



Literature Review: Poly-Therapy Approaches of Combined Psychotherapy (PsT) and Pharmacotherapy (PhT) v. Mono-Therapy approaches of PsT or PhT in the Treatment of PTSD



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Abstract

PTSD is diagnosed through the observed and/or measured presentation of 10 of 27 symptomatic elements identified in the DSM-5 for persons aged 7 to late adulthood (APA, 2013). These symptoms are blocked into eight (a through h) categories relating to TE experience, intrusive symptoms, avoidance behaviors, negative cognitions and mood, altered reactivity and arousal, symptomatic duration, level of distress or impairment, and a non-attribution to chemical use or other medical condition (APA, 2013). There is very little published research on the matter of whether or not the combined use of pharmacotherapy and psychotherapy produces greater or equal outcomes to psychotherapy alone in like patients (Wurz & Sungur, 2009). Poly-therapeutic approaches are far more complex than mono-therapeutic approaches. There is very little evidence to support the assertion that poly-therapeutic treatment plans are superior to mono-therapeutic approaches (U.S. Veterans Administration Healthcare System, 2013).

Introduction

- Posttraumatic Stress Disorder (PTSD) is characterized by the Diagnostic and Statistics Manual of Mental Disorders Fifth Edition (DSM-5) as being rooted in a perceived or actual traumatic event (TE) and manifesting beyond thirty days of the occurrence of the TE (APA, 2013). Its symptoms (Sx) include, but are not limited to, reliving the TE, Chronic Intrusive Thoughts (CIT), Dissociation Sx, Depression, and Sleep Disruption (SD) (APA, 2013).
- Treatment of military combat veterans often consists of mono-therapeutic approaches of pharmacotherapy or psychotherapy (usually Cognitive-Behavioral Therapy (CBT) or Psychodynamic Therapy (PDT)) or poly-therapeutic approaches involving a combination of pharmacotherapy (anti-depressants) and psychotherapy (CBT/PDT) (Wurz & Sungur, 2009).
- Outcomes for persons treated for PTSD with a mono-therapeutic use of psychotherapy of the forms of CBT and PDT were the subject of a recent meta-analysis report that indicates similar improvement levels between them (Wurz & Sungur, 2009). However, there is very little published research on the matter of whether or not the combined use of pharmacotherapy and psychotherapy produces greater or equal outcomes to psychotherapy alone in like patients (Wurz & Sungur, 2009).

Method



Research Question Development

- The process of developing a viable and professionally useful research questions involved the assessment of contemporary methods of treatment used by most practitioners today for PTSD. This researcher, being curious as to whether or not the combined use or adjunct treatment of PTSD through medications and psychotherapy rendered better results than psycho-pharmacotherapy alone or psychotherapy, namely TF-CBT, alone, decided to ask the question, “Does current literature provide support for the use of combined medication and psychotherapy over psychotherapy alone (Duffey)?”

Literature Search and Acquisition

- This researcher then accessed the ZSR Library via the internet using his assigned on-line credentials.
- Through the use of the database search, this researcher was able to narrow the search for published information to a few useful databases
 - First through a direct examination of the director and,
 - second through use of a subject based listing
- This researcher identified the PubMed, PsychInfo, Psycharticle, PILOTS, and Veterans Administration publication databases as search engines and was able to initially find fifteen articles relevant to the research question.
 - Directly contacting Emory University Hospital Neuroscience and Psychiatry libraries also rendered useful results.
- The articles were organized in accordance with what part of the research question it addressed and then by the significance or magnitude of contribution to the question’s answer.

Results



- Within the United States Veterans Administration Healthcare System primary approaches to PTSD are mono-therapeutic in nature (Schnurr & Friedman, 2008).
 - This means that there is either Pharmacotherapy or Psychotherapy initiated solely for patients presenting with PTSD by the U.S. Departments of Veterans Affairs (VA) and Defense (DoD) (U.S. Veterans Administration Healthcare System, 2013)
- The majority of treatment cases throughout the VA and DoD are pharmacotherapeutic through the use of various antidepressant medications (Prozac, Celexa, Zoloft, etc) with a small percentage engaged in psychotherapy (Affairs, 2016).
- There is very little evidence to support the assertion that poly-therapeutic treatment plans are superior to mono-therapeutic approaches (U.S. Veterans Administration Healthcare System, 2013).

Discussion

- Studies that compare the outcomes of mono-therapeutically applied psychotherapy and pharmacotherapy have rendered results indicating that the effectiveness of the two are about equal with both providing positive outcomes and symptom relief for PTSD clients (Levi, Bar-Haim, Kreiss, & Fruchter, 2015).
- the use of a stand-alone psychotherapeutic plan is the best starting point upon initial evaluation and intake of a person experiencing PTSD

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