age.	Client views structure as mechanistic and confining.

Figure 1. Professional Activity as Applied Science (from D. Peterson, 1991)

Figure 2. Professional Activity as Disciplined Inquiry (adapted from D. Peterson, 1991).

Figure 2. Professional activity as disciplined inquiry (adapted from D. Peterson, 1991).