

Contents

- * Summary Table: Key Studies of Treatment of Disorders
- * Assessing the Effectiveness of Treatments



Summary Table: Key Studies of Treatment of Disorders



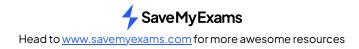
Key Studies Summary of Treatment of Disorders

SUMMARY TABLE: KEY STUDIES OF TREATMENT OF DISORDERS		
Торіс	Two Key Studies	
 Biological Treatments of MDD & Phobias Use both of these studies to answer a question on Biological Treatments of MDD & Phobias 	Kroenke et al. (2001) Liebowitz et al. (1998)	
 Psychological Treatments of MDD & Phobias Use both of these studies to answer a question on Psychological Treatments of MDD & Phobias 	March et al. (2007) Vigerland et al. (2013)	
 The Role of Culture in Treatment of MDD & Phobias Use both of these studies to answer a question on The Role of Culture in MDD & Phobias 	Hodge & Nadir (2008) Hinton et al. (2005)	

How do I use these studies in an exam question on this topic?

- IB students have a lot of content to cover (particularly students taking Psychology at Higher Level) so the purpose of this revision resource is to slim down and streamline the number of studies you need per topic/exam question
- The exam question command term will be one of the following: 'Evaluate', 'Discuss', 'Contrast' or 'To what extent'
- Each command term requires you to answer the question in slightly different ways, using the content as shown in the summary table above i.e. specific studies per topic/question
- Remember that all Paper 2 questions are ERQs (Extended Response Questions) which are worth 22 marks, take an hour to write and need to be rich in critical thinking
- You can choose to write about treatments for MDD and/or phobias
- The exam question may ask you to write about treatments for **one or more** disorders which means that you can choose MDD or phobias; the choice is yours

Page 2 of 6



• If the question asks you to 'Contrast two treatments' you could choose to focus on the differences between, for example, the biological approach and the cognitive approach to treating MDD or phobias or MDD and phobias, choosing one study on MDD from one approach and one study on phobias from the contrasting approach





Assessing the Effectiveness of Treatments



Summary of the Effectiveness of Biological & Psychological Treatments of MDD & Phobias

Treatment & Study	Effectiveness
Biological Treatments of MDD &	Kroenke et al (2001):
Phobias:	Results:
For MDD: SSRIs (paroxetine, fluoxetine and sertraline) - Kroenke et al. (2001)	79% of participants completed the full 9 month treatment programme
	All participants improved similarly, by a mean of between 15 and 17 points on the MCSS
	All of the participants saw an improvement in depressive symptoms from 74% at baseline to 32% at 3 months and 26% at 9 months
	Conclusion:
	SSRIs may be an effective treatment for MDD
For phobias: MAOI phenelzine - Liebowitz et al. (1998)	SSRIs appear to be similar in their effectiveness for the treatment of MDD
	Liebowitz et al. (1998):
	Results:
	The participants in the phenelzine treatment group had improved scores for anxiety compared to the placebo groups i.e. their social phobia had decreased over the course of the 8-week trial
	There was no significant difference seen in the atenolol group when compared to the placebo group i.e. atenolol does not appear to improve social phobia
	Conclusion: Phenelzine appears to be an effective treatment for social phobia.
Psychological Treatments of MDD	<u>March et al. (2007):</u>
<u>& Phobias:</u>	Results:

Head to <u>www.savemyexams.com</u> for more awesome resources

For MDD: CBT & combination therapy (CBT & antidepressants) March et al. (2007)	After 36 weeks of treatment 81% of the antidepressant group, 81% of the CBT group and 86% of the combined antidepressant and CBT group showed significant improvements in their symptoms
	Suicidal ideation decreased in both the CBT group and the combination group but not to any great extent in the antidepressant group
 For phobias: Internet- delivered CBT - Vigerland et al. (2013) 	Conclusion:
	Adolescents with MDD respond well to CBT and to CBT in combination with antidepressants
	CBT in combination with antidepressants may enhance the safety of the medication
	Overall CBT combination therapy appears to be the best course of treatment for adolescents with MDD
	Vigerland et al. (2013)
	Results:
	Il of the children showed a decrease in phobia-specific symptoms (shown via reduced CSR scores)
	35% of the children no longer met the criteria for specific phobia i.e. their phobic response had been extinguished
	Both the parents and their children reported significantly lower levels of anxiety
	The positive effects of the CBT were still present at the three- month follow-up checkpoint
	Conclusion:
	Internet-delivered CBT appears to be an effective treatment for children with specific phobia.
 <u>The Role of Culture in Treatment of</u> <u>MDD & Phobias:</u> For MDD: A review of existing therapies - Hodge & Nadir (2008) 	<u>Hodge & Nadir (2008):</u>
	Results:
	Two forms of therapy were identified as being more suitable to treating Muslims:
	Strength-based approach as this is more congruent with Islamic ideals
	Page 5 of 6

SaveMyExams				
Head to <u>www.savemyexams.com</u> for more awesome resources				
 For phobias: Culturally- adapted CBT - Hinton et al. (2005) 	CBT the underlying principles of CBT are congruent with Islamic values	Your notes		
	CBT, could be modified to substitute traditional self-statements with more Islamic-appropriate statements			
	This approach (cited in the above bullet point) has also been successful in Taoist, Christian and Muslim cultural settings			
	The adaptation of CBT in order to align it with Muslim values is necessary			
	Conclusion:			
	Adaptations and modifications to existing treatments such as CBT should help to align these treatments with the client's values and to ensure that treatment outcome is positive.			
	<u>Hinton et al. (2005):</u>			
	Results:			
	The participants in the IT condition improved significantly in comparison to those in the DT condition			
	By the second assessment, 12 of the IT patients no longer met the diagnostic criteria for PTSD and 11 of these patients also no longer met GAD criteria			
	The IT patients also found that their somatic symptoms had decreased			
	The DT patients all met the criteria for both PTSD and GAD i.e. their symptoms remained unchanged			
	At the third assessment i.e. once all of the patients had experienced the culturally-adapted CBT, 10 of the DT patients no longer met the PTSD criteria and 9 of them no longer met the GAD criteria			
	Conclusion:			
	Culturally adapted CBT focusing on PTSD and panic attacks may be effective in reducing symptoms and distress for a range of anxiety disorders			
	Receiving CBT as the initial treatment appears to result in the best outcomes for PTSD patients			

Page 6 of 6