

Treatment models and outcome evidence

Supported GRE teaching and original transfer practice

Identify the evidence

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Match major therapy families to their proposed mechanisms

Use the overview measurement lesson VI for research inference.

Concepts 1 (1)

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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.

Concepts 1 (2)

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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.

Concepts 2

Concepts 2

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.

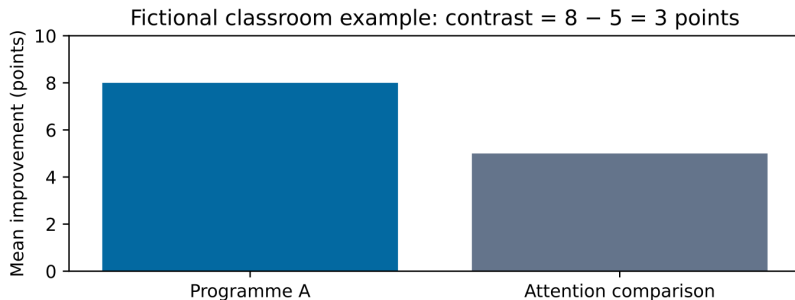
Reason through the worked case

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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.

Read the reviewed representation



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

Attempt an unfamiliar case

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

Pause and write the explanation before continuing.

Check the transfer argument

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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.

Accept a different explanation when its evidence and limits are justified.

Limit the conclusion

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

Original classroom cases are not official questions or personal clinical advice.

Check yourself

Independent retrieval

Two programmes have equal mean change but different dropout rates. What must be checked before claiming equivalence?

Write your reasoning before comparing it with the methods and limits taught in this lesson.