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# Stimulated Recall Interviews: How can the research interview contribute to new therapeutic practices?

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.

Keywords: Stimulated Recall Interview, Practice Oriented Research, Couple Therapy, Self-reflective process

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 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, 2013; Lyle, 2003; Rober, 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.

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Insert Figure 1 about here

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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 <u>left</u> here last time
T2: yea
Tom: and she was like "I hope next week they pick on <u>you</u>" ((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…<u>were</u>…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 <u>good</u> (…) 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.

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Insert Table 1 about here

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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 *re-lived* 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 researchers, 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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Figure 1.

Team members roles: the “insider-outsider” interplay *(Note*: ‘core team members’;

‘Discussion of the effects of the SRI on’

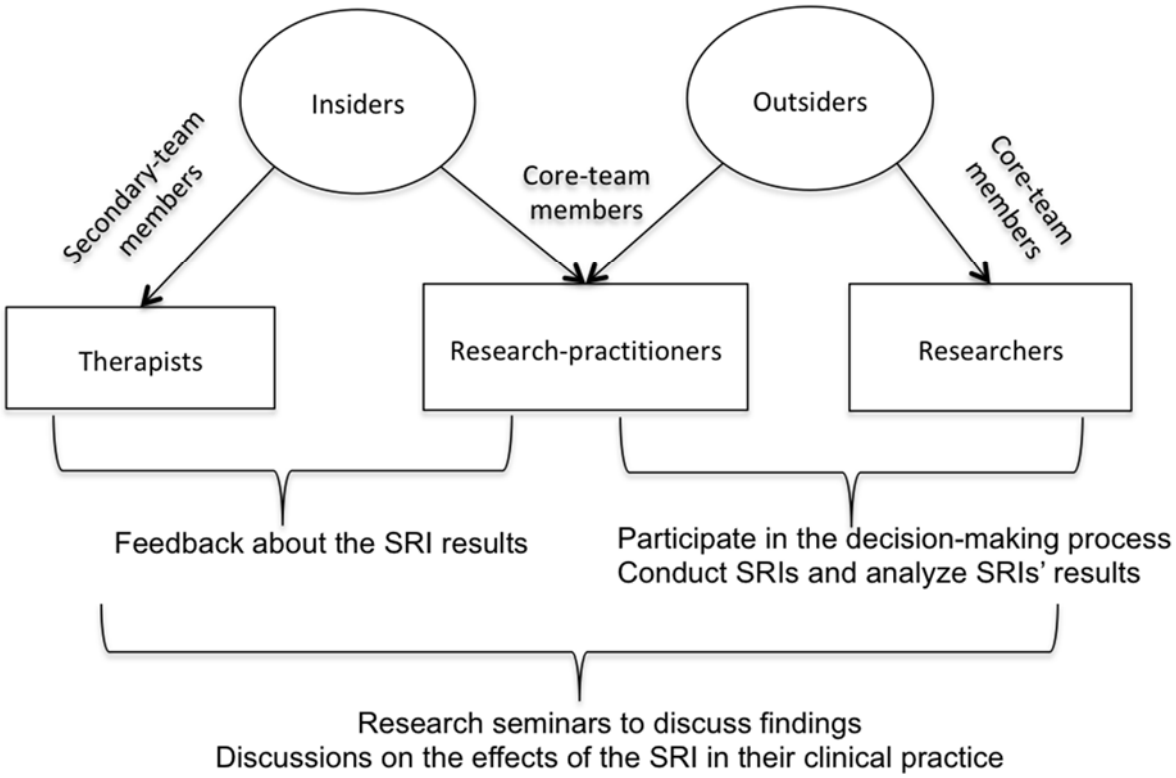
Insiders
Outsiders
Secondary-team members
Core-team members
Core-team members
Therapists
Research-practitioners
Researchers
Feedback about the SRI results
Participate in the decision-making process
Conduct SRIs and analyze SRIs' results
Research seminars to discuss findings
Discussions on the effects of the SRI in their clinical practice

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 (.)*". |