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## Beginning On-Line Delphi Ethnographic Research: The BOLDER Method

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## Beginning On-Line Delphi Ethnographic Research: The BOLDER Method

### Abstract

The use of the Internet to gather data, produce and report research has changed the face of the fields of education and research. This paper will present a method for combining electronic on-line media and Delphi methodology to begin the process of ethnographic research with participant inclusion, informed consent, data gathering by discourse facilitation, and preparation for coding. The use of a reflecting team by the research group provides impetus for second round responses by participants. Methods, format, a case study and an evaluation of the process will be presented.

### Keywords

Delphi, Electronic Research, Ethnography, Narrative Therapy, On-line Research, Postmodern Research, and Reflecting Teams

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## **Beginning On-Line Delphi Ethnographic Research: The BOLDER Method**

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*The use of the Internet to gather data, produce and report research has changed the face of the fields of education and research. This paper will present a method for combining electronic on-line media and Delphi methodology to begin the process of ethnographic research with participant inclusion, informed consent, data gathering by discourse facilitation, and preparation for coding. The use of a reflecting team by the research group provides impetus for second round responses by participants. Methods, format, a case study and an evaluation of the process will be presented. Key words: Delphi, Electronic Research, Ethnography, Narrative Therapy, On-line Research, Postmodern Research, and Reflecting Teams*

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### **Introduction**

Back in 1985 a friend said to me as we both went off for our doctoral studies, “get a computer. It will make your life easier.” And so, a Tandy 1000 EX became a necessity for writing papers, reports, my dissertation, and the first time ever that my university allowed a computer to be used for the two days of doctoral comprehensive examinations. I doubt that I was alone in my technology growth spurt, as it has become a way of life for most of us. Today, courses are taught on line, data is gathered, and final reports disseminated on electronic journals like the one you are now reading, all in a more legitimized manner of scholarship than was ever thought possible.

Recently, while wondering how managed mental health care might be affecting those who practice Narrative Therapy<sup>1</sup>, I thought about the possibility of using on-line

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<sup>1</sup> Nichols and Schwartz (2001) wrote that the narrative model “dominates family therapy” (p. 387). Postmodern and Narrative psychotherapies have been clearly evident in the field since the early 1980s. Although it could be argued that many of the more traditional forms of psychotherapy have their roots in the philosophical underpinnings of phenomenology and constructivist thought, it was not until the writings of Bateson (1972, 1979), Wittgenstein (1955) and George Kelly (1955), that family therapists began with earnest, the study, use and teaching of the models that have become known as postmodern, and in particular, narrative (White & Epston, 1990). While narrative therapy is considered postmodern, not all postmodern therapies are narrative. Hallmarks of postmodern/narrative therapies include a non-pathologizing stance, the flattening of hierarchy with relation to client/therapist interactions, and a collaborative or co-constructed therapy experience, as opposed to the modernist, traditional medically modeled therapies (Edwards & Chen, 1999). To a postmodern/narrative therapist, the person isn’t the problem, the problem is the problem, and argue that “too often clients aren’t heard because therapists are doing therapy *to* them rather than *with* them” (Nichols, 2001, p.205). In addition, modernist therapists are usually essentialists believing that there is a core to each human being, while postmodernists see people as evolving and changing according to the context with which they interact (Gergen, 2000).

forums to gather data. I had used an online forum called “*Delphi*,” an online bulletin board service, to help students track open laboratory office space, report problems, and ask questions during their clinical experience in the advanced marriage and family class I taught. Later I found listservs and *Blackboard.com* very useful for providing on-line communication in between classes for other graduate courses, and I had even played with developing web-enhanced classes, all with a fair amount of success. All of these formats are what was originally called Multi-User Domains (MUDs). They are an electronic computer assisted forum and format where many people interested in the same content can go on the internet or through an e-mail service, and view what others who are also linked to the same domain say, and contribute to the discussion themselves. Most all discussion is through the written word rather than through spoken discussion, but some MUD’s are also providing these more personal formats, most notably in business for distance conferences. These various devises may be either open forums, where anyone with computer access and knowledge of the Universal Resource Locator (URL) address may participate, or they may be closed forums where only select persons with passwords have access. Presently some MUDs, like *Blackboard.com*, are also called portals – a place (URL) on the Internet where one may gain access if they have permission by using a password. But a rose is still a rose; only some have more vibrant colors and smell better. All MUDs allow multiple participants to interact with each other over distances and utilize the Internet for some common interactional purpose. *Blackboard.com* was designed as a vehicle for providing teachers and professors with on-line classrooms, complete with mechanics to disseminate information, provide a forum where at certain times students or participants can go and have “real-time” discussion, take exams, etc. All multi-user-domains are accessed online and allow people from different geographical locations to participate and communicate with each other without ever having direct physical contact, or perhaps even knowing each other in more personal ways.

When it came time to begin the research process on my intellectual puzzle, I naturally thought of combining in some manner the technology I had become accustomed to as a method of data gathering. Over the course of several weeks I began to put together a format that proved to be a useful, novel and fun way of having an on-line discourse with a cohort of narrative therapists regarding the subject of managed care. Thus, came into being what I call “Beginning On-Line Delphi Ethnographic Research” or BOLDER. The BOLDER approach allowed our research team a fast and effective way to communicate and recruit participants, create a place for discourse regarding our research topic, and control access to the site with anonymity, thus permitting us to mine and capture accurate data in a way that had not been done before in Delphi research. In addition, data gathering now could be done within a shorter time frame, with the ability for the participants to respond to a set of research questions and to each other, and then to respond to a set of reflections that the research team provided regarding the first round posts. This methodology provided us with a large set of rich textual data that could then be copied and pasted into a file. We then had a ready made set of data that a qualitative computer program (in our case we used *AtlasTi*) could use for coding and analyzing.

BOLDER becomes a unique method for assembling a group of participants, controlling access, guaranteeing anonymity, inviting discussion on a given topic, quickly gathering responses, preparing reflections to thicken the data further, and capturing and preparing a data base for analysis. After a brief review of the literature, I will describe the

methodology, technology, use, and problems that were involved by discussing our first time with the method, presented as a case presentation. A discussion of possible problems and future possibilities for the BOLDER method will also be presented.

## **Review of the Literature**

### **Delphi Methodology**

Delphi Research has been used to investigate many different fields, starting when the Air Force funded a RAND Corporation project that was used to gain reliable opinions from groups of experts using questionnaires and opinion feedback (Dalkey, 1969; Dalkey & Helmer, 1963). The Delphi method is a means of forecasting, when “empirical data would be too costly or otherwise impossible to obtain” (Parente & Anderson-Parente, 1987). Typically, a set of pre-determined questions are sent to a panel of experts (participants) in the field under investigation. These experts are asked to respond or answer these questions and return them to the researchers. Their answers are then compiled and sent back to the participants for a second round of responses by the rank ordering of their colleague’s answers to the compilation from the first round. This process may cycle through three or more times, until it is determined that there is no new material to be elicited or mined from the process (point of saturation). The data is then analyzed and a report written.

Delphi methodology has been used to forecast or predict many events in the counseling/psychotherapy field (Chandler, 1991; Couch & Childers, 1991; Daniel & Weikel, 1983; Stone-Fish, 1989; Jenkins, 1996; Jenkins & Smith, 1994; Levine & Stone-Fish, 1999; Neibeyer & Norcross, 1997; Norcross, Alford, & DeMichele, 1992; Prochaska, & Norcross, 1982; White, Edwards, & Russell, 1997). Delphi research has been useful in predicting how the field of counseling/psychotherapy will change over time, thus preparing, or giving opportunity to prepare for the future. Our project seemed to be amenable to the use of this sort of research methodology. However, Delphi studies have always been designed to use a statistical methodology through rank ordering of answers, and then by using medians and interquartile ranges (Stone-Fish & Busby, 1996). There has never been a qualitative Delphi research as of this writing.

### **Use of the Internet for Research**

The use of the Internet has become fairly commonplace for soliciting research participants. Listservs from major accreditation groups can and have been purchased and used to send out electronic letters of request to those who are members, in an attempt to recruit participants (i.e., American Psychological Association, American Counseling Association, American Association of Marriage and Family Therapists, Academy of Certified Social Workers). Anyone belonging to any of these groups has certainly been solicited multiple times. From the simple cut and paste of both recruitment and human subjects review boards’ required informed consent letters, to full-blown research studies, Internet research is coming of age. Interestingly, a PsychInfo search for articles written about Internet research -- pure use of the web as a research tool -- had only a dozen or so hits as of this writing. Starting in 1997 authors begin to describe using the web as a tool

for research. Smith and Leigh (1997) start the trend by discussing the possibility of using the Internet as an alternative source for subjects calling them virtual subjects. Michalak and Szabo (1998) produced the first ever *Guidelines for Internet Research: An Update*, in the *European Psychologist*, and all though there is not a record of a first “guideline” that might need to be updated, we were off and running. Buchanan and Smith (1999) published their first psychologically oriented “Research on the Internet: Validation of a World-Wide Web mediated personality scale,” placing the issue of doing such research firmly on the table, while providing criteria for validating Internet work. Qualitative research on the internet became the subject of an interesting piece by Libutti (1999) where she discussed finding text availability with such venues as electronic mail, listservs, web sites and MUD’s (multi-user domains) and provided a discussion of the considerations of informed consent, copyright, and ethics, for qualitative researchers with respect to the Internet. As researchers began to be aware of the Internet as a tool for research, more and more authors began to take up the issue of the Internet as a vehicle for social discourse, both academically (Jones, 1999) and as a business or marketing tool (Brown, Culkin, & Fletcher, 2001; Malhotra & Peterson, 2001). By the new millennium the use of the Internet for psychological experimentation was fairly regular, used several venues, and the questions of validity, recruitment, and the comparison of usual psychological experimentation with Internet research was discussed by Birnbaum, (2000) and those who contributed to his book. By this time researchers and authors had seen the light, and a potpourri of articles discussed everything from qualitative marketing research (Furrer & Sudharshan, 2001; Nancarrow, Pallister & Brace, 2001;), organizational surveys (Simsek & Viega, 2001) and educational uses (Joinson, & Buchanan, 2001; Wolfe, 2001). What one could observe is the Internet media becoming legitimized and appreciated as a medium and method for doing research, and the beginning of a discourse on how and why it should be used.

### **The BOLDER Method: A Case Presentation**

As mentioned above, most Delphi studies are designed using a statistical methodology by having participants rank order the collated responses, (Stone-Fish & Busby, 1996), but none to date have used a qualitative method for rich text data gathering and evaluation. In addition, the usual Delphi procedure is done via mail by sending out the questions and their subsequent return through several rounds, while our procedure utilized e-mail recruitment, and access on the Internet to a Multi-user domain (MUD) web site. Because of the easier and quicker sending and receiving time, it was expected that the process would be shortened. Using the Internet would also cut costs of postage. Also, because of the ability to cut, paste and manipulate data by computer functions, it reduces time, assures accuracy, and cuts down on human error with data entry. One could also expect, because of the technology at hand, an interesting and accessible format to bridge Delphi with qualitative methodology. Thus, this project introduces Beginning On-Line Delphi Ethnographic Research (BOLDER).

As the title clearly states, this is a method for beginning. It is meant to be a convenient method for recruiting subjects, gathering textual data by posing questions and allowing participants to respond to the questions and to one another. BOLDER allows the researcher to quickly capture that data for collation, provides a means of stimulating

further responses by posting reflections from the researcher(s), and requesting responses to all once again for more rapid data gathering. BOLDER is first and foremost a data-gathering tool. In our intended usage it gathers rich text data to be analyzed using qualitative methods. BOLDER allows ideas (data) from a cohort of experts on a subject to be posted on a site, quickly cut and pasted into a file by the researcher, and later analyzed. It worked for our purpose as a method for qualitative research, but it would be also possible to use it in a traditional Delphi where statistical means were used.

## **Participants**

Our first task to secure what Delphi researchers would consider to be “expert participants,” began by setting parameters of what we would consider expertness in the field, and what models might be having problems with managed care. We decided to limit our search of experts to those who practiced and wrote about a narrative postmodern approach rather than broadening it to all postmodern therapies. This assumption was arrived at as we examined the “intellectual puzzle” -- how is this sort of theory/practice inhibited by managed care and the cost containments that are so prevalent in the field of health care today? Those who practice a postmodern model that might be shorter term in theory, like a solution focused approach<sup>2</sup>, might not be having as much difficulty with managed care constraints, due to the model’s paralleling managed care’s goals which are also of a short-term nature.

Our levels of criteria were set to ascertain who in the practice of narrative therapy might be both knowledgeable and true to the theory during practice. It was decided that to find our expert participants, we should invite/recruit two groups. We made an assumption that to write about a subject shows some investment and knowledge. To have written at least twice about a subject assumes a further level of involvement and investment; hence our first set of “experts” (Group A). Group A participants were identified through an on-line library search of authors who had published at least twice on narrative and/or postmodern therapy and who also practiced as such. Their e-mail addresses were garnered either through a search of university websites or through personal contacts. All of these persons were contacted by sending them and e-mail explaining the project, requesting their participation, providing them with an in-text informed consent form, and requesting that they that they return e-mail the form back with their name typed in as a signature (Appendix A). Their return receipt was evidence of their agreement, and was stated as such in the e-mail sent to them.

Those in Group A, who agreed to participate were also asked to provide us with one or two names plus e-mail addresses of other clinicians (e.g., colleagues, former students, etc.), who also use Narrative/Postmodern ideas in their current clinical practice. Again, an assumption was made that those from the first group would provide us with good knowledgeable participants. This second group, Group B, was contacted in the same manner and invited to participate (Appendix B). A deadline was given to each group for their return of the informed consent, thus confirming their involvement. Those in both groups who agreed to participate were then sent a follow-up e-mail with a pseudonym (we used United States Vice Presidents’ names), password, and the URL

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<sup>2</sup> Solution Focused Therapy, the work of deShazar & Berg (1993), is considered to be a postmodern therapy, however, its’ roots come from the brief strategic model of therapy.

where the web board was located (Appendix C). All participants were known to each other only by their pseudonym. We utilized "*Blackboard.com*" as the medium of dialogue and data gathering<sup>3</sup>. Once the participants logged on to the site, and read the instructions that were posted on the gateway page, they were asked to read five questions (Appendix E) on separate sections of the site, and to then post their comments on what is called a threaded dialogue (see Figure 1).

### Figure 1. Example of a Blackboard.com Threaded Dialogue<sup>4</sup>

Jeffrey Edwards Sent: 2001-03-18

Question: 3. Managed Care

Have there ever been times when you felt as though the managed care culture was pushing you to practice counter to your wishes and beliefs as a narrative therapist, and you were able to either push back and win or resist their pushing? Would you be willing to share how you were able to do so?

Richard Cheney Sent: 2001-04-13

I work for a large HMO & have a small private practice. In my small private practice, there has long been a limit on number of sessions allowed by the HMO's. I have been successful in extending # of sessions by pointing out that, should the HMO not agree to do so, there will likely be an escalation of problems and a much higher cost to the HMO. The HMO for which I work has a 20 visit cap on members per year, so this has not been much of a problem. However, in both situations, it has been necessary to pathologize the client's symptoms in accordance to DSM IV. To myself, I call this (regrettably) "playing the game."

Hubert Humphrey Sent: 2001-04-13

I also work and have worked for 15 years for a large HMO. This is a subject I could go entirely too long about. The most overwhelming problem at my place is the pace--7 sessions in any 8 hour day, at least 6-7 new intakes a week. I personally find it impossible to be at my best at this pace. Further there is a voice of the company that is spoken through statistics on who saw the most people, who is up on their paperwork, through memo's and policies that emphasize the medicalization of therapy, through standardized treatment protocols, that drones on and on.

Calvin Coolidge Sent: 2001-04-16

I no longer work with managed care organizations. I found that I was too often put in the middle between the organization and the client. I am willing to cut my prices so that clients can afford me rather than deal with managed care headaches.

Millard Fillmore Sent: 2001-04-18

Yes, I have felt increasing pressure to compromise my practices. My strategy has been two-fold: 1) kept fairly quiet about my practice and 2) develop relationships with like-minded therapists in the clinic. By having a community of narratively informed therapists, we are able to influence the politics of the dept.

Note: Dialogue has been truncated for space purposes

All persons responding to each question are linked by date-time history to the question to which they have responded. They then post their own responses on the threads by a certain date. Participants were encouraged to respond to each question (thread), but not

<sup>3</sup> The Blackboard.com site where this work took place was on their original free usage site, and has since been removed, as it had a time line that the company allowed. Universities that purchase this product are restricted by the university policy, not the vender.

<sup>4</sup> Blackboard has changed substantially from when the original Delphi was conducted, but Figure 1 shows an approximation of how the threaded dialogue works.

required to do so. They were also encouraged to respond to each other's comments, come back to the site as often as they liked during the first round, and to keep the discourse progressing around the questions the team posed. A time line for the first round of discourse was given the participants, and reminder e-mails were sent to gently prod the group along with their commitment to participate.

### **First Round Compilations and Reflections**

After the deadline was reached, the site was closed to participants for a time, and considered off bounds as far as adding more to the discourse. All of the threads are date and time stamped at the site. The textual data were gathered by copying each of the threads under each question section using the computer's copy and paste function, and the text was then pasted into a single running file in chronological order. This file was sent to all participants for validation, and also sent to each of the members of the research team for their reflections.

### **Reflecting Team Feedback**

The team conducting this investigation used a common tool that came from the Postmodern/Narrative therapy community called a reflecting team (Anderson, 1991). This technique as used clinically, is meant to provide a unique form of information back to the clients, thus stimulating further discourse and thought during their session. Reflections are personal observations, associations, and thoughts of a team who is observing the session's process. They are given while the clients watch from behind a mirror, so that it would stimulate further discussion during sessions, rather than being the final word on what had occurred. In other words, reflections are meant to open up rather than limit, direct or close down discussion.

For our purposes, participants were told that they could respond to those other participants who have already responded, adding to the on-going discourse. It was expected that this process would continue until there was a fully thickened and saturated conversation (no new ideas being put forth).

The team consisted of well-seasoned clinicians, interested in furthering their understanding of how postmodern/narrative therapists were fairing within the present mental health culture of managed care. Three of the four on the team were professors who have authored articles on postmodern therapy, and the fourth a colleague who had extensive post-graduate clinical work in Narrative Therapy.

The team reviewed the first round of responses and then wrote reflections of their own, responding on a separate thread on the Blackboard site. The reflections were couched as much as possible as a real reflecting team might, regarding what participants had said, as a method of encouraging the participants into further thoughts and comments, thus coming up with the next round of discourse by the participants. Again, as stated above, reflections are meant to be personal observations and thoughts that would stimulate further discussion, rather than being the final word on what had occurred. In other words, it was meant to open up discussion, rather than to limit, direct or close down discussion. When the team had posted their own reflections regarding each section, the

participants were sent e-mail notification to come back to the site in order to read the reflections and then to reflect on the reflections (see Figure 2).

### **Figure 2. An Example of a Threaded Dialogue of Reflections.**

Question 2: Knowing your effectiveness

Lyle White: I was taken with Theodore Roosevelt's comment that evaluating out come is a kind of "disciplinary mythology." Although an amusing comment, if taken seriously it is a rather profound statement about the traditional orientation to the way we connect events. I am curious what others think of this notion.

Dory Bradley: I was interested in the fact that the group seemed rather divided on this issue. Many felt that therapy's effectiveness is something determined collaboratively as therapist and client discuss what they have been doing. Yet, some of the group wondered whether a client's desire to please might not impact upon his ability to give an accurate report...these people mentioned the necessity of learning to "live with doubt." I rather like this notion, as it resonates with me; it also frees me a bit from feeling that I must be in control at all times. I wonder how this part of the group gave itself permission to "dance with doubt" rather than "curtsy to control?" What about the other half? What do they do during the times they are tempted to doubt? Do they ever doubt their clients' reports? If not, how is it that they resist? I'd love to hear more...

Jeffrey Edwards: I was impressed with the differences that the VP's had in this regard. Some thought it important to set a goal and to established client criteria, and to privilege the client's views of how the therapy is moving along, and others do not believe that some clients will not privilege the natural hierarchy of the therapist/client relationship. Yet is a relevant question when one places it within the context of today's market place. If clients are footing the bill, it is one thing, if others such as Health Care companies are paying, is there a need for a unified view of what constitutes positive outcome, thus payment for services. I wonder how Narrative/postmodern therapists will prosper and grow, given this problem? One cannot comfortably "live with doubt" and serve those who may need the gentleness and nonpathologizing who rely on subsidized care. Can you really serve two masters?

Mei Chen: Listening to the responses, I seem to share comfort in the notion of living with doubt and some uncertainty, of letting the evaluation of effectiveness a never finalized dialogue process. This attitude is different from apathy or indifference. For I care very much about whether the clients are helped or not.

Note: Dialogue has been truncated for space purposes.

Participants then posted their own reflections to the team reflections (see Figure 3). Participants were also encouraged to respond to those who have already responded, adding to the on-going discourse.

All responses and data were posted (identified only by pseudonym) on the web board and e-mailed separately to each participant. Each of them were to read, expand and make comments, as well as responding to the reflections of the team. The data was then collated again, using the copy and paste functions of the computer. The team decided at this point that saturation had been attained, as no new ideas were evident. The final collation of data was placed into a text file to be coded. The data was then analyzed, and a final report written on the process and the results. A final wrap up questionnaire was sent to the participants, (Appendix F) using scaling questions (Likert scale) for most questions, and four open-ended qualitative questions.

### Figure 3. An Example of Threaded Dialogue of Reflections of Reflections.

Re: Reflections of Subject # 2: Knowing your Effectiveness

Calvin Coolidge: Reading these comments reminds me that there are different domains in which effectiveness are measured. Effectiveness is not a monolithic outcome, but may be unique to different domains. There can be effectiveness from the client's perspective, the therapist's perspective, and many other outside concerned parties. Each of these may require a series of ongoing negotiations and renegotiations of what constitutes effectiveness for a specific case. I find this openness to different domains to be a hallmark of a postmodernist approach.

Gerald Ford: I am reminded of a study where the couple said the research interview was more therapeutic than the therapy. Some of the points from the study included that the couple, in the research interview, were placed in a different context, not viewing the researcher as a therapist (they were told if an issue came up, take it back to their therapist), and in talking to the researcher, the couple each became the expert of their experience, and no longer in battle over getting the "third party" to their side. I am not quite sure why I thought of this in response to the team reflection, but it seemed right at the time. I live with uncertainty (often), but am sensitive to feedback (systemic reverberations) and am quick to adjust my actions/responses. In talking about effectiveness, at times I think we are talking about our "account" of what we do, and not necessarily what we do.

Aaron Burr: I, too like my colleague Gerald Ford, have also experienced that clients have reported that "research interviews" conducted by graduate students at our clinic, which focused around the theme of cooperation in therapy, were extremely interesting AND helpful.

Note: Dialogue has been truncated for space purposes.

### Validity and Quality

Qualitative research uses an audit trail as a component to establish validity and reliability. The audit trail checks and validates the research as each step is taken by watching the trail of thoughts as each new piece of information is included. Thus, the possibility for duplication is established which is necessary to show reliability. The validity and reliability of this BOLDER was done by the continual monitoring *by the participants themselves* at every step. Not only did they see their own words every time they posted, but they were sent copies of their postings on several occasions to once again validate, and asked if the postings represented what they intended to say. They had every occasion to correct their words. No one did so.

One of the most common errors during the research process has to do with human error while doing data entry. The copy and paste functions of the computer used with the BOLDER method makes sure that this error does not occur, thus assuring quality.

### Analysis

As Bernard (1995) suggested, in an ethnographic study the unit of analysis is always one, and the unit probably will help the researcher decide on how to analyze the data. An in-depth qualitative study of sexual abuse survivors might have fewer participants and lengthier interviews, thus Content Analysis would be a more useful method of analysis. Our research was expected to produce discourse with varying opinions (expert) and experiences. Our work used Grounded Theory (Strauss & Corbin, 1990) as a means of coding and analyzing this data, where coding would be grouped by

families, and comparatively analyzed as well as analyzing the words and phrases. BOLDER will capture the data according to the unit under study, thus it can be used with many different analytic methods. AtlasTi was chosen as the computer program, because the PI was familiar with, and had access to the tool<sup>5</sup>. Files produced by the BOLDER method could be quickly loaded into the program, and then coded using Atlas's toolbox of coding and production of families of codes.

### **Results of this BOLDER**

Sixty-four prospective participants were identified initially for Group A. We were able to locate 26 e-mail addresses of these potential participants. From this group, 10 agreed to participate. From this list of participants we were provided with 10 potential Group B participants. From this group, 8 agreed to participate. There were eighteen participants on our final list. As with many research endeavors, some participants simply failed to grasp the enormity and implications of the research with the same intensity as the researchers, thus our final group who actually participated included twelve (12) participants, all who contributed to some degree or another.

Our BOLDER process for this project was conducted in three phases of discourse; 1) participants responding to the five questions posted was done in eighteen (18) days, 2) team collates and posts reflections ten (10) days, and 3) final posts by participants were finished during the next fifteen (15) days. Total time to complete the data gathering was just over 43 days. The project netted a total of thirty (30) pages of focused text, about the equivalent of an hour of interviewing. The text was very specific and sensitive to answering the questions that were presented. There were many instances when the participants related to each other's questions, and that was as intended. The participants posted 83 times with a range from posting once, to as many as 17 times per participant. The average posting was 6.9 times; posts ran from those who were very interested in the project and answered questions thoughtfully, to a few who answered questions with cursory answers. Several participants entered into responses to each other, but it was not the norm. It is interesting that none of the research reviewed to date on traditional Delphi give precise measurements of time and process for baseline information.

### **Evaluation of BOLDER Project**

A final wrap up questionnaire was sent to the participants, (Appendix F) using scaling questions (6 point Likert scale) for most questions, and four open-ended qualitative questions. Seven (7) of our twelve (12) or roughly 58% provided us with feedback on process and content of the BOLDER (Table 1).

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<sup>5</sup> Other computer packages could be used as well; I had received some training in AtlasTi in one of the courses I had on qualitative research, so I decided to go with what was most familiar.

**Table 1. Quantitative Questions and the Mean Response**

Question Number	M
1. How well did you think the blackboard.com worked as a research-gathering tool	4.821429
2. How well would you rate the easy with which you were able to access the blackboard.com web board?	4.357143
3. Please rate the instructions that were given to you about the process?	5.357143
4. How would you rate the original questions that you were asked to answer?	5.071429
5. This process used a reflecting team as a method of bringing forth other questions and dialogue. How would you rate this as a methodology for eliciting further discussion?	5.642857
6. How well did you feel the project addressed the issues that are salient for Narrative/Postmodern therapy at this time?	4.583333
9. How well (1 low to 5 high) did this dialogue meet your expectations?	4.714286

It is evident from the responses to the questionnaire that participants liked the format. Questions #3, 4 and 5, all questions regarding factors that the team could control, such as giving instructions, providing questions to discuss, and using a reflecting team as a means of providing impetus for second round responses, were all rated high in the 5 category. The ease with which participants were able to access the site has the lowest rating, but is still above an average score. The big surprise, and one that is born out with the qualitative remarks, was question # 9, "How well (1 low to 5 high) did this dialogue meet your expectations?"

Quantitative scores are lower than expected. Narrative therapists are users of language in the extreme. There is no way at this point to validate this, but it is possible that by calling this a discourse, or a "discursive Delphi on-line investigation regarding the present and future of Narrative/Postmodern therapies," as was stated in the invitation to join, may have had meaning beyond what was intended. In fact, some of the qualitative remarks revolved around the lack of "sparkle" in conversation, how participants didn't respond to each other as much as some would have liked, etc. What is interesting is the difference between participant A and B with regard to the use of pseudonyms. Where as A says "thoughts and feelings of competition, wondering what the others thought of my comments," B wonders if "it might have been the anonymity." What started out as a novel way of protecting each other -- both nationally known authors and workshop presenters and good solid in-the-trenches narrative therapists -- from being influenced by what was being said, thus possibly marginalizing or colonizing answers, was a potentially a deterrent to further participation for some.

**Table 2. Three open-ended questions: #'s 7, 8 and 10.**

	Questions and Answers
7.	Are there other questions you would have liked to ask the group, or present as issues that might also be helpful at this time, and if so what would they be?
8.	Do you perceive other challenges that you face being a Narrative/Postmodern Therapist that were not discussed on this project, and if so, what are they?
10.	Is there other feedback regarding this project that you would like to provide for us?
Answers for 10.	<p><b><i>Participant A's Answer</i></b>  I really like the idea of trying to create a context of a reflecting team experience. I have been trying to think of ways in which this could have been done more effectively. There were less "retellings" than I would have liked. In other words, VPs tended to respond to the original questions, and less so to the other VPs comments directly. In my experience of reflecting teams, "embodiment questions" are often helpful in encouraging the reflecting team member to place their comments in a context, which lessens the chance of a "disembodied expert comment." However I am not at all sure that this would be possible in an online environment. I found myself stepping into thoughts and feelings of competition, wondering what the others thought of my comments. This could very well be a reflection of my own anxieties, etc. but there is a possibility that the structure somehow contributed to this.</p> <p><b><i>Participant B's Answer</i></b>  A great format and a great idea. I didn't devote as much time to it as I might have which detracted from the quality of my offerings. The conversation didn't seem to "sparkle" as much as I thought it might. Not sure why this is. One participant I later talked to thought it might have been the anonymity. Perhaps. I didn't see us unpacking a lot of new material as a result of our responding to each other. I think there was something different about this than being on a list serve that might have detracted in some way. But most of all, for me it was a question of being extremely busy (I'm not on any list serves at this time for that reason). I kind of got in and got out - sorry to have to say this but that was the reality of my work commitments.</p>

Key = Positive comment      What could have been different comments

What is heartening to the development of the BOLDER process, is that both A and B's review of the process, as well as the quantitative scores from all indicate that they agree that the idea was a good one, and that the reflecting team format was useful to the research process.

Of concern is the lack of availability of computer technology with certain "expert" groups. It is evident that the BOLDER is an excellent method and tool for data gathering where there is this technology available. In those parts of the world where less

fortunate groups may be the focus of investigation and computer access is not possible, BOLDER is certainly not useful or appropriate. In those cases, more traditional field ethnography is more expeditious. When using BOLDER it is necessary that e-mail and Internet services are readily available and even privately available to participants. This means that BOLDER has a limited use like any research tool. But then, one must always carefully chose an appropriate “site and method” (Bernard, 1995, p. 102) for their ethnographic research.

### **Implications**

As with any new process, gaining interest and cooperation is imperative to success. Being that this was the first time this sort of method was used, it is easy to understand that some came to look, some came to participate and others just were not interested. As with the typical customer, those who came to participate were eager to say what was on their minds and to enter into a discourse with other like-minded souls. Those who were merely visiting, came a few times to watch, and may have posted a few well-chosen words so that they might fulfill their felt obligation. Most of us who are in the field receive several requests to participate in research every month. Therapists and professors are busy folk, and to ask them to take time out of their lives to log on to a website, negotiate the site and learn how to post their thoughts or to read others comments and reflect, add to, or debate what colleagues have said, takes a level of interest in the subject and commitment to the process. It does, however, seem that the “toy value” (Babbie, 1975) of this method would produce a certain amount of interest. BOLDER is no different than any other methodology for gaining access to groups of respondent/participants, only a new method, far more easily accessible than letter writing, quicker to respond to, gather and collate data from, and process through the full sequences of rounds of discourse to be analyzed.

It is evident that the BOLDER method provides a potentially useful method for gaining quick forecasts of possibilities by using technology that assists the speed and ease of gathering, collating and validating data of certain accessible groups, and does not have the usual costs associated with postage mail. The usual process of audio or videotaping of interviews and the lengthy and time-consuming task of transcribing the dialogue is replaced by using the copy and paste functions that already exists on the computer. In addition, it has now been demonstrated that Delphi methodology can be used to begin the process of qualitative ethnographic research. BOLDER is intended to add to the growing number of methods used to gather meaningful data in a unique way. BOLDER is very appropriate for certain types of research where quick forecasting is needed, interviewing is not possible, and traditional Delphi’s cannot be expanded to gain richer textual data. The author plans on using this methodology again in the near future. It is hoped that others will find the BOLDER method as much fun and as useful as our research team and participants did, and that others will continue to search out and add to this methodology in the future.

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## Appendix A

### Initial Participant Informed Consent

Dear Colleague,

We are preparing to enter into a discursive Delphi on-line investigation regarding the present and future of Narrative/Postmodern therapies. We wonder if a number of constraints have been common to practitioners within the last several years and have influenced your practice. For instance, we are curious how constraints the managed care culture imposes and affects clinicians who use Narrative/Postmodern ideas. We are interested in your perceptions, experiences, adaptations, changes in methods, and if your theoretical ideas of "therapy" have been changed within the scope of your practice by any of these constraints. Additionally, we are wondering to what extent your use of Narrative/Postmodern ideas and approaches are used now, and how, if any, more mainstream ideas i.e., diagnosis and pathologically oriented treatment ideas have influenced your work either by capitulation or use of creative methods?

We have obtained your name because you were identified through a library search as an author who has written about Narrative/Postmodern therapy, and whom we believe is currently practicing Narrative/Postmodern therapy. In addition, we would ask you, if you might also provide us with one or two names of other clinicians who you know, along with their e-mail addresses, who are not published authors (e.g., colleagues, former students), but who use Narrative/Postmodern ideas in their current clinical practice and who you think would be interested and willing to participate in this discourse. We shall contact them in the same manner to invite their participation. We will need to have their names at least by the first week in April, as we intend to begin on April 15, 2001.

Traditionally, Delphi research is done with a panel of "experts" in a field, and poses questions to them, to which they respond. The answers and discourse are then compiled and then the participants comment on the discourse and answers of the other respondents, until a point of saturation. Our "experts" are those who have a solid knowledge of Narrative/Postmodern practice, and who are actively practicing in this manner. Our research will be an on-line discourse at a web board, where you will have instant access to what other participants are saying, and you will be able to then comment on their comments.

If you agree to be a part of this discourse, you should send an e-mail to Jeff Edwards at [j-edwards1@neiu.edu](mailto:j-edwards1@neiu.edu) by April 10, 2001 indicating your willingness to participate, by copying the Consent to Participate form at the end of this e-mail. We will then send you an e-mail back with a pseudonym, password, and the URL where the web board is located. We will utilize a web-based approach using "*Blackboard.com*" as the medium of dialogue and data gathering. Once you log on to the site, you will be asked to read several questions and post your own responses at the web board threaded dialogue by a certain date. The team who is conducting this investigation will then reflect on what participants have said, as a method of coming up with the next round of questions to which you will then reflect/respond. You may also respond to those who have already responded, adding to the on-going discourse. You will probably need to spend only

fifteen to twenty minutes a week for a few weeks on this process between April 15 and May 15, 2001, or until we have fully thickened, thus saturated our conversation.

All responses and final results are posted (identified only by your pseudonym) on the web board for each of the participants to read, expand on and make comments upon, as well as responding to the reflections of the team. This process may take place several times until we reach a saturation of ideas (i.e., the point at which it is determined that no new ideas are forth coming). We will collate the responses using coding process, and a qualitative computer program called *AtlasTi* will finish the process. The final information will then be analyzed and a final report written on the process and the results. Delphi is considered a naturalistic form of research, qualitative rather than quantitative, but with relatively good validity and reliability. At this point we are unaware of previous studies that have used a Delphi approach in this way. We think it will be fun and educational to have an open dialogue with a reflecting team generating additional questions on the threaded dialogue list where many different fellow post modernists will have a great electronic discourse.

At the end of the research we will divulge your name and the names of the other respondents only with written consent. If you agree to have your name disclosed later on the web board to the other participants after the discourse is over, and in any resulting publications, please indicate so when you return your e-mail acceptance. Your name will appear along with the criteria for inclusion; however, no connections will be made between a participant and specific comments.

Thank you for considering this request; we sincerely hope you will join us in this discursive work.

This project has been reviewed and approved by both the Northeastern Illinois University *Institutional Review Board*, and the Southern Illinois University Carbondale Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to either the Committee Chairperson, Office of Sponsored Projects - IRB, Northeastern Illinois University, Chicago, IL 60624 (phone 773-583-4050, ext. 4802), or the Committee Chairperson, Office of Research Development and Administration, Southern Illinois University, Carbondale, IL 62901-4709 (phone: 618-453-4533).

Sincerely,

Jeffrey K. Edwards, Ed.D.      Mei Whei Chen, Ph.D.    Dolores Bradley, M. A.

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Southern Illinois University

Department of Educational Psychology and Special Education

Mail Code 4618

Carbondale, IL 62901-4618  
618-453-6926

### Informed Consent to Participate:

**Please copy this and past into the e-mail to [j-edwards1@neu.edu](mailto:j-edwards1@neu.edu) with the information included.**

Yes, I have read the *Participant Informed Consent* and would like to participate in the on-line discourse on postmodern/narrative therapy. I understand that by sending this e-mail back to you, I willingly agree to participate. I also understand that if at any time I should choose to do so, I may withdraw without prejudice by sending you an e-mail to that effect, and that I will not longer be part of the web board discussions. Further, I understand that my name will be used at the conclusion as a note of who participated in the discussion and that any of my words that are posted to the board, or any subsequent publication, will be reported without any association to me personally thus maintaining my confidentiality. I do this of my own free will and with full understanding of the process involved. I place my name here as an indication of my willingness to have my name used. By returning this e-mail I agree to participate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ e-mail address: \_\_\_\_\_

I would like to nominate and provide either e-mail or postal addressed for the following as potential members of this discourse:

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## Appendix B

### Secondary Participant Informed Consent

Dear Colleague,

We are preparing to enter into a discursive Delphi on-line investigation regarding the present and future of postmodern/narrative therapies. We wonder if a number of constraints have been common to practitioners within the last several years and have influenced your practice. For instance, we are curious how constraints the managed care culture imposes and affects clinicians who use Narrative/Postmodern ideas. We are interested in your perceptions, experiences, adaptations, changes in methods, and if your theoretical ideas of "therapy" have been changed within the scope of your practice by any of these constraints. Additionally, we are wondering to what extent your use of Narrative/Postmodern ideas and approaches are used now, and how, if any, more mainstream ideas i.e., diagnosis and pathologically oriented treatment ideas have influenced your work either by capitulation or use of creative methods?

We have obtained your name because a colleague identified you as someone who uses Postmodern/Narrative ideas in your clinical practice, and as someone who might be interested in participating in the discourse nominated you.

Traditionally, Delphi research is done with a panel of "experts" in a field, and poses questions to them, to which they respond. The answers and discourse are then compiled and then the participants comment on the discourse and answers of the other respondents, until a point of saturation. Our "experts" are those who have a solid knowledge of Narrative/Postmodern practice, and who are actively practicing in this manner. Our research will be an on-line discourse at a web board, where you will have instant access to what other participants are saying, and you will be able to then comment on their comments.

If you agree to be a part of this discourse, you should send an e-mail to Jeff Edwards at [j-edwards1@neiu.edu](mailto:j-edwards1@neiu.edu) by April 10, 2001 indicating your willingness to participate by copying the Consent to Participate form at the end of this e-mail. We will then send you an e-mail back with a pseudonym, password, and the URL where the web board is located. We will utilize a web-based approach using "*Blackboard.com*" as the medium of dialogue and data gathering. Once you log on to the site, you will be asked to read several questions and post your own responses at the web board threaded dialogue by a certain date. The team who is conducting this investigation will then reflect on what participants have said, as a method of coming up with the next round of questions to which you will then reflect/respond. You may also respond to those who have already responded, adding to the on-going discourse. You will probably need to spend only fifteen to twenty minutes a week for a few weeks on this process between April 15 and May 15, 2001. All responses and final results are posted (identified only by your pseudonym) on the web board for each of the participants to read, expand on and make comments upon, as well as responding to the reflections of the team. This process may take place several times until we reach a saturation of ideas (i.e., the point at which it is determined that no new ideas are forth coming). We will collate the responses using coding process, and a qualitative computer program called *AtlasTi* will finish the process.

The final information will then be analyzed and a final report written on the process and the results. Delphi is considered a naturalistic form of research, qualitative rather than quantitative, but with relatively good validity and reliability. At this point we are unaware of previous studies that have used a Delphi approach in this way. We think it will be fun and educational to have an open dialogue with a reflecting team generating additional questions on the threaded dialogue list where many different fellow post modernists will have a great electronic discourse.

At the end of the research we will divulge your name and the names of the other respondents only with written consent. If you agree to have your name disclosed later on the web board to the other participants after the discourse is over, and in any resulting publications, please indicate so when you return your e-mail acceptance. Your name will appear along with the criteria for inclusion; however, no connections will be made between a participant and specific comments.

Thank you for considering this request; we sincerely hope you will join us in this discursive work

This project has been reviewed and approved by both the Northeastern Illinois University *Institutional Review Board*, and the Southern Illinois University Carbondale Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to either the Committee Chairperson, Office of Sponsored Projects - IRB, Northeastern Illinois University, Chicago, IL 60624 (phone 773-583-4050, ext. 4802), or the Committee Chairperson, Office of Research Development and Administration, Southern Illinois University, Carbondale, IL 62901-4709 (phone: 618-453-4533).

Sincerely,

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**Informed Consent to Participation:**

**Please copy this and past into the e-mail to [j-edwards1@neu.edu](mailto:j-edwards1@neu.edu) with the information included.**

Yes, I have read the *Participant Informed Consent* and would like to participate in the on-line discourse on postmodern/narrative therapy. I understand that by sending this e-mail back to you, I willingly agree to participate. I also understand that if at any time I should choose to do so, I may withdraw without prejudice by sending you an e-mail to that effect, and that I will not longer be part of the web board discussions. Further, I understand that my name will be used at the conclusion as a note of who participated in the discussion and that any of my words that are posted to the board, or any subsequent publication, will be reported without any association to me personally thus maintaining my confidentiality. I do this of my own free will and with full understanding of the process involved. I place my name here as an indication of my willingness to have my name used. By returning this e-mail I agree to participate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ e-mail address: \_\_\_\_\_

## Appendix C

### E-mail to Begin Discourse

Good Day Colleague,

We hope you are ready to begin our On-Line Delphi Dialogue on the state of Narrative/Postmodern Therapy in a Managed Care world. Please read this completely and follow the instructions exactly. You may want to print a copy for future reference.

Sometime during the week of April 16, 2001, you are to go to the gateway page at URL: <http://www.Blackboard.com/courses/PomoRx> where you have already been pre-registered, and log in to our site using the user id and password give you (above). You have been given the pseudonym of a US Vice-President (what could be more not-knowing?), as well as the user id, and password. You will need to store and remember your user id and password somewhere so that you can remember it to gain access every time you log on to the site. Your user id and password are case sensitive, so use all capital letters for your password. If, in the event you forget your user id or password, you may e-mail Jeff at [jke6245@aol.com](mailto:jke6245@aol.com) .

Once you have logged on to the site, please read the brief introduction to the process on the Main Page. After you have done that, you may then go to the Discussion Board by clicking on the left side bar link. Read through the questions that are posted in each threaded dialogue, and then post your own responses by first clicking on the response link, and then *clearing the dialogue box* before you post your own response. Please do not begin a new "thread," but respond to the four threads that are already in progress. Feel free to respond to any or all of the questions. You may also come back at a later time and reread what others have said, and respond to their responses.

At the end of the first week, we will post our own reflections of what has been posted by all the participants. You will be sent an e-mail once our reflections have been posted, so that you will be alerted and know when to come back to the site. You may then log on again and read those reflections, and then reflect on our reflections with your own posted reflections using the same process – *by clearing the dialogue box first* to post your responses, and *not* starting a new thread. We anticipate that this may take a few posts and reflections and re-reflections before we achieve saturation, but we are hopeful that this process will shorten response times, thus the amount of time participants need to spend on this project. But, please, do feel free to spend as much time as you like, giving it ample time for your thoughts and reflections to come forth. Most of all enjoy the collegiality and process, and perhaps we can creatively help others find ways to practice narrative therapy in a culture where a different agenda currently has been privileged. If you have any questions along the way, please do not hesitate to ask one of us for clarification, or help.

Thanks. We are really glad to have you with us,

Jeff, Lyle, Mei, and Dory

## **Appendix D**

### **A Gentle Reminder About Your Narrative/Postmodern Delphi Experience**

Dear Colleagues,

Given that we are prone to good old narrative hospitality, we are extending the time on this project by one week so that you might all have an opportunity to post your perspectives and answers to our questions. On Monday, April 30, 2001, posting to the main questions will be turned off, and the posts that have been place on the site will be compiled into a larger text file for the team to read. So, if you are to participate or provide any more postings you will need to finish them by then. Later that week, a new "thread" with our reflections on those posts will begin. Those of you who have posted will be asked to look at the reflections and then to re reflect on our reflections. I will send an e-mail to those who have participated letting them know when to rejoin us at the site and re reflect.

We hope that those of you who agreed to participate but have yet to do so, will take this opportunity to join in and make your stories part of this multi narrative. Thank you for your help with this project. We were pleased with the response to join this endeavor, and we are really interested in your thoughts and feelings about our questions. To those of you have taken the time to post, we find your comments and ideas very stimulating and varied. Thank you for taking the time to participate. We look forward to your reflections on our reflections, and are sure they will be equally interesting.

Sincerely,

Jeff, Lyle, Dory and Mei

## Appendix E

### Questions

#### **Subject: 1. Research**

The July/August 2000 issue of the APA Monitor on Psychology reported that NIMH is now placing an emphasis on effectiveness research. The previous overemphasis on efficacy research by NIMH and other funding sources has been criticized by researchers and clinicians who advocate for treatment modalities that are more "real world." How do you reacted to this news and what impact do you think this type of research will have on the clinical practice of post modern/narrative psychotherapies?

#### **Subject:2. 'Knowing" your effectiveness**

Regarding how you as narrative/postmodern therapist "knows" or understands effectiveness within your own clinical practice, what criteria do you use, how do you know if you are effective, and how do you translate that to cases where accountability is part of the expectation?

#### **Subject: 3. Managed Care**

Have there ever been times when you felt as though the managed care culture was pushing you to practice counter to your wishes and beliefs as a narrative therapist, and you were able to either push back and win or resist their pushing? Would you be willing to share how you were able to do so?

#### **Subject: 4. Compromising your values**

Given the sociopolitical climate of mental health care in the US, have you ever compromised your postmodern/narrative theoretical stance by the use of DSM terminology, prescribing medication or advocating the use of meds, shortening the "dose" length of clinical contacts, etc. And if so, how did you work this out both for your self through justification, and with your clients. Were you able to find alternatives or other means to deal with these issues?

#### **Subject 5. Interfacing with Others**

We are sure that there are times when you are interacting with other clinicians, either as a trainer, teacher, or colleague, and they have a modernist, more mainstream culture perspective of psychotherapy. Can you share with us and with each other how you explain what it is that you believe, do and think about our profession and the way you have chosen to practice? Are there ever times when these colleagues with their mainstream culture with their emphasis on pathology, risk assessment, medication, etc., present you with questions about the way you are choosing to practice? What do you tell them, and also, what you tell yourself?

## Appendix F

### Evaluation Tool

#### Final Evaluation of the On-Line Delphi Regarding Narrative/Postmodern Psychotherapy in a Managed Care Culture

Thank you very much for participating in this research project. For those of you who participated in the reflections of the team's reflections, I am including a file with the 13 pages of text you all provided. Please check it over to make sure your statements are correct. The document was spell checked for errors, but nothing more. If I don't hear from you with corrections, I will assume that the document stands as is.

Over the next few weeks/months we will be coding and evaluating your responses, and then we will send you all a finalized copy for critic prior to our submitting it for publication. Before we do that, we would like to get some further feedback regarding the process and experience. Would you please take a few minutes and answer the following questions so that we might be able to incorporate them in our research. Cut the 10 questions, past them into a new e-mail and then answer them. As soon as we receive this document back, we shall release the names of those who participated, but not their V.P name, so as to still maintain confidentiality. If you have changed your mind about having your name released, you will need to inform us soon. Thank you very much for your participation. I think that the final statement by VP Van Buren sums up our expectations when he said “. I would like to express appreciation to those who have organized this and also to the other VPs for sharing their experiences and thoughts. I often feel isolated in this work, and being part of this conversation has been very helpful for me to counteract those feelings.”

Using a scale of 1 (low) to 5 (high), kindly answer the following questions;

1. How well did you think the blackboard.com worked as a research-gathering tool?  
\_\_\_\_\_
2. How well would you rate the easy with which you were able to access the blackboard.com web board? \_\_\_\_\_
3. Please rate the instructions that were given to you about the process? \_\_\_\_\_
4. How would you rate the original questions that you were asked to answer? \_\_\_\_\_
5. This process used a reflecting team as a method of bringing forth other questions and dialogue. How would you rate this as a methodology for eliciting further discussion? \_\_\_\_\_
6. How well did you feel the project addressed the issues that are salient for Narrative/Postmodern therapy at this time? \_\_\_\_\_
7. Are there other questions you would have liked to ask the group, or present as issues that might also be helpful at this time, and if so what would they be?
8. Do you perceive other challenges that you face being a Narrative/Postmodern Therapist that were not discussed on this project, and if so, what are they?
9. How well (1 low to 5 high) did this dialogue meet your expectations? \_\_\_\_\_

10. Is there other feedback regarding this project that you would like to provide for us?
11. Approximately how many hours per month do you see clients? \_\_\_\_\_
12. Approximately how many hours of clinical supervision do you provide to students/clinicians? \_\_\_\_\_
13. Approximately how many classes do you teach where you are incorporating narrative/postmodern ideas? \_\_\_\_\_
14. Approximately how many workshops a year do you provide where you are incorporating narrative/postmodern ideas? \_\_\_\_\_

Thank you, so much,

Jeff Edwards, Lyle White, Dory Bradley, Mei Chen

### **Author Note**

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The Internet website references may change from time to time. Those URL's used in this work were current at the time of this writing. Blackboard.com has ceased to provide public use.

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