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A mixed methods research study on the video-based counselling method Marte Meo

Dirk Rohr¹  | Sophia Nettersheim¹ | Charles Deutsch² | Kathrin Meiners¹

¹University Cologne, Koln, Germany

²Health Research Program, Harvard Catalyst, The Harvard Clinical and Translational Science Center, Harvard University, Cambridge, MA, USA

Correspondence

Dirk Rohr, University Cologne, Koln, Germany.

Email: dirk.rohr@uni-koeln.de

Abstract

Marte Meo is a video-based counselling method founded by Maria Aarts in the Netherlands and now in worldwide use (Aarts, Aarts Production, 2008). Marte Meo has been adopted and put into practice by a large and diverse network of trained and certified counsellors across the world. It was invented, developed and spread by a vanguard of practising counsellors who have adapted it to a variety of contexts. This is a classic example of research and theory emerging from and following practice; we first need to synthesise the lessons the practitioners and families have learned. We need to better understand how it is implemented; how it is viewed by its practitioners and recipients; and the extent to which variability in implementation may be an asset or a drawback in the continuing evolution of the programme, and in any eventual attempt to document its effects. Therefore, the present article aimed to address this important and hitherto unexplored research topic of the Marte Meo method in counselling and to describe the current state of use of Marte Meo. How is Marte Meo used and applied in a counselling and therapeutic context? Who uses Marte Meo in professional practice? Which function and which meaning does Marte Meo have in general practice and especially in counselling and therapy? What are typical concerns, goals or areas of application? We report on an ongoing mixed methods research project which began in 2015. This paper focuses on the research methods. We will explain why an integrated exploratory sequential design (Cresswell, 2017) is best suited to our purposes. The exploratory sequential design of the Marte Meo project has five phases: as the first phase, we conducted a systematic literature review, analysing the status of existing research. The staged qualitative research consisted of designing, conducting and analysing semi-structured interviews with parents and Marte Meo counsellors (phase 2), and then using that analysis to inform the design, the conduct and the analysis of videotaped observations of everyday situations in day-care centres to examine the process and effects of Marte Meo interaction elements on children (phase 3). Combining these qualitative analyses then became the basis for the development of an online questionnaire that could enable us to collect quantitative data on the current use of Marte Meo in practice by experts (phase 4). This builds into the fifth phase in the final interpretation. One of the key findings of

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the qualitative parts is that Marte Meo is perceived as advantageous. The experts reported more joy and success in their work. In particular, in the pedagogical context, the daily, resource-oriented 'Marte Meo view', which was sharpened by the training, seems to be essential, as it enables an awareness of the needs of the interaction partners and the beneficial interaction elements. Moreover, for some interviewees the use of Marte Meo does not seem to be limited to professional practice, but is expressed in a general humanistic attitude towards interpersonal relationships of all kinds. The quantitative survey has confirmed and supplemented these results. On the other hand, we found that Marte Meo is most often used in addition to the systemic approach. A later article will focus more on the findings. This article will conclude with a discussion of the advantages and disadvantages of the research design—concerning this special research project and concerning counselling research in general.

KEYWORDS

exploratory sequential design, marte meo, mixed methods < research methods, video-based counselling

1 | BRIEF DESCRIPTION OF MARTE MEO

To achieve something 'by your own efforts' is the essence of Marte Meo. The name of the video-based and consistently resource-oriented communication programme founded by Maria Aarts thus describes its central intention: helping people to help themselves. With the help of a model of beneficial interaction behaviour, Marte Meo aims to support personal development. In this respect, it stands in tradition with the humanistic approach. It was founded with the aim of reducing symptomatology. However, we found that in practice, more Marte Meo counsellors aim for personal growth. The focus is on relationships that exhibit 'complementarity'. This is mostly given in a dyad relationship, where one person is responsible, supports, cares, educates, etc. (e.g. parents, educators, teachers, carers), and another person needs this support (e.g. infant, child, adolescent, sick, disabled, dementia sufferer) (Aarts, 2008; Bänder, 2011a).

Two principles still characterise Marte Meo today: 'Don't talk about problems, but look for possibilities' and 'Show in the video film, don't explain'. Instead of giving advice, the aim was to use short video recordings of everyday situations to identify in detail what is positively present and, above all, what can be done in concrete terms. Selected video clips were used to show parents how well they support their child in these situations. They were encouraged to make greater use of these approaches in everyday life and to practise them step by step. This enabled them to strengthen and develop their existing educational skills. Marte Meo is a very structured, video-based interaction analysis that provides parents and professionals with detailed and practical information on how to support a child's social, emotional and communicative development in daily interaction situations. The aim of the Marte Meo programme is to identify, activate and further develop supportive, daily interactions that promote the child's development.

Marte Meo has spread worldwide as an international movement and is used in prevention, early intervention and counselling in various professional and cultural contexts due to its universal applicability (Marte Meo International, 2019). However, scientific studies on Marte Meo are in their first stages.

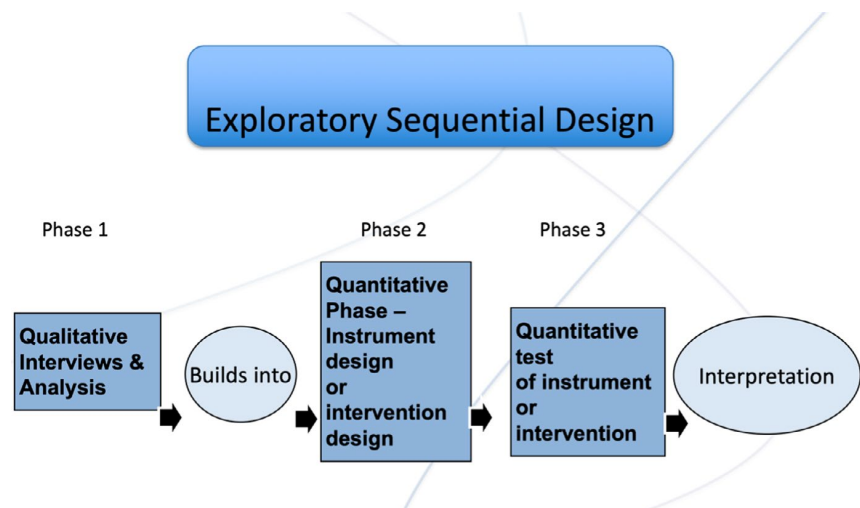
The aim of the present study was to establish a basic and detailed starting point for future research on the application and the enhancements of Marte Meo in practice, counselling and therapy.

2 | MIXED METHODS RESEARCH DESIGN

At the beginning of this chapter, we want to remind you of the 'Classification', the 'five purposes for mixing in mixed methods research':

1. *Triangulation* seeks convergence, corroboration correspondence of results from different methods;
2. *Complementarity* seeks elaboration, enhancement, illustration and clarification of the results from one method with the results from the other method;
3. *Development* seeks to use the results from one method to help develop or inform the other method, where development is broadly construed to include sampling and implementation, as well as measurement decisions;
4. *Initiation* seeks the discovery of paradox and contradiction, new perspectives of frameworks, the recasting of questions or results from one method with questions or results from the other method;
5. *Expansion* seeks to extend the breadth and range of inquiry by using different methods for different inquiry components' (Greene et al., 1989, p. 259; Greene, 2007).

FIGURE 1 Exploratory sequential design (Cresswell, 2017, p.17¹)



Although in the beginning of mixed methods research designs qualitative and quantitative data were kept separate, they are considered as distinct databases.

Mixed methods research has five essential characteristics: the collection and analysis of both quantitative and qualitative data, the use of rigorous procedures in conducting quantitative and qualitative research, the integration of the findings, use of mixed methods designs and the use of a conceptual framework (Cresswell, 2017). By 'integration', we mean integrating quantitative and qualitative research through our research teams, philosophies, research process and research methods.

A mixed methods research project provides more insight than qualitative or quantitative data alone by greater depth of mining data. The additional insight from linking enables the databases to 'talk' to each other. We can compare the two database results, can follow up quantitative results with qualitative data collection or can instead first explore qualitatively and then test out quantitatively. Mixed method designs can stand alone or be combined with other frameworks.

2.1 | Core designs

There are three different core designs: convergent design, explanatory sequential design and exploratory sequential design. The importance of a design is as follows: identifying theoretical framework, writing a mixed methods question, writing a good mixed methods study aim, composing the study using writing structure that matches the design, developing a joint display for integration, identifying the methodological/validity issues in design, drawing a diagram of design, identifying type of mixed methods design and creating a good mixed methods title.

In the *convergent design*, qualitative interviews and analysis and quantitative survey and analysis stand alone in the first phase. Then, they are merged and an interpretation follows: You should choose a convergent design when the intent of your mixed methods project is

to compare results, develop broader results, validate data and build cases. It can be helpful when you need a rapid data collection. It is also useful when you have equal emphasis on both quantitative and qualitative data.

The *explanatory sequential design* has three phases. In the first phase, the quantitative survey and analysis are made and will be explained by the qualitative interviews and analysis in the second phase. After the second phase, an interpretation follows. The explanatory sequential design starts with a collection of quantitative data through a cross-sectional Web-based survey, which delivers numeric data. This is followed by an analysis of the data through data screening, delivering descriptive statistics and factor loadings. In the case selection, which is an interview protocol development, one participant from each group will be selected and interviewed, which delivers an interview protocol. The collection of qualitative data happens through documents and telephone interviews. It makes up the text and image data. Lastly, the analysis of the qualitative data follows, which is a cross-thematic analysis and delivers a cross-thematic matrix and a visual model of multiple case analysis: you should choose an explanatory sequential design when the intent of your mixed methods project is to explain surprising, contradictory, outlier results or results that do not match theory, or to form groups/cases for further analysis. Other reasons could be when you have time to conduct your study in phases or when you want to place emphasis on starting a project from a quantitative perspective.

The third core design is the exploratory sequential design, which we selected.

2.2 | Exploratory sequential design

We chose to employ an *exploratory sequential design*. As illustrated in Figure 1, in general this design has three phases. In the first phase, interviews, observations and other qualitative methods are conducted and analyses are carried out. The second phase is the quantitative phase, which includes an instrument design or intervention design,

and then follows a quantitative test of an instrument or intervention in phase three, which builds up an interpretation. The analysis of qualitative data leads to the development of a quantitative instrument. 'We can first explore qualitatively, and then test out the ideas quantitatively' (Cresswell, 2017, p. 5).

Afterwards, quantitative data will be collected and analysed and an interpretation follows: You should choose an exploratory sequential design when the intent of your mixed methods project is to build and test an intervention, instrument, survey, app or website or new variables. Other reasons could be when you place emphasis on starting your project qualitatively or when you have time to collect in phases over time.

An integrated exploratory sequential design (Cresswell, 2017) seems to be the best suited to our purposes. An exploratory sequential design enabled us to discover in detail the ways in which a selected group of experts and parents applied the Marte Meo programme, and we then tested out the ideas resulting from that process quantitatively with a large convenience sample.

The exploratory sequential design of the Marte Meo project has five phases and is illustrated in Figure 2. In the first phase, a systematic literature review is carried out, which builds into qualitative interviews and analysis in the second phase. In the third phase, videotaped observations will be analysed. A quantitative phase with an online survey follows this, and the final phase consists of an interpretation.

The staged qualitative research consisted of designing, conducting and analysing semi-structured interviews with parents and Marte Meo counsellors, and then using that analysis to inform the design, the conduct and analysis of videotaped observations of everyday situations in day-care centres to examine the process and effects of Marte Meo interaction elements on children.

Combining these qualitative analyses then became the basis for the development of an online questionnaire that could enable us to collect quantitative data on the current use of Marte Meo in practice by experts. As a result of this design, four phases of analysis will

be carried out: two qualitative phases, followed by the quantitative phase and the integration phase, which will connect the data strands and expand the initial qualitative exploratory results. This article reports on the first stage, the quantitative stage, and on the final integration stage of the research.

3 | SYSTEMATIC LITERATURE REVIEW

As a first step, we conducted a systematic literature review, analysing the status of existing research (first phase).

In order to obtain a critical overview of previous publications in the research field as comprehensively and transparently as possible, we conducted a systematic literature search according to Cooper (2017). The main objectives of the research were to identify and describe, and integrate and synthesise, central questions in the research field. Centrally relevant literature databases from the fields of psychology and education were selected (PsycINFO, PSYINDEX, TOC Premier, Scopus, ERIC, FIS Bildung Literaturdatenbank).

Our systematic literature review used the following search terms: ('marte meo') AND (intervent* OR therap* OR berat* OR consult* OR counsel* OR coach* OR educate* OR educat* OR bild* OR learn* OR foerder* OR promot* OR entw* OR develop* OR train*). The literature search (of titles, abstracts and keywords) was completed on 13th April 2019 and resulted in 130 hits. With the help of the Citavi citation tool, the sources found were systematically analysed in an Excel spreadsheet via data export. At the beginning, a basal selection of the data as shown in Table 1 was performed: duplications ($N = 42$), publications in Norwegian and French ($N = 5$) and thematically unsuitable publications ($N = 5$) were eliminated, leaving 78 hits. After these first selection steps, the publications were checked for their empirical content. Empirically based studies were analysed regarding their application context or subject of investigation, as well as their study quality.

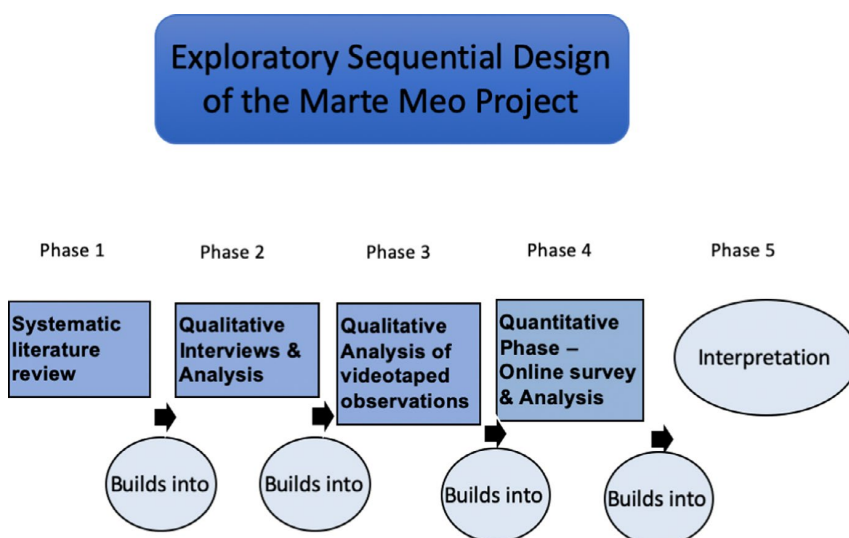


FIGURE 2 Exploratory sequential design of the Marte Meo project

TABLE 1 Absolute source numbers per database after initial search and after selection steps

	Search	Selection of sources		
	13.04.2019	step 1: duplications	step 2: foreign languages	step 3: thematic fit
PsycINFO	22	16	13	13
PSYINDEX	50	45	45	40
Toc Premier	8	3	3	3
Scopus	26	10	10	10
ERIC	-	-	-	-
FIS	24	14	12	12
Number of sources selected:	42	5	5	
Sum of hits:	130	88	83	78

It turned out that most of the publications ($N = 58$) did not contain any empirical results. With the help of coding, we identified that the remaining publications were based on empirical data. Of these, 14 could be classified as studies, with the following five categories established: method descriptions ($N = 20$), case reports ($N = 16$), pleas for the use of methods ($N = 9$), textbooks ($N = 11$) and reviews ($N = 2$). Of the remaining 20 publications, 14 could be classified as studies with a qualitative research design and five as studies with a quantitative research design. One study combined both qualitative and quantitative data. A detailed overview of these empirical studies can be found in the Annex (Tables 2 and 3).

What is the scientific discussion of Marte Meo research about? Among the published empirical studies, three lines of research could be identified with regard to the application context investigated. The first line of research comprises four studies that investigate the use of Marte Meo in the care of female dementia patients (Alnes et al., 2011a, 2011b, 2013; Lykkeslet et al., 2016). A second line of research with another four empirical studies focuses on the Marte Meo counselling process itself, using Marte Meo counsellors as a target group and examining supervision experiences and beneficial therapist characteristics (Kiamanesh et al., 2018; Kristensen et al., 2017; Neander & Skott, 2008; Wächter & Laubenstein, 2013). The last and largest of the three lines of research examines the use of Marte Meo in problematic interactions of children or adolescents with their caregivers. The majority of these 12 studies consider a natural parent as an interaction partner with the child/adolescent. The analysis also showed two studies that examined caregiver-child interaction in a home institution (Bünder, 2011a) and in adoptive families (Osterman et al., 2010). One study took a combined approach and used Marte Meo in interactions with both parents and teachers in preschools and primary schools (Balldin et al., 2018). Target groups were, with regard to the child in the interaction, children (3–12 years) with behavioural problems (Axberg et al., 2006; Balldin et al., 2018; Kristensen, 2005) and infants (Gill et al., 2019; Kristensen et al., 2017). Regarding the reference person, some studies targeted divorced fathers (DeGarmo et al., 2019) and burdened mothers of indigenous Australian origin (Lee et al., 2010)

and mothers with postnatal depression (Vik & Braten, 2009; Vik & Hafting, 2009; Vik & Rohde, 2014).

'What is still missing at present are empirical studies which can scientifically prove the propagated effectiveness of the method (...)'(Bünder, 2011a, p. 334). Eight years later, this statement can only be partially confirmed: as the systematic literature research carried out shows, Marte Meo has now been empirically examined internationally. However, empirical research on the method is still in its infancy and only allows a few 'encouraging indications' of its effectiveness (Osterman et al., 2010, p. 50).

A few publications (only six of the 20 classified as empirical) had a quantitative study design. In order to evaluate the evidence strength of these results, the quantitative empirical publications found were then examined for their study quality: four of the six studies compared an experimental group in which Marte Meo was applied with a control group. The rest of the studies did not include a control group (DeGarmo et al., 2019; Kristensen, 2005), so the influence of elementary interference variables cannot be excluded. Furthermore, in only two of the publications were the study conditions controlled by randomisation of the choice of test subjects (DeGarmo et al., 2019) or group membership (Balldin et al., 2018). The representativeness of the studies can be rated as low to medium: the number of test subjects ranges from 11 (DeGarmo et al., 2019) to 278 (Kristensen, Simonsen, et al., 2017). The test subjects were recruited voluntarily and relatively nationwide, for example in schools via a selection of teachers (Axberg et al., 2006; Balldin et al., 2018) or via a national health promotion programme for newborns (Kristensen, Simonsen, et al., 2017; Kristensen, Trillingsgaard, et al., 2017). In order to control the direction of causality, mainly pre- and post-measurements were used over a period of one (e.g. Kristensen, Simonsen, et al., 2017) to three years (e.g. Balldin et al., 2018). Almost all studies reported effect sizes and thus made the effects investigated empirically transparent. Two studies only reported significance levels and confidence intervals (Kristensen, Simonsen, et al., 2017; Kristensen, Trillingsgaard, et al., 2017). The operationalisation of the studies can be rated as relatively good. For the most part, validated scales were used. Kristensen, Trillingsgaard, et al. (2017)

TABLE 2 Overview of empirical studies with qualitative study design

Study	Sample	Subject of study	Design	Operationalisation
Neander & Skott, 2008	N = 16, Sweden	2, Experiences of Marte Meo experts and parents in early intervention	Cross-sectional	Semi-structured interviews
Vik & Braten, 2009	N = 3, Norway	3, Effect of Marte Meo on the interaction behaviour of mothers with postpartum depression	Cross-sectional	Clinical case reports based on video-supported therapy protocols
Vik & Hafting, 2009	N = 15, Norway	3, Effect of Marte Meo on the interaction behaviour of mothers with postpartum depression	Pre-post test, 6 months	Semi-structured interviews
Lee et al., 2010	N = 3, Australia	3, Development and evaluation of an intervention programme based on Marte Meo for mothers of an aboriginal community	Pre-post test, 8 weeks	RQ-CV, BBFQ, self-developed questionnaire and interview
Osterman et al., 2010	N = 7, Sweden	3, Effect of the Marte Meo method on the interaction behaviour of adoptive parents and their babies	Pre-post test, 6 months	Semi-structured interviews
Bünder, 2011b	N = 16, Germany	3, Development and implementation of a preliminary study on the effectiveness of the Marte Meo method within a stationary youth welfare institution	Pre-post test, 3 months	Film analysis using 12 coded indicators of the dimensions 'structure' & 'atmosphere'
Alnes et al., 2011a	N = 16, Norway	1, Learning effects of the Marte Meo training for nurses of dementia patients	Pre-post test, 6 months	Semi-structured individual and group interviews
Alnes et al., 2011b	N = 6, Norway	1, Effect of the Marte Meo method on nurses and dementia patients	Quasi-experimental randomised pre-post test, 9 months	Structured observation of the video recordings using coded interaction elements
Alnes et al., 2013	N = 26, Norway	1, Identification of factors influencing the learning effect of the Marte Meo method	Cross-sectional	Individual and group interviews
Wächter & Laubenstein, 2013	N = 6, Germany	2, Effect of Marte Meo supervision on nursery schoolteachers	Cross-sectional	Guideline interviews
Vik & Rohde, 2014	N = 5, Norway	3, Effect of the Marte Meo method on mothers with depression	Cross-sectional	In-depth interviews
Lykkeslet et al., 2016	N = 8, Norway	1, Effects of the Marte Meo Method on the professional experience of persons in the health care of dementia patients	Pre-post test, 2 years	Video observations, focus groups, group interviews
Kiamanesh et al., 2018	N = 8, Norway	2, Expert opinions and evaluation of the application of the Marte Meo method	Cross-sectional	Semi-structured interviews (SWOT-format)
Gill et al., 2019	N = 3, Norway	3, Effect of the Marte Meo method on interaction and bonding behaviour of mothers with infants	Cross-sectional	Semi-structured interviews

Note: 1 = care of patients suffering from dementia; 2 = experience of Marte Meo consultants; 3 = problematic child-parent interaction.

Abbreviations: BBFQ, Books Binding Families Questionnaire; RQ-CV, Relationship Questionnaire-Clinical Version; SWOT, Strengths, Weaknesses, Opportunities and Threats.

used a self-constructed questionnaire, which was, however, piloted and thus used in a revised form in the study. The study by Kristensen (2005) validated the used method of blind observation by professionals by calculating and naming determined inter-rater reliabilities.

In summary, the empirical quality of the cumulative results can be assessed as sufficient. Nevertheless, due to a small number of cases, the above-mentioned evidence is only indicative and requires further research.

The above-mentioned cumulative study results suggest that Marte Meo is widely used as a method in counselling (in various fields of application), is perceived as helpful and seems effective. In particular, the studies of Scandinavian health services indicate that parents and caregivers who received counselling/therapy with Marte Meo showed better interactions than parents who were treated as usual (Axberg et al., 2006). Further usefulness of Marte Meo has been described, for example, for families with foster children (Osterman et al., 2010) or for depressed mothers and their babies (Vik & Rohde, 2014).

TABLE 3 Overview of empirical studies with quantitative study design

Study	Sample	Subject of the study	Design	Operationalisation	effect power
Kristensen, 2005	N = 10, Denmark	3, Improving the parent-child relationship through the Marte Meo method	Pre-post test, (time period not reported), no CG	Self-developed instruments, blind comparison of video clips, semi-structured in-depth interview	effect in %
Axberg et al., 2006	N = 49, Sweden	3, Effect of Marte Meo in combination with the 'Coordination Meetings' method on children with non-clinical externalising disruptive behaviour	Non-randomised field study, pre-post test, 2 years	CBCL, TRF, CPRS, CTRS	Cohen's d \geq 0.5
Kristensen, Simonsen, et al., 2017	N = 278, Denmark	3, Effect of Marte Meo on the relationship of vulnerable mothers with their babies	Randomised quasi-experimental field study, pre-post test, 6 months	CARE-Index, KPCS, PSS, EPDS, ASQ:SE	Statistical significance only
Kristensen, Trillingsgaard, et al., 2017	N = 85, Denmark	2, Benefits of Marte Meo training for health care experts	Non-randomised cross-sectional	Self-developed piloted and revised questionnaire	Statistical significance only
Balldin et al., 2018	N = 101, Sweden	3, Effect of Marte Meo in combination with the 'Coordination Meetings' method as systematic school intervention	Randomised field study, pre-post test, 3 years	TRF, CBCL, TRF-DBP/ CBCL-DBP, SESBI-R, ECBI (IS, PS)	Cohen's d \geq 0.3-
DeGarmo et al., 2019	N = 11, USA	3, Effect of the Marte Meo method on the communication behaviour of divorced fathers	Pre-post test, no CG, correlative	PLOC-SF, PIQ, FAC	Cohen's d \geq 0.5

Note: 1 = care of patients suffering from dementia; 2 = experience of Marte Meo consultants; 3 = problematic child-parent interaction.

Abbreviations: ASQ:SE, Ages & Stages Questionnaires; CARE-Index, Mother-Infant Dyadic Synchrony; CBCL, Child Behaviour Checklist; CG, control group; CPRS, Conners' Parent Rating Scale; CTRS, Conners' Teacher Rating Scale; ECBI, Eyberg Child Behaviour Inventory; EPDS, Edinburgh Postnatal Depression Scale; FAC, Family Activities Checklist; IS, Intensity Scale; KPCS, Karitane Parenting Confidence Scale; PIQ, Parental Identity Questionnaire; PLOC-SF, Parental Locus of Control Short Form; PS, Problem Scale; PSS, Parental Stress Scale; SESBI-R, Sutter-Eyberg Student Behaviour Inventory-Revised; TRF, The Teacher's Report Form; TRF-DBP/ CBCL-DBP, Disruptive Behaviour Problems Scale.

However, many questions regarding the concrete application of the method remain open and unexplored (e.g. Gill et al., 2019). Therefore, the present article aimed to address this important and hitherto unexplored research topic of the Marte Meo method in counselling and describe the current state of use of Marte Meo. How is Marte Meo used and applied in a counselling and therapeutic context? Who uses Marte Meo in professional practice? Which function and which meaning does Marte Meo have in general practice and especially in counselling and therapy? What are typical concerns, goals or areas of application?

Once we had formulated these questions on the basis of the systematic literature research, we then tried to answer them with 16 interviews of Marte Meo therapists. The analysis of the interviews then led us to more concrete and further questions and to the selection of possible answers for the survey.

After stage 1 and stage 2, we recognised the relevance of the five Marte Meo basic elements and the two meta-elements of beneficial communication (see Figure 6). These elements then became the main focus of the observations (phase 4). The analysis of the observations brought us to four questions in the survey (see next chapter).

The quantitative results were to be determined by means of a large-scale online survey. Our goal was to determine the actual state of Marte Meo's application in practice throughout Germany, Switzerland and Austria. If necessary, target developments could then be derived from these results. A special focus is placed on the expert opinion regarding relevant contents and aspects of Marte Meo: What are the pivotal points in counselling and therapy that lead to a change in existing interactions and promote development?

4 | DATA ANALYSIS

As we already mentioned, in this article we will not focus on the findings and we also do not have the space to explore the different phases of the project in detail. We will zoom in on the fourth phase—the quantitative study—which builds on the data obtained in the previous phases, for example the relevance of the five interaction elements that were focused on in the interviews and the observations (phases 2 and 3) and led to the questions in the questionnaire.

4.1 | Quantitative study design

Using Qualtrics software, an online questionnaire was created, which took about 15 min to complete and included mostly closed questions. A pilot test was not carried out. **The target group of the quantitative online questionnaire study were people who use Marte Meo in their practising work (e.g. in their daily work, counselling, collegial exchange, supervision).** The intention was to achieve a sample size of at least 100 subjects.

4.2 | Design of the questionnaire

The questionnaire contained a total of 94 questions. In order to avoid missing information as much as possible, the 'forced choice question technique' was used for about two thirds of the questions, thus forcing an answer for further processing of the questionnaire. Answering the remaining 26 questions (18 of which were open) was optional. In order to keep the implementation time as efficient and low as possible, adaptive testing was carried out. Depending on the choice of answers, follow-up questions were either skipped (e.g. for the Marte Meo practitioner training level, questions on Marte Meo counselling were omitted) or specifically displayed (e.g. questions on the use of video interaction analysis only if the answer was affirmative).

The questionnaire was divided into nine sections: after an introductory greeting, in which the anonymity of the questionnaire was explained and an incentive to participate was given by the possibility to take part in a prize draw, the qualification level (12 questions) of the experts was queried. Then, the context in which they apply Marte Meo (9 questions) was discussed, as well as the goals they pursue in doing so (3 questions). Then, 7 questions were asked about the so-called 'Marte Meo gaze', which was to deal with the extent to which Marte Meo continuing education changes the ways in which Marte Meo users perceive people and interactions. The following block of questions related to the use of Marte Meo as a counselling method (7 questions) and was divided into two subdivisions: the frequency of use (4 questions) and the time frame of the Marte Meo counselling (3 questions). Then, the next block asked about the concrete procedure of Marte Meo as a consulting method (39 questions). This block of questions was divided into four subsections: clarifying the assignment (3 questions), filming the everyday scene (5 questions), video interaction analysis (9 questions) and conducting the Marte Meo review, which is a structured counselling setting (22 questions). Afterwards, the questionnaire raised advantages and disadvantages of the Marte Meo model in general (7 questions) and limitations of the use of Marte Meo as a consulting method (3 questions). Finally, 7 general questions on sociodemographic variables were asked.

The following five answer formats were used: free-text answers ($N = 22$; e.g. 'age' or 'job title'), yes/no answers ($N = 6$; e.g. 'Are you a mother/father?'), single selection ($N = 13$ with 2–5 answer alternatives; e.g. 'What level of education?'), multiple choice ($N = 16$ with 3–27 answer options, 10 of which are questions with a freely formulatable answer option under 'Other'; e.g. 'What are your goals when using Marte Meo in everyday pedagogical work with regard to your client?') and answers with 5-point Likert scaling ($N = 37$). These Likert-scaled answers were used for questions about agreement ($N = 23$; 'don't agree at all' = 1, 'rather disagree' = 2, 'neither nor' = 3, 'rather agree' = 4, 'strongly agree' = 5); strength ($N = 6$; 'not at all' = 1, 'low' = 2, 'medium' = 3, 'high' = 4, 'very high' = 5); proportion ($N = 7$; '0%' = 1, '25%' = 2, '50%' = 3, '75%' = 4, '100%' = 5); and expression ($N = 1$; 'not present' = 1, 'low' = 2, 'medium' = 3, 'high' = 4, 'very high' = 5).

4.3 | Acquisition of probands

The recruitment of the test persons took place in the period from 5th September to 15th October 2019. An invitation to participate in the study was sent by email to the 42 licensed Marte Meo supervisors throughout Germany, Switzerland and Austria. In addition, the addressees were asked to forward the invitation letter, which was attached to the email as a pdf file and contained the link or QR code for participation in the study, to as many interested Marte Meo experts as possible in order to support the research project. It was also pointed out that the survey was anonymous and the only requirement for participation was a Marte Meo licence. An incentive to participate was provided in the form of entry into a raffle to win one of three book vouchers worth 20 euros (book cheque, redeemable in 2,500 bookstores throughout Germany, Switzerland and Austria). To take part in the raffle, an email address could be entered at the end of the questionnaire for notification purposes.

4.4 | Analysis

Of the 94 questions, all 68 closed questions were evaluated descriptively. The descriptive evaluation of the data was completed using Excel. Most of the free-text answers (e.g. 'In your opinion, what was the added value for your consulting competence in the training?') were optional and were only included for exploratory reasons but were qualitatively evaluated elsewhere. In order to keep the subsequent presentation of the results as clear as possible, some of the findings found here should be considered exclusively in the discussion of the present study.

The online study involved 253 volunteers. Of these, 17 subjects were excluded because they stated that they did not have a Marte Meo licence. Another 25 respondents abandoned the questionnaire at the first question ($N = 21$) and after the second question ($N = 4$) and were therefore not included in the study. Of the remaining 211 respondents, about three quarters ($N = 163$) completed the questionnaire. The remaining 48 participants abandoned the online questionnaire before the end of the questions. Nevertheless, these were included in the descriptive data analysis.

The study produced a variety of descriptive results about the use of Marte Meo in practice. However, since this article does not focus on the content of the results, only exemplary findings will be presented in the following sections.

4.5 | Level of qualification

Figure 3 describes the distribution of the highest certification levels acquired: over a third of the 211 participants acquired the *Marte Meo practitioner* level ($N = 73$), another almost third the *Marte Meo therapist* level ($N = 57$), about 15% the *Marte Meo colleague trainer* level ($N = 33$), and about 23% the *Marte Meo supervisor* level ($N = 48$).

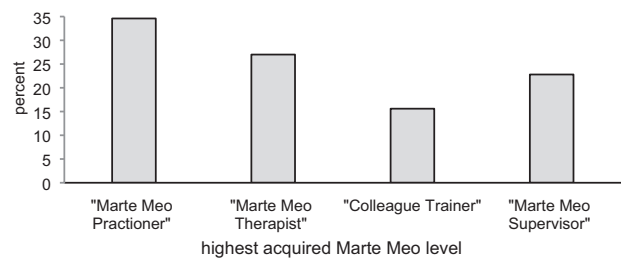


FIGURE 3 Distribution of highest acquired Marte Meo levels in per cent

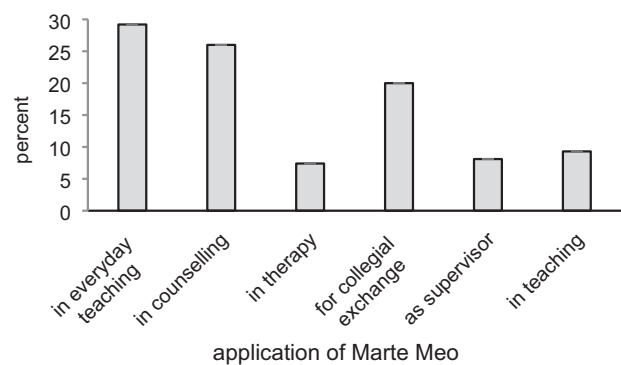


FIGURE 4 General application contexts of Marte Meo in per cent

4.6 | Context of use

Where multiple answers were possible, the use of Marte Meo was found in the following activities (see Figure 4, $N = 211$): 29.2% in everyday teaching, 26.1% in counselling, 20.0% for collegial exchange, 9.31% in teaching, 8.1% as supervisor and 7.4% in therapy.

Figure 5 shows the occupational contexts in which the respondents with permitted multiple answers stated that they used the knowledge of Marte Meo in different settings (hereinafter A; $N = 287$) and Marte Meo explicit as a counselling method (hereinafter B; $N = 182$): in an educational institution (A = 43.6%, B = 35.2%), in youth welfare (A = 24.4%, B = 30.2%) and in health care (social and medical assistance; A = 9.4%, B = 9.3%). Under 'Other' (A = 22.7%, B = 25.3%), other contexts were listed, such as 'private counselling' (for A) or 'work with foundation' (for B).

4.7 | Assessment of the relevance of the Marte Meo elements

In their Marte Meo work, all experts found all interaction elements of medium to very high relevance (see Figure 6, $N = 168$). The element 'naming initiatives' was most often classified as 'very highly' relevant ($M = 4.75$, $SD = 0.48$), followed by 'perceiving initiatives' ($M = 4.72$, $SD = 0.51$), 'confirming initiatives' ($M = 4.65$, $SD = 0.57$), 'directing/leading' ($M = 4.46$, $SD = 0.63$) and 'alternating' ($M = 4.34$, $SD = 0.69$). The meta-elements were also rated as having 'very high' relevance

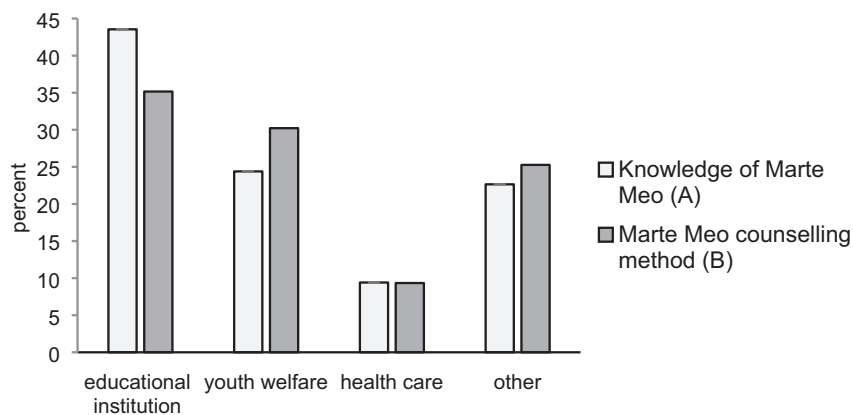


FIGURE 5 Concrete application contexts of the Marte Meo knowledge (A) and the Marte Meo consulting method (B) in per cent

on average ('the appropriate tone' with $M = 4.74$, $SD = 0.46$; 'constructive dialogue technique' with $M = 4.45$, $SD = 0.62$; $N = 168$).

5 | DISCUSSION

5.1 | Limitations of the study

The questioning of a sample of experts only seemed appropriate for the question of how Marte Meo is used in practice. The response rate of the test subjects with a sample of 211 evaluated persons can be rated as relatively high. Nevertheless, the scope and thus the significance of the results of the present study are limited to a certain extent, as the procedure of the present study can be critically reflected in some points.

On the one hand, the scope of the results is limited to application in Germany, Austria and Switzerland, as experts from other nations were not considered. Furthermore, it is a self-selection sample that is probably not representative of the population of all Marte Meo-licensed people and could show systematic failures. One could assume, for example, that the majority of Marte Meo experts who filled out the online questionnaire are those who benefit to some extent from Marte Meo deployment and are interested in the issues involved.

The exclusive questioning of only those persons who have acquired a Marte Meo licence did not allow the perspectives or

experiences of other groups, such as Marte Meo clients or experts in other forms of counselling, to be presented. There could be a discrepancy between the perception of the interviewed group (Phase 2) and other affected persons regarding the relevance or added value of individual Marte Meo components. For example, the experiences of the sample of respondents may be more positive than those of the clients. However, it can be stated here that the present study did not claim to make any statements about the population and that a homogeneous sample of experts can be considered sufficient, given the scope of the work.

A further possible limitation of the work is that no objective process or outcome data were collected regarding observable changes in clients' interactions and thus could not be correlated. Therefore, no conclusions can be drawn as to the extent to which the experts' perceptions correspond to the actual changes in the counselling process. Furthermore, the questionnaire used was created inductively and not piloted. Thus, it does not allow any statements about the reliability and validity of the data. It is not possible to assess the extent to which the interviewed experts answered the questions honestly and conscientiously or to what extent external influences of the interview situation play a role. In addition, almost 20% ($N = 48$) of the participants abandoned the questionnaire during the survey. This could be a further sign that the sample is self-selected. It could also indicate that the questionnaire was too long.

5.2 | Implications for research

The results and limitations of the present study have some implications for both research and practice. With the aim of obtaining more meaningful results on the application of Marte Meo in counselling and therapy, it would be desirable to collect an international and generally more heterogeneous sample that includes various groups of people (clients, other affected persons or experts in other methods, etc.).

In response to the question 'What further development does the method need?', the experts' statements strongly pointed to the desire for a scientific foundation for the Marte Meo method. The respondents hoped that increased scientific research on the effectiveness

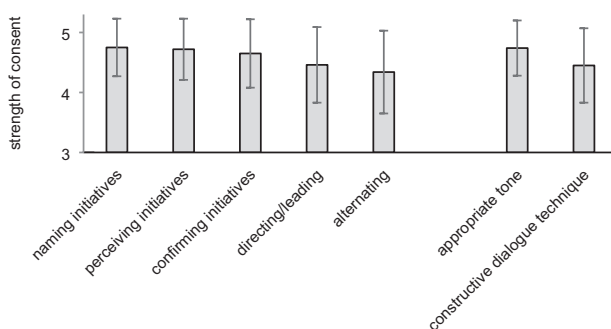


FIGURE 6 Strength of perceived relevance of the Marte Meo basic and meta-elements of beneficial communication

of the method in various fields of application would lead to greater acceptance and consequently to the method being financed by public bodies. The fitting of the effect factors according to Grawe (1995) to basic principles of Marte Meo suggests further follow-up studies are needed to make statements about the effectiveness of Marte Meo. For example, it would be interesting to correlate the experts' self-declarations of the benefits of Marte Meo with objective behavioural data of the clients and to secure them by means of inference statistics. A concrete criterion for this could be the increased rate of observable Marte Meo elements (beneficial interaction) applied visibly and audibly in video recordings over several counselling sessions (Bünder, 2011b). Furthermore, a targeted investigation of possible moderators for the effectiveness of Marte Meo would be conceivable. The results of the present study indicate that most of the experts do not use Marte Meo exclusively and usually have Marte Meo training in addition to other further training (e.g. of a systemic or client-centred approach). Marte Meo seems to fit to different approaches. Possible moderators for the effectiveness of Marte Meo could therefore be the experience, knowledge or skills of the expert. More than one fifth of respondents stated that they had children themselves. This factor, too, could be a moderator for the effect of the Marte Meo consultancy services used. Overall, although Marte Meo is often used in combination with other methods in a wide variety of contexts, there seems to be little research on the effect of combined use. Here, it would be interesting to get context-specific information about which combinations of methods are effective for which concerns and contexts.

6 | CONCLUSION

At the time of the literature search for this paper, no study could be found that describes the current status of the nationwide application of Marte Meo in practice, counselling and therapy. Thus, the present study is the first to examine the application of Marte Meo regarding numerous characteristics. The results indicate a high degree of diversity in the use of Marte Meo with a high overall satisfaction amongst experts. Almost one third of Marte Meo usage takes place in everyday teaching, followed by counselling, exchange with colleagues, teaching, supervision and therapy. Marte Meo is often combined with the systemic approach, among other things, because it is flexible enough and allows the experts a lot of leeway in their approach, depending on their individual personality.

The results of the work show that Marte Meo is perceived as beneficial by its implementers. The experts reported more joy and success in their work. In particular, in the pedagogical context, the daily, resource-oriented 'Marte Meo view', which has been sharpened by the training, seems to be essential, as it allows for an awareness of the needs of the interaction partners and the beneficial interaction elements. Moreover, for some respondents, the use of Marte Meo seems not to be limited to professional practice but is expressed in a general humanistic attitude towards interpersonal relationships of all kinds. Nevertheless, Marte Meo is not a 'panacea' and can reach its limits; for example, when the experts lack expertise

or skills, the participants have no power to change or do not want to develop. These limits of the method should be respected carefully.

Regarding various application contexts and concrete advisory procedures, well-founded insights into the benefits and effectiveness of Marte Meo could be found in the future, thus ensuring increasing quality assurance or control and the institutional establishment of the method. In order to consider the diversity in the application of Marte Meo, future research can make use of the results of the qualitative and quantitative studies and derive specific questions. It was discussed that a potential benefit of Marte Meo could be based on the fact that central premises or principles of Marte Meo can be applied to the four impact factors according to Grawe (1995). Thus, in order to advance the application of Marte Meo in the future, scientific studies on this point seem promising.

There are still questions around how tightly Marte Meo is performed in practice; that is, how much is supervision prescribed so that there is more reason to infer fidelity to the method than with most other interventions. If fidelity is not something that the Marte Meo process itself effectively ensures (especially when it is integrated into other methods that are part of the systemic approach), then implementation studies should be built into outcome/impact studies, so that one can distinguish whether objective results vary depending on level of fidelity of different practitioners. Implementation studies utilising the Consolidated Framework for Implementation Research (CFIR) might be highly worthwhile.

In our reflections, our decision to utilise an exploratory sequential design was a useful one. In particular, the enhancements of including the systematic literature research (phase 1) and two different qualitative methods (interviews (phase 2) and observations (phase 3)) seemed to be a good choice—and might be a recommendation for other similar research projects.

In general, this article can be understood as a plea for mixed methods research. We agree with Teddlie and Tashakkori (2009, p. 783): 'We believe that divergent thought will always be a part of MMR (...), but that it is now time for greater convergence on some basic characteristics and principles' and with Symonds and Gorard (2010, p. 14): 'Death of mixed methods?: Or the rebirth of research as a craft'. Considering the limitations of the quantitative and qualitative paradigms and current definitions of mixed methods, we advocate the development of a research community where 'all methods have a role, and a key place in the full research cycle from the generation of ideas to the rigorous testing of theories for amelioration' and do not believe in 'oppositional components of paradigms' (Gage, 1989).

ORCID

Dirk Rohr  <https://orcid.org/0000-0003-4761-3456>

ENDNOTE

¹Not published PowerPoint slide within a webinar from John Creswell.

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AUTHOR BIOGRAPHIES

Dirk Rohr is Academic Director and Head of Counselling Research Group and of Center for Advanced Teaching and Learning, University of Cologne, and is Appointed Professor of University of Oldenburg. He is President of European Association for Counselling (EAC), Member Executive Council IAC and International Association for Counselling (IAC).

Sophia Nettersheim, M.Sc. Psychology, is Member of Marte Meo Research Group, University of Cologne.

Charles Deutsch is Retired Faculty Member of Harvard University, Director of Population Health Research Program, Harvard Catalyst | The Harvard Clinical and Translational Science Center, and Co-Founder of Mixed Methods Research Training Program for the Health Sciences.

Kathrin Meiners is Faculty Member of University of Applied Science, Cologne (TH Köln), is Marte Meo Supervisor and Head of Marte Meo Research Group, University of Cologne.

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