Treatment models and outcome evidence

Supported GRE teaching and original transfer practice

Treatment models and outcome evidence

- Match each therapy to its proposed mechanism.
- Choose techniques that fit common problems.
- Explain why outcome studies need control groups.
- Separate efficacy from effectiveness, and evaluate the **common factors** view.

Therapy families

- Psychodynamic: uncover unconscious conflict and early relationships, often through transference (feelings toward the therapist that echo earlier relationships). Object-relations approaches focus on early relationships in particular.
- Behavioural: apply learning principles. Systematic desensitisation pairs a graded list of feared situations with relaxation: **counterconditioning** . Exposure therapy uses repeated contact without needing relaxation.
- Cognitive-behavioural (Beck, Ellis): identify and test distorted thoughts, and plan rewarding activities.

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Therapy families (2)

- Humanistic: Rogers's person-centred therapy offers empathy, unconditional positive regard and genuineness. Gestalt therapy focuses on the here and now.
- Biological: medication, and for severe depression that has not responded to other treatment, electroconvulsive therapy.

Matching technique to problem

- Specific phobia: graded exposure.
- Obsessive-compulsive disorder: exposure with response prevention (facing the trigger without performing the ritual).
- Depression: cognitive restructuring together with behavioural activation; medication for some.
- A question naming a therapist's theory usually expects its matching method: an object-relations therapist focuses on early relationships, not on medication.

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Why controls are needed

- **Spontaneous remission** : problems ease without treatment.
- **Regression to the mean** : extreme scores tend to be followed by less extreme ones.
- A randomised controlled trial compares treatment with a waitlist, a placebo or another treatment. Only the difference between groups is the treatment's effect.

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Efficacy, effectiveness and common factors

- Efficacy: how well a treatment works under controlled trial conditions.
- Effectiveness: how well it works in everyday practice, with ordinary patients and therapists.
- Meta-analysis combines many trials for a more stable estimate, but cannot fix weak trials.
- When different genuine therapies give similar average results, the common-factors view credits shared ingredients: the working alliance between therapist and client, hope and empathy. Similar averages do not prove that the mechanisms are identical.

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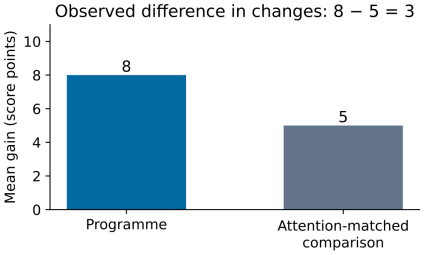
Worked example: a between-group contrast

- The effect is the difference: $8 - 5 = 3$ points.
- The 8-point gain includes the 5 points that also happened in the comparison group.
- The result supports a relative benefit under these conditions. It does not show the mechanism, or that A is better everywhere.

Worked example: reading a claim

- Without a control group, **spontaneous remission** and **regression to the mean** could explain much of the fall.
- People who dropped out may have done worse, so the remaining clients may not be typical.
- A randomised comparison with similar attention and expectations is needed before crediting the technique.

Figure: Worked example: reading a claim



Fictional classroom example; no causal design or uncertainty supplied.

- Original fictional programme contrast: eight minus five equals three improvement points.
- Match each part of the diagram to the text.

Common errors

- Inferring that a treatment works from before-and-after change alone.
- Treating similar averages as proof of identical mechanisms.
- Confusing efficacy with effectiveness.

Common errors (2)

- Saying systematic desensitisation needs no relaxation; that describes exposure therapy.
- Matching a therapy to the wrong mechanism.

Key terms

- **counterconditioning**: Replacing a conditioned response by pairing the stimulus with an incompatible response, such as relaxation.
- **spontaneous remission**: Improvement without treatment.
- **regression to the mean**: The tendency of extreme scores to be followed by scores closer to the average.
- **common factors**: Ingredients shared by many therapies, such as the working alliance and hope, proposed to explain similar outcomes.

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Check yourself

- A therapist asks a client to touch a "contaminated" doorknob and not wash. What is the technique?
- Why does a waitlist group improve at all?
- What is the difference between efficacy and effectiveness?