Tailoring case study research: a strengths approach

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Abstract: This paper presents findings from the process of conducting a qualitative case study of a strengths-based parenting program designed for parents with a mental illness. An overall evaluation of the program was conducted that generated the intended recommendations for enhancing such complex parenting education programs. However, unexpected methodological findings also emerged from the case study method. This article reflects on the strengths-based method used in the research and the understandings gained from using this adaptive process. It was found that using a strengths approach to case study design was not only generative regarding the outcomes of the program but also enabled a sensitive and 'tailored' research experience for the participants. Few targeted parenting support programs exist for parents with a mental illness and even fewer evidence-based research studies exist that offer suggestions on how to conduct strengths-based case study research with participants that are experiencing complex and sensitive needs.

Keywords: case study; strengths approaches; parenting program; mental illness; tailoring research; research methods; vulnerable research participants.


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1 Introduction

Families who experience complex circumstances, such as parental mental illness, are in particular need of parent education programs (Holzer et al., 2006). However, in Australia few such targeted and even fewer researched programs exist. The aim of the main study was therefore, to evaluate a pilot parenting support program for parents in regional Victoria who were experiencing mental illness. A case study method was designed for the study to enable in-depth examination of the stakeholders’ experiences in the program. The design used a cross-disciplinary strengths approach framework, with the aim of assisting participants with complex and sensitive mental health needs to contribute as fully as possible in the research. An unexpected finding from the main study was that the strengths-based case study model provided a uniquely ‘tailored’ response to research with the particular participant group. This paper presents the strengths-based case study model used as a potentially useful research tool for researchers working with vulnerable participants. The purpose of this paper is to present a comprehensive view of the case study process and the strengths-based methodological considerations taken to inform future case study research.

2 Literature review

2.1 Tailoring in service delivery and research

The notion of customising and tailoring in health program delivery to individual participant needs is well established in health and social services literature (Bryman, 2012; Campbell and Quintiliani, 2006; Stellefson et al., 2008). Campbell and Quintiliani (2006) describe a range of tailoring techniques from personalisation (names), content based on participant demographics to tailoring based on behavioural feedback. For example, they suggest that tailoring of communication for individuals with lower literacy is vital because “the process of tailoring prunes out the irrelevant information and highlights only what each individual would find most salient for his or her behaviour change” (p.776). Stellefson et al. (2008, p303) support tailoring as a “truism that educational material will be more effective when audience characteristics are taken into account”. However, they distinguish that the tailoring of a message relates to individual needs whereas population-level approaches to communication are known more as targeted communication. Sanders and Kirby (2012, p.236) also note that participants in research evaluation programs are more engaged when interventions are tailored to provide an ‘ecological fit’. Hawkins et al. (2008, p454) identify that tailoring is enabled by individualised modifications of research processes and also that more evidence based research is required to “identify appropriate study designs for tailoring research”. An example of tailoring of research through a strengths-based case study of the evaluation of a parenting program for parent with a mental illness is presented in this paper.
Given the widespread incidence and effects on families experiencing parental mental illness, providing support to such families is a significant public health issue (Reupert and Maybery, 2010). Yet, in Australia, there are limited programs addressing this issue and even fewer evidence-based studies of parenting programs for participants with mental illness (Australian Institute of Health and Welfare, 2013). Additionally, Corrigan et al. (2014) indicate that stigma associated with mental illness is often a significant deterrent to seeking help. Therefore, parents with mental illness may not wish to seek support through face-to-face programs due to fear of being identified, especially in smaller communities. Liamputtong and Ezzy (2005) indicate that researching with vulnerable participants requires sensitive research methods that take extra ethical care and flexible and collaborative research methods. Schwartz (2011) suggests that care also needs to be taken with the language used in research with marginalised groups. Indeed, the Australian National Health and Medical Research Council (NHMRC, 2015) requires extra social justice diligence and respect for the needs of participants with a mental illness to be applied, while upholding their right to participate in research. Thus, the complexity of designing and conducting research alongside participants with a mental illness who are attending a small regional parenting program in this study was compounded.

2.2 Case study approach to research

According to Yin’s seminal works (2014, p.4), case studies begin with a desire to gather rich and “in-depth understanding of a single or small number of ‘cases’, set in their real-world contexts”. Yin (2009, p.4) suggests that case studies can consider and reveal complex contextual factors and multiple perspectives of ‘cases’ “resulting in new learning about real-world behaviour and its meaning”. In this way, case study research is ideal for providing rich descriptions when researching complex situations where there are a number of factors affecting the participants (George and Bennett, 2004). Meyer (2001) elaborates that case studies can be used for exploring new processes or for responding to ‘how’ and ‘why’ questions, particularly when different aspects of the same situation need to be examined.

Although there are many benefits of case study methodology, traditional criticisms of case studies include that they lack organisation, structure, rigour and are poorly defined (Lutz, 1989) and are by definition small, thus lacking statistical relevance (George and Bennett, 2004). Yin (2014) counteracts that case study research requires detailed attention to validity and rigour by clearly defining, structuring and presenting a bounded case as a unit of analysis. Case studies can be of single, multiple, holistic or embedded design and all designs are presented within their own unique context (pp.7–8). Yin (2009, p.9) suggests that additionally, using theory in case study design will add “precision to the later analysis”. Yin points back to seminal work in the use of theory in research by Sutton and Staw (1995, p.378) that indicates a theoretical framework is beneficial to allow the questions about “why acts, events, structures, and thoughts occur” to be examined. A Strengths Approach framework (Holzer et al., 2006) was used in both the parenting program and the case study research design.

2.3 Strengths approach

A strengths approach (McCashen, 2005) framework aims to recognise the complex contexts that influence development, as well as existing resilience, strengths, abilities and
capacities of individuals (McCashen, 2005). Strengths approaches arose from both positive psychology (Seligman, 1990) and social services (McCashen, 2005; Saleebey, 1996) as solutions-focused approaches to complex issues (O’Neil, 2005). Rather than being an expert-led approach, the focus when using a strengths approach is on respectful collaboration with all key stakeholders to find strategies to assist particular needs. McCashen (2005, p.31) describes this element of the strengths approach as a sense of ‘power-with’ rather the ‘power-over’ people that is based on the principles shown in Table 1.

**Table 1** Principles of the strengths approach

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Respect</td>
<td>For peoples’ intrinsic worth, rights, capacities, uniqueness and commonalities.</td>
</tr>
<tr>
<td>Sharing</td>
<td>Of information and ‘knowledge’, resources, skills, decision-making.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Teamwork and partnership, consultation and inclusion</td>
</tr>
<tr>
<td>Social justice</td>
<td>Equity, access, ‘equality’, participation, self-determination.</td>
</tr>
<tr>
<td>Transparency</td>
<td>Having things out in the open, open information and communication.</td>
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There is typically wide-spread support and adoption of the generic principles outlined above and more specifically, new interest in adopting strengths approach theory in the last two decades (Fenton, 2013; Fenton and Piazza-McFarland, 2014; Kim, 2013). Saleebey’s (2009, p.5) claim that the default position in social work remains an “emphasis on problems and disorders and the profession’s increasing commerce with theories that focus on deficits and pathologies”, however, appears to remain true. Similarly, Probst’s (2009, p.162) indication that even while a strengths perspective may seem ideal for those working in mental health support roles “it often plays a minor role in planning and evaluation” is also still current. Some criticisms of strengths approaches also remain as a barrier for the use of strengths approaches, such as that the approach has not been sufficiently tested, is poorly defined, is not a distinct approach and has not been consistently methodologically applied (Epstein, 2008; McMillen et al., 2004; Staudt et al., 2001). Additionally, detailed guidance and evidence on how a strengths approach has been actualised in practice is limited (Fenton et al., 2015; McCashen, 2005).

McCashen (2005) does suggest that to utilise the skills and capacities of stakeholders involved in complex issues, a step-by-step process of applying a strengths approach can be applied:

1. Listening to peoples’ stories … exploring the core issues.
2. Developing a picture of the future [visioning] and setting goals.
3. Identifying and highlighting strengths and exceptions to problems.
4. Identifying additional resources needed to move towards a picture of the future.
5. Mobilising strengths and resources through a plan of action.

A guide to practicing the strengths approach uses the first five steps of this process and is usually presented in a five-column table format. This has been adapted in Table 2 to show the use of the approach in case study research.
Table 2  The column approach to case study research

<table>
<thead>
<tr>
<th>Stories and issues</th>
<th>The picture of the future</th>
<th>Strengths and exceptions</th>
<th>Other resources</th>
<th>Plans and steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design a case structure that enables participants to share stories and describe issues.</td>
<td>Conduct research that assists participants to achieve the research purpose.</td>
<td>Ask research questions that help participants evaluate the case strengths and exceptions.</td>
<td>Ask research questions that help identify resources that might help participants to reach the research aims.</td>
<td>Ask research questions and present a case that enables concrete steps towards goals.</td>
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Note: Adapted from the strengths approach, by McCashen (2005, p.48), Bendigo: innovative resources. Copyright 2005 by the St. Lukes Innovative Resources. Reprinted with permission.

Although strengths principles and the essential elements of case study research appear to align well theoretically, these have however, have not been explicitly combined in practice previously.

3  Method

While some methodological considerations were planned in advance as necessary to facilitate a strengths approach to case study, others were not anticipated and emerged during the implementation of the research. An initial meeting of stakeholders was held at the community health organisation site to discuss the development of the parenting program for parents with mental illness and the research methodology to evaluate the program. The community health organisation focuses on the provision of primary health, outreach and welfare services to families in the region, including medical, alcohol and drug, aged care, disability and youth services. Stakeholders included the researchers, the community health organisation staff and representatives of families currently accessing the organisation and existing mental health programs. For example, a mother with a mental illness who had accessed previous programs and a daughter, who was the carer of a mother with a mental illness contributed to the group.

At the first informal meeting (a morning tea type event) the organisation staff introduced the researchers, who then explained their own background and aims for the research about the new program to be developed. Each person at the meeting was invited to introduce themselves and to reflect on previous parenting programs (the positives and negatives) and hopes for the new program to be designed. The researchers explained the principles of a Strengths Approach and the organisation staff explained how this fitted with the organisations aims of being an inclusive and person-centred service. The group discussed a collaborative case study design and use of strengths-based research techniques as well as ethical protocols, such as how parents might feel most comfortable to participate and what least-intrusive methods would be most suitable within the time constraints for the busy families.

Further meetings were held with the organisation managers and parenting program facilitators who were to deliver the new parenting program and who had delivered other parenting programs in the past. The research was then designed by the research team in collaboration with the staff to fit around the proposed new program delivery mode.
Advice on the draft design was then sought from the university ethics committee and approval gained (protocol number 2016/059) in accordance with high-risk protocols for projects with vulnerable participants. For example, extra de-identification protocols were in put in place to account for the low sample size and to maintain the confidentiality of participants at all times.

3.1 Participants

It was anticipated that up to ten parents would participate in the parenting program and would be invited to also participate in the research. For various reasons, however, the group size at the program commencement was four parents (one male and three female) who indicated that they had the capacity to participate in both the parenting program and the research. The age of the parents was 23, 35, 41 and 48. The parents were already accessing mental health services in the organisation and were referred internally to the parenting program. Parents in the program self-identified as having depression and anxiety (two parents), depression (one parent) and schizophrenia (one parent). All parents were of Australian background. One parent had eight children (ages 21, 19, 15, 14, 8, 6, 3, 2), one had two children (ages 6 and 7) and two had one child (ages 2 and 12). Two community organisation staff also participated in the research. These were two female staff members who co-delivered the parenting program. One of the facilitators worked in the parenting unit and one the other facilitator worked in the mental health unit.

3.2 Program content

Five, two-hour long, weekly modules were implemented by the two co-facilitators in a face to face session each week. The length and timing of the sessions was designed to fit in with school drop off times for participants and transport availability to and from the organisation. The strengths-based module content included child development, communication, self-care, talking with children about mental health issues, and guidance topics. Some of the topics were identified as useful from previous programs and others were new suggestions, such as how to talk to children about mental illness. The delivery method included practical and activity-based opportunities for learning and reflection. The aim of the delivery method was to be collaborative, adaptable and such that it could instigate a positive change for the group of stakeholders involved. Findings suggest that to this extent, the program was successful (Fenton and McFarland, In Press). The formal description and evaluation of the program has reported that program was adaptable and appeared to instigate a positive change for the participants involved.

3.3 Research design

A research assistant presented the research aims verbally to the participants (with a written information sheet available and accompanying the consent form in ‘plain English’). The words mirrored the discussion at the stakeholder meeting.

We would like your help to see if the new program meets your needs and would like to gain your feedback on the resources and activities planned for the program. For example, it would be useful for future programs to know “What was useful?” and “How the program could be improved?” … It will be helpful to find out if the topics are worthwhile, whether other topics should be included
and more information about how it works for you as a parent. Your comments will help us to make changes if needed so that the program is beneficial to current and future parents.

In the first parenting program session, the research assistant spoke with the participants about the best way to evaluate the program and to reflect on the research questions. The research assistant explained how the research was separate to the parenting program and that the program participants could choose not to be involved with the research. The research assistant clarified sections of the information form and verbally explained what the consent form was requesting as well as answering questions as they arose. Once it was established that all the parenting program participants were willing to participate in the research, the facilitators and participants discussed how to gather feedback about the parenting program. The group decided that having a physically separate space and time for the research would be advantageous in order to clearly distinguish when the program session had finished. Collaboratively the group agreed that after the formal program session each week, parents and facilitators would walk to a local café and engage in reflection for the research study.

3.4 Measures

3.4.1 Parents

Parents initially completed a voluntary short demographic survey during the first session of the parenting program, including information on age, number and age of children, ethnicity, gender and their mental health condition. The research assistant helped with reading questions and recording answers for those who required assistance. The assistant discussed with all participants why the demographic information was needed and how it could help to better deliver information in the program. For example, a section on settling new-borns could be skimmed over while strategies for older children emphasised depending on the age of the children in families. The main data collection occurred after each of the weekly parenting program sessions. Parents also completed a written reflection about what they found most and least useful about the session, and what they wanted to learn more about. This enabled the facilitators to adapt the next week’s module if needed. The facilitators reported that they sometimes needed to ‘scribe’ responses for the participants. In addition, the option of completing a Scaling Sheet (strengths-based picture rating scale) was available as a data collection method for pre and post program delivery evaluation. Participants responded by indicating on the scaling sheet (with a line or arrow) their answer to a question such as “If the end of the road was a very confident parent and the beginning of the road was a parent with very little confidence – where would you place yourself?” Alternatively, “On the picture of the ladder – which has 10 steps – which step would you say you are on (If the top step was a very confident in parenting and the first step was very little confidence in parenting)?”.
There were different pictures available such as a water tank, pizza pie and thermometer. Participants were encouraged to choose a graphic that appealed to them. Participants were advised that they could also choose to draw their own picture or add comments/further illustrations to the scaling sheets if they wish. Due to program delivery difficulties the scaling sheets were only able to be used once in the research.

3.4.2 Program facilitators

Each of the facilitators was interviewed on the telephone after the completion of the parenting program. Interviews were recorded and transcribed by a research assistant. Interview questions focused on what aspects of the program worked well and what needed to be improved. Participants were also asked to discuss their views on recruitment and referral for this program. Interviews were conducted using a strengths-based Open View (Fenton, 2013) format. The Open View format is a conversational informal interview structure, where the key research themes and questions are addressed by firstly acknowledging the existing relationship and joint goals of the participants and researchers and draws on previous responses from the participant.
3.5 Data analysis

Yin’s (2009) case study method was adopted which allowed common and unique themes to be identified within the case. Additionally, the step-by-step five column approach was also applied to analyse the case. Facilitators’ experiences of delivering the parenting program were considered essential in gaining comprehensive feedback on the program. As such, a participatory research methodology was implemented, which focuses on planning and conducting the research process with the people whose actions are being studied (Mac Naughton et al., 2001).

Parents’ weekly feedback sheets and program facilitator interview transcripts were analysed jointly by the two researchers and a research assistant. Thematic analysis (Aronson, 1994) was applied to the participant data in order to sieve the data for meaning and clues, using a mindset that is characteristic of the strengths approach (McCashen, 2005), in being attuned to solutions and examining different stakeholder perspectives (Denzin and Lincoln, 2005). Following this approach to data analysis, recurring themes were identified in relation to aspects of the program that worked well and that could be improved.

4 Results and discussion

The data collected and analysed for the research was predominantly evaluating the new strengths-based parenting program for parents with mental illness – the main purpose of the case study. However, as the data analysis progressed, data themes emerged from the data that were pertinent to not only the strengths-based parenting program but also the strengths-based research method employed. In this paper the latter is examined. Therefore, findings have only been selected and analysed if they relate to the strengths-based processes and principles used in the program delivery and the case study research.

4.1 Applying strengths (five columns) approach

Step 1 – Stories and issues

Reports of the overall success of the program indicated that the participants felt able in the new parenting program to “explore the core issues” (McCashen, p.47) of parenting with a mental illness. This is indicated in the following example of a facilitator interview transcript:

Interviewer: I might get you to give your impressions or your summary if you can on how it went?

Facilitator 1: Yep, so the group was already an established group they were a group that had been, were basically part of a mental health service that we run. So it’s a very informal, you know they tend to go and have a coffee or they attend programs together. So the group was fairly cohesive already. So I found that because they all knew each other it meant that the sharing was very rich and it was very cohesive to start with. Generally within a group you would have to work quite hard to make a group feel comfortable but this group was already quite comfortable with each other.
The informal strengths-based data collection methods implemented appeared to enable the necessary strengths principles of collaboration, respect, and sharing of social justice issues [McCashen, (2005), p.11] to be actualised within the group when discussing parenting with a mental illness. The parent participants were able to discuss the need for support with this significant public health issue (Reupert and Mayberry, 2010) openly, as key stakeholders, and be part of a solutions-based process. A clear message was that having a pre-existing relationship with the group was beneficial when implementing this strengths approach. This is supported in literature (Fenton, 2013) that suggests to effectively implement a strengths approach a step prior to step 1 may be necessary – the development of a respectful and trusting relationship between stakeholders. The lower than expected participant numbers in both the program and research was possibly as a result of the stigma associated with mental illness (Corrigan et al., 2014). Low numbers are a disadvantage in terms of sample size and the quantity of data able to be collected. However, the existing cohesiveness and peer-to-peer support available in the small group can also be viewed as a significant advantage to increasing the participants’ willingness to be part of the in-depth case study research and may have conversely, have somewhat reduced the stigma for those involved (Liamputtong and Ezzy, 2005).

Step 2 – Picture of the future

The facilitators indicated that research participants (including themselves) were able to set goals and develop or ‘vision’ a ‘picture of the future’. The first stakeholder meeting to discuss the development of the parenting program revealed that a particular weekly format, time and content for the program was preferred by the participants. Not only were the weekly program modules designed to be ‘stand-alone’ therefore, the research reflections were also completed on a weekly basis, at a preferred time and place, thus enabling participants to opt in and out regularly if needed. The benefits of the stand-alone modules are indicated in the facilitator interview, as follows:

Interviewer: You felt that each week stood alone? – parents didn’t have to attend one week to feel included in the next week?
Facilitator 2: Oh yes and some couldn’t make it one week or were sick or something came up so that worked well having that flexibility (Facilitator 2, Open View, 2016).
Also the stand alone modules worked really well – not all the participants came very week … you know because some of them might not have been travelling that well at the time but none of them felt like they had missed out on anything.

Flexible participant involvement with regular opportunities for brief input to the research also appeared to have reduced pressure and enabled participant contributions. Each small individual reflection was thus able to contribute to the research purpose of evaluating the program overall.

We also went to Café [X] after the sessions to reflect and discuss - they liked that – it was more social and that was a great idea - it worked well. The change of space was less formal and we chatted lots.

Interviewer: The social side was important then?
Facilitator 2: Oh very important – to be with other parents – they are all different but to get together helps.
The researchers were able to thus “conduct research that assists participants to achieve the research purpose” [McCashen, (2005), p.48] while fostering the strengths principle of “collaboration” (p. 11) by inclusion and participation. Facilitators and parents alike noted the importance of the seemingly small adjustment of determining that the data collection site be a local café. This factor, however, appeared many times in the data as a positive difference in the research design. The opportunity to conduct the research reflections in the social atmosphere that the group had decided upon was seen as very important. This may seem counter-intuitive to researchers who are understandably concerned about maintaining ethical confidentiality and privacy for vulnerable participants. For future case studies, however, researchers may be aware that while maintaining privacy and confidentiality with participants is necessary, the participants in this study also demonstrated a sense of strength and empowerment from meeting together as a group in a social space. This could be viewed as an enactment of ‘power with’ rather than ‘power over’ [McCashen, (2005), p.31] participants.

Step 3 – Strengths and exceptions

Four main categories of strengths of the program content were identified from the parent weekly reflections, including “communication, values, guiding and understanding emotions and reducing stress when setting routines”. The responses suggest that the strengths-based case study process allowed the participants to engage with step 3 of the five columns approach – identifying ‘strengths and exceptions’ to ask research questions that help participants evaluate the case strengths and exceptions. It is interesting to note that while the participants were not asked to comment on the strengths of the research method, the first three of these categories could be directly related to factors also influencing them in the research context. The fourth category included ‘reducing stress’ for the participants which (while not related to ‘routines’) was an important overall consideration throughout the research. The emphasis on communication also aligns well with the strengths principle of “transparency … having things out in the open” [McCashen, (2005), p.11]. For example, extra ethical considerations and care (Liamputtong and Ezzy, 2005) for high-risk vulnerable participants (NHMRC, 2015) was needed in the research design to ensure that participants were fully informed and best able to participate in the research process.

Analyses of the facilitator interviews indicated five main strengths of the program, including the social cohesion of the group, relationship building, different facilitator styles, focus on communication, and the fact that the program could be individualised to each participant.

… There was lots of discussion which is probably not always the case in a parenting program. It did enable us to make it very specific to the participants though because we knew what the ages [of the children] were so there were bits where we could go well that’s not relevant so we can skip that and I know that the participants liked it because it is very much about their situation.

Similar to the parent participants, although the facilitators’ responses were in response to identifying the program strengths, analysis can be applied to conjecture if the research also benefited from some of these factors. While different facilitator styles did not directly affect the research project, perhaps these indirectly contributed to the other identified strengths of communication, group social cohesion and relationship building that have already been discussed as equally beneficial for the research.
A key strength of the program was reported as the ability to individualise the content and delivery.

Interviewer: So you felt like the program was flexible enough for you to individualise it?

Facilitator 1: Yes absolutely – it did take a bit of planning to say well we have done this already so we can use this bit or we can just touch on this bit – it was more having to pull the content in because there was so much discussion. The other thing was there was a young girl who was pregnant and I think she had a two year old whereas the other participants had teenagers or high primary schoolers and I felt that the week that she attended was around communication around your mental health and for me I felt that the content wasn’t particularly relevant for her …

The authors argue that this type of beneficial ‘tailoring’ (Campbell and Quintiliani, 2006; Stellefson at al., 2008) also occurred in the research, using the strengths-based case study method. The research assistant was able to carefully explain the research study to each participant and make modifications to the research design (Hawkins et al., 2008). For instance, they were able to adapt the delivery of informed consent information to the participants’ based on their literacy levels. The participants’ enthusiastic involvement in designing how and where the research data would be collected, confirmed Sanders and Kirby’s (2012, p.236) finding that participants in research evaluation programs are more engaged when interventions are tailored for a sound ‘ecological fit’. The use of open view (Author, date), strengths-based informal conversational interviews also aided tailoring as the framing of the questions was adapted to the existing individual experiences of the interviewees.

Step 4 – Other resources

The research method enabled the researchers to “Ask research questions that help identify resources that might help participants to reach the research aims” [McCashen, (2005), p.48]. When asked which parts of the program needed improvement or did not work so well, Facilitator 1 responded:

Facilitator 1: The only other thing was that you know we had planned to do activities where they had to write down, but one of them was illiterate, and I guess that can be quite common also for long-term mental illness so we ended up not doing … we just did everything as a group and I just did it on the whiteboard. Those that wanted to take notes could but …

Interviewer: and that is just as much a reminder for us as researchers as well that we sometimes far too much overly reliant on the written word

Facilitator 1: Yes absolutely. And I know this, I know this happens in lots of my groups … it ended up with lots of group activities done on the board rather than having 5 minutes to reflect [individually] on an activity – but this group just couldn’t do that. And I actually think that sometimes they didn’t want to. So when I first did it quite a few of them were quite hesitant like the didn’t want to or didn’t understand it and there was lots of questions, so I don’t know if their comprehension is impaired what pressure that puts on them.

As well as using a whiteboard to collate responses, the facilitators suggested alternative program delivery methods and other resources for future programs. For example, videos, online and telephone support and more pictorial representations of concepts could be
used to reduce the amount of written text needed to deliver the modules. Offering the program and research reflections online or via telephone, as suggested by facilitators, may be possible options to overcome these issues. While recording responses at the social café sessions may have been a possibility to overcome literacy barriers, it was considered by the researchers as too intrusive to the group relationship and difficult to maintain privacy and confidentiality.

The strengths-based scaling sheets were a useful pictorial tool for the research data collection. The parent participants were asked to indicate on the sheets their progression in their goal towards confident parenting. On the sheet with a picture of a ten rung ladder, Parent 1 drew a single line against the 5th rung and wrote “I feel am bout here at the moment [sic].” Parent 2 marked 3 aspects of their parenting ability on the picture of a winding road on another scaling sheet. While ‘emotional abilities’ was marked at just over half way along the road at the ‘6/10’ point, ‘parenting’ in general was marked at an ‘8/10’ point and ‘Teaching [sic] abilities’ was indicated (nearly at the end of the road) at the ‘9/10’ point. Parent 3 used the scaling sheet in a slightly different way. They indicated four points on the ladder scaling sheet that related to level their child had achieved in relation to specific goals, rather than their own parenting goals. At the 4th rung, Parent 3 indicated the level that they thought the child had achieved in relation to ‘homework’; at the 7th rung ‘making new friends’; at the 9th rung was ‘[their] relationship’, and right at the top next to the 10th rung they marked ‘moved into her own bed.’ The open-ended nature of scaling sheet appeared to allow the participants to explore goal progression in an individualised manner.

Although some ‘on the spot’ research design tailoring occurred with the research delivery, the findings definitely support a more detailed planning of research methods in the future to account for participants with low literacy skills. More effective use of the pictorial scaling sheets – having them always available during the weekly reflections – may have been advantageous, rather than limiting this option to the pre and post-delivery evaluations that did not fully eventuate. Other strengths-based resources (Innovative Resources, 2017) that are used by therapists or social workers may also be beneficial for generating responses from research participants with low literacy skills. Sets of richly illustrated flash cards are available which could aid participants in answering difficult questions, identifying strengths or solutions to issues. Some cards present cartoon characters with different facial and body language expressions and no words. Others present photos with one or two key words or statements for reflection or discussion, such as ‘I can be trusted’. A ‘positive parenting’ set of cards for example, consist of cards with different line drawings and “Accompanying the line drawing is a sentence starter to get the conversation rolling, for example, I was proud of my children when and Something, I find difficult as a parent is ...” (Leith et al., 2015). More research is necessary to evaluate the effectiveness of such resources in generating in-depth data and in aiding case study design to explore the important ‘how’ and ‘why’ research questions (Meyer, 2001).

**Step 5 – Plans and strategies**

The participant responses indicated that the case study allowed the researchers to “ask research questions and present a case that enables concrete steps towards goals” [McCashen, (2005), p.48]. In other words, the strengths-based case study itself needed to be a useful tool and strategy to evaluating the success of the enhanced parenting program for parents with a mental illness. As planned, the case study was presented in a report to
the health organisation and the results will inform future iterations of the program. For instance, the community health organisation currently has a grant application to expand the parenting program to provide online and telephone counselling for parents with a mental illness under consideration. Participants will be able to choose the mode of delivery that best suits their circumstances, e.g., face to face, online or by telephone. The researchers plan to publish findings in peer reviewed journals to disseminate findings and add to the body of knowledge regarding the actualisation of strengths approaches research and to inform organisers of programs for participants with complex needs. In meeting this overall plan, a strategy is for this paper to model a new variation of Yin’s (2009) case study design using the strengths approach as an explicit theoretical framework (Sutton and Staw, 1995).

5 Limitations and conclusions

This nuanced case study consisted of a small and contextualised sample, which in essence precludes any generalisability or universal replication of results. The study maintains the general criticism of case studies of being not statistically relevant (George and Bennett, 2004). The case study was true to the intended method, however, in providing an in-depth study of the particular group of participants (parents and facilitators) undertaking and evaluating a unique pilot parenting program for parents with a mental illness. As such, although methods were applied rigorously, the findings can only be viewed as valid and reliable for the single small group studied. The facilitators found that parent participants often gave just brief positive feedback about the program, with limited negative points articulated. It is possible that there were some remaining power issues that restricted negative comments even though the collaborative program development overall seems to suggest otherwise. As the program and research was brief, there is the additional danger that the positive results generated are merely characteristic of any generic single intervention. Results cannot therefore, be interpreted as making a longstanding difference without follow-up or longitudinal research.

Regardless of limitations, the research revealed multiple benefits of the parenting program and applying a strengths-based approach to case study research. The study provides a nuanced response to criticisms that more evidence-based examples are needed to explain how the Strengths Approach is defined, can be methodologically applied, and actualised in practice (Epstein, 2008; McMillen et al., 2004; Staudt et al., 2001). Similarly, the study adds to rebutting criticisms that case studies are not clearly structured or defined (Lutz, 1989; Yin, 2009). It is hoped that these findings may be of benefit for planning future programs and research undertaken with vulnerable participants.

The methodological findings that emerged from the case study method have implications for researchers using case study methods. It was found that the strengths-based flexible research design allowed for engaged and collaborative participant involvement. The established relationship within the group and social site chosen for research data collection also yielded positive results. A highlight of the program and research processes was reported as the ability to individualise and ‘tailor’ both processes to meet participants’ needs. Low literacy skills affected the program delivery and perhaps limited the amount of data collected. Case study researchers may consider using strengths-based pictorial scaling sheets or flash cards to generate more in-depth
reflections from participants. The area of developing parenting programs for parent with a mental illness remains a sensitive, stigmatised and highly contextualised one. This case study provides one small unique reflection that yielded not only positive outcomes for program initiative but also gives impetus to further explore strengths approach to case study research.

References


