

9.1 Treatment models and outcome evidence: evidence and transfer

Name: _____ Class: _____ Date: _____ Total: 8 marks

KEY WORDS counterconditioning • common factors

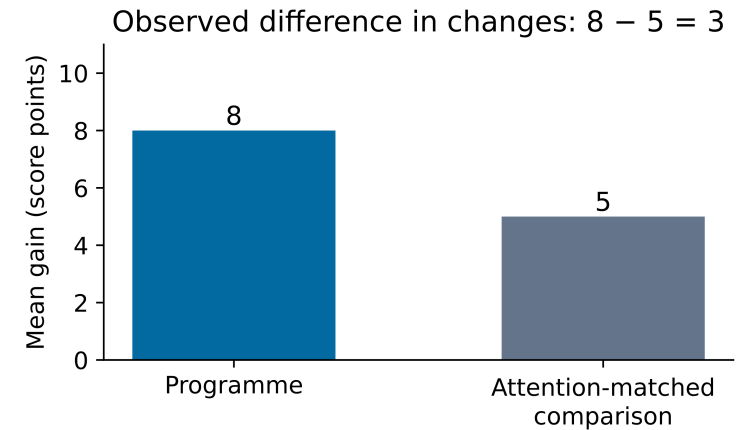
Objective

Match major therapy families to their proposed mechanisms; Evaluate treatment-outcome evidence against appropriate controls; Distinguish efficacy, effectiveness and common-factor claims. Original practice and authored marking guidance.

1 Key knowledge and worked examples

counterconditioning : Replacing a conditioned response by pairing the stimulus with an incompatible response such as relaxation. **common factors** : Ingredients shared across therapies, such as alliance and expectancy, proposed to explain comparable outcomes.

Mechanism and outcome are different claims. An intervention may improve an outcome without the study establishing its proposed mechanism. A waitlist comparison controls some natural change, but not all attention and expectancy differences. An active comparison can address some of those differences. Compare allocation, attrition, outcome definition and follow-up before attributing benefit to a particular technique. Similar sample means do not demonstrate equivalence without an appropriate design and uncertainty analysis.



Fictional classroom example; no causal design or uncertainty supplied.

Worked case. In a fictional randomized study, mean improvement is 8 points in programme A and 5 in an attention comparison. What contrast is relevant?

Between-group difference in mean improvement = $8 - 5 = 3$ points. The 8-point within-group gain includes changes also occurring under the comparison. The contrast may support a relative effect under the study conditions, but precision, missing data and outcome meaning are still needed. It does not establish the mechanism or superiority in all practice settings.

2 Practice

2.1 A client with a specific phobia is taught relaxation and then works through a graduated hierarchy of feared situations. This is: [1]

A. psychodynamic therapy B. a behavioural technique C. person-centred therapy D. biological treatment E. psychometric assessment

2.2 The strongest design for concluding that a new therapy causes improvement is: [1]

A. pre- and post-treatment measurement of treated clients B. a series of detailed case reports C. a randomised controlled trial with a comparison condition D. testimonials from recovered clients E. therapist ratings of their own success

2.3 Revisit the worked case. State one conclusion its evidence supports and one stronger conclusion it does not support. Explain the difference. [2]

3 Exam-style questions

3.1 A review combines ten small trials, all drawn from one type of clinic. Why does having ten studies not ensure a universal conclusion? Give the interpretation, supporting reasoning, a relevant alternative or limitation, and an appropriate check. [4]

Solutions

2.1 Answer: B. Exposure paired with relaxation is counterconditioning, a behavioural method. The other options do not satisfy the stated defining conditions.

2.2 Answer: C. Only a controlled comparison separates treatment gain from spontaneous remission and regression to the mean. Compare the exact process, design or evidence, rather than an associated keyword.

2.3 Use the worked case evidence to support a bounded claim and explain why a causal, universal or stronger claim needs additional evidence. The claim must fit the specific design and observed process.

3.1 Shared recruitment and setting can limit generalizability. Biased measurement, publication bias, incompatible outcomes and weak allocation can persist in a meta-analysis. Inspect study quality and heterogeneity; pooling does not create independent, representative evidence where the original studies lack it. Award B1 each (authored) for the interpretation, its reasoning, a relevant limitation/alternative and an appropriate check, up to four points. Accept a different justified answer satisfying these demands.