# HL IB Psychology

## Treatment of Disorders: Psychological Treatments of MDD & Phobias

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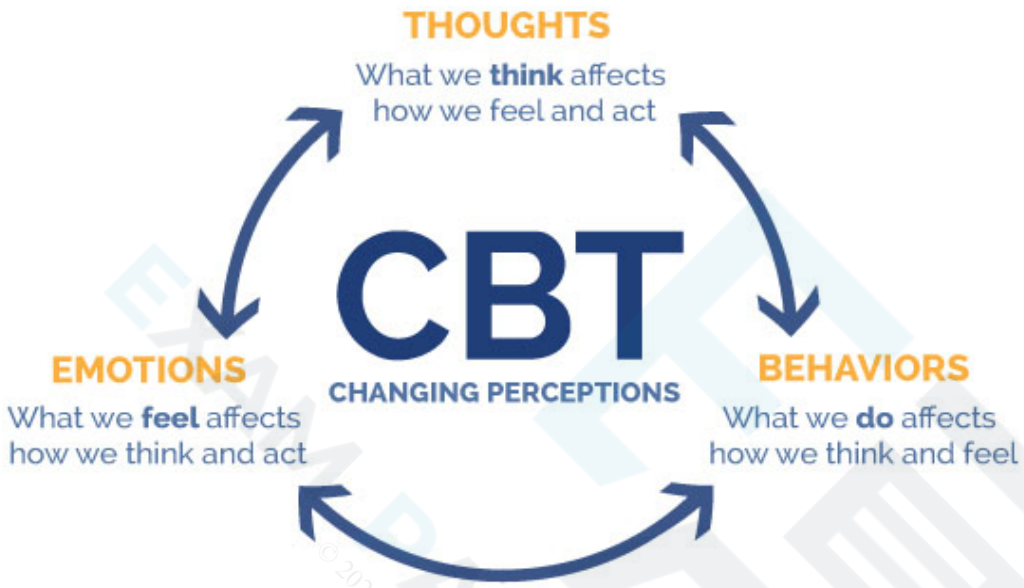
## Psychological Treatments of MDD & Phobias

# What are Psychological Treatments?

## What are psychological treatments?

- **Psychological treatments** operate at the level of the **mind** i.e. working on patient's **irrational thinking** and **cognitive distortions**
- Psychological treatments do not use drugs or any **invasive** methods to treat **disorders**, instead they use **talking therapy** and **targeted tasks/exercises** that the patient undergoes with a **therapist** to guide them or on their own as 'homework'
- **Cognitive behaviour therapy** (**CBT**) is the most commonly used psychological treatment for **MDD** and it is often prescribed for other disorders too, including **phobias**
- CBT includes the following techniques and procedures in (and outside of) therapy sessions (not all of these techniques will be used per patient):
  - **Cognitive restructuring/reframing:** this involves turning **negative thoughts** into positive thoughts
  - **Guided discovery:** this involves **challenging negative thoughts** and **irrational beliefs**
  - **Exposure therapy:** this involves **confronting fears** and **phobias**
  - **Keeping a journal:** this involves the recording of thoughts, feelings and actions between sessions
  - **Activity scheduling and behaviour activation:** this involves acting on **decisions** and avoiding **procrastination**
  - **Behavioural experiments:** this involves talking through what might happen in specific anxiety-inducing situations
  - **Relaxation and stress reduction techniques:** this involves exercises such as **muscle relaxation, deep breathing, visualization**
  - **Role-playing:** this involves working through different scenarios which the patient finds difficult or challenging
  - **Successive approximation:** this involves breaking down overwhelming tasks into smaller, more manageable steps
- The CBT therapist aims to get their client to the point where they can be **independent** and use strategies practised over the course of the CBT treatment to help themselves (for treatments such as CBT the therapist works with a 'client': 'patient' is the term used for people undergoing biological treatments)

- A course of CBT generally takes between 5–20 sessions with the client and therapist meeting every week or fortnight with each session lasting between 30–60 minutes




*CBT changes thoughts, feelings and behaviours holistically*

# How are Psyc Treatments used to Treat MDD & Phobias?

## How are psychological treatments used to treat MDD & phobias?

- CBT is used as one of the most widespread treatments for MDD
- CBT focuses on the 'here and now', unlike, say, **psychoanalysis** which looks to the past for the origins of a person's disorder
- CBT is ideally suited to treat both MDD and phobias as it aims to improve negative thoughts and behaviour, which are features of both disorders

## Evaluation of psychological treatments for MDD & phobias

**Strengths**

- CBT is one of the most popular and successful therapies for treating a range of disorders, used worldwide due to its effectiveness (Foroushani et al. 2011)

- CBT allows the patient to develop at their own pace with the therapist tailoring the sessions to suit each individual

**Weaknesses**

- The emphasis on 'here and now' may not be appropriate for some patients who need to revisit past events as part of their path to improvement
- CBT may not be suitable for people from **collectivist cultures** with its emphasis on **individual experience** and **self-motivation**

## Two Key Studies of Psych Treatments of MDD & Phobias

# Key study one (psychological treatment for MDD): March et al. (2007)

**Aim:**

- To investigate the **comparative effectiveness** of:
  - **Cognitive Behavioural Therapy** (**CBT**)
  - **Antidepressants** (the **SSRI fluoxetine**)
  - A combination of both CBT and antidepressants

**Participants:**

- 327 adolescent patients **diagnosed** with **MDD** aged 12–17 years old
- The participants came from 13 different locations in the USA

**Procedure:**

- The participants were **randomly assigned** to either the antidepressant group, the CBT group or the combination group
- The children were interviewed and their responses were measured using the **Children's Depression Rating Scale** (**CDRS**)
- The CDRS is a list of 17 items which are rated from 1 to 7 (7 indicating extremely **low mood**, difficulty having fun, **social withdrawal** etc.)
- A score of over 40 on the CDRS is used as an **indicator** of MDD **symptomatology**
- A score of under 28 on the CDRS is used as an indicator of **remission** in the patient
- The study was conducted across 36 weeks

**Results**:

- 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

**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

## Evaluation of March et al. (2007)

**Strengths**

- The use of a **randomised trial** conducted across 36 weeks means that real comparisons could be made between the three groups in real time so that progress could be tracked thus increasing the **validity** of the findings
- The findings have great **application** as adolescent and child **mental health** is an increasingly growing cause for concern, particularly in **individualistic cultures** such as the USA

**Limitations**

- It is unclear as to how CBT was effective in combination with antidepressants as the two separate treatments cannot be individually assessed within the combination group which means that the study lacks **explanatory power**
- The research lacks **predictive validity** as it there was no follow-up study to assess the l**ong-term effects** of combination therapy

# Key study one (psychological treatment for phobias): Vigerland et al. (2013)

*Sarah Vigerland*

**Aim:** To investigate the **efficacy** of **internet-delivered** CBT for children suffering from **specific phobias.**

**Participants:**

- 30 children aged 8–12 years old from Sweden and their parents
- The children had all been diagnosed as suffering from a specific phobia
- This was a **self-selecting sample** with the participants being recruited via media advertisements

**Procedure:**

- The children received six weeks of CBT **treatment** delivered via an online **therapist** i.e. not a **face-to-face** transaction
- The measure used to assess progress across the six weeks was the **Clinician Severity Rating** (**CSR**) which measures the degree and intensity of **anxiety** per patient
- **Data** was also collected based on each **clinician's** rating of their patient's (and their parents') general functioning plus **self-reports** per patient on their levels of anxiety and their **quality of life**
- The above measures and **assessments** were taken before and directly after the six-week CBT and then three months after the treatment cessation as a **follow-up** measure

**Results:**

- All 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.

## Evaluation of Vigerland et al. (2013)

**Strengths**

- Not all children are able to directly access CBT so the results of this finding have good **application** as they v**alidate** the idea that CBT can be effective when delivered online
- The three months follow-up to check for phobic/anxiety symptoms adds **validity** to the findings as it demonstrates that online CBT is effective beyond the immediate time period of the **treatment phase** i.e. the effect has **longevity**

**Limitations**

- It is possible that **individual differences** could have interfered with the study:
  - some of the participants may have liked their therapist more than others did which could result in such participants finding it easier to recover from their phobia than participants who had less liking for their therapist
- The three month follow-up consisted of a phone **interview** which reduces the validity of the findings as this is unlikely to have enabled the researchers to assess the participants in any great depth

**Key terms: Internet-delivered CBT Clinician Severity Rating Scale Longevity**