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Abstract

This chapter highlights the potential and variety of qualitative methods that can be applied to counselling and psychotherapy outcome research. The chapter's main focus is on outlining the various forms of qualitative data collection methods that are available to researchers. This is followed by an overview of the various qualitative analysis methods that can be utilised for interpreting the data. Finally, the limitations of qualitative outcome research are discussed, including a number of approaches to evaluating the credibility of such research.

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27.1. Introduction

At first glance, psychotherapy outcome appears to be a natural for quantitative research: We implicitly think of client distress or symptoms as a kind of fever, something that can be measured by quantitative outcome measures, which provide metaphorical thermometers or psychological pain rulers. Thought of in this way, client change over the course of therapy seems naturally to be a quantitative concept, more a matter of *how much* than of *what*, or *how*, or *why*. If symptoms or distress decrease by enough, that is a good outcome. What place, then, is there for qualitative methods in psychotherapy outcome research? That is the question we will address in this chapter.

We will start with a brief, *prima facie* case for qualitative outcome research: Compared to the quantitative outcome methods discussed in the previous chapters, qualitative research methods operate out of an alternative research paradigm or methodology. Crucially, qualitative methods bring a different set of questions to bear on therapy outcome (Barker et al. 2002). Some of these are questions that are logically prior to quantitative measurement, such as, “What do we mean by outcome?” (=definition), or “What aspects, kinds or varieties of outcome are there?” (=description). Other questions build on the quantification of client change, but seek deeper understanding or explanation, such as, “How does change come about in therapy?” and “Why did this particular client change over the course of therapy?” These are questions that don’t readily lend themselves to quantification, and point to an important, but generally overlooked role for qualitative research on therapy outcome.

Rather than imposing a predefined set of outcome criteria, qualitative outcome research attempts to access the participants’ own views and reflections on what has changed for the client over therapy. This offers the potential to reveal new knowledge about the participants’ experiences of psychotherapy or counselling (we will use the terms interchangeably here), and the impact this has had on the client in particular. Given this potential, surprisingly few studies have adopted this approach. A decade ago, McLeod (2000b) was able to locate only six published qualitative studies on counselling or psychotherapy outcome. Though additional qualitative outcome studies have been published since (e.g. Rodgers 2002; Klein and Elliott 2006), this approach continues to be underresearched, even as qualitative psychotherapy process research has flourished (see Section III of this book).

This situation is unfortunate, given the foundational nature of basic definitional and descriptive qualitative research questions, which logically should have been carried out *before* undertaking quantitative outcome research: It is always good to know *what* something is before you try to measure *how much* of it is present. This suggests that psychotherapy outcome may have been prematurely quantified, prior to careful definitional and descriptive research. Perhaps because of this, it can be argued that standard quantitative approaches to outcome research have reached the limits of their ability to expand our understanding of the outcomes of counselling and psychotherapy (McLeod 2001a). The drive to gain scientific credibility has tended limit outcome research to the proof of efficacy rather than the discovery of new knowledge. This has artificially narrowed the scope of psychotherapy outcome to a relatively small range of variables, with no assurance that we are even measuring the right things. Sadly, although several authors have challenged this situation (Levitt et al. 2005; e.g. McLeod 2000a; McLeod 2001a; Rodgers 2003; Slife 2004), these critiques have not yet led to a significant uptake of alternative methods.

In a provocative challenge the status quo, Slife (2004) outlined several areas in which adopting a positivistic approach has constrained our understanding. He asserts that rather than imposing structure onto and manipulating the data, a qualitative approach invites researchers to come into a much more intimate relationship with the data. Further, Slife suggests that we need a change in orientation of therapy outcome research to look not just at feeling better, but to include more existential dimensions such as having more purpose, understanding things more, or helping others. Similarly, there is a need to contextualise outcomes within people's lived worlds, where they act as interdependent, fundamentally social beings in relation to other individuals and to their community and culture. Additionally, rather than looking at single variables, outcome researchers should look for patterns of change among experiences, meanings, relationships etc.

Such an approach would be relevant not only to groups of individuals (nomothetic research), but also to particular clients' experiences over time (idiographic research). Although quantitative research can be idiographic and qualitative research can be nomothetic, we argue that qualitative methods lend themselves more readily to in-depth studies of an individual's experiences of psychotherapy or counselling. In addition, as McLeod (2001b) contended, qualitative outcome research is more consistent with the practices and values of counselling and psychotherapy, which emphasize human agency; reflexivity and emotion; collaborative and dialogical forms of meaning-making; the role of language in constructing realities; and the validity of sacred experience.

The purpose of the current chapter is thus to highlight the potential and variety of qualitative methods that can be applied to counselling and psychotherapy outcome research. The chapter's main focus will be on outlining the wide range of qualitative data collection methods available to researchers. This will be followed by an overview of relevant qualitative analysis options. We conclude with a consideration of some of the limitations of qualitative outcome research and how these can be handled.

27.2. Qualitative outcome data collection methods

Qualitative outcome data collection methods can shed light on the richness and diversity of individual client change (see Table 1). Rather than restrict description of client change to discrete, predetermined categories or rating scales, such as problems or symptoms, these approaches access client and therapist perspectives on client changes over the course of therapy. They offer participants an opportunity to describe changes in a more expansive, open ended format, thus opening the door to rich, in depth narratives about client change.

27.2.1 Perspective of observation

A good starting point in thinking about collecting qualitative data on outcome is the perspective of observation (Elliott 1991), that is, who to ask: client, therapist or outside observer? It is clear from the existing literature that most researchers prefer to ask clients, on the grounds that the client is the person likely to have the most direct information about the changes they have experienced, including aspects of their private experience that might not be apparent to others, including the therapist. This is also our personal view and will be the focus of this chapter.

However, it is worth considering briefly the other possibilities, the most obvious of which is to ask therapists about the changes they have seen in their clients. For one thing, therapists are likely to have more highly differentiated language and perceptual training for discerning changes

that clients might not be aware of or notice. They also can typically draw on experience with a broad range of clients, sensitizing them to possible changes, some of whom may be quite difficult for clients to access. For example, (Traynor et al. 2011) interviewed therapists about their views of the helpful aspects and effects of their work with clients with psychotic processes; unexpectedly, the therapeutic change described most often was not decreased thought disturbance or self harm but rather increased social adjustment. Finally, it is worth pointing out that therapy affects therapists as well as clients, and a logical place to begin the study of therapist outcomes would be to ask therapists.

Yet another possibility is to use observers, either researchers or significant others, as sources of open-ended data about client outcome. For example, (Dreier 2008) had researchers observe clients in their daily lives between sessions. Alternatively, although difficult for both practical and ethical reasons, significant others can be interviewed about changes they may have noticed in the client. (One of us once interviewed a research client's adult daughter, who declared the therapy a failure because her mother now made her do her own laundry.)

Of course, client, therapist and observer perspectives are each fraught with difficulties, some of which we will discuss later on, but asking the client does appear to be the logical starting point. For now, we will simply point out that there are other, rarely considered options for collecting data about client (and therapist) outcome.

27.2.2. Interview based qualitative data collection

The most common method for collecting qualitative data on the outcomes of counselling and psychotherapy entails some form of recorded interview. Typically, this approach uses an interview guide consisting of a list of questions or topics that a participant is generally free to respond to in their own way. This allows the person to voice the aspects or dimensions of therapy outcome that are most personally significant for them. Qualitative interviews assessing outcome include ad hoc and standardized formats.

27.2.2.1. Ad hoc post-therapy qualitative interviews

We begin by considering one-shot interview schedules designed for use in a single study. This approach involves the researcher interviewing several clients at some period after the completion of therapy, typically using a semi-structured interview schedule designed by the researcher for the specific aims of a particular study. Typically, interviews are recorded and transcribed, then analysed using some form of qualitative analysis (see section 3 of this chapter).

McLeod's (2000b) review of qualitative outcome research found that studies that adopt this approach (e.g. Howe 1989, 1996) demonstrate that clients possess their own criteria for evaluating therapy, that clients are able to differentiate between change attributed to therapy and change attributed to other life factors, and that it is possible to make confident statements of success or failure on the basis of qualitative data. Additionally, Rodgers (2003) argues that this approach to researching the outcomes of therapy not only yields interesting results, but also allows researchers to identify the reasons behind the results. For example, in the study by Howe (1989) cited above, in addition to finding that therapy was not as successful as expected, researchers were able to identify several reasons for clients' discontent about the results of their therapy, which then allowed actual changes in practice to be implemented. As such, studies that utilise this method offer the opportunity to provide practitioners with valuable feedback into how their practice is actually being received by clients.

This approach offers the opportunity for clients to express in detail their retrospective reflections on the significance of the changes from before until after therapy. Further, the researcher is able to dialogue with participants in order to check out their understanding, and to explore things at greater depth (Kvale 1996). This offers the potential for a rich set of results that more fully capture each individual's experience, including the nuances and subtleties of change. It also offers the client the opportunity to reflect on and consolidate any changes that may have occurred during therapy, and to identify any areas that may still need attending to. In this sense, well-conducted post therapy interviews, in any format, can be seen to offer clients a research procedure aligned to and compatible with their therapy, making it an example of evaluation research that supports rather detracts from the intervention it evaluates (Patton 1997). Thus, a good ad hoc post-therapy qualitative interview includes specific questions relevant to the researcher's key interests; helps participants provide specific detail about their experiences; goes beyond to superficial description to provide understanding; offers practitioners useful feedback; and helps clients consolidate therapeutic benefits.

27.2.2.2. Standardised, semi structured change interviews

Standardizing research procedures increase opportunities for comparing results across studies and for building cumulative knowledge. Standardised semi-structured interviews focusing on the client's perceptions of the outcomes of counselling and psychotherapy allow this possibility. Here the approach taken is not so much to ask questions about a specific research topic, but rather to collect a general set of qualitative data that can be used in various ways.

27.2.2.2.1. The Change Interview

The Change Interview (Elliott 1999, 1996) is a good example of this approach to qualitative outcome data collection. The protocol guides a 60- to 90-minute interview that can be administered at the end of therapy and at regular intervals throughout therapy. The interview questions attempt to explore the changes that a person has noticed since therapy began, what the person attributes these changes to, and helpful and unhelpful aspects of therapy. In the current version of the interview (Elliott and Rodgers 2008), clients are also asked about what resources (personal strengths or things in their life situation) that they feel have helped them to make use of the therapy, as well as any limitations (personal weaknesses or difficulties in their life situation), that have made it harder for them to make use of therapy. The interview also includes questions about the research.

This broad spectrum approach potentially offers participants more opportunity to tell their story compared to interview schedules that focus on a specific research question. Further, the interview schedule specifically focuses on the participant's attributions of any changes, allowing for change factors outside of therapy to be differentiated from those within therapy. Additionally, the questions on the resources and limitations of a person's life situation allow a more contextualised view of therapy outcomes to be obtained.

Clearly, clients' views of the outcome of their therapy are only one aspect of the Change Interview. However, this aspect is central to the Change Interview: First, outcome is operationalized in terms of "changes since therapy started". Second, a set of follow-up questions is used to encourage clients to reflect in detail and at length, including liberal use of the "Anything else?" question. Third, negative or missing changes are specifically inquired about. Here is the relevant section of the interview schedule, including interviewer instructions:

- 2a. What changes, if any, have you noticed in yourself since therapy started?
(Interviewer: Reflect back change to client and write down brief versions of the changes for later. If it is helpful, you can use some of these follow-up questions: For example, Are you doing, feeling, or thinking differently from the way you did before? What specific ideas, if any, have you gotten from therapy so far, including ideas about yourself or other people? Have any changes been brought to your attention by other people?)
- 2b. Has anything changed for the worse for you since therapy started?
- 2c. Is there anything that you wanted to change that hasn't since therapy started?

This approach to qualitative research also allows a standard set of data to be collected at different stages of therapy. By undertaking interviews at various mid therapy points (eg, after every 10 sessions), problems associated with both data loss due to dropout and retrospective recall are reduced.

A further benefit of this standardised approach is that it allows similar information to be obtained across different clients, research projects, settings, or even different cultures. For example, comparative studies could be undertaken comparing the similarities and differences between a North American university setting and a German outpatient clinic. The key point here is that the structured approach offers the opportunity for researchers to utilise the data in different ways at different times, rather than being restricted to a single study intended to answer a specific research question as with ad hoc qualitative interviews. Researchers can effectively recycle collected data from one study to the next, rather than it going to waste once a study is completed. Additionally, later researchers can retrospectively mine the data for their specific research interests. This reusability factor offers a significant benefit particularly for settings such as university research clinics whereby many researchers can form a shared data collective rather than needing to recruit participants individually.

27.2.2.2.2. The Narrative Assessment Interview: A pre-post qualitative interview

Post-therapy qualitative interviews require clients to implicitly compare their pre- and post-therapy psychological states in order to identify changes. However, retrospective data collection is subject to fading of memory and schema-based shifts and distortions of memories over time. One way around these problems is to conduct qualitative interviews at the beginning of therapy and to compare these to similar interviews conducted after therapy is completed.

The Narrative Assessment Interview (NAI) is an extension of the Change Interview that assesses the outcomes of therapy in terms of changes in the client's macro-narrative or self story (Hardtke and Angus 2004). This approach differs from the standardised, semi structured interview approach taken with the Change Interview in that the content of the pre-therapy interview can be actively used in the post-therapy interview as a point of reference for the participant to reflect on any changes that have occurred.

NAI protocol consists of three stages: (a) a brief, semi structured interview conducted after the first session of therapy; (b) a summary of the main aspects of this initial interview; and (c) a post-therapy reflection interview. The first stage interview is intended to be a collaborative exploration of the client's story about self and the views they hold about others' perceptions of them. To facilitate this exploration, three questions are asked:

- How would you describe yourself?
- How would someone who knows you really well describe you?

-If you could change something about who you are, what would you change?

The first two questions are accompanied by an empathic exploration of what emerges, along with a request for recent examples from the person's life to illustrate the points raised. The final question is intended to gain an understanding of what the client hopes to change over the course of therapy, and to provide a concrete pre-therapy reference point for the participant to reflect upon at the end of therapy. In the second stage of the protocol, the recording of the initial interview is comprehensively summarised by the researcher to provide a written record of key descriptors. During the final post-therapy interview stage of the protocol, clients are asked to read and critically reflect upon the summary of their initial research interview, in order to facilitate a critical inquiry into their experiences of any change during therapy.

A significant advantage of this approach compared to other qualitative interview protocols is that it offers the field of counselling and psychotherapy outcome research a qualitative approach to a pre-post therapy design. Rather than relying on the client's retrospective recollection of change since therapy began, data are collected at the pre-therapy stage providing the equivalent of a baseline measure. These data can then be directly compared to the client's post therapy self descriptions. Additionally, clients are able to define their own criteria about what they are looking to change in therapy, and are able to evaluate the significance of changes based on their own perception of the difference in their self statements. This provides a truly client-oriented approach to assessing the outcomes of therapy, and the opportunity to self evaluate change based on explicit pre-therapy statements rather than having to rely on retrospective recall alone. In this way, the method can be seen as a form of assisted reflexivity (Rodgers 2010).

This key advantage does, however, introduce a number of complexities. In the protocol as described above, the client is reliant on the researcher's summary of the key points of the pre-therapy interview, with the potential for significant loss of content and verbal nuance. Further, this process is highly labour intensive and time critical for the researcher, who must ensure the transcription and summary are completed before therapy finishes. Whilst this may be easily managed in a focused, time-limited research project, it is likely to be more difficult to use more broadly.

27.2.2.3 Summary of findings of interview-based qualitative outcome research

Only qualitative interview studies of therapy outcome exist in sufficient numbers to allow any sort of summary to be made. Timulak and Creaner (2010) have recently published a qualitative meta-analysis of eight studies of client post-therapy changes in humanistic psychotherapy (the topic of most of the existing literature). They reviewed the categories (see section 27.3.2 below) identified in these studies, grouping them into eleven meta-categories shared across studies. These meta-categories fell into three larger meta-categories: *appreciating experiences of self*, *appreciating experience of self in relation to others*, and *changed view of self/others*. Their broad division of client post-therapy outcomes into changes in internal self processes vs changes in self in relation to others replicates an earlier qualitative meta-analysis of a smaller number of qualitative outcome studies (Elliott 2002b). One of Timulak and Creaner's categories occurred in almost all (7 out of 8) of the studies reviewed: *Feeling empowered*, making it potentially a key constituent of client outcome. Five other categories also occurred in at least half of the studies, suggesting that they are typical of client post therapy changes:

smoother and healthier emotional experiencing, appreciating vulnerability, experience of self-compassion, self-insight/self-awareness, and enjoying interpersonal encounters.

27.2.3. Other verbally-based qualitative data collection methods

Although interviews are the most common source of qualitative data, numerous other methods exist that have the potential to provide alternative views on the outcomes of therapy. The following section outlines a variety of verbally or linguistic based methods that utilise language as the primary mechanism for both requesting and recording qualitative data.

27.2.3.1. Qualitative questionnaires

The simplest alternative to interviews is the use of questionnaires that include some form of open response questions that allow respondents to reply more fully than in the predetermined format of purely quantitative questionnaires. This approach typically asks more specific questions than in a semi structured interview schedule, while at the same time providing more limited opportunity for a client to respond. As this type of questionnaire is relatively simple to construct and cost effective to implement, this approach is often used by counselling organisations as part of an ad hoc program evaluation process to gain qualitative information about client benefits of services offered (e.g. Bende and Crossley 2000). However, due to the limits of space and lack of ability to interact with the respondent to check out and request elaboration of client responses, this approach typically produces thin protocols and is thus of limited use for systematic qualitative investigations into the outcomes of therapy. Despite this, the use of qualitative questionnaires alongside standardised outcome measures would seem to be useful in routine service valuation, given that it offers clients a chance to have their voice heard more directly.

27.2.3.2. Personal documents as qualitative data

The use of personal documents as qualitative data offers a number of potential benefits for researching the outcomes of counselling and psychotherapy. Allport (1942), for example, contended that the use of personal documents in psychological research provides a touchstone for the results of other methods, a more common sense, naturalistic and idiographic approach that can counter the focus on abstract findings derived from nomothetic methods. In particular, qualitative personal documents allow researchers to access a person's subjective experience contextualised within their every day life, rather than being limited to data collected within a research or therapeutic setting. This sets them apart from qualitative interviews, which are typically conducted in the researcher's territory (either physically or psychologically). Similarly, personal documents allow researchers to see into a person's lived world as it is experienced, rather than as it is recalled in a research interview, and in this way offer a solution to the problem of retrospective recall (Bolger et al. 2003). Further, when utilised in a longitudinal design (such as with diaries), personal documents offer a method for the researcher to gain a more fine grained access to complex, self-regulating processes, allowing them to watch the course of development and change over time (Schmitz and Wiese 2006).

27.2.3.2.1. Diaries, journals and personal logs

Qualitative personal documents with potential for studying therapy outcome include diaries, journals and personal logs, methods that involve data collection carried out at regular intervals over time. This approach asks a participant to maintain a written account of their experiences, either in a structured manner (e.g. behaviour log) or more free form manner (e.g. personal diary). These methods can be utilised to gather data at a specific interval (*interval contingent* - eg, the end of the day), on a predetermined signal (*signal contingent* - eg a phone call from the researcher), or after a defined event (*event contingent* - eg after a panic attack) (Wheeler and Reis 1991). Recent advances in technology have even enabled researchers to automate the data collection process in the form of Ecological Momentary Assessment (EMA) (Stone and Shiffman 1994; Shiffman et al. 2008). This entails the moment to moment recording of data on a pocket computer or PDA in real world settings such that details like current date, time, location etc are recorded along with more qualitative data such as what the person is feeling, thinking or experiencing at that moment.

Though structured diaries, journals and logs have become a popular method for client self-monitoring within behavioural approaches in psychology (Korotitsch and Nelson-Gray 1999), surprisingly few researchers have employed diaries to gather more detailed qualitative data for their therapy research. In a review of qualitative diary studies in psychotherapy research, Mackrill (2008) was only able to identify four published accounts, all largely verbatim reports from clients which had not been formally analysed in any systematic way. Mackrill contrasts these unsolicited diary reports with solicited diaries used in other forms of social science research. Here, participants are specifically requested to write about an area of interest relevant to the research being undertaken, rather than whatever spontaneously arises. This provides a focus for the diary content, allowing a systematic analysis similar to that undertaken with qualitative interviews discussed above.

27.2.3.2.2. Letter to a friend

An interesting example of the use of personal documents for qualitative psychotherapy outcome data collection is a study by Burnett (1999; Burnett and Van Dorssen 2000). Burnett utilised a 'letter to a friend' method adapted from the Structure of Observed Learning Outcome (SOLO) taxonomy used for the assessment of learning in an educational context (Boulton-Lewis 1995). Burnett's (1999) adaptation of this protocol was a tentative attempt to explore the utility of the letter to a friend (LTF) technique in combination with the SOLO taxonomy to assess the structure of learning gained from counselling. The protocol requested clients to write a letter to a friend describing in as much detail as possible what they had learned and how they had gained or benefited from counselling. This innovative data collection method appears to have yielded in-depth responses from clients enabling a detailed qualitative analysis and evaluation of the outcomes of therapy.

27.2.3.2.3. Autobiographical and personal accounts of therapy

Though typically not intended as a direct source of qualitative data on the outcomes of counselling and psychotherapy, client autobiographical and personal accounts potentially offer a unique insight into what individuals have got out of their therapy. Books such as Alexander's (1995) "*Folie a deux: An experience of one-to-one therapy*" and Sands' (2000) "*Falling for therapy: Psychotherapy from a client's point of view*" along with journal articles such as Bassman (2000, 2001) and Tenney (2000) would seem to offer a valuable insight into clients'

changes over the course of therapy. The potential here is that such accounts can be searched in order to hear what people are saying spontaneously about what they got out of psychotherapy. For example, the account by Tenney (2000) argues that what consumers want is recovery-focused mental health services that go beyond symptom reduction, and offer “the sense of empowerment, and the problem-solving skills that gear people toward recovery” (p. 1441).

Similarly, the use of personal accounts of therapy in the form of internet discussion groups, chat room dialog, web logs (blogs), and social network sites such as Facebook and MySpace offer a wealth of naturalistic texts spanning a significant duration of time, thus giving a more longitudinal perspective on outcomes than is traditionally considered (Murray and Sixsmith 2002).

27.2.3.2.4. Auto-ethnography

Though the above sources of personal accounts do not yet seem to have been utilised in qualitative psychotherapy research, a similar approach, in the form of auto-ethnography, has. Auto-ethnography is a blend of ethnography and autobiography (Scott-Hoy 2002) offering the potential for clients as researchers to tell their own story within the context of formal research. It entails the client-researcher performing some form of narrative analysis on their own lived experience in order to explicate a phenomenon of interest (McIlveen 2008). The aim is to extend and enhance both the client-researcher’s and the reader’s understanding of the issue being investigated (Sparkes 2000). An example of this approach in the field of counselling is a study by Etherington (2005) into the experiences of people who have suffered childhood trauma. Etherington gathered 10 participants’ stories (including her own) showing how they had made sense of childhood trauma and the ways they had found to heal. This study demonstrates the potential to hear detailed, reflective accounts of client’s situated experiences of healing, which could be used to help inform us of beneficial and problematic outcomes of therapeutic interventions, as well as contextualising these within a wider set of resources.

27.2.4. Visual approaches to qualitative data collection

Though verbal or linguistic approaches such as interviews and personal documents seem the most obvious method for collecting qualitative data, visual methods offer an intriguing alternative that is not solely reliant on or limited to the spoken or written word. Sperry (1973) argued that science, and indeed modern society in general, has tended to favour linguistic and symbolic functioning associated with the left hemisphere of the brain at the expense of other, more holistic forms of functioning. Deacon (2000) contends that this traditional privileging of numbers and words over other forms of data has inherently limited our ability to study complex, dynamic systems. In contrast, Oster & Gould Crone (2004) propose that visual methods offer a form of communication with a richness, uniqueness, complexity and spontaneity that is not usually available through words alone. Further, Przyborski and Slunecko (2012) argue that images inherently structure how we perceive the world around us, and by embracing this, radical new approaches to data collection and analysis methods may become available which are not constrained by traditional language based methodologies.

27.2.4.1. Photos and video

The use of photos and video as a qualitative data collection method has gained increasing acceptance and usage within several fields (eg, anthropology, health and nursing studies;

(Knoblauch et al. 2008). In particular, participatory approaches to visual data collection have been conducted with participants taking photos (Kaplan 2008) and compiling video footage (Haw 2008) from their own perspective in order to give researchers a different picture, literally through a different lens. As a potential tool for counselling and psychotherapy outcome research, however, it is not clear how well these methods can give access the participants' inner worlds. While photos and video are convenient for recording the world around us, they do not directly capture the thoughts, feelings and emotions that accompany the recorded scene. These issues may explain the lack of uptake of this approach in counselling and psychotherapy outcome research. At this time, no studies have been found that attempt to use these visual self report methods of data collection.

27.2.4.2. Projective drawings

In contrast to documentary use of photos and video, the use of projective drawings or art products offer a clearer route for gaining access to the hidden inner world of participants. The basic premise of projective techniques is that everyone to some degree projects their own traits, attributes or subjective processes onto what they perceive or express (English & English, 1958, as cited in Semeonoff 1976). Projective techniques attempt to make use of this, typically by providing relatively unstructured or ambiguous stimuli or tasks and then observing how an individual perceives, interprets or structures these. An example of this approach is Buck's (1949) House-Tree-Person technique, which simply asks a person to draw a picture of a house, a tree and a person. The instructions are left purposefully vague so as to facilitate the projection of the participant onto the task.

Anastasi (1988) suggests that projective techniques may work best as a supplement to qualitative interviewing. Used in this way, they may act to break the ice during the initial contact with a researcher, by providing a more interesting and entertaining method for engaging participants than standardised questionnaires. Further, Begley and Lewis (1998) propose that this approach may be especially valuable in facilitating communication with participants with reduced language comprehension and expression abilities. Further, projective drawings constitute a permanent sample of a participant's behaviour that can be used for comparison in longitudinal studies. Seen from this perspective, projective techniques would appear to offer a valuable adjunct to qualitative research interviews, and could be utilised in a pre-post design offering a method for comparing the qualities of a client's responses from before to after therapy. (see Flitton and Buckroyd 2002, for an example of a study which utilises this approach)

27.2.4.3. Timelines and lifelines

In contrast to projective drawings that generally attempt to reveal the unconscious meaning of pictures, drawing techniques can also be utilised in a more straightforward, direct manner as tools to help research participants provide information. For example, methods such as timelines and lifelines offer a way for researchers to facilitate a structured recall of a sequence of previous events, particularly within the context of qualitative interviews. These methods are especially useful for gathering information of a longitudinal nature, such as a life history, rather than focusing on isolated or single events (Deacon 2000). The method typically uses some form of line with linear markings to represent events of interest (Tracz and Gehart-Brooks 1999). Depending on the participant's drawing style and the nature of the research task, lines can be straight (e.g. Brott 2004), or more curved and 'windy' (e.g. Guenette and Marshall 2009). Events may be marked using simple cross marks with labels, or with diagrammatic and pictorial

representations (Tracz and Gehart-Brooks 1999). Guenette and Marshall (2009) propose that timelines are particularly useful when research involves participants recalling sensitive or emotionally charged material. Here the timeline can act as a representational anchor, allowing sensitive topics to first be tentatively marked on the line before being discussed at greater depth.

Within the field of counselling and psychotherapy research, McKenna and Todd (1997) used timelines to investigate how people accessed therapy at different times in their lives. Participants were asked to construct a timeline of their contact with various mental health services. Following this, semi-structured interviews were used for a detailed discussion of each event. Transcripts of these interviews were then analysed in order to extract the dominant themes within and across individuals. In terms of the use of the timeline method, the researchers were able to elicit rich individual accounts that provided detailed narrative examples of the various types of therapy episode. These included *exposure* to the possibility of help before shopping around or *discriminating* a suitable service. Participants also described later *formation* episodes where significant and lasting change took place, followed by *consolidation* and *holding* episodes. This study demonstrates a very different view of outcome than is traditionally considered, and demonstrates that individuals look for different types of outcome at different stages in their life.

27.2.4.4. Mapping techniques

Similar to timelines and lifelines, mapping techniques provide a method of representation that can be used to help participants to structurally organise and recall information. Whereas timelines provide a method for linearly representing longitudinal data, maps are “graphic representations that facilitate a spatial understanding of things, concepts, conditions, processes, or events in the human world” (Harley and Woodward 1987 p.xvi). Various mapping techniques have been used in the fields of social work, family therapy and elsewhere where representing the individual as part of a wider system is recognised as important. These techniques include ecomaps (Hartman 1995), social network maps (Tracy and Whittaker 1990), node link maps (Dees et al. 1994), and various other structured and unstructured approaches such as flow charts, floor plans and life space maps (Peavy 1997, 2004).

Rodgers (2010) recently developed the approach of Life Space Mapping (LSM) to explicitly investigate the outcomes of counselling and psychotherapy. Using this technique, participants are asked to complete an LSM before and after therapy. Participants start with a blank sheet of paper onto which they represent themselves and their personal world, including their present situation. The person is encouraged to use lines, images, colours, words, sentences and symbols to construct a visual representation of their feelings, thoughts, actions and situational details that have meaning in relation to their current concern. After completing their post therapy LSM, clients are presented with their pre-therapy LSM and asked to reflect on any differences between their maps. This approach has been found to offer an evocative point of reference for participants to reconnect with their pre-therapy life situation. This is significant, as participants reported ‘forgetting how bad it was’, and of having lost sight of the reasons they initially came to therapy. Further, the mapping technique tended to decentralise the significance of therapy as a change factor, allowing participants to recall ‘what is different from then until now’ rather than ‘what has changed since therapy began’. Participants also reported the method allowed them to identify less conscious aspects of change. These points indicate the value of utilising a visual approach as a different culturally-based tool (Peavy 1999) for investigating the

outcomes of counselling and psychotherapy, allowing different stories to be told by participants and heard by the researcher than would be possible using a purely verbal approach.

27.3. Qualitative outcome data analysis

One of the biggest challenges to qualitative outcome research is the analysis of the rich data sets provided by the data collection methods discussed above. It is not unusual for a qualitative interview to last 60 to 90 minutes, with the resulting transcription at least 30 pages. Similarly, personal diaries and other documents may amount to hundreds of pages over time. Even more challenging is the analysis of visual forms of data. Given these challenges, it is easy to see why quantitative measures have been favoured, as they provide an elegant method for efficiently reducing potentially vast amounts of data into simple to comprehend results.

There is nothing unique about qualitative outcome data that requires them to be analyzed differently from qualitative process data, which means that the options will be generally the same as those described in Section III of this book. Most commonly, standard qualitative analysis methods are used, such as varieties of grounded theory (Chapters 32 & 33), narrative analysis (Chapter 31), or conversation/discourse analysis (Chapter 35). In addition, a promising approach to interpreting and synthesising rich qualitative outcome data is the interpretive case study method (e.g. Elliott et al. 2009). Here we will focus on the main research questions that are commonly addressed to qualitative outcome data and the analyses that lend themselves to answering those research questions (see Table 2).

27.3.1. Descriptive analyses of rates or frequencies: Quantitative Content Analysis

Although qualitative in form, it is not difficult to analyse client descriptions of the effects of therapy using predefined categories or rating scales, a method usually referred to as content analysis. Content analysis (Krippendorff 2003) typically uses predefined categories and then counts the number of occurrences of that category in the data. For example, client open-ended descriptions of what has changed over the course of therapy can be subjected to content analysis to identify frequencies of predefined concepts. For example, Klein and Elliott (2006) used a simple framework of domains of life functioning developed in previous research (Barkham et al. 1996) to classify the content of client post therapy changes. Traditionally, content analysis has involved assignment of units of text to mutually exclusive and exhaustive categories (e.g., Klein & Elliott, 2006: mood-symptoms vs. relationships etc). However, a more sensitive approach is to treat the concepts as separate rating scale items rather than categories: One or more concepts can be rated for degree of presence on a simple 4-point rating scale: 0 = “clearly absent”; 1 = “probably absent”; 2 = “probably present”; 3 = “clearly present”. Elliott James, Reimschuessel, Cislo and Sack (1985) used this approach to rate the effects of significant therapy events (within session outcome) for insight, problem solution, reassurance etc. This approach makes it possible to work with more complex qualitative descriptions.

Quantitative content analysis can also be useful for working with visual data. For example, the Formal Elements Art Therapy Scale (FEATS) devised by Gantt and Tabone (Gantt 1998; Gantt and Tabone 2003) utilises rating scales that describe the content of a drawing along predefined artistic criteria. Using this approach, drawings can be rated according to prominence of colour, implied energy, space, integration, logic, realism, problem solving, level of detail, line

quality etc. For example, prominence of colour is rated on a 5 point scale from “Color used for outlining only” (0) to “Color used to fill all available space” (5), while line quality is rated from “Broken, damaged lines” (0) to “Fluid, flowing lines” (5). Similarly, the video transcription system MoVIQ (Movies and Videos in Qualitative Social Research) provides a systematic method for film and video interpretation (HAMPL 2008). Like the FEATS system for drawings, this approach aims to analyse the formal structure of visual data, in this case moving pictures. For example, segments of video may be categorised in terms of their formal composition such as planimetric composition, perspective projection and scenic choreography.

This form of content analysis thus converts qualitative raw data into quantitative rates or frequencies, which lend themselves to comparison over time, and can be used for assessing pre-post change. More importantly, however, this makes it possible to compare data from case to case, across types of therapy or settings, or even across studies, if the same coding strategy is employed. Much larger amounts of data can be summarized and compared in this way.

27.3.2. Exploratory analyses of kinds or aspects: Grounded Theory and variants

Often, when faced with a body of qualitative descriptions of outcome, a therapy researcher does not necessarily want to be restricted to a pre-existing set of concepts such as is required for content analysis discussed above. This is particularly the case with new kinds of psychotherapy or counselling (eg motivational interviewing), or applications to new client populations (eg, social anxiety) or in new settings (eg groups). Here, the researcher wants to get a broad picture of the *kinds* or *aspects* of client change that are possible. For example, in addition to doing a content analysis of client descriptions of change, Klein and Elliott (2006) also carried out a grounded theory analysis, using the open-coding procedure described by Strauss and Corbin (1998). They found a hierarchical set of categories, with five categories nested within two broader domains: Changes within the Self (affective change, self-improvement, experiential processing) and Changes in Life Situation (general life functioning, interpersonal relationships); each of the five categories had 2 – 5 subcategories that helped defined them in richer detail, and went far beyond the generalities of the parallel content analysis they also conducted.

Grounded Theory and related methods of qualitative analysis, such as Interpretative Phenomenological Analysis (IPA: Smith et al. 2009) and Consensual Qualitative Analysis (CQR: Hill et al. 1997) require a deeper, more careful reading and a creative process of constructing categories that capture the data nicely. They are therefore more time-consuming than the content analysis procedures described above, but produce much richer, more textured accounts of how clients change in therapy, pointing toward new understandings. Even closer readings are possible with discourse or conversation analysis, as illustrated by Elliott’s (2006) analysis of how clients construct accounts of having attained insight in therapy, which identified a set of linguistic markers (eg, “realize/real”), metaphors (eg, external force: “It *makes* me feel good”), and contents (eg, interpersonal patterns vs specific emotions).

Exploratory methods for analyzing visual data are yet to be fully utilised in the field of counselling and psychotherapy outcome research. At present, studies have tended to focus on an exploratory analysis of what images have meant to the client. For example, Rodgers (2010)

analysed the qualities of perceived change from therapy using Life Space Maps (LSMs) and found this visual data evoked dimensions of reflexivity such as ‘spatiality’, ‘metaphor’, and ‘imagery’ that other purely verbal methods may not have. Clearly there is potential here to utilise visual data more fully in the analysis process, for example by requiring the researcher to attend to what the data evoke in them and including this in the process of category formation.

27.3.3. Interpretive case studies/credibility analysis

A recent application of qualitative outcome research is within the context of an interpretive case study such as Hermeneutic Single Case Efficacy Design (HSCED: Elliott 2002a; Elliott et al. 2009). HSCED studies offer an alternative to Randomized Clinical Trials for single therapy cases. Qualitative outcome data play a critical role in the first aspect of HSCED studies, determining whether a client has changed over therapy, and are routinely included, in the form of the Change Interview transcripts and excerpts. HSCED also illustrates the importance of incorporating qualitative outcome data within a mixed method or pluralistic research approach (Klein and Elliott 2006). Rich case studies are able to bring together different forms of evidence to present a coherent narrative of individual change. In this way, the different forms of data collection methods discussed above can be brought together, potentially including more traditional quantitative measures.

The HSCED method follows a legalistic model of research, in which two perspectives -- affirmative and sceptic -- are systematically brought to bear on the available quantitative and qualitative outcome data. In this context, qualitative outcome data from the Change Interview, described earlier in this chapter, are used to interrogate the validity of the quantitative outcome data, and vice versa. In addition to comparing and contrasting qualitative and quantitative outcome data, the manner and content of qualitative client outcome descriptions are examined closely for evidence of attempts to please the research team or therapist (deference) or to convince themselves that they have changed in the absence of actual change. Thus, researchers look carefully for evidence of exaggeration of change or downplaying of continuing difficulties or disappointments; they also look for the presence of idiosyncratic descriptions of change that go beyond vague assertions (“Yeah, a lot has changed, you know”) or shared cultural stereotypes about the nature of psychotherapeutic change (“lots of insights into myself”). Often, the verdict of the judges to whom the affirmative and sceptic cases are submitted turns on the credibility of the client as a witness to their own outcome, as evidence in their qualitative accounts of change (e.g. Stephen et al. 2011).

27.4. Limitations and credibility of qualitative outcome research

Although qualitative methods offer a rich and in depth approach to investigating the outcomes of counselling and psychotherapy, they also pose several challenges and limitations. In this section, we briefly review some of these limitations and how they can be addressed.

27.4.1. Reliance on retrospective recall

Probably the most critical concern with most qualitative outcome methods is their reliance on the client’s retrospective recall of the changes that have occurred over the course of therapy. Especially for studies conducted in real world settings, where therapy may last for several months or even one or more years, accurately recalling what life was like before therapy began may be problematic. In these instances, qualitative methods place a heavy burden on the

participant to try to recall what life was like before therapy, and to identify changes that have come about during this particular time period, which may not be particularly distinct in the client's mind. Further, the process of therapy may well alter the participant's fundamental views of themselves and their world, even leading them to reinterpret their life before therapy, which may now seem like looking at a different person.

Utilising mid therapy interviews such as with the Change Interview may reduce the scale of the problem, as clients are asked to recall changes over a shorter duration (usually 6 to 10 sessions). However, only by using pre-post interviews such as with the Narrative Assessment Interview can this limitation truly be addressed. Unfortunately, this approach introduces its own complexities in the form of requiring significant analysis and processing of pre-therapy data by the researcher prior to the end of therapy interview. The use of visual methods such as Life Space Mapping may help overcome this limitation, by providing clients with a visual framework to stimulate recall, without relying on researcher interpretation. Nevertheless, the problem of unreliable retrospective recall remains.

27.4.2. Researcher-centric focus

In addition, qualitative outcome methods are also limited by the researcher's selection of interview and research questions, regardless of whether these are ad hoc or standardized. Studies are typically designed to satisfy researcher curiosity, not to help clients express their perceptions of therapy outcome. For example, the researcher will usually inform the participant of the aims of the study beforehand, and have a set of questions designed to match their central research question. This also comes into play in the analysis of the interviews, as a matter of necessity: All forms of qualitative analysis entail a reduction of data across interviews, dependent on the interests of the researcher and what they choose to extract from the interview. These factors inherently shift the focus towards the researcher's perspective and away from the client's, so that the participant's experience is inevitably filtered by the researcher.

Personal documents do allow a more client-centric view. Here the client is largely writing for themselves rather than for the researcher; the researcher is just another reader of the material. This means the client is more in control of how much and what they choose to write about. Further, there is some evidence that people find it less threatening to reveal personal and sensitive material in writing compared to a face to face interview, especially online (Murray and Sixsmith 2002). Additionally, such material is often available in the public domain (in the form of published books or online discussion forums), so that researchers do not overtly intrude into the person's life in accessing the data. Although undoubtedly subject to self-presentation biases, this form of data collection could be seen as the least problematic for clients, as they are not directly involved with the research.

Perhaps the most client-centric form of qualitative outcome research, which does not subsume the client's voice at all, is that of auto-ethnography, where the researcher's voice and that of the client are one and the same. Here the author is much more aware of, and in control of the potential implications of their involvement. Within the mental health professions, this method can also be seen as professionally beneficial with regard to furthering self awareness as a reflective practitioner, in terms of greater self knowledge, and understanding of one's own thoughts, feelings and experiences (Foster et al. 2006).

27.4.3. Isolated findings

As noted earlier, qualitative investigations of client-perceived outcomes have generally been governed by the idiosyncratic interests of different researchers, leading to a disparate and difficult-to-synthesize research literature. The tendency has been for each study to employ different research questions and forms of analysis. Although this approach offers a rich diversity of results and can give us a detailed insight into different aspects of therapy, the overall picture is not coherent or cumulative, resulting in a fragmented field that is difficult to interpret in any unified way (McLeod 2001c). Though it can be argued that this approach contributes to local knowledge specific to the individual setting and context of each study (McLeod 1999), it also means that policy makers cannot incorporate the results in standards and guidelines for practice. This raises the ethical question of whether it is justifiable to conduct research that may be of greater benefit for the researcher than for the wider field.

27.4.4. Confidentiality issues

Because qualitative data are by nature much richer, issues of confidentiality and informed consent become more complex. For this reason extra care needs to be taken at all points in the research process: with the informed consent, with the storing and processing data, and with the presentation of quoted or summarized material in scientific presentations and publications. For example, procedures are needed for disguising or anonymizing data during collection, storage and write-up. While quantitative data are naturally anonymized, qualitative data are naturally identifying.

Storage of data over months or years as part of large archival data sets presents particular challenges to securing the confidentiality of client data. For example, digital recordings of Change Interviews need to be secured and encrypted on whatever computer media they are held, while the data themselves may be used for different purposes than originally conceived. A potential concern for clients participating in such studies, however, is the very longevity of the data archive that makes it advantageous to researchers. Rather than the data collected being used for a specific purpose and then destroyed, it may instead be archived and reused for purposes very different from those proposed in the original research study where the data were collected. For example, the researcher may have originally planned to map types of helpful therapy factors via grounded theory, but later find themselves carrying out a discourse analysis about the moral dimension of participating in research or, alternatively, engaging in a legalistic scrutiny of credibility of descriptions of post-therapy changes with an adjudicated case study.

Careful attention to wording of information sheets and consent forms is therefore essential to ensure that participants have sufficient understanding of the consequences of their participation. However, even the most diligent of consent processes cannot allow for the unknown of the future. What may have been fine for a participant to express during the initial research interview may take on a very different significance and meaning at a later date. The general consent given previously with good intentions may become obsolete and invalid from the participant's perspective in years to come. Hence it would seem important to implement ethical practices such as requiring future researchers to seek explicit additional consent for further uses of the collected data.

A further and highly complicated ethical issue is raised by case study research, which as a matter of standard practice needs to provide enough significant detail about the client to make

the case come alive. Doing this requires that researchers hide or disguise key facts about the client that could reveal their identity to others. But what about the possibility that the client might recognize themselves in a publication, from a particularly memorable turn of phrase or a drawing? It appears to us virtually impossible to ensure against client self-recognition in case study write-ups. What should be done in such cases? McLeod (2010) now argues that case study research requires specific rather than generic consent. The additional steps include explicit prior permission for use of client material in case studies, and, going beyond this, asking clients to review descriptions of themselves in articles prior to publication, or even before submission for possible publication.

27.4.5. Reactivity: Influence on the therapeutic process

The methods we have described also have the potential to affect therapy. Rather than being a neutral event, research interviews in particular may alter expectations of the therapy or the therapist, or directly affect the content of future sessions. For example, after experiencing a structured research interview approach, a client may wish their therapist to become more structured in the therapy sessions. Alternatively, a participant may have had a difficult experience with their researcher and request time during therapy sessions to process what went on. Whilst these events may have the potential to enhance the therapeutic process, they may also act as a distraction from the original intent that a client had when entering therapy.

Furthermore, Mackrill (2007) reported that therapy clients used weekly diaries as a reflective medium to help them make sense of aspects of their lives, and to discover new aspects of themselves. This sometimes took the form of participants reflecting in real time as they wrote their diary, thus extending the therapeutic process outside of the therapy room. Along this line, Burnett and Meacham (2002) highlight the many claims of the value of learning and reflective journals for participants, such as providing a tool for critical reflection, allowing a different perspective to be formed, and facilitating catharsis or self expression.

From this perspective, Fischer (1994, 2000, 2006) argues that all research, be it quantitative or qualitative, is most valid when conducted in a collaborative manner, such that the researcher and participant ‘co-labour’ together to develop a productive understanding of what is being investigated. Rather than attempting to be neutral or objective and potentially ending up being experienced as hindering, researchers are encouraged to embrace the inevitable reactive nature of their interaction with participants such that it is most likely to be experienced as constructive and beneficial (Fischer 1994). Fischer (2006) contends that “We are least likely to be abusive, and most likely to be useful, when we regard our participants as coassessors and coresearchers. In short, collaboration in both undertakings is likely to be most constructive for all parties and to yield the most believable and useful findings” (p.354).

27.4.6. Higher demands on participants

Qualitative data collection methods place a higher demand on the client. It is relatively easy to fill in a quantitative questionnaire; it is much more demanding to undertake a 60 to 90 minute in-depth interview, not only at the end of therapy but every 10 sessions and perhaps even prior to beginning therapy.

As for client diaries, Bolger, Davis, and Rafaeli (2003) note that the effective use of this research method potentially necessitates considerable training of participants on the research protocol in order to ensure clarity of what is to be recorded and when. Keeping regular and accurate diary entries places a high burden on the participant, requiring a commitment and dedication rarely required in other types of research. Mackrill (2008) highlights the potential for significant variations between participants in both quantity and quality of response, and the potential for a diarist to go off track in their entries. Further, both Mackrill (2008) and Burnett (1999) acknowledge that a certain level of language and writing ability is assumed, which may be problematic for some participants with literacy problems, physical impairments, or cultural differences.

This is even more the case for visual methods such as Life Space Mapping. Asking participants to engage in 'art' can be much more problematic than interviewing, with potential negative connotations/associations. Further, if a participant is more familiar and comfortable with working in a cognitive, verbal way, the request to be more creative may be quite daunting or be experienced as too revealing, odd or even threatening (Deacon and Piercy 2001).

27.5. Conclusion

The purpose of this chapter has been to highlight the potential and variety of qualitative methods that can be applied to the relatively neglected topic of outcome research on counselling and psychotherapy. We have tried to make a case for broadening the range of methods for studying outcome to incorporate the routine use of qualitative data collection and analysis. Our main focus has been on outlining the various method options available to researchers. We offered an overview of qualitative methods for collecting and analysing rich qualitative data about the effects of therapy on clients, also briefly touching on several options for data analysis as well.

We have been candid about what we see as the limitations of qualitative outcome research; however, in our view quantitative outcome methods suffer from an equally problematic set of difficulties. Many of the limitations of quantitative research overlap with those of qualitative research: reliance on retrospective recall, being dominated by researchers' interests, fragmentation of results due to lack of standardization, and reactivity. However, quantitative methods suffer from additional difficulties specific to them, including thinness of data, decontextualization, and lack of relevance to clients' lives and therapists' practice.

It seems to us that it is not a matter of either/or but of both/and: Qualitative outcome methods can complement, enrich, deepen, or interrogate quantitative outcome methods in order to provide a more balanced, complete and useful picture of how our clients benefit from psychotherapy and counselling. They deserve a place of equal honour at the banquet of psychotherapy outcome research.

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Table 1 Summary of qualitative outcome data collection methods

Interview based methods	Ad hoc post-therapy qualitative interviews Standardised, semi structured change interviews: <ul style="list-style-type: none"> • Change Interview • Narrative Assessment Interview
Other verbally-based qualitative data collection methods	Qualitative questionnaires Personal documents as qualitative data : <ul style="list-style-type: none"> • Diaries, journals and personal logs • Letter to a friend • Autobiographical and personal accounts of therapy • Auto-ethnography
Visual approaches to qualitative data collection	Photos and video Projective drawings Timelines and lifelines Mapping techniques

Table 2 Summary of qualitative data analysis methods

Descriptive analyses of rates or frequencies	e.g. Quantitative Content Analysis
Exploratory analyses of kinds or aspects	e.g. Grounded Theory and variants
Interpretive case studies/credibility analysis	e.g. Hermeneutic Single Case Efficacy Design