Bericht für das DGSF-geförderte Forschungsprojekt an der Hochschule Nordhausen

„Relational Mind in Events of Change in Multiactor Therapeutic Dialogues – Relationales Selbst und Momente der therapeutischen Veränderung in systemischer Paartherapie“

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1. Hintergrund und Zielsetzung

Das Forschungsprojekt „Relational Mind in Events of Change in Multiactor Therapeutic Dialogues – Relationales Selbst und Momente der therapeutischen Veränderung in systemischer Paartherapie“ beschäftigt sich mit der Interaktion von Paaren und TherapeutInnen innerhalb einer Paartherapie. Teilnehmende des Forschungsprojektes sind KlientInnen, die Paartherapie in Anspruch nehmen, als auch TherapeutInnen, die für diese Paartherapien verantwortlich sind. Das Projekt will die bedeutsamen Momente der Interaktion erkennen und untersuchen, welchen Einfluss diese auf die Ergebnisse der Therapie haben.

Die Untersuchung wechselseitiger Bezogenheit biologischer, psychischer und sozialer Prozesse folgt dem bio-psycho-sozialen Paradigma (Engel 1976) und stellt einen wesentlichen Anspruch systemischer Forschung dar (Schiepek 2012). Dabei folgt sie dem Axiom, dass diese Systemebenen in struktureller Kopplung zueinander stehen (Luhmann 1984). Paartherapie stellt ein naturalistisches Forschungsfeld dar, diese Reziprozität zu analysieren. Hierzu bedarf es zum Untersuchungsgegenstand „Therapeutisches System als soziales System“ methodischer Ergänzungen, um einen Anschluss an die psychischen und biologischen Systemebenen vorzunehmen. Das hier beschriebene Forschungsprojekt möchte diesem Anspruch nachkommen.

Das Projekt will bestimmen,

(1) ob Momente der Veränderung Gefühlsregungen auf Seiten der KlientInnen und TherapeutInnen erzeugen;

(2) was in bedeutenden Momenten des Dialogs geschieht;

(3) welchen Mustern psychophysiologische Reaktionen in Gesprächen mit mehreren Beteiligten folgen und wie die verkörperten Handlungen von TherapeutInnen und KlientInnen sich ähneln und einander widerspiegeln.

(4) wie eine Veränderung zum Besseren mit einer Einstimmung aufeinander und einer Übereinstimmung miteinander bei allen o. g. Aspekten verbunden werden kann.

Die Academy of Finland förderte von 2013-2016 das von Jaakko Seikkula in Kooperation mit der European Family Therapy Research Group (EFTRG; siehe Borcsa & Rober 2016) beantragte Projekt „Relational mind in events of change in multiactor therapeutic dialogues“ (Seikkula & Kykyri 2019); allerdings standen den internationalen Kooperationspartnern aus dieser Förderung lediglich ideele Ressourcen zur Verfügung.

2. Internationales Forschungsdesign

Von 2013 bis 2016 wurde ein vergleichbares Forschungsdesign an mehreren Hochschulen in Europa: Aristoteles University Thessaloniki (Griechenland), Masaryk University, Brno (Tschechien), Universitat Autònoma de Barcelona (Spanien), Hochschule Nordhausen (Deutschland), umgesetzt.

An der Hochschule Nordhausen fanden in dem Zeitraum fünf Paartherapien mit jeweils einem Co-TherapeutInnenteam[1] statt. Dabei wurden

1. alle Therapiesitzungen auf Video aufgezeichnet.
2. bei mindestens zwei Sitzungen Messungen der Reaktionen des vegetativen Nervensystems vorgenommen (Herzfrequenz); die Messungen wurden sowohl bei den TherapeutInnen als auch bei den KlientInnen durchgeführt.
3. nach diesen Messungen innerhalb von 24 Stunden mit jedem beteiligten Gesprächspartner ein Einzelinterview durchgeführt. Beim Interview wurden einige Ausschnitte der aufgezeichneten realen Therapiesitzung betrachtet und diese mit der Projektmitarbeiterin diskutiert (Selbstkonfrontationsinterview).

Insgesamt wurden dabei folgende Daten erhoben:

- Videoaufzeichnungen der Sitzungen zur verbalen und nonverbalen Analyse
- individuelle Interviews nach diesen Therapiesitzungen (ca. zweite und fünfte Sitzung) zur Bedeutung einzelner therapeutischer Momente (Selbstkonfrontationsinterview)
- Selbsteinschätzung der zu beratenden Person über sein/ihr Wohlbefinden (vor jeder Therapiesitzung, Fragebögen: CORE OM, Outcome Rating Scale (ORS)) und Einschätzung der beratenden Person zur Interaktion während der Sitzung (am Ende jeder Sitzung, Fragebogen: Session Rating Scale (SRS V.3.0))
- Einschätzung der Therapeutin/ des Therapeuten zur Interaktion während der Sitzung (am Ende jeder Sitzung, Fragebogen: Session Rating Scale (SRS V.3.0))
- Messungen der Reaktionen des vegetativen Nervensystems (Herzfrequenz) von allen Beteiligten (ca. zweite und fünfte Sitzung)

[1] Diese Forschung wurde von der Ethik-Kommission der Friedrich-Schiller-Universität Jena als unbedenklich begutachtet.

3. Qualitative Sozialforschung: Auswertungsmethodologie an der HS Nordhausen

Die Auswertung des Datenmaterials findet auf nationaler und internationaler Ebene statt. Die bisherigen und geplanten Vorträge und Publikationen für den Zeitraum 2018 bis 2020 zeigen, wie perspektivenreich das Datenmaterial ausgewertet wird und wurde.

In der internationalen Forschungsgruppe erfolgte eine Verständigung über die Auswertungsmethodologie. Innerhalb der Hochschule Nordhausen legten wir im Berichtszeitraum die Priorität auf psychische und soziale Prozesse und fokussierten auf die Auswertung der therapeutischen Prozessverläufe und der Selbstkonfrontantionsinterviews mit Hilfe der qualitativen Sozialforschung (diskurs- und konversationsanalytische Verfahren)[2].

Auf zwei Forschungsschwerpunkte wird im folgenden intensiver eingegangen:

1. Selbstkonfrontationsinterviews (Prof. Dr. Maria Borcsa)
2. Vertrauen als Interaktionsprozess (Julia Hille, M.A.)

3.1 Selbstkonfrontationsinterviews: Interviews mit KlientInnen und TherapeutInnen über ihre Erfahrungen in Paartherapie-Sitzungen

Selbstkonfrontationsinterviews (engl. Stimulated Recall/Interpersonal Process Recall Interviews) haben eine lange Tradition in der Beratung/Psychotherapie- und in der Bildungsforschung (Kagen 1980, Elliott 1986). Techniken des Selbstkonfrontationsinterview werden traditionellerweise zur Erfassung der subjektiven Innensicht der Interviewpartner eingesetzt. Dabei werden den Interviewpartnern Videoausschnitte gezeigt. Primäres Ziel der ursprünglichen Methode ist das Erfassen von Gedanken und Gefühlen, welche in der dargestellten Situation erlebt wurden.

Die Selbstkonfrontationsinterviews innerhalb des Forschungsprojektes wurden verwendet, um Gefühle und Gedanken aus der Therapiesitzung zu reflektieren. Die Interviews wurden sowohl mit den beiden TherapeutInnen als auch mit den beiden KlientInnen nach ca der zweiten und sechsten Sitzung einer Paartherapie individuell geführt. Während des Interviews wurden drei ca. 2- bis 3-minütige Episoden aus der direkt vorangegangenen Therapiesitzung gezeigt. Die Ausschnitte wurden während des Therapieverlaufs entsprechend der unten angegebenen Leitfragen von der Projektmitarbeiterin ausgewählt. Die benannten Situationen können als Indikatoren für einen bedeutsamen Moment innerhalb der Therapiegespräche gelten:

[2] Die Auswertung der Herzfrequenz (biologische Prozesse) erfolgt ab 2019 in Kooperation mit der Universität Jyväslylä (Finnland).

- Sind sichtbare Emotionen, wie Weinen, erkennbare Gereiztheit, lautere Stimme oder trauriger Blick erkennbar?
- Gibt es eine markante Veränderung innerhalb des Gesprächs, etwa lange Pausen, gemeinsames Lachen oder ein lebhafter Dialog nach einem längeren Monolog?
- Gibt es auffälliges nonverbales Verhalten als Reaktion zu einem anderen Redebeitrag, wie aktives Wegschauen, Aufstehen o. ä.?

Laut Andersen (1996) finden in einer Therapie äußere und innere Dialoge statt. Im miteinander Sprechen tauschen die Beteiligten Beobachtungen, Gedanken, Ideen aus (= äußerer Dialog). Gleichzeitig findet in jedem der Therapieteilnehmenden ein innerer Dialog statt, bei dem das Gesagte verarbeitet wird. Das „innere Reden" dient dazu, sich mit den aufgenommenen Ideen auseinanderzusetzen. Innerhalb des Selbstkonfrontationsinterviews begeben sich die Interviewten in einen reflektierenden Dialog mit ihren eigenen Aussagen während der Therapiesitzung. Die Rückführung dieser personalen Ebene in das soziale System des Paares bildet eine zusätzliche Intervention, wobei ein Synergie-Effekt von wissenschaftlicher und therapeutischer Methode erzeugt wird (Borcsa et al. 2014). Selbstkonfrontationsinterviews werden u.a. eingesetzt, damit die InterviewpartnerInnen sich in die vergangene Situation emotional zurückversetzen und entsprechende Gedanken reaktivieren. Durch das Video erhalten die Gesprächsteilnehmenden jedoch zusätzlich die Möglichkeit, die Reaktionen der anderen auf das eigene Verhalten zu beobachten. Dies erzeugt einen reflexiven Zugang, ähnlich wie es auch zirkuläre Fragen vermögen. Durch beide Methoden ergeben sich Möglichkeiten zur Systembeobachtung der Paarebene bzw. einer Beobachtung 2. Ordnung (vgl. Tomm 2009). Beobachtungen zweiter Ordnung machen die Gegebenheiten und Beschränkungen der personalen Handlungsebene wahrnehmbar und damit reflektierbar, „blinde Flecken" können deutlich werden, die in der Handlungssituation untergehen (Borcsa et al. 2014).

Für die KlientInnen der Paartherapie bietet das individuelle Selbstkonfrontationsinterview die Möglichkeit, das eigene Verhalten mit dem Partner aus der Außenperspektive/Beobachtungsperspektive zu betrachten. Für die TherapeutInnen bieten die Interviews die Möglichkeit, über die eigene therapeutische Haltung (laut) nachzudenken: Strategien, Hypothesen und die Zusammenarbeit mit dem/der Co-TherapeutIn sowie über das weitere Vorgehen (vgl. Vall et al 2018). Darüber hinaus beobachten TherapeutInnen das Verhalten der KlientInnen und erhalten die Möglichkeit, Themen aufgezeigt zu bekommen, die sie während der Sitzung nicht bemerkt oder gehört haben (Gale, 1993).

Für die Analyse der Selbstkonfrontationsinterviews wurde im Rahmen einer Masterarbeit von Nicole Rosenau (2015) eine qualitative Auswertungsmethode entwickelt, die das Gesagte in den Einzelinterviews thematisch zueinander in Beziehung setzt. Diese wurde beim weiteren Analyseverfahren erweitert.

Welchen Nutzen die Selbstkonfrontationsinterviews für die praktische therapeutische Arbeit haben kann, wird im Artikel von Vall et al. (2018) 'Stimulated recall interviews: How can the research interview contribute to new therapeutic practices?, welcher sich im Anhang befindet, näher erläutert.

3.2 Doing Trust: Vertrauensaufbau als Interaktionsprozess in Erstgesprächen

Die Beziehung zwischen TherapeutInnen und ihren KlientInnen ist ein wesentlicher Faktor, der maßgeblich mit den Therapiezielen in Paar- und Familientherapie verbunden ist (Friedlander et al., 2018). Die von Bordin (1979) eingeführte therapeutische Allianz wird als die emotionale Bindung beschrieben, die die Zusammenarbeit zwischen TherapeutInnen und KlientInnen beschreibt, um die vereinbarten Therapieziele zu erreichen. Vertrauen ist notwendig, um eine bedeutsame therapeutische Bindung in einer frühen Phase der Therapie aufzubauen (Lange et al., 2016; Mackenzie & Anthony, 2018; Yoo et al., 2016). Die Entwicklung des gegenseitigen Vertrauens im Rahmen der systemischen Paartherapie ist ein komplexes Unterfangen. Die therapeutische Allianz im systemischen Ansatz wird als plurales und multidimensionales Phänomen (Escudero, 2016) betrachtet. Allianzen in der Therapie entstehen zwischen

- dem Paar oder der Familie als System und dem/den TherapeutInnen
- zwischen Subsystemen (z.B. Eltern) und dem/den TherapeutInnen
- und innerhalb des Familiensystems.

Das Festhalten an der Therapiestruktur seitens der TherapeutInnen trägt dazu bei, die therapeutische Allianz innerhalb der verschiedenen Systeme zu vertiefen und zu festigen (Lange et al., 2016). Wie sich der Einsatz von (systemischen) Strukturierungstechniken in der ersten Sitzung mit Paaren zeigt und wie dies das Vertrauen beeinflusst, steht im Fokus dieser Forschung.

Anknüpfungspunkte bieten hier Forschungen, die Vertrauen im Kontext von Arbeitsbündnissen fokussieren (Tiefel 2012, Becker-Lenz 2012, Wagenblass 2001). Endress (2008) nimmt verstärkt die emotional personale Ebene in den Blick. Dabei gelingt es ihm mit der Differenzierung zwischen reflexivem und fungierendem Vertrauen als relationale Begriffe, dass dieses weder auf einen expliziten, thematisierten Modus noch auf eine individuelle Einstellung oder das Gefühl einer Person

zu einer anderen reduziert wird. „Fungierendes Vertrauen kennt einen ‚individuellen' affektiven Ausdruck, ist dem Phänomen nach aber – gerade auch im Falle sog. „bedingungslosen Vertrauens" – als Produkt und Ausdruck einer Interaktionsgeschichte, als Beziehungsmodus (Relationsbegriff) zu begreifen." (Endress 2008, S.13). Damit zielt die Rekonstruktion von Vertrauensinteraktionen im Kontext diffus atmosphärischer Beziehungsanteile verstärkt auf die biografische Ebene und nimmt Vertrauen damit auch als subjektive Fähigkeit in den Blick. Hier zeigt sich die Anschlussfähigkeit zu der Forschungsfrage. Der Einsatz von (systemischen) Strukturierungstechniken in der ersten Sitzung mit Paaren seitens der TherapeutInnen ist eine Fähigkeit, die reflexive (explizite) und fungierende (implizite) Anteile besitzt. Mit Hilfe der Objektiven Hermeneutik (Oevermann 2001, 2002; Wernet 2009, Borcsa 2016), die latente (nicht bewusste) Sinnstrukturen rekonstruiert, wurden und werden Erstgespräche ausgewertet. Die erste Veröffentlichung dazu wird Anfang 2020 (Hille et al. 2020) erscheinen.

Weiterhin verwendet Julia Hille für ihre Dissertation die Transkripte der Erstgespräche und analysiert, wie Paare als ‚Paare in der Krise' von den TherapeutInnen adressiert werden. Diese Forschung kann einen Beitrag zur Klärung leisten, welche Rolle es spielt, dass KlientInnen seitens der TherapeutInnen als unterstützungs- und hilfebedürftig adressiert werden.

4. Bezug zur Praxis

So perspektivenreich das Datenmaterial ist, so vielfältig kann der Nutzen für die systemische Community gewertet werden. Der Prozess der Datenauswertung ist noch nicht abgeschlossen, sodass derzeit nur einige Schlaglichter aufgeworfen werden können.

Im Bereich des systemischen Forschens bieten die Selbstkonfrontationsinterviews drei Analyseebenen, die noch weiter erforscht werden (Nyman-Salonen et al. 2019; Borcsa et al. 2020):

- Therapeutisches System (Interaktion zwischen KlientInnen und TherapeutInnen); z.B. durch Vergleich der Therapiesitzung mit den SRI-Interviews; Interventionsforschung (z.B. ressourcenorientierte Interventionen, reflektierende Teams etc.)
- Paarsystem (was passiert "Front-stage" (Therapie als soziale Praxis) vs. "Backstage"? (Selbstkonfrontationsinterviews als sicherer Kontext der Individualität)
- Individuelles System (Gefühle, Einstellungen, Bewältigungsstrategien, Aktionspläne etc.) als Person und/oder Fachperson; traditionelle SRI-Forschung

Die Forschung zu Vertrauen (doing trust) ist im Bereich der Strukturierung von Erstgesprächen im Hinblick auf den Aufbau einer vertrauensvollen therapeutischen Beziehung nützlich (Hille et al. 2020).

Im Bereich des systemischen Lehrens werden zur Überbrückung der Kluft zwischen Forschung und Praxis die Transkripte in Seminaren und Vorlesungen eingebracht. Dabei dienen sie als systemisches Praxisbeispiel und Auswertungsmaterial zur Anwendung qualitativer Forschungsmethoden.

Momentan werden zwei Bachelorarbeiten und einer Masterarbeit im Kontext des Projektes verwirklicht. Die Bachelorarbeit von Lena Bauer beschäftigt sich mit der Verwendung gendersensibler Sprache seitens der BeraterInnen im Kontext systemischer Paarberatung. Marius Fischer beleuchtet in seiner Bachelorarbeit, wann die TherapeutInnen in einer Beratungssituation lachen und wie dies interpretiert werden kann. Anna Fernando setzt sich in ihrer Masterarbeit mit den Variablen von therapeutischer Allianz in Erstgesprächen auseinander.

Aus all dem Beschriebenen erwarten wir spannende Impulse für die Praxis als auch für die Weiterentwicklung systemischer Theoriebildung.

5. Wissenschaftliche Publikationen 2018-2020

Borcsa, M. & Willig, C. (Eds.) (2020, in prep.). *Qualitative Research in Mental Health: Rising to a Global Challenge*. Routledge.

Borcsa, M., Janusz, B., Jozefik, B., Gale, J. (2020, in prep.). Interpersonal Process Recall in systemic psychotherapy settings: the synergy of research and practice. In: Borcsa, M. & Willig, C. (Eds.). *Qualitative Research in Mental Health: Rising to a Global Challenge*. Routledge.

Hille, J., Piel, J., Taube, V. & Tiefel, S. (2020, in prep.). Doing Trust (-Research) and Mental Health in working alliances - a comparison of three qualitative methods and their view of the relationship between trust and mental health. In: Borcsa, M. & Willig, C. (Eds.). *Qualitative Research in Mental Health: Rising to a Global Challenge*. Routledge.

Nyman-Salonen, P., Borcsa, B., Laitila A. & Vall B. (2019, in press): Significant moments in a couple therapy session: An integration of different levels of analysis, in: Ochs, M., Borcsa, M. & Schweitzer, J. (Eds.). *Linking Systemic Research and Practice – Innovations in Paradigms, Strategies and Methods*. Springer International.

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Tseliou, E. & Borcsa, M. (Eds.) (2018). Special Section: Discursive methodologies for couple and family therapy research. *Journal for Marital and Family Therapy*, 44.

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Vall, B., Laitila, A., Borcsa, M., Kykyri, V.L., Karvonen, A., Kaartinen, J., Penttonen, M. & Seikkula, J. (2018). Stimulated Recall Interviews: How can the research interview contribute to new therapeutic practices? *Revista Argentina de Clinica Psicologica.* Vol. XXVII, N°2, 284-293. DOI: 10.24205/03276716.2018.1068

6. Wissenschaftliche Vorträge 2018-2020

Borcsa, M. (2019, paper accepted). Clients' and therapists' experiences in couple therapy sessions: Echoes of cognitions and emotions. Paper in a panel. *10th Conference of the European Family Therapy Association: Visible and Invisible: Bordering Change in Systemic Family Therapy*, 11.-14.9.2019, Naples, Italy.

Hille, J., Borcsa, M. (2019, paper accepted). The construction of "couples in crisis" - Therapists' addressing in systemic couple therapy. Paper in a panel. *10th Conference of the European Family Therapy Association: Visible and Invisible: Bordering Change in Systemic Family Therapy*, 11.-14.9.2019, Naples, Italy.

Borcsa, M., Janusz, B., Jozefik, B. & Gale, J. (2019; Panel accepted). Panel: A systemic approach in using Interpersonal Process Recall: from positivist legacy to constructionist future. *50th SPR International Annual Meeting. The Future of Psychotherapy Research: Building on our 50 Year Legacy*, 3.-6.7.2019, Buenos Aires, Argentina.

Borcsa, M. (2019, paper accepted). Interpersonal Process Recall in systemic therapy: Interviewing clients and therapists about their experiences in couple therapy sessions. Paper in a panel: A systemic approach in using Interpersonal Process Recall: from positivist legacy to constructionist future (Panel Organizer: Maria Borcsa). *50th SPR International Annual Meeting. The Future of Psychotherapy Research: Building on our 50 Year Legacy,* 3.-6.7.2019, Buenos Aires, Argentina.

Borcsa, M. (2019, invited presentation). Do we meet in one world? Interviewing clients and therapists about their experiences in couple therapy sessions. *Congress ISCRA "Ricerca Formazione, relazioni interpersonali"* 18.5.2019, Modena, Italy.

Borcsa, M. (2019, invited presentation). Do we meet in one world? Interviewing clients and therapists about their experiences in couple therapy sessions. *Congress EFTA-TIC/IRIS "La Ricerca in Terapia Familiare: Progetti e Risultanze a Confronto",* 17.5.2019, Milano, Italy.

Borcsa, M., Holma, J., Laitila, A, Päivinen, H., & Vall, B. (2018a). Symposium: Relational Mind. Combining qualitative research, physiological responses and Stimulated Recall Interviews in couple therapy. *QRMH7: Qualitative Research in Mental Health: Rising to a Global Challenge*, 20.-22.9.2018, Berlin.

Borcsa, M., Gale, J. & Janusz, B. (2018b). Symposium: An invitation to a second-order observation: Interpersonal Process Recall in systemic therapy. *QRMH7: Qualitative Research in Mental Health: Rising to a Global Challenge*, 20.-22.9.2018, Berlin.

Borcsa, M. (2018c). Do we meet in one world? Interviewing clients and therapists about their experiences in couple therapy sessions. Paper presented in the Symposium: An invitation to a second-order observation: Interpersonal Process Recall in systemic therapy. *QRMH7: Qualitative Research in Mental Health: Rising to a Global Challenge*, 20.-22.9.2018, Berlin.

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Hille, J. (2018a). Doing trust as interactive process between therapists and couples in first sessions. Paper presented in the symposium: Doing trust in mental health (Organizer: Julia Hille). *QRMH7: Qualitative Research in Mental Health: Rising to a Global Challenge*, 20.-22.9.2018, Berlin.

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STIMULATED RECALL INTERVIEWS: HOW CAN THE RESEARCH INTERVIEW CONTRIBUTE TO NEW THERAPEUTIC PRACTICES?

Entrevistas de Recuerdo Estimulado: ¿Cómo la entrevista de investigación puede contribuir a nuevas prácticas terapéuticas?

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Abstract

The subjective experiences of participants in couple therapy have been explored through Stimulated Recall Interviews (SRIs), in which both clients and therapists come individually to watch video clips of their therapy sessions. We believe SRIs offer a good resource for Practice Oriented Research (POR) by promoting meaningful, flexible interplay between scientific research and clinical practice. Team members have different roles, either as "insiders" or "outsiders" of the therapeutic setting. The potential benefits of these interviews are illustrated by a case study conducted within the Relational Mind research project, in which SRIs helped to promote the emergence of reflections. SRIs, hitherto regarded as a research tool, showed great intervention potential: clients used it as means to gain insight about themselves while therapists used it to reflect on how best to proceed. This study could serve as a starting point for applying SRIs in POR.

Key words: *Stimulated Recall Interview, Practice Oriented Research, Couple Therapy, Self-reflective process.*

Resumen

Se han explorado a través de Entrevistas de Recuerdo Estimulado (Stimulated Recall Interviews, SRIs, siglas en inglés) las experiencias subjetivas de los participantes en la terapia de pareja, en la que los clientes y los terapeutas vienen individualmente a ver videos de sus sesiones de terapia. Suponemos que las SRIs pueden convertirse en un buen recurso de Investigación Orientada por la Práctica (POR) mediante la promoción de una interacción significativa y flexible entre la investigación científica y la práctica clínica. Los miembros del equipo tienen diferentes roles, ya sea como "internos" o "externos" del dispositivo terapéutico. Las implicaciones de estas entrevistas se ilustran a través de un estudio de caso del proyecto de investigación Mente Relacional (MR), en el que las SRIs contribuyeron a nuevas reflexiones. Si bien hasta ahora las SRIs se consideraron como una herramienta de investigación, mostraron un gran potencial de intervención; los clientes las usaron como medio para obtener insight sobre ellos mismos, mientras que los terapeutas las usaron para reflexionar sobre cómo proceder. Este estudio podría servir como punto de partida para aplicar la SRIs en POR.

Palabras clave: *Entrevista de Recuperación Estimulada, Investigación Orientada por la Práctica, Terapia de Pareja, Proceso auto-reflexivo.*

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The gap between research and practice has been a long-standing problem, as emphasized by Morrow-Bradley & Elliott in their 1986 study in which therapists reported low rates of utilization of psychotherapy research, citing experience with clients as their most useful source of information. Several attempts have been made to close this gap, such as the interesting work by Talley, Strupp & Butler (1994), which promoted discussions among researchers and clinicians. As Goldfried & Wolfe (1996) pointed out more than a decade ago "a new outcome research paradigm that involves an active collaboration

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between researcher and practicing clinician" (p. 1012) should be developed. In this article, we focus on practice-oriented research (POR) as one way of addressing the gap between science and practice and illustrate how this approach has been followed in the Relational Mind project (RM) research project (Seikkula et al. 2015). POR is a bottom-up approach which promotes mutual collaboration between researchers and clinicians (Castonguay, Barkham, Lutz, & McAleavey, 2013; Castonguay & Muran, 2014).

Relational Mind is a pioneer project that combines quantitative and qualitative research to increase understanding of the embodied processes that occur during couple and family therapy (Seikkula, et al., 2015). Within this naturalistic research context, different kinds of information from couple therapy sessions have been collected: *Autonomic Nervous System* (ANS) responses (electrodermal activity, heart rate and breathing); *body movements and facial expressions; dialogue and dialogical qualities; outcome and alliance measures; and participants' subjective experiences* (Karvonen, et al., 2015; Kykyri, et al., 2017).

In this study, we focus on *participants' subjective experiences* in couple therapy as reported in individual, video-assisted *Stimulated Recall Interviews* (SRIs) (Elliott, Slatick, & Urman, 2001; Kagan, Krathwohl, & Miller, 1963). SRIs (Interpersonal Process Recall, IPR) (Kagan et al., 1963; Elliott, 1986) have been used extensively in research on professional know-how, competence and expertise in such fields as medical practice, pedagogy, athletics coaching, and psychotherapy and psychotherapy training (Borchers, Seikkula & Lehtinen, 2013; Cegala et al., 1995; Laitila & Oranen, 2013; Lyle, 2003; Rober et al., 2008; Toom, 2006). In counselling, IPR has been used as both a training and research tool (Elliot, 1986), whereas in the field of psychotherapy and psychotherapy training, IPR has mostly been used to gain clients' perceptions on the therapy process (Gale, 1992). Overall, IPR has proven useful to practitioners in reflecting on their clinical work and to clients in reflecting on their therapy process, thereby improving the therapeutic outcome (Gale, 1993). In psychotherapy training, Stancombe and White (2005) recommend that practicing therapists tape their work, transcribe the tapes, and examine their own speech as a way of learning from their own practice. Moreover, Laitila & Oranen (2013) found that video-viewing encouraged reflexivity in trainee psychotherapists. However, recording-assisted interviews, although intended for value-free research purposes, do not necessarily function in a value-free manner with respect to the aims of psychotherapy.

SRIs in the RM project: organizing researcher-practitioner collaboration

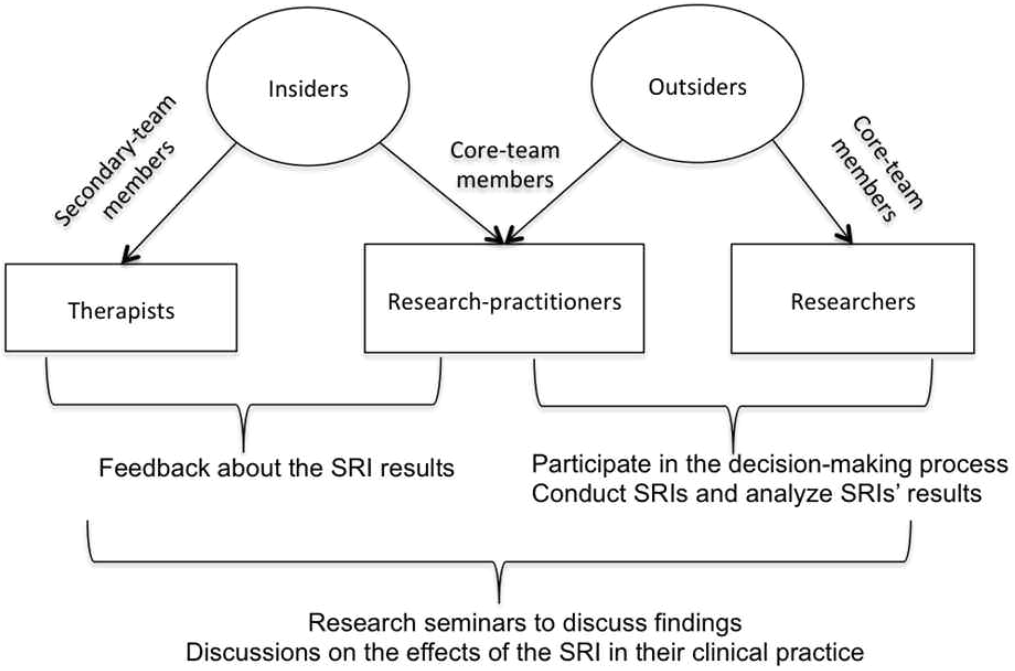
In the RM project, SRIs were included primarily with the aim of obtaining information about what was not said or spoken in the session, that is, the inner dialogue of the participants (Bakhtin, 1981; Seikkula, 1991). Therefore, each participant (couple and therapists) was interviewed individually within one day following the therapy session. Researchers or research-practitioners, who were "outsiders" in the therapeutic process (see Figure 1), selected four video extracts from important moments in the therapy session to be shown during the interviews. During the interviews, participants were asked about their thoughts, feelings, and bodily sensations during that moment in the session.

From the very beginning of the project, it became evident that the interviews had a clinical impact on both clients and therapists, influencing their reflective processes and their clinical practice, although reflection was not explicitly prompted during the SRIs. For the couple therapy clients, the individual SRI provided an opportunity for each party to observe her/his own behavior with her/his spouse from an outsider perspective. We soon noticed that the dyadic setting of the interview between interviewer and participant resembles the setting in individual psychotherapy by providing a context within which both recollections from the session and (self-)reflecting observations on the video clips can safely be made. For the therapists, the SRIs offered an opportunity to reflect on their own therapeutic agenda – strategies, hypotheses, and their collaboration with their co-therapist – as well as ponder how to proceed. In this sense, the therapists were able to use the interview setting as self-supervision. Moreover, the therapists made highly nuanced observations about their clients' behaviors and pointed to issues they had not noticed or heard during the session. Thus, although the therapists only had access to their own SRIs during the therapy process, observing these nevertheless had an impact on their clinical work. In the analysis phase, after the therapy had ended, the therapists contributed to the analysis through both their expert knowledge as researchers and their "insider" view of the therapy process.

The project team included several *researcher-practitioners*. Although some therapists had been recruited from outside the research team, they always collaborated with a co-therapist who was already in the research team (all RM therapies are conducted by a team of two therapists). The team members had different combinations of roles, which could change between cases (as illustrated in Figure 1): while some acted *only* as researchers

(*outsiders* with respect to therapy processes) and others acted *only* as therapists (*insiders* with respect to the therapy process), a third group acted as researcher-practitioners, i.e., as *insiders* in some cases and *outsiders* in others. This dynamic *insider-outsider* interplay had potential benefits for the entire research process. The discussions between the team members in the roles of *therapists*, *researchers* and *researcher-practitioners* also enabled us to utilize this *insider-outsider* perspective (Bartunek & Louis, 1996) based on meaningful academic-practitioner collaboration.

Figure 1. **Team members roles: the "insider-outsider" interplay**



The therapists in the research team acted in only one role, that of therapist, until the therapy process in which they were acting as a therapist had ended. This meant that another member of the research team was responsible for gathering the data (i.e. selecting materials for and acting as an interviewer in the SRIs) and conducting the analyses, if these commenced while the therapy process was still on-going. Our aim in doing this was to ensure the ethicality of the setting as well as prevent interfering with the natural flow of each therapy process. It was only after the therapy had ended that the therapists involved in the case started acting as researchers (i.e. utilizing the materials gathered in the case). An exception to this rule was access to the outcome and alliance questionnaires: these were made available to the therapists already during the active therapeutic work to enable on-line monitoring of the progress of the therapy (a standard procedure in the clinic). Also, if a highly important clinical issue, such as a concern about a client's well-being or safety was addressed in the SRIs, the interviewer, with permission from the client, informed the therapist so that he/she could contact the client to check the client's possible need of extra support (e.g., an earlier appointment).

Thus, each team member had different tasks (as illustrated in Figure 1). All members participated in the regular research seminars set up to discuss the findings in general and the effects of the SRIs on their clinical practice. The *outsider research-practitioners* and the *researchers* participated in the decision-making process, conducted the SRIs and analyzed the results of the SRIs. Finally, the *therapists* and the *insider research-practitioners* participated in discussions about the SRI results, and gave their opinion on the SRIs and the therapeutic process, based on their experience as therapists.

Since we are aware that participating in SRIs requires the investment of extra time from both therapists and clients (Koerner & Castonguay, 2014), we emphasized the potential of SRIs in improving clinical practice, a useful strategy for promoting clinician collaboration, as pointed out by previous research (Castonguay, Youn, Xiao, Muran & Barber, 2015). In this way, SRIs allowed clinicians to expand their clinical work (thinking

and reflecting about the session) and were not solely a tool for gathering data, which was the initial purpose of the SRI in the RM project. Moreover, emphasis was placed on *egalitarian leadership* (Castonguay, et al., 2015), in which both clinicians and researchers had a strong level of engagement and commitment, further strengthened through regular meetings.

A previous study of the RM project focused on analyzing to what extent moments of reflection and insight appeared in clients' SRIs. Nine couple therapy cases (18 interviews) participated and the results showed that clinically relevant episodes of insight were common (present in 14 out of 18 interviews). In these episodes, clients gained new knowledge about themselves (self-image, emotions, behaviors) or their spouses, made new interpretations of the observed behaviors and interactions, and gave them new meanings (Huhtamäki, et al., 2017). However, we have no empirical evidence as yet on the extent to which SRIs like those studied in the RM project can also be a rich experience for clinicians and contribute to Practice Oriented Research. Hence, this study focuses on illustrating therapists' and clients' self-reflections during SRIs in a single case study (McLeod and Elliott, 2011) in which three different professional roles (*therapist*, *researcher* and *research-practitioner*) worked in unison. Our aim was to find out whether the problem of the *one-way bridge* (Goldfried, Newman, Castonguay & Fuertes, 2016) that has traditionally characterized the clinician-researcher relationship could be overcome through the use of SRIs. The specific objectives of this study, which is at the interplay between research and practice, were (a) to describe the SRI procedure followed in the RM project; (b) to explore how the SRI experience influenced the clients' view of their problem and their self-reflective processes; and (c) to describe how the therapists used the SRI as a tool in elaborating on their therapeutic strategies and monitoring the therapeutic process.

Context of the study: instruments and procedure of the Relational Mind project

Twelve cases of couple therapy were treated in the RM project during the years 2013-2015. Each therapy session lasted about 90 minutes and was conducted as usual, following no specific protocol or manual. The sessions in the Relational Mind project took place at the Psychotherapy Training and Research Center from the Department of Psychology, University of Jyväskylä. Data were collected as follows: on first contact, couples seeking therapy were asked if they would be willing to participate in the research. The aim of the research project (to gain new information about the factors that affect human interaction and how the human mind is constructed through these interactions), and the basic premise (that the human mind is constructed even more in human interaction than earlier assumed) were explained to the participants. Finally, the specific objectives of the Relational Mind project were reviewed together with the participants. These are to determine 1) how responsive embodied actions and movements emerge in multi-actor dialog, and how the embodied actions of therapists and clients resemble and mirror each other; 2) whether moments of change include emotional arousal on the part of clients and therapists; 3) what is happening implicitly in important moments of dialog when things are not said; and (4) how any change for the better may be related to mutual attunement and synchronization in all the above-mentioned aspects. Once a couple agreed to participate in the research project, an informed consent was signed.

All sessions were recorded by six video cameras (giving a facial and whole-body view of each participant). During the second session, both clients and therapists wore ANS recording devices: heart rate monitors (Firstbeat Bodyguard, Firstbeat Technologies), respiratory belts (BrainVision BP-BM-10) and, on the non-dominant palm, below the first and fourth digits, skin conductance (SC) (Ag/AgCl, Ambu Neuroline 710) electrodes. The electrodes were connected to a module (BrainProducts; DC amplifier using 0.5 V constant voltage); the signal was then amplified in DC mode and low-pass filtered at 250 Hz. An amplifier (Brain Products Brainamp ExG 16) and data acquisition program (BrainVision Recorder) were used to record SC and breathing (1000 Hz), and a marker unit was used to synchronize SC, breathing, and the therapy video. Within one day after the ANS measuring session, the clients and therapists were invited for an individual SRI interview. The SRIs were conducted following a detailed procedure, which focused on the participants' concerns, thoughts, feelings and bodily sensations regarding selected episodes from the session.

To select the episodes for discussion, two researchers followed the interactions during the therapy session through two video monitors, one focusing on ANS reactions and the other one mainly following the interaction. Candidate episodes of interest for the SRI were noted. Selected episodes focused on: 1) conversational topics (of relevance for this particular case, based on what the clients had given as their reasons for seeking therapy), 2) emotional expression, 3) change in interaction (e.g., after a long monologue, emergence of a conversation between several participants), and 4) changes in ANS responses (i.e., a strong response from one

participant, or changes that indicated the synchronization of two or three participants, meaning a simultaneous increase or decrease in ANS responses in the different participants in the raw data) (Kykyri et al., 2017). In the candidate episodes, all four criteria were often present simultaneously. Immediately after the session, the *researcher* responsible for the ANS measures continued to examine the highest moments of arousal for each participant and moments of synchrony among the participants during the session, while the clinician-researcher responsible for the SRIs watched the session video with a focus on the candidate episodes. The final selection of clips was made by the *clinician-researcher*, who also defined the start and end points of the clips so that the participants would be able to follow the flow of the conversation. The clips lasted 2-4 minutes.

Questionnaires

Progress was monitored by the Outcome Rating Scale (ORS), given to the clients before each session, and the Session Rating Scale (SRS) (Miller & Duncan, 2004), given to both clients and therapists after each session. Both instruments are simple and easy to answer, and can be recommended for use on a regular basis during the therapy process. The Outcome Rating Scale consists of four items assessing changes in different areas of daily life as a result of the therapeutic intervention: symptom distress, interpersonal well-being, social role, and overall well-being. These dimensions are situated on four visual analogue scales which participants rate by placing a mark on each line, with low scores on the left and high scores on the right. The clinical cut-off is 25 (Miller, et al., 2003). The Session Rating Scale also comprises four items, in this case assessing the therapist-client relationship on the respect and understanding received, the goals and topics covered in the session, the degree to which the therapists' approach meets the clients' needs, and an overall general assessment of the session. As in the ORS, clients are asked to rate the items by putting a mark on a visual analogue scale. The SRS is scored by summing the client's ratings measured to the nearest centimeter. The maximum possible score is 40. The authors state that a score lower than 36 could be a cause for concern (Duncan, et al., 2003), and should be discussed in therapy.

THE CASE STUDY. METHOD

Participants

The client couple, pseudonyms Mary and Tom, are married with one child. They are both in their forties. They have been together for nearly a decade. They have both been in higher education and are currently working. Their reason for seeking couple therapy was relational difficulties. These difficulties were summed up by the spouses as a feeling of being disconnected, the core aspect of this feeling of disconnection being Tom's "holding back" both in the relationship and, subsequently, in the therapy session. This feeling of being disconnected started when their child was born and they became a triad.

Of the twelve cases included in the RM project, the present case was selected for further analysis as the SRI seemed to be an especially fruitful experience for both spouses, when compared to the other couples. For example, they mentioned the SRI already during the first five minutes of the next session. The therapists also supported this idea. As the issue of "holding back" was important for this couple, it forms the focus of the present analysis.

The therapists were family therapy-trained male psychologists with a long history of clinical experience (from 25 to 30 years). Both therapists were core team members, who acted as research-practitioners in the project. In this specific case, owing to their involvement in the therapy process, they acted as "insiders". Hence, while the therapy was on-going, they only had access to their own SRIs. Once the therapy was finished, they also had access to the clients' SRIs and could take part in the research seminars to discuss the SRI results.

Instruments and measures

For this case study, only the SRI clips were analyzed. The ANS measures were explained (see previous section on the context of the study) in orer to clarify the protocol followed in selecting the SRI clips. Therefore, the results on the ANS measures are not presented in this paper; for more information on the ANS analysis, see Seikkula, et al., (2015) and Karvonen, et al., (2017).

The SRI clips

After applying the selection criteria, four candidate extracts (three featuring three short periods of reflection by the therapist dyad and one drawn from a relaxing conversation), were singled out based not only on their clinical and research importance but also on ethical grounds, i.e., so that the clients would not find the SRIs too stressful. Therefore, several episodes of weeping during the session (which otherwise would have been interesting) were omitted and only one selected for the SRIs.

Procedure

The therapy was conducted in English, which was the first language of the clients but not of the therapists. The therapy process consisted of four therapy sessions altogether. This article analyzes the second therapy session together with the Stimulated Recall Interview that took place after the session.

Session two lasted for about 90 minutes. The participants' SRS results for this session were: Mary=36, Tom=35, Therapist 1=36, Therapist 2=35. Thus, all the participants gave fair (35-38) ratings for the session. The ORS results for the clients in the second session were: c1=26, c2=36. Thus, both clients' ratings were above the clinical cut-off (i.e. 25).

To explore the clinical potential of the SRI on the couple and how the therapists used it, the analysis focused on the issue of "holding-back" and on the participants' reflections on their experience during the SRI. Therefore, to produce a description of the case, each participant's SRI was transcribed from the video and the transcript analyzed. Following the principles of Grounded Theory (Glaser & Strauss, 2017),the qualitative content analysis was conducted in three recursive steps: a) a series of iterative readings of the transcripts to gain familiarity with the content; b) identifying utterances referring to the issue of "holding back"; c) determining each participant's position on the issue of holding back, and the antecedents and consequences of these individual positions and changes as acknowledged by the participants.

The participants' comments on their experience of the SRI were analyzed following the same procedure as on the issue of holding back but now focused on how both the clients and therapists used the SRI.

The analysis was developed by two *outsider researchers* who discussed divergent interpretations in each recursive step to reach a consensus on the preliminary results. These preliminary results were then discussed with the rest of the team (including *therapists*, *research-practitioners*, and *researchers*) and refined until a team consensus was reached.

RESULTS

Below, the results on how the issue of "holding back" was tackled during the SRI are presented. To contextualize the clip viewed by the participants during the SRI, the transcript of that moment of the session is given first, followed by the reflections and comments made by each participant during the SRI.

Session two: transcript of the SRI's 2nd clip

T2: actually you-you had a question about aa I ask you about conversations I meant at home but what do you think about these conversations? here have they changed or have they…have-do you feel connected here?
Mary: I still I feel like…I feel like I'm just like buaah…but I kind of wear my emotions on my sleeve…like that's some…like I can just get in here and tell you (.) what I'm (1) conflicted what I'm dealing with
T2: mm
Mary: but I still feel like you're holding back (…)
Tom: why…um okay well we left here last time
T2: yea
Tom: and she was like "I hope next week they pick on you" ((Bursts into laughter)) ((Mary smiles))…cause they just talk to me ((laughter)) and I'm like well I talked but it's…I do think it' s interesting to know but I think it's (.) after last session I think we had some…more direct I mean it's very direct conversations about us
T2: mm m
Tom: so I think it's…I think in that sense it's been good so (…) why do you think that way?
Mary: I don't know cause like…
T2: what was the word you were using
T1: holding back
Mary: holding back
T2: holding back
Tom: you feel I'm holding back when you and I talk? with just the two of us? ((smiles))
Mary: No I do feel like that one night you… were…but…then…in the office when we actually kind of…dug little deeper
T2: mm
Mary: then…I mean actually I think that these sessions have been very good (…) I mean it's kind of like in an adventure ((Mary smiles and chuckles, head down)) you know it's like our adventure…so ((smiles and looks at Tom))…even just like the heart rate monitors ((laughter)) and stuff ((Tom bursts into laughter)) it's like ((smiles widely)) … you know we're doing this together (…) yea…I think from that perspective it's fun it's like…this is our adventure … together
T2: yea … yea yea …yea holding back …are you holding back now? ((looks at Tom, who shakes his head))
Tom: I don't…think I am…I suppose I could be but I don't think I am

The transcript focuses on how both members of the couple negotiated the topic of Tom holding back. The relevant sequence starts with Mary saying that the conversations were not the same between the couple. She then introduced the idea that Tom was "holding back". Tom referred to a conversation about the previous session they had had after the session. He told how Mary had told him that she hoped that the therapists would focus more on him in this session because she felt the last session was focused more on her. Then, T2's question, going back to the issue of "holding back" was an invitation to evaluate their relationship and to discuss this particular issue.

Stimulated Recall Interviews: Tackling the issue of "holding back"

The main comments of the participants during the second clip, which focused on the issue of "holding back" are shown in Table 1.

Table 1. **Participants' reflections about their thoughts, feelings, and bodily sensations during 2nd clip of the SRI**

Participant	Comments about their thoughts and feelings in the session
Mary	*"It's interesting I said he was holding back and then he shifted it towards me, I described more that I had told them everything and I felt he was holding back and it's interesting how he shifted it towards me."*
Tom	*"she's opened about their feeling and emotions, it does not necessarily come as natural to me but I don't feel I'm holding back or hiding anything, I was stroked by that comment, I wasn't expecting this…"*
T1	*"when she made a comment that you seem to be holding back (…) it was a bit surprising (.) this was perhaps the first critical comment (…) They seemed so close, I didn't expect this kind of problem. I was a bit annoyed, I thought that he doesn't have a clue what she is speaking about (…)*
T2	*what I remember (.) in my mind to keep keep the term holding back (…) think very important theme here is the disconnection (.) and-and now now Mary is introducing an idea about Tom holding back and also (.) that we were perhaps somehow in the first session review somehow speaking on her (.)".*

Tom did not seem to think he was holding back. However, when watching the last clip, Tom reflected on his experience of the SRI: *"Looking at my posture it seems…I'm much more relaxed than the couple of clips before…I don't know why…I just respond to what I see … I don't remember feeling that way, in general I felt pretty relaxed in those sessions."* It appears that just after watching all the clips, Tom started to become aware of a change in his posture and his way of being in the session.

Mary focused on the fact that when she stated that he was holding back, Tom's reaction was to shift the conversation towards her, as if trying to avoid tackling the issue.

Therapist 1 was surprised by Mary's comment about Tom holding back, because they seemed so close as a couple. However, as the conversation moved forward, the therapist remembered that he was missing an emotional reaction from Tom's side whereas Mary's speech was very emotional. In the interview, T1 realized that Mary seemed to be disappointed with herself because she showed so much emotion.

Therapist 2 reflected on how he thought during the session that the expression "holding back" was very important and that he was trying to keep it in his mind and thus be able to bring it up later. He also reflected on the disconnection between the couple and how this became visible in this episode in which Mary focused on the issue of Tom holding back while Tom responded by changing the topic to Mary.

During the interview, the participants made some comments on their overall experience during their SRI. On the one hand, both Tom and Mary stated that their emotions were *"more powerful"* in the SRI than in the session. They referred to the SRI as re-living the experience of the session. Mary stated, *"It is hard to see the screen, it is a different experience, I've also been reflecting on the session, coming back and re-living this, it's intense. I see more the disconnection."* This was especially relevant for Tom, who, because he had been less emotional during the session, felt the increase in the expression of emotion in the SRI very strongly. During the interview, he stated, *"It is interesting that I am exploring myself and my family, seeing it here makes me pick up on things, such as my hand movements, it's a different experience seeing it like that, the emotions get more powerful"*. In turn, the therapists' comments focused on their experience of reflection, mostly on their own thoughts and interventions during the session. They reviewed the effectiveness of their interventions and thought about possible initiatives that for some reason or other they were unable

to implement. Finally, they also reflected on some issues that had occurred to them while watching the video, such as certain facial expressions of the participants, confirming the hypothesis that the therapists had constructed during the session, i.e., that the couple discussed more through their facial expressions than speech.

DISCUSSION

This paper has described the SRI procedure followed in the context of the RM project, focusing on a single case, with the aim of exploring and discussing the effect that their experience of the SRI might have on the clients' view of their problem and on their self-reflective processes, as well as illustrating how the therapists used the SRI as a tool in elaborating on their therapeutic strategies and monitoring the process. Thus, our purpose has been to provide evidence on how this tool, originally designed for research purposes, might also have a clinical impact on therapeutic work (e.g., by increasing participants' reflective stance), as discussed below. Moreover, the research procedures followed were detailed to highlight some of the possibilities and problems of this kind of research.

The first objective of this study was to describe the SRI procedure followed in the context of the RM project, including how the SRIs were applied and the role of each participant.

The second objective of the study was to explore the influence of the SRI experience on the clients' perception of their problem and on their self-reflective processes. The couple's main reason for seeking help was the issue of the husband's "holding back" and the feeling of disconnection that it made them feel. The husband became more aware of his own stance, and while he did not report to realize that he might have been "holding back" explicitly, he acknowledged the changes in his posture and his way of being in the session. It could, therefore, be hypothesized that Tom started realizing certain aspects of the situation he might not have been aware of before. From the clients' reflections on their SRI experience it seems plausible to conclude that the SRI had an impact on their reflective and emotional stance. The SRI seemed to help the spouses notice some issues of their own stance (i.e. the way of being present in the session, posture, gestures, look, etc.) and that of their partner. Their feelings and thoughts were *relived* in the SRI, the video enabling them somehow to mirror and to reflect on their own and their partner's feelings. For the couple, the SRI seemed to impact strongly on their emotions.

Finally, as the case description showed, the participants entered into self-reflective dialogue during the SRI in which both their outer and inner reflective dialogues related to what they saw on the video converged. We suggest that this interconnection between the individual and the couple system is a powerful intervention.

The third objective was to describe how the therapists used the SRI as a tool in elaborating on their therapeutic strategies and monitoring the process. The SRI enabled them to notice certain aspects of themselves and the other participants, thereby increasing their reflective stance. This self-reflective process could have affected their clinical practice and, if so, helped them adjust their interventions (Koerner & Castonguay, 2014).

The clients' reflective work was in line with previous studies in which SRIs have been shown to provide clients with an opportunity to reflect on and process their therapeutic experience (Castonguay, et al., 2015). However, in this study, the therapists were also provided with this opportunity, one which appears to have had an effect on their practice by increasing their reflection on the therapeutic process and their interventions.

Contribution of the SRIs to the POR

We conclude with a brief discussion on the lessons to be learned from our experience of using SRIs as a tool in POR. First, the SRI is a method which has inbuilt features that point to its benefits in both clinical and research settings. Initially, it was used as a research method in the RM design, and thus its distinction from a therapy context was stressed to the participants. However, the participants seemed to treat this setting as one in which they felt "free" to experience and express emotions, to reflect on their thoughts and agendas during the session, and to use the video clips as material for making new observations about themselves and the other participants. It was, therefore, used as an arena to gain new insights about themselves (clients), or find new ideas about how to proceed in the therapy (therapists). Finally, SRIs seem to add a meta-level to the therapeutic process and thus a new and different approach to it, one that makes explicit the interaction between research and clinical practice.

Second, it is important to emphasize that the research team included clinicians and research-practitioners, both of whom were involved in analyzing the effects of the SRIs in their clinical practice, including discussion on the results, thereby overcoming one of the main obstacles to engaging in true collaboration in POR (Castonguay, et al., 2015). In addition to the fact that some of the clinicians were primarily re-

searchers, partnership between researchers and practitioners was strongly present and fostered the development and implementation of valid, feasible and informative clinical research. This can be viewed as a "loop" of information acquisition and science building in which clinicians conduct research on their clinical practice that in turn informs how they conduct therapy.

This paper has provided a detailed description of the procedures used in "insider-outsider" interactions. We believe this information has value for researchers interested in applying SRIs in a POR context. We find that the design and procedures followed in the present SRIs are an apposite illustration of the POR approach and its benefits. We hope that this study might serve as a starting point for future research on the use of SRIs in POR.

It should be emphasized that as a pilot study focusing on a single case the observations made are situated and case-specific. Moreover only one session and four SRIs were analyzed. Despite these limitations, this case is representative of the intervention potential we also observed in the other 11 cases, although the clinical benefits varied in type in each one.

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