

IB DP Psychology
Higher level
Paper 3 – resource booklet

The sources in this examination have been collated to assess the claim that tele-therapy is effective in the treatment of mental health disorders.

Source 2

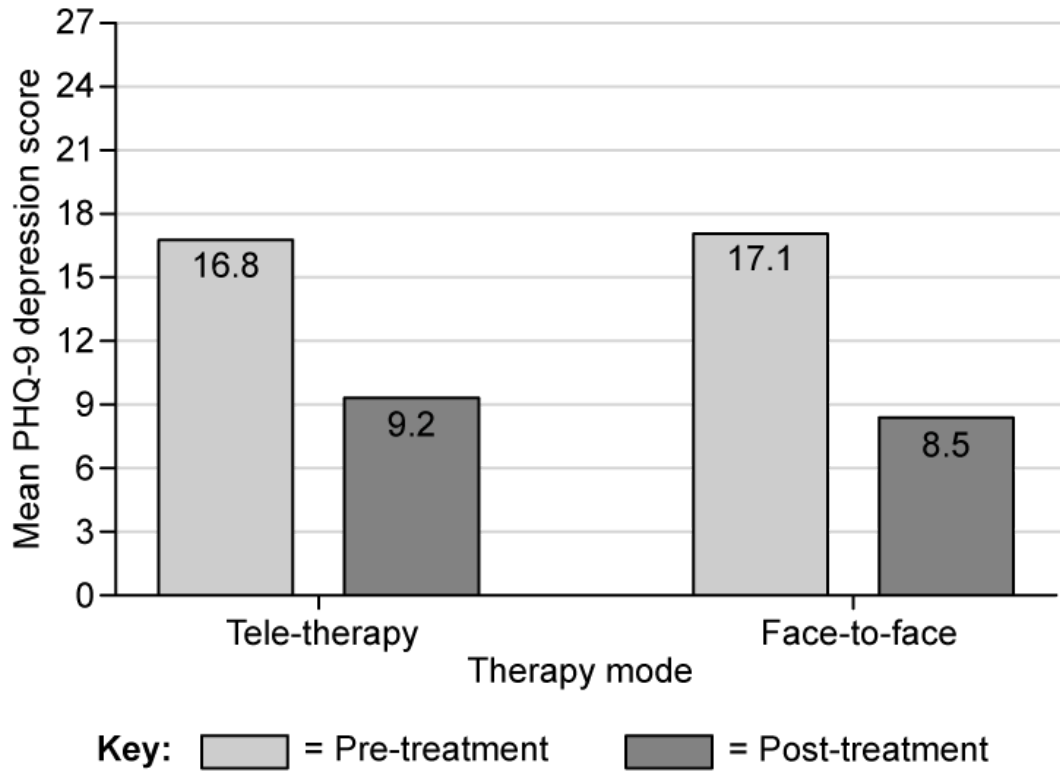
A study was conducted to investigate whether tele-therapy is as effective as face-to-face therapy in reducing symptoms of depression. 80 adults aged 20–45 diagnosed with moderate depression were randomly assigned to one of two conditions (40 per condition): tele-therapy (CBT delivered via video call) or face-to-face therapy (CBT delivered in a clinic). Both groups received 10 weekly sessions.

Depression was measured using the Patient Health Questionnaire (PHQ-9), scored from 0 to 27, with higher scores indicating greater severity. Mean scores and standard deviations were calculated before and after the intervention. The findings are shown in **Table 1** and **Figure 2**.

Table 1: Mean depression scores (PHQ-9) before and after treatment by therapy mode

Therapy mode	Pre-treatment mean	Pre-treatment SD	Post-treatment mean	Post-treatment SD
Tele-therapy	16.8	3.4	9.2	3.1
Face-to-face	17.1	3.6	8.5	2.9

Figure 2: Mean depression scores (PHQ-9) before and after treatment by therapy mode



Source 3

A researcher conducted unstructured interviews with adults to explore their experiences of receiving tele-therapy for anxiety and depression. 15 participants aged 22–48, who had completed at least eight sessions of CBT via a video-conferencing platform, took part in the study.

Thematic analysis identified the following themes:

- Several participants described tele-therapy as convenient and accessible, removing barriers such as travel and childcare
- Many reported feeling comfortable disclosing personal information from home, finding the familiar environment less intimidating than a clinical setting
- Some noted that technical difficulties, such as poor connection and audio delays, disrupted sessions and weakened the sense of connection with the therapist
- Others felt that tele-therapy lacked the warmth of face-to-face interaction, with non-verbal cues harder to read on screen

Source 4

A study investigated whether the effectiveness of tele-therapy differs by type of mental health disorder. 240 adults aged 20–55, all receiving 12 sessions of CBT via tele-therapy, were grouped by diagnosis:

- Group 1: Generalised anxiety disorder (GAD)
- Group 2: Major depressive disorder (MDD)
- Group 3: Social anxiety disorder (SAD)

Symptom reduction was measured as the percentage decrease in standardised symptom scores from pre- to post-treatment. **Table 2** shows the mean percentage reduction and standard deviation for each group.

Table 2: Mean percentage symptom reduction after tele-therapy by disorder type

Disorder	Mean % symptom reduction	Standard deviation
Generalised anxiety disorder (GAD)	42.3	11.5
Major depressive disorder (MDD)	38.7	13.2
Social anxiety disorder (SAD)	23.8	16.4

Source 5

A study investigated the relationship between key features of tele-therapy delivery and patient-reported treatment satisfaction. 160 adults aged 25–50 receiving tele-therapy for a range of anxiety and depressive disorders took part. Three features were assessed:

- Therapeutic alliance: measured using the Working Alliance Inventory
- Session consistency: percentage of scheduled sessions attended
- Platform usability: rated on a 1–10 scale

Treatment satisfaction was measured on a standardised 0–50 scale. **Table 3** shows the correlation coefficient between each feature and treatment satisfaction.

Table 3: Correlation between tele-therapy features and treatment satisfaction

Variables	Correlation coefficient (r)
Therapeutic alliance × Satisfaction	0.72
Session consistency × Satisfaction	0.48
Platform usability × Satisfaction	0.35