HL IB Psychology

Treatment of Disorders: Summary of Treatments

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Key Studies Summary of Treatment of Disorders

SUMMARY TABLE: KEY STUDIES OF TREATMENT OF DISORDERS	
Topic	**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

- 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 & Phobias: For MDD: SSRIs (paroxetine, fluoxetine and sertraline) - Kroenke et al. (2001) For phobias: MAOI phenelzine - Liebowitz et al. (1998)	Kroenke et al (2001): **Results:** 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 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 & Phobias:	March et al. (2007): **Results**:

For MDD: CBT & combination therapy (CBT & antidepressants) March et al. (2007) ▪ For phobias: Internet-delivered CBT - Vigerland et al. (2013)	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 Vigerland et al. (2013) **Results:** ll 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.
The Role of Culture in Treatment of MDD & Phobias: ▪ For MDD: A review of existing therapies - Hodge & Nadir (2008)	Hodge & Nadir (2008): **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

	CBT the underlying principles of CBT are congruent with Islamic values 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.
▪ For phobias: Culturally-adapted CBT - Hinton et al. (2005)	Hinton et al. (2005): **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