Treatment models and outcome evidence

GRE Subject Test · GRE Psychology

Scope and prerequisites

GRE Psychology topic 9 (CL.2). Use the overview measurement lesson VI when interpreting research evidence. The practice tasks below are original, not official ETS questions.

Concepts and method

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.

Each therapy family proposes a mechanism. Psychodynamic work targets unconscious conflict and early relationships, using transference; object-relations variants emphasise early relationships in particular. Behavioural treatment applies learning principles: systematic desensitisation traditionally pairs a graded fear hierarchy with relaxation (counterconditioning), while exposure approaches need not use relaxation pairing. Cognitive-behavioural therapy identifies and tests distorted thoughts and adds behavioural activation. Person-centred work offers empathy, unconditional positive regard and congruence; Gestalt work stresses the here and now. Biological treatment includes medication and, for severe depression, electroconvulsive therapy.

Match technique to mechanism and presentation: specific phobia points to graduated exposure; obsessive-compulsive disorder to exposure with response prevention; depression to cognitive restructuring plus activity scheduling. A therapist rooted in object relations will emphasise early life relationships, not medication or cognitive distortion lists.

Outcome claims need controls because of spontaneous remission and regression to the mean: people seek help at their worst and improve anyway. A randomised controlled trial with a waitlist or placebo comparison separates treatment gain from natural course. Efficacy is performance under controlled conditions; effectiveness is performance in ordinary practice. Meta-analysis pools trials for a more stable estimate.

When bona fide therapies show comparable mean outcomes, the common-factors hypothesis credits shared ingredients such as the working alliance, expectancy and empathy rather than branded techniques. Comparable means do not prove identical mechanisms, and a single trial cannot settle the question either way.

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,

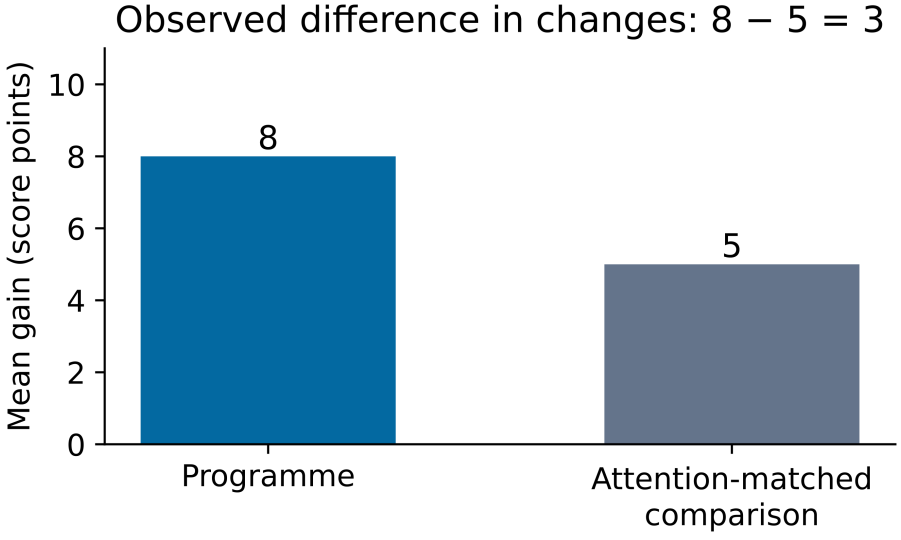
outcome definition and follow-up before attributing benefit to a particular technique. Similar sample means do not demonstrate equivalence without an appropriate design and uncertainty analysis.

Worked reasoning

A therapist rooted in object relations theory emphasises early life relationships. A phobia treated by a relaxation-paired hierarchy is counterconditioning. A treated group improving from pre-test to post-test shows change, not efficacy: without a control, regression to the mean and spontaneous remission remain open.

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.



Fictional classroom example; no causal design or uncertainty supplied.

Original fictional programme contrast: eight minus five equals three improvement points.

Independent transfer

A review combines ten small trials, all drawn from one type of clinic. Why does having ten studies not ensure a universal conclusion?

Attempt independently, then use the matching skill sheet solution.

Review and source limits

Avoid this error: Inferring causation from a before-and-after gain without a control, or treating comparable means as proof of identical mechanisms.