Using the Ward Method as a structure for team-based analysis of complex case data

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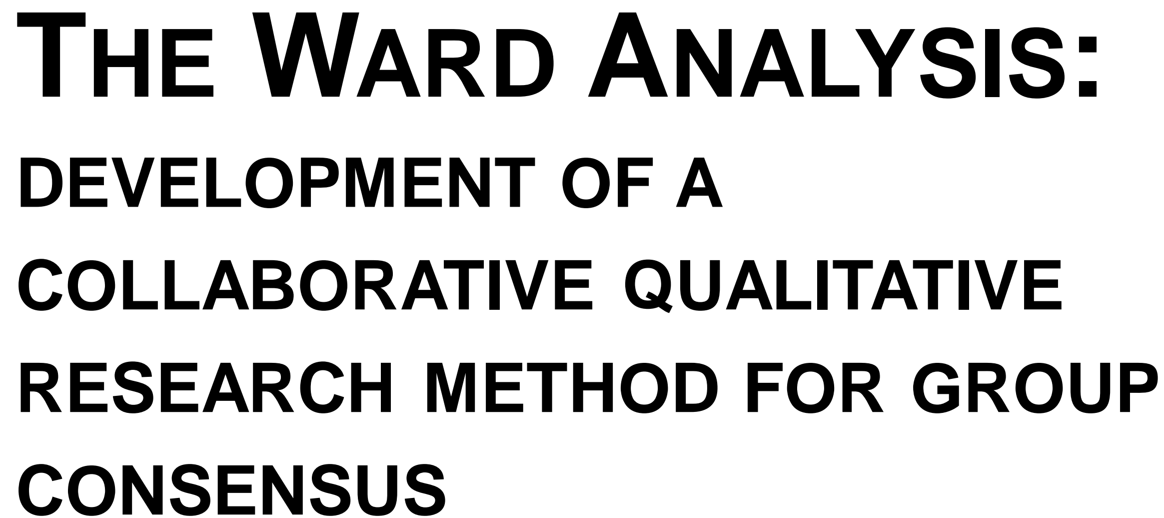

The Ward Analysis:

Development of a Collaborative Qualitative Research Method for Group Consensus

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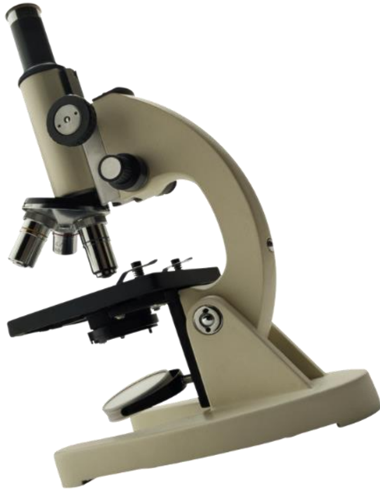
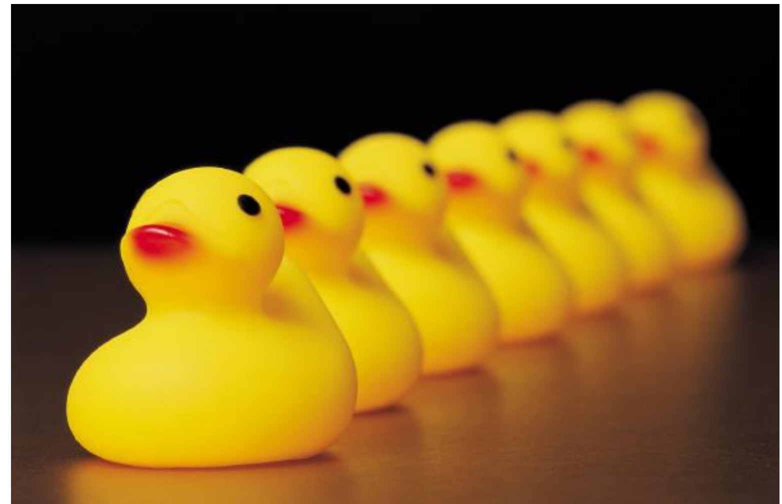
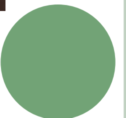
QUALITATIVE RESEARCH + AND -



Inform understanding

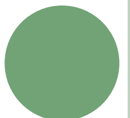
Not generalizable





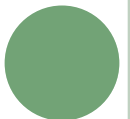
How do we enhance validity of qualitative studies?

- Take ownership of constructive nature of methodologies
- Include reflexive accounts to address potential bias in interpretations
- Use multiple perspectives in the development of research areas
- Acquire rich multi-report data sets in case studies
- Use group consensus to enhance accuracy of interpretation
- Bodies of research become an argument by volume - narrative ‘truth’



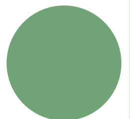
BENEFITS OF SEEKING GROUP CONSENSUS?

- Gain range of expertise
- Generate novel solutions and ideas
- Increase validity and accuracy from multiple viewpoints
- Increase positivity and engagement- less researcher isolation



PERILS OF SEEKING GROUP CONSENSUS

- Group dynamics
- Power and status differentials
- Not listening to minority voices
- Incongruence – not wanting to disagree
- Groupthink (Janis, 1982)



THE WARD METHOD

- An iterative approach to consensus building
- Cycles of **independent analysis – no collaborative discussion during analysis**
- Allows consideration of multiple perspectives – (non-critical sharing)

Counselling for Sight Loss Project

Background

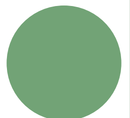
- 2011 – ‘Seeing It My Way’ survey of c1100 b/ps people identified priority ‘Having someone to talk to’

Unknowns

- What do people with sight loss *really* want to talk about? What *type* of talk helps and why?
- What type of emotional support is most *effective* for b/ps people?

Project

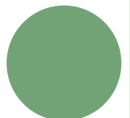
- Part of a wider study using systematic case study research to develop a practice model of counselling for sight loss based on client identified helpful aspects of therapy



The Case of Catherine

Retired, well educated, professional, lived alone. Enjoyed yoga, meditation and hill walking

- Degenerative sight condition since childhood recently problematic
- *“I prepared myself 10 years ago for my sight loss. I know its going to get worse. I spent the last 10 years trying not to worry. I’m exhausted coping with the worry...This year I’ve hit the wall. Now it happens…. The two things I fear the most are becoming useless and helpless”*
- 6 sessions of Pluralistic counselling from researcher. (Did not collect process data to avoid bias)

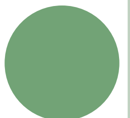


INITIAL ASSESSMENT

- CORE OM at initial assessment - no clinical significance (mood, functioning, well being, risk)

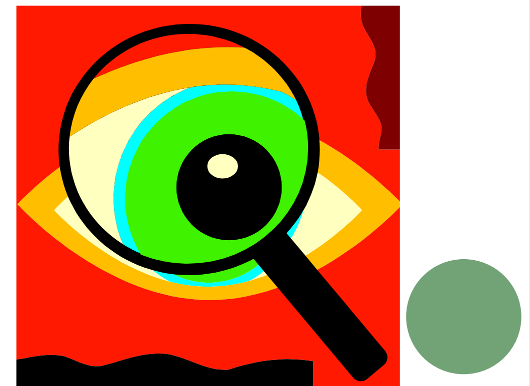
HOWEVER

- Target Complaint Rating - Catherine rated problem as “couldn’t be worse” in terms of how much it bothered her (9) and how important it was in her life(9) .
- Catherine’s goal for counselling *“Managing the transition to loss of vision, physically and psychologically”*



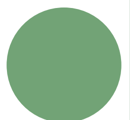
THE RESEARCH QUESTIONS

- Was this a good outcome case? Why?
- What process factors did the client identify as helpful?
- Can we identify specific therapeutic tasks for clients coming to terms with sight-loss?



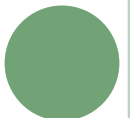
Rich case record

- Initial assessment interview
- CORE-OM (orally)
- Target complaint ratings (orally)
- Helpful Aspects of Therapy
- Change interview
- Transcripts of all sessions
- Emails sent between client and therapist (informal testimony)



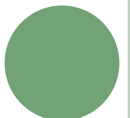
The Ward Analysis group - composition

- Three Pluralistic counselling academics
- Two female, one male
- Two unknown to each other
- One was counsellor (position of privilege?)



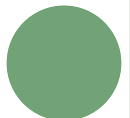
The process of Ward Analysis

- Preliminary meeting- distribution of rich case record and clarification of remit (research questions, and process etc) (1.5hrs)
- Prior to first meeting- read rich case record, prepare first draft answers to research questions (aprox 3 sides A4)
- First meeting1: practical matters (5 mins), individual presentations (15 mins each) –NOT OPEN FOR DISCUSSION - individual notes, audio recording
- In between meetings – individual reanalysis of research questions, taking into account previous presentations
- Meetings 2 – 4 as first meeting until consensus reached



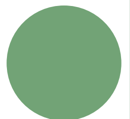
When is consensus reached?

1. We had identified tasks which were beneficial to the client
2. We had agreed on the challenges in responding to the research remit
3. We had created a pluralistic response to the remit
4. No disagreements or conflicts remained in terms of our analyses. (Similar to saturation of data)



OUR RESULTS….

- Good outcome evidenced by:
  Decrease in CORE OM scores
  Decrease in Target Complaint Rating scores
  Positive client testimony (written and verbal formal and informal)
  Positive change interview report
  Client goals map to outcomes
- Therapeutic task list based on helpful aspects of therapy data…..



Therapeutic tasks (Based on Helpful Aspects of Therapy)

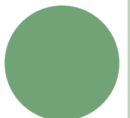
1. Telling the story of what's happened (having time and space to clarify thoughts)

2. Feeling heard and understood (feeling that someone understands the impact of sight loss)

3. Expressing difficult emotions (fear, anxiety, low mood)

4. Exploring identity (integrating sight loss with sense of self as a whole and letting people see me as a blind person)

5. Examining and challenging negative self concepts (not being hard on myself)



Therapeutic tasks continued

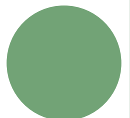
6. Exploring the possibility of a future without sight (planning for future strategies, living in the present)

7. Making the most of support and cultural resources (groups, relationships, meditation etc)

8. Fostering self acceptance (self care and compassion)

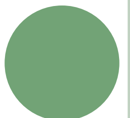
9. Recognising skills and achievements (collecting positive evidence)

10. Developing agency (reinforcing empowerment, feeling less vulnerable)



TAKING IT BACK TO THE CLIENT

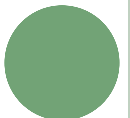
- Could the client rate and confirm the utility of the task-list?
- What are the implications of this for the purity of the data analysis?



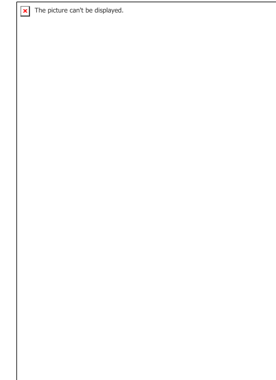
OUR RESULTS….LIMITATIONS?

- Good outcome …
  - Researcher opinion and interpretation…
  - Not 6-sessional model..
  - Cause and effect not established –therapy or extra therapeutic factors?
- Task list …
  - Integrated in to previous list – not from scratch

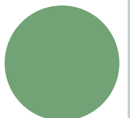
  - Results not generalizable – one counsellor, one client - unique combination



WHAT DID WE LEARN?

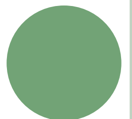


- Get the question right
- Think about the group members
- Rules of the response
- Evidential consensus needed, rather than opinion!
- Consensussy enough???



REFLECTING ON THE PROCESS

- Would this have happened if it hadn't been us?
- Combination effect? Optimal combination?
- Should we have check-backs or process monitoring?
- Were we really being honest?
- Do researchers have to be reflexive?
- Privilege of the author?



Post script

- We reanalysed the case study using a quasi judicial methodology (24 counselling students, affirmative and sceptic groups, two adjudicators)
- Polarity increased? - Only one adjudicator agreed with good outcome case, other abstained from verdict due to lack of evidence
- Ward perhaps more nuanced results? (identified Target Complaints significance) – may have been down to time spent on analysis? - perhaps future comparative studies?