

*Commentary on Two Case Comparisons:  
Dialectical Behavior Therapy and Emotion-Focused Therapy*

**Extending Systematic Case Study Method: Generating and Testing  
Hypotheses About Therapeutic Factors Through Comparisons  
of Successful and Unsuccessful Cases**

SHIGERU IWAKABE<sup>a,b</sup>

<sup>a</sup> Ochanomizu University, Tokyo, Japan

<sup>b</sup> Correspondence concerning this article should be addressed to Shigeru Iwakabe, Graduate School of Humanities and Sciences, Ochanomizu University, 2-1-1 Otsuka, Bunkyo-ku, Tokyo, 112-8610, Japan.  
E-mail: [iwakabe.shigeru@ocha.ac.jp](mailto:iwakabe.shigeru@ocha.ac.jp)

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**ABSTRACT**

This commentary focuses on two case comparison studies, one by Burckell and McMains (2011) on Dialectical Behavior Therapy for borderline personality disorder, and one by Watson et al. (2011) and Goldman et al. (2011) on Emotion-Focused Therapy for depression. The associated case comparison method, which evaluates and contrasts one successful case against one unsuccessful case that are both conducted in similar conditions, provides a unique opportunity for deepening our understanding of therapeutic change. Both therapies are integrative approaches that are clinically state-of-the-art and empirically supported, and that have been drawing considerable attention from practitioners and researchers. In this commentary, I first discuss the case comparison method by reviewing previous such approaches, I then examine each pair of case studies with a focus on (a) findings on factors influencing success and limited success, and (b) methodological issues associated with the application of this unique method. Finally, I end my commentary with a suggestion for conducting case comparison studies.

*Key words:* case comparison; Emotion-Focused Therapy; Dialectical Behavior Therapy; therapeutic factors; treatment failures

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**INTRODUCTION**

I was truly excited to read in this *PCSP* issue the three articles on two case comparisons and to have been invited to comment on them. My primary clinical research interest is on the role of emotions in therapeutic change. Emotion-Focused therapy (EFT) and Dialectical Behavior Therapy (DBT) have most innovative integrative theories of emotions in both human functioning and psychotherapeutic change process. Although I have been exposed to theoretical and research articles as well as audiovisual materials of both therapies, my integrative therapy practice is more strongly

influenced by the EFT approach. (I attended an in-depth training workshop by Leslie Greenberg, EFT's developer, and translated one of the books on EFT [Greenberg, Rice, & Elliott, 1993] into Japanese [Iwakabe, 2006]). Reading the detailed analyses of both successful and unsuccessful cases of each therapy in this issue of *PCSP* added another layer to my understanding as well as further integrating some of my more fragmented bits of knowledge about how each therapy works. In addition, I have been interested in the phenomena of therapeutic failures as they illuminate essential conditions and factors without which psychotherapy cannot operate (Iwakabe, 2007). Understanding how therapeutic failure occurs is a key to improving our therapeutic effectiveness, yet it is often overlooked in our research or clinical writing (Lambert, 2010). Detailed single case studies as well as case comparison studies as presented in this issue is one of the viable research strategies in identifying factors associated with therapeutic failures.

Finally, over the last 10 years. I have also been exploring case study methods that expand the methodological potentials of single case study as a systematic and rigorous research, clinical, and training tool, and also as an alternative source of evidence that supplements outcome research (Iwakabe, 2005; Iwakabe & Gazzola, 2009). This interest initially arose when I moved back to Japan after being trained as a psychotherapy process researcher at McGill University. In Japan, single case studies have been given a primary role in developing what is considered to be a truly clinical science of psychotherapy over other types of research that do not directly draw data from a direct contact between therapist and client. The predominance of the case study as a research tool in Japan derives not only from a strong psychodynamic influence, but also from recognition of the case as a fundamental unit in psychotherapy research and practice and from concerted efforts to place clinical practice in a central role in psychotherapy research. In fact, the number of single case reports far exceeds more conventional quantitative studies in professional journals in clinical psychology and psychotherapy. Furthermore, in major professional conferences of clinical psychologists, panel discussions on a single case outnumbers other types of research presentations and gather the largest attendance of clinical psychologists. In spite of this recognition of the central role of case studies in research, practice, and training, however, there hasn't been sufficient discussion on methodological issues associated with conducting case studies. In my view, it is thus urgent that we actively advance our discussion of rigorous case study methods and strategies for aggregating and synthesizing case studies if we are to achieve the goal of generating a systematic and coherent clinical body of knowledge.

Fortunately, my research interest that arose from the context of psychotherapy research in Japan has converged with those of other psychotherapy researchers who have developed most creative and innovative case study methodologies as an alternative to randomized clinical trials (e.g., Bromley, 1986; Dattilio, Edward, & Fishman, 2010; Edwards, Dattilio, & Bromley, 2004; Eells, 2007; Elliott, 2002; Fishman, 1999, 2005; Hill, Chui, et al., 2011; Mackrill, 2011; McLeod, 2010; McLeod & Elliott, 2011; Messer, 2007; Midgley, 2006; Miller, 2004, 2011; and Stiles, 2007). Their writings are personally validating and have opened a new horizon for conceptualizing case study methodologies. They have given me strong support for my view that exploring ways in which we can generate a systematic body of knowledge from accumulated case studies is a crucial avenue of research in psychotherapy. Case comparison, as featured in this issue of *Pragmatic Case Studies in Psychotherapy*, is one of the most powerful methods in case study research, since analyzing two or

more similar types of cases with contrasting outcomes can result in generalizable knowledge that goes beyond what one single case study can offer.

## THE CASE COMPARISON METHOD

The case comparison method involves the systematic comparison between two or more cases that are treated for similar problems under comparable conditions, and yet result in divergent outcomes—providing a unique opportunity for identifying conditions and factors associated with therapeutic changes. Hans Strupp originated this approach to investigate the factors associated with success and failure in a clinical trial of time-limited dynamic psychotherapy (1980a; 1980b; 1980c). His case studies were driven by the observation that the group comparisons routinely used in psychotherapy outcome research obscured variability in the outcomes of individual dyads, and that detailed comparisons of matched pairs of cases were needed to gain understanding into variables promoting or impeding therapeutic change (1980a). In three pairs of case comparisons, Strupp provided a variety of outcome and process data from the client's, therapist's, and observer's perspectives. His studies showed that a client's abilities to form a productive working relationship and to participate actively in the therapy process were characteristic of the three clients with successful outcomes. In contrast, for the three clients with poor outcomes, an interactional pattern was invariably observed wherein the client interacted with hostility toward the therapist, which the therapist in turn then responded to by inadvertent counterattacking of the client. What is particularly striking about Strupp's studies was that the generalizability of findings from one case comparison was tested against two other comparisons, which allowed readers to gain the sense of how stable the conclusion was. This research strategy anticipated the purposive sampling methods in qualitative research in which cases are successively chosen in order to corroborate certain aspects of findings (Patton, 2002). Consequently, Strupp demonstrated that the case comparison method is an excellent supplement to group-based outcome research because the former provides the clinically useful information about how each treatment unfolds in both successful and unsuccessful cases.

The case comparison method, although it was developed over 30 years ago, seems to be relevant particularly in the current context of psychotherapy practice in which the evidence-based approach becomes not only the ideal but also the reality of clinical practice. Although group-based outcome research provides guidelines for the choice of treatment and although treatment manuals are widely and easily available, neither group-based outcome research nor treatment manuals tell us how each therapy unfolds for a particular client in concrete detail. On the other hand, case studies provide us with more specific information as to what a successful implementation of a given treatment looks like by describing the background information of the client and the therapist as well as the process of therapy, thus providing a context into the given treatment (Dattilio, Edwards, & Fishman, 2010). Case comparison, in addition, illuminates what factors are related to successful treatment as sharply contrasted against unsuccessful cases with a similar client-therapist pair. The information about therapeutic factors (and alternatively anti-therapeutic factors) and their mechanisms are what clinicians want to know the most in order to translate findings of outcome research into actual clinical practice.

Although the logic behind case comparison approach is intuitive and straightforward, a closer look at its research procedures reveals that the specific methodology to examine the process and content of sessions has not been clearly delineated. In Strupp's classical articles, while the descriptions of important sessions and interactions were presented, how these segments were chosen over others was not discussed. This echoes one of the most common criticisms of traditional clinical case studies in which the therapist writes up case studies based on his or her informal process notes without any systematic guidelines for data selection and analysis (McLeod, 2010). At the time when Strupp developed this method, qualitative methodologies were quite undeveloped and analysis of psychotherapy process data relied on the researcher's informal analysis based on clinical intuition and observation. There were no systematic guidelines or rules about how to abstract important segments from a large number of sessions in which the characteristic in-session behavior of each client was established or provided. Each case analyzed by Strupp consisted of 10 to 20 sessions; therefore, there were many possible ways to abstract segments that could potentially lead to somewhat different conclusions. Considering that Strupp had access to the audio- and video-recordings of his cases and that he was one of the most accomplished researchers and clinicians, we can assume a high credibility to his conclusion. However, more systematic guidelines needed to be developed for data selection and analysis.

Researchers have attempted to correct this lack of analytic tools for process data in case comparison studies. Henry, Schacht, and Strupp (1986), for example, used a strategy based on Benjamin's (1974) Structural Analysis of Social Behavior (SASB) to compare 4 therapists, each of whom saw a good outcome and a poor outcome case. The first 15-20 minutes of the third session in each of the eight cases was coded on the SASB because "prior research had indicated that the nature of the working alliance in time-limited therapy is well-established by this time and that this alliance predicts eventual therapeutic outcome" (Henry et al., 1986, p. 28). This allowed a systematic and quantitative comparison of in-session behaviors of clients and therapists, confirming the findings from Strupp's three case comparisons in 1980 that the same therapist could exhibit markedly different interpersonal behaviors, with a higher proportion of hostile communications in dealing with similarly hostile clients.

Similarly, O'Farrell, Hill, and Patton (1986) analyzed all the sessions from two contrasting cases based on a variety of process measures for both therapist and client behaviors in order to identify what contributed therapeutic change. They identified interventions that were helpful in both cases, such as exploration of feelings and therapist interpretations as well as those interventions whose helpfulness were unique to each client. They also found that the process measures were not sensitive enough to pick up some of the changes that were reported by the two clients, and pointed out a need for methodological improvement.

Furthermore, Wiseman, Shefler, Caneti, and Ronen (1993) combined the case comparison method with task analysis (Greenberg, 1984) in studying Mann's Time-limited Psychotherapy (TLP; Mann, 1973). In TLP, the treatment unfolds around a central issue in the client's emotional life, which is a focus of therapy agreed upon by both therapist and client. In line with this, Wiseman et al. selected segments in which the central issue of the client was discussed. These researchers established the criteria for in-session markers that indicate the beginning and end of such segments,

and they used external raters to identify and then rate the process of these segments. In sum, they established a systematic framework to select relevant process data from a vast amount of therapy process.

Most recently, Knox, Hill, Hess, and Crook-Lyon (2008) conducted a case comparison of two single-sessions of dream analysis focusing on the attainment of insight. There are two methodological advances in their study. One is the purposive selection of targeted cases to test the generalizability of a previous case study (Hill, Knox, et al., 2007) that had a similar, successful outcome, together with a third case in which insight attainment declined as the session progressed and the target problem worsened at follow-up. By choosing a case that is closely aligned to test hypotheses derived from a previous case study, they have demonstrated a way of extending and connecting more than two case studies. It is also notable that their cases are single sessions with volunteer clients. This analogue design might be helpful initially because it allows researchers to test the questions of interest with confounding variables controlled and by reducing the amount of the data with which researchers often struggle.

The other methodological advance by Knox et al. (2008) is the use of a systematic qualitative method called "consensual qualitative method," which involves using a group of clinicians and trainees to examine the case materials, including audio-visual recordings of sessions, to reach a consensus on what factors contributed to therapeutic change (Hill, Thompson, & Williams, 1997). The use of this qualitative method certainly holds a new promise in analyzing process data in psychotherapy cases because it helps researchers to ensure the trustworthiness of their findings by providing a framework for the data analysis, while integrating the clinical intuition and insight of expert clinicians as a part of the analytic tools to identify important changes that cannot be picked up by process measures. Furthermore, research involvement in consensual qualitative research is designed to function as a clinical training activity because the process of data analysis closely matches that of a clinical supervision group.

Finally, Hersoug (2010) compared the process and outcome of three patients treated by the same therapist in psychodynamic psychotherapy. The three cases were taken from a larger sample being examined in a naturalistic study of long-term (1 year, 40 sessions) psychotherapy. The outcome was assessed using self report questionnaires as well as an independent assessor's perspective both at termination and at two year follow-up. Hersoug selected segments from the 7<sup>th</sup> and 16<sup>th</sup> sessions to illustrate key psychological themes as well as the interactions that were characteristic to each dyad. This study demonstrated one of the ways in which cases of a long-term therapy can be compared to analyze client characteristics as well as therapeutic process variables that are associated with success in psychodynamic therapy. However, the author also noted that the individual differences were not fully explained due to the complexity of the results and differing ways of change over the long course of therapy.

These attempts to compare successful and unsuccessful cases reveal the power of the case comparison method. But it also shows that the head-to-toe comparison of two cases is challenging, especially for longer-term psychotherapy. Methodological adaptation is necessary according to the type of therapy studied.



## **CASE COMPARISONS FOR DIALECTICAL BEHAVIOR THERAPY (DBT) AND EMOTION-FOCUSED THERAPY (EFT)**

Both DBT and EFT are empirically supported treatments. DBT has been shown to be effective in reducing the most difficult symptoms and problematic behaviors of borderline personality disorder, such as suicidal and non-suicidal self-injurious behaviors, health care utilization, and treatment dropouts. EFT on the other hand, has been shown to be effective in the individual treatment of depression, interpersonal problems, complex trauma, and couples' conflicts. However, like other empirically supported treatments, these treatments can fail to produce positive results. As Burckell and McMMain reported, approximately 36% of individuals diagnosed with BPD fail to respond to DBT (Salsman, Harned, Secrist, Comtois, & Linehan 2008). In reporting the results of two outcome studies comparing EFT against client-centered therapy, Goldman, Greenberg, and Angus (2006) explained that at post-treatment, 5 (14%) clients were depressed, while 86% were in remission, among which 25 (69%) were considered to be recovered. Although both therapies are notably successful, there is still a need to improve upon both treatments. Identifying how the purported therapeutic mechanism fails to operate and contrasting it against a successful case is one of the best ways to learn how to enhance treatment, for which case comparison method is a very effective method of investigation.

To me, what is particularly striking about these two studies is how the researchers adjusted the case comparison method to accommodate the particular treatment structure and treatment focus of each therapy. DBT is a relatively long-term therapy in which psychoeducation, formal skills training, and phone coaching as well as individual psychotherapy sessions are part of the treatment (Linehan, 1993; McMMain et al., 2009). The therapist is mandated to attend team consultation meetings, and therefore the interaction of team members may play a significant role in the treatment by supporting the therapist emotionally as well as generating case formulations and selecting therapeutic strategies. Because of this unique treatment structure and the long-term engagement with the client at multiple levels, it is necessary for case researchers to limit the focus of study and to reduce the data in a systematic way.

In their DBT case comparison in this *PCSP* issue Burckell and McMMain (2011) coped with these methodological problems deftly by giving a sharp focus to their case studies. First, they have chosen two cases in which the alliance development took different trajectories, resulting in divergent outcomes. Second, they have analyzed only the process of earlier sessions in which the alliance developments markedly differed rather than working with the whole course of therapy that lasted for one year. Limiting the scope of process analysis to the sessions of critical importance by focusing on specific research questions appears to be an ingenious strategy when working with a potentially overwhelmingly large amount of data from a long-term psychotherapy. What I would like to have seen, however, is a more detailed analysis of critical sessions from these two cases. In the successful case, the client's rating of the alliance soared from session 2 to session 3. On the other hand, in the poor outcome case, the client rated alliance score remained invariably low. It would be instructive to see what might have contributed to alliance building, in the first case, and its stagnation, in the second. Specifically, what would be highly informative would be the presentation of segments of session transcripts, and/or a qualitative analysis using Hill et al.'s (2007) consensual

qualitative method for analyzing critical in-session events.

On the other hand, EFT, which is formally called "process-experiential therapy," emphasizes the moment-to-moment change process in session. Consistent with this, EFT has more research than any other treatment approach on the process of change; and EFT has delineated specific steps of in-session changes that clients should attain according to a task-analytic method. EFT focuses on certain therapeutic tasks in which clients work on certain emotional problems, such as two-chair work for a split within the self, or empty chair work for "unfinished business" with significant others in clients' lives. Case studies offer a unique opportunity to illustrate how moment-to-moment change processes accumulate to form more global changes over the course of treatment.

Indeed, the minute-by-minute description of psychotherapy process is distinctive in the EFT case comparisons in this issue of *PCSP* (Watson, Goldman, & Greenberg, 2011; Goldman, Watson, & Greenberg, 2011). The therapeutic process is described at least in three ways: a narrative account of the process from the author's point of view; the actual unedited transcripts of the therapist-client interaction for key events in which clients were engaged in specific therapeutic tasks; and process ratings from measures such as the experiencing scale and SASB. This triangulation allows readers to follow and examine the researchers' reasoning process against supporting evidence, and to gain deeper clinical understanding of the two cases in question. What was also notable was that in the analysis of a successful case (Goldman et al., 2011), the emotion episode (EE) process measure was used to track client emotional change. Although not all components of EE were presented, shifts in type of emotions expressed by the client over the course of therapy helped me gain a perspective into emotional changes that **are** manifested more vividly through such nonverbal channels as vocal quality and facial expression and that may not be easily captured in narratives of therapy process or even in written transcripts. I imagine that the contrast between the two cases would be even more conspicuous if EE were employed in both case studies to allow a direct comparison.

## **CASE COMPARISONS FOR INTEGRATIVE THERAPIES**

Both DBT and EFT are integrative approaches that focus on the difficult and painful emotions of clients. DBT works with clients who are emotionally dysregulated and who often direct open hostility toward their therapists. Some of DBT's interventions, such as validation, explicitly address the management of these difficult emotions from early in treatment. EFT therapists, on the other hand, help clients get in touch with difficult but often hidden emotions, such as shame and hopelessness, and go deeper into these emotions. Although EFT therapists are highly attuned to their client's emotional state and maintain empathic connection with their clients at all times, some clients, especially in the early stage of treatment, may find it difficult to engage in such tasks and feel overwhelmed and vulnerable by the intensity of their emotional pain.

The question of working with difficult emotions is inevitably related to the soundness of the working alliance that provides the safe working environment. In line with findings consistently obtained from a number of previous studies, in the case studies in the present *PCSP* issue, the working alliance was problematic in the unsuccessful cases for both DBT (the case of Dean) and EFT (the case of Tom). In Dean's case, the client-rated alliance was low, whereas the therapist

over-estimated the level of the alliance. Although Tom's client rating was moderately high, a closer look at the process in the early sessions showed that there were disagreements between Tom and the therapist regarding the goals and tasks of therapy, and Tom was reluctant to self-disclose. This was a marked contrast to Eloise, the client in the successful EFT case, who, from the beginning of therapy, expressed difficult emotions more freely and began the process of identifying the core emotional processes that were causing her difficulty.

It is intriguing that, as illustrated in the cases of Dean and Tom, in both DBT and EFT the strengths of these treatments can create therapeutic difficulties and impasses when the alliance is not established. Validation—a hallmark intervention in DBT that is considered effective in demonstrating acceptance to the client, in building a therapeutic relationship, and in undoing past invalidation—can trigger client hostility toward the therapist if the client feels threatened by being “seen” by the therapist.

On the other hand, EFT has an extensive theory of shame and has interventions to work with shame-related issues, such as a two-chair dialogue for a conflict-split within the client (Greenberg et al., 1993; Greenberg & Paivio, 1997; Greenberg & Watson, 2005). Yet, this cannot be used effectively with clients like Tom. Tom's sense of shame and fear of pain were so intense that focus on these only exacerbated these emotions in him, unless he felt safe enough to experience these difficult emotions in the presence of the therapist. It is important to note, by the way, that the case of Tom was not in fact "unsuccessful." Rather his treatment achieved "limited success," as important changes were just beginning to emerge as the therapy came to an end. In sum, the importance of the working alliance was once again underlined in these case comparison studies.

Finally, I would like to mention the issue of developmental level and age as an impeding factor in unsuccessful cases in both DBT and EFT. Burckell and McMains (2011) noted that although age or developmental level of the client has not been generally found to predict outcome in DBT treatment, it might have played some role in Dean, the unsuccessful case. In Tom, the unsuccessful case of EFT, the matching of client and therapist might also have been an impeding factor. Shame is linked to social rank (Gilbert, 2007). Shame-prone individuals tend to be withdrawn in certain interpersonal contexts in which they perceive that self-disclosure and emotional expression threaten their social status and self-image. The effect of matching of gender and age may be obscured in group comparisons, but in some unsuccessful cases they are crucial, particularly when there is a mismatch between the therapist and client in important dimensions such as values, worldview, and expressive and interpersonal behaviors (Iwakabe, 2007). Unfortunately, the therapist's gender and age were not reported in either study, and it is hard to determine more specifically this question. In sum, the strength of case study is its ability to pick up potentially impeding factors that are often obscured in group comparisons. This sort of information is very valuable in understanding and examining treatment failures and their causes.



## CONCLUSION

The two case comparison studies by Burckell and McMains and by the team of Watson, Goldman, and Greenberg presented in this issue of *Pragmatic Case Studies in Psychotherapy* are superb examples of this method. I believe that the information gained from these studies is highly valuable not only to clinicians practicing these two types of therapy, but also to those clinicians and trainees who want to learn what actually happens over the course of therapy. Extending the seminal work of Hans Strupp, these authors demonstrate that the case comparison method is a viable research approach in studying the process of integrative psychotherapy, and that its method of case comparison could be adapted to study phenomena of interest for various types of therapies.

The DBT case studies of Dean and Marie and the EFT cases of Tom and Eloise that comprise this issue of *PCSP* illustrate the major addition that such studies can make to the group data in the RCT studies from which they were drawn. I hope to see more such case study comparisons in the future from these original RCTs to further extend the findings of the present studies. I also look forward to future findings from other integrative therapies whose therapeutic processes have not been fully uncovered. I also hope that this is the beginning of more dialogue and collaboration between clinicians and researchers to explore the potentials of case study research.

## REFERENCES

- Benjamin, L.S. (1974). Structural Analysis of Social Behavior. *Psychological Review*, 81, 392-425.
- Bromley, D. B. (1986). *The case study method in psychology and related disciplines*. Chichester: John Wiley.
- Burckell, L.A., & McMain, S. (2011). Contrasting clients in Dialectical Behavior Therapy for borderline personality disorder: “Marie” and “Dean,” two cases with different alliance trajectories & outcomes. *Pragmatic Case Studies in Psychotherapy*, 7(2), Article 2, 246-267. Available: [http://hdl.rutgers.edu/1782.1/pcsp\\_journal](http://hdl.rutgers.edu/1782.1/pcsp_journal)
- Dattilio, F. M., Edwards, D. J., & Fishman, D. B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy Research. *Psychotherapy: Theory, Research, Practice, Training*, 47, 427-441.
- Edwards, D. J. A., Dattilio, F., & Bromley, D. B. (2004). Developing evidence-based practice: The role of case-based research. *Professional Psychology: Research and Practice*, 35, 589-597.
- Eells, T.D. (2007). Generating and generalizing knowledge about psychotherapy from pragmatic case studies. *Pragmatic Case Studies in Psychotherapy*, 3(1), Article 3, 35-54. Available: <http://pcsp.libraries.rutgers.edu>
- Elliott, R. (2002). Hermeneutic single-case efficacy design. *Psychotherapy Research*, 12, 1-21.
- Fishman, D.B. (1999). *The case for pragmatic psychology*. New York: NYU Press.
- Fishman, D.B. (2005). Editor’s introduction to PCSP – From single case to database: A new method for enhancing psychotherapy practice. *Pragmatic Case Studies in Psychotherapy*, 1(1), Article 2, 1-50. Available: <http://pcsp.libraries.rutgers.edu>
- Gilbert, P. (2007). *Psychotherapy and counselling for depression (3rd ed.)*. London: SAGE Publications.
- Goldman, R.N., Greenberg, L.S. & Angus, L. (2006). The effects of adding specific emotion-focused interventions to the therapeutic relationship in the treatment of depression. *Psychotherapy Research*, 16, 5, 536-546.
- Goldman, R. N, Watson, J.C., & Greenberg, L. S. (2011). Application of the “Individual-Case-Comparison” Method to cases in Emotion-Focused Therapy: "Eloise," a case of good outcome. *Pragmatic Case Studies in Psychotherapy*, 7(2), Article 4, 305-338. Available: [http://hdl.rutgers.edu/1782.1/pcsp\\_journal](http://hdl.rutgers.edu/1782.1/pcsp_journal)
- Greenberg, L. (1984). Task analysis: The general approach. In L. Rice & L. Greenberg (Eds.), *Patterns of Change: Intensive Analysis of Psychotherapeutic process*. New York: Guilford Press.
- Greenberg, L. S. & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York: Guilford.
- Greenberg, L S., Rice, LN., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York: Guilford Press.
- Greenberg, L. S., & Watson, J. (2005). *Emotion-focused therapy for depression*. Washington, DC: American Psychological Association.
- Henry, W. P., Schacht, T. E., & Strupp, H. H. (1986). Patient and therapist introjects, interpersonal process and differential psychotherapy outcome. *Journal of Consulting and Clinical Psychology*, 58, 768-774.
- Hersoug, A. G. (2010). A closer look at good and poor outcome in psychodynamic psychotherapy: A

- case comparison study. *Clinical Case Studies*, 9, 135-153.
- Hill C. E., Chui, H., Huang, T., Jackson, J., Liu, J., & Spangler, P. (2011). Hitting the wall: A case study of interpersonal changes in psychotherapy. *Counseling and Psychotherapy Research*, 1, 34-42.
- Hill, C. E., Knox, S., Hess, S. A., Crook-Lyon, R., Goates-Jones, M., & Sim, W. (2007). The attainment of insight in the Hill dream model: A case study. In L. G. Castonguay & C. E. Hill (Eds), *Insight in psychotherapy* (pp. 207-230). Washington, DC: American Psychological Association.
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517-572.
- Iwakabe, S. (2005). Pragmatic meta-analysis of case studies. [in Japanese]. *The Annual Progress of Family Psychology*, 23, 154-169.
- Iwakabe, S. (Trans.). (2006). *Kanjo ni Hatarakikakeru Mensetu Giho*. [Translation of Greenberg, L S., Rice, LN., & Elliott, R., "Facilitating emotional change: The moment-by-moment process"] Tokyo, Japan: Seishinshobo Publishing. (Original work published in 1993, New York: Guilford).
- Iwakabe, S. (2007). *Clinical explorations of therapeutic failures: How therapists face, work through, and grow from their mistakes*. [in Japanese]. Tokyo, Japan: Kongo Publishing.
- Iwakabe, S., & Gazzola, N. (2009). From single case studies to practice-based knowledge: Aggregating and synthesizing case studies. *Psychotherapy Research*, 19, 601-611.
- Knox, S., Hill, C. E., Hess, S. A., & Crook-Lyon, R. E. (2008). Case studies of the attainment of insight in dream sessions: Replication and extension. *Psychotherapy Research*, 18, 200-215.
- Lambert, M. J. (2010). *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical Practice*. Washington, DC: American Psychological Association.
- Linehan, M. M. (1993). *Cognitive behavioral therapy for borderline personality disorder*. New York: Guilford.
- Mackrill, T. (2011). A diary-based, cross-contextual case study methodology: Background for the case of "Jane and Joe." *Pragmatic Case Studies in Psychotherapy*, 7(1), Article 10, 156-186. Available: [http://hdl.rutgers.edu/1782.1/pcsp\\_journal](http://hdl.rutgers.edu/1782.1/pcsp_journal)
- Mann, J. (1973). *Time-limited Psychotherapy*. Boston: Harvard University press.
- McLeod, J. (2010). *Case study research in counseling and psychotherapy*. London: Sage.
- McLeod, J., & Elliott, R. (2011). Systematic case study research: A practice-oriented introduction to building an evidence base for counseling and psychotherapy. *Counseling and Psychotherapy Research*, 1, 1-10.
- McMain, S. F., Links, P. S. Gnam, W. H., Guimond, T., Cardish, R. J., Korman, L., & Streiner, D. L. (2009). A randomized trial of Dialectical Behavior Therapy versus General Psychiatric Management for Borderline Personality Disorder. *American Journal Of Psychiatry*, 166, 1365-1374.
- Messer, S.B. (2007). Psychoanalytic case studies and the pragmatic case study method. *Pragmatic Case Studies in Psychotherapy*, 3(1), Article 4, 55-58. Available: <http://pcsp.libraries.rutgers.edu>
- Midgley, N. (2006). The 'inseparable bond between cure and research': clinical case study as a method of psychoanalytic inquiry. *Journal of Child Psychotherapy*, 32, 122-147.
- Miller, R.B. (2004). *Facing human suffering: Psychology and psychotherapy as moral engagement*.

- Washington, DC: American Psychological Association.
- Miller, R.B. (2011). Real Clinical Trials (RCT1) – Panels of Psychological Inquiry for transforming anecdotal data into clinical facts and validated judgments: Introduction to a pilot test with the case of “Anna.” *Pragmatic Case Studies in Psychotherapy*, 7(1), Article 2, 6-36.  
Available: [http://hdl.rutgers.edu/1782.1/pcsp\\_journal](http://hdl.rutgers.edu/1782.1/pcsp_journal)
- O'Farrell, M. K., Hill, C. E., & Patton, S. M. (1986). A comparison of two cases of counseling with the same counselor. *Journal of Counseling & Development*, 65, 141-145.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. (3rd. Ed.). Thousand Oaks, CA: Sage.
- Salsman, N. L., Harned, M. S., Secrist, C. D., Comtois, K. D., & Linehan, M. M. (2008, August). *Client Predictors of Treatment Response in Dialectical Behavior Therapy across Multiple RCTs*. Presented at the annual meeting of the American Psychological Association in Boston, Massachusetts.
- Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy. *Counselling and Psychotherapy Research*, 7, 122-127.
- Strupp, H. H. (1980a). Success and failure in time-limited psychotherapy: A systematic comparison of two cases: Comparison 1. *Archives of General Psychiatry*, 37, 595-603.
- Strupp, H. H. (1980b). Success and failure in time-limited psychotherapy: A systematic comparison of two cases: Comparison 2. *Archives of General Psychiatry*, 37, 708-716.
- Strupp, H. H. (1980c). Success and failure in time-limited psychotherapy: Further evidence (Comparison 4) . *Archives of General Psychiatry*, 37, 947-954.
- Watson, J. C., Goldman, R. H., Greenberg, L. S. (2007). *Case studies in emotion-focused treatment of depression: A comparison of good and poor outcome*. Washington, DC: American Psychological Association.
- Watson, J.S., Goldman, R.N., & Greenberg, L.S. (2011). Contrasting two clients in Emotion-Focused Therapy for depression 1: The Case of "Tom," "Trapped in the Tunnel." *Pragmatic Case Studies in Psychotherapy*, 7(2), Article 3, 268-304. Available: [http://hdl.rutgers.edu/1782.1/pcsp\\_journal](http://hdl.rutgers.edu/1782.1/pcsp_journal)
- Wiseman, G., Shefler, G., Caneti, L., & Ronen, Y. (1993). A systematic comparison of two cases in Mann's time-limited psychotherapy: An events approach. *Psychotherapy Research*, 3, 227-241.