

From Single Case to Evidence Base: Advancing Evidence-Based Practice Through Case Study Meta-Synthesis

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Introduction. The Evidence-Based Psychological Practice (EBPP) in Health Care guidelines published in 2021 by the American Psychological Association (APA) provide a comprehensive framework intended to underpin psychologists' and psychotherapists' work across health-care settings. EBPP refers to a broad range of clinical activities, including psychological assessment, diagnosis, case formulation, prevention, treatment, psychotherapy, and consultation. At its core, EBPP is defined by a tripartite decision-making process that integrates (1) the best available research evidence with (2) clinical expertise, while taking into account (3) patient characteristics, culture, and preferences. EBPP is conceptually distinct from the movement toward Empirically Supported Treatments (ESTs). ESTs denote specific treatment protocols that have demonstrated efficacy for particular disorders under controlled conditions, typically through randomized controlled trials (RCTs). This approach privileges efficacy as the central criterion of evidence, relies almost exclusively on RCT methodology, and presupposes a linear connection between diagnosis and treatment. However, ESTs have been widely criticized for their restrictive and reductive assumptions. Their focus on diagnosis-specific protocols tends to marginalize patient choice, obscure contextual and relational factors, and discount clinicians' professional experience. By contrast, the tripartite structure of EBPP legitimizes a wide range of treatment methods, principles of change, and forms of clinical reasoning. Clinical practice is not subordinated to external guidelines, nor is therapeutic decision-making reduced to a simplistic diagnosis-treatment pairing (Willemsen, 2022). To support such a comprehensive model, the evidentiary base of EBPP must itself be methodologically pluralistic. While RCTs are indispensable for addressing questions of efficacy, effectiveness, and cost-effectiveness, qualitative research provides rich insights into therapeutic processes, relationships, context, and subjective experience. Case studies, in particular, offer a distinctive form of evidence by illustrating how change processes unfold within individual treatments, including the barriers and resistances encountered even in successful cases (Willemsen, 2023). This paper explores how systematic meta-synthesis of case studies can further strengthen EBPP. Methods. Case study meta-synthesis has attracted growing attention in psychology and psychotherapy as a method for aggregating case-based knowledge and moving from the particular to the general. Meta-synthesis is a research methodology widely used in education, health sciences, and social work to synthesize findings from primary qualitative studies. When applied to psychotherapy case studies, meta-synthesis can generate new or enhanced insights that transcend the single case while remaining grounded in clinical reality. Meta-synthesis relies on a systematic search of the literature, collaboration among research teams that combine theoretical, methodological, and clinical expertise, and the application of systematic interpretative approaches. Through

this process, meta-synthesis can generate practice-level theories that offer an empirical foundation for contextualized evidence-based patient care. In this paper, three recently published case study metasyntheses are examined with regard to their methodological rigor, use of qualitative reporting standards, and contribution to EBPP. Results. The study by Kasper et al. (2026) sought to conceptualize the psychotherapeutic change process of mentalizing through the development of a phase model based on case study meta-synthesis. A systematic literature search identified 20 case studies comprising 22 adult outpatient cases, published in English or German scientific journals. Cases were included irrespective of diagnosis or therapeutic orientation. Using thematic synthesis and adhering to the ENTREQ reporting guidelines, the authors developed a theoretical model describing how mentalizing evolves across different psychotherapies. The model distinguishes three overlapping phases: (1) experiencing the self in a safe relationship, (2) mentalizing the self, and (3) mentalizing others. In the first phase, therapy focuses on helping patients perceive, recognize, and name mental states, supported by empathic validation and a reserved therapeutic stance. The second phase involves deepening understanding of mental states and their causes through biographical, relational, and therapeutic material. In the third phase, attention shifts toward understanding others' mental states. Across phases two and three, therapists introduce new perspectives while maintaining an empathic stance. This empirically grounded phase model provides the first theory of psychotherapeutic change in mentalizing based on aggregated case-study evidence and offers concrete guidance for clinical practice and future research. The second study, by Bakkeli et al. (2025), focused on cases in which changes on standardized symptom measures diverge from patients' subjective experiences or other sources of information (paradoxical outcome). Their systematic search yielded 12 case studies involving 17 adolescents or adults receiving individual psychotherapy. Study quality was assessed using CASP criteria, and studies lacking patient quotations, ethical transparency, or sufficient analytic depth were excluded. Using thematic synthesis and following ENTREQ guidelines, the authors identified two main patterns. Nine patients showed symptom improvement on standardized inventories but reported disappointment with therapy or a lack of meaningful personal change. Conversely, five patients showed symptom deterioration while reporting positive developments such as greater self-understanding, increased agency, or a changed relationship to their symptoms. These paradoxes were attributed to limitations of symptom inventories, social context effects (e.g., patients responding to please the therapist), and deeper intrapsychic change processes. In four studies, paradoxical outcomes were explained through the notion of illusory mental health, whereby initially low symptom scores reflect emotional suppression, and symptom worsening marks a movement toward authenticity. These findings directly challenge the symptom-centric outcome model that underpins EST-based efficacy research and underscore the importance of triangulating multiple sources of outcome information. The third study, by Notaerts et al. (2025), examined early termination or dropout in psychotherapy. A systematic literature search identified 11 adult case studies involving individual psychotherapy. The authors used Consensual Qualitative Research alongside the ENTREQ reporting guidelines. Their analysis showed that early termination can result from therapist-patient misattunement, such as poorly timed interventions or empathic failures, as well as from unmanaged therapist countertransference. In other cases, dropout reflected the patient's repetition of maladaptive interpersonal patterns rooted in early object relations. Importantly, the authors also found that early termination can represent a positive outcome, signaling agency, autonomy, and capacity for goal evaluation. In their discussion, they emphasize that efficacy research often treats psychotherapy as a stand-alone intervention, whereas many patients engage with multiple mental health services over their lifespan. From this perspective, early termination should be understood within broader life trajectories rather than automatically construed as treatment failure. Discussion: Taken together, the three meta-synthesis studies by Kasper et al. (2026),

Bakkeli et al. (2025), and Notaerts et al. (2025) each address a clinically salient phenomenon central to psychotherapeutic theory-building: change processes, outcome complexity, and treatment termination. All three studies conducted systematic literature searches, filtering relevant case studies from large bodies of research using transparent inclusion criteria. Although detailed overviews of final study selections were occasionally limited or located in supplementary materials, each research team combined theoretical, methodological, and clinical expertise across career stages. All studies applied systematic analytic methods and adhered to recognized reporting standards, with two additionally using methodological quality appraisal tools. Crucially, each meta-synthesis translated aggregated case-based findings into concrete clinical implications. Collectively, these studies demonstrate how systematic aggregation of case studies can generate practice-level knowledge, broaden the evidentiary base of psychotherapy, and meaningfully advance EBPP beyond narrow, symptom-focused efficacy models. References Bakkeli, I., Sandvoll, R. L., Thimm, J. C., Stănicke, E., & Lillevoll, K. (2025). Systematic review and meta-synthesis of case studies with paradoxical outcomes in psychotherapy. *Journal of Contemporary Psychotherapy*. Advance online. <https://doi.org/10.1007/s10879-025-09700-x> Kasper, L. A., Krivzov, J., Diederich, J., & Taubner, S. (2026). From self to others: Expanding the therapeutic zone of proximal development – A meta-synthesis of mentalizing change facilitated by psychotherapy. *Qualitative Psychology*. Notaerts, L., De Smet, M., Finn, M., Van Nieuwenhove, K., Hennissen, V., & Meganck R., (2025). It takes two to tango: a qualitative meta-synthesis on processes of psychotherapy dropout from the Single Case Archive. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 28(3), 876. <https://doi.org/10.4081/ripppo.2025.876> Willemsen, J. (2022). The use of evidence in clinical reasoning. *Journal of Contemporary Psychotherapy*, 52(4), 293-302. <https://doi.org/10.1007/s10879-022-09544-9> Willemsen J (2023) What is preventing psychotherapy case studies from having a greater impact on evidence-based practice, and how to address the challenges? *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2022.1101090>