

The Effectiveness of Combination of Pharmacotherapy with Metacognitive Therapy Versus Pharmacotherapy in Symptoms of Depression and Thought Control in Patient With Posttraumatic Stress Disorder

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Abstract

PTSD is an acute psychological reaction to traumatic events. Non-drug treatments are considered to be as first-line treatments for PTSD and basically should be complementary treatment programs for patients with PTSD. However, some patients do not adequately respond to non-drug treatments or leave treatment with debilitating symptoms. However, evidence of the effectiveness of non-drug treatments in combination with drug therapy is not yet completed. The aim of this research was to investigate the effectiveness of combination of pharmacotherapy with metacognitive therapy versus pharmacotherapy in patient with posttraumatic stress disorder. Six males were selected by convenient sampling and randomly assigned to two treatment groups. The methodology was a multiple-baseline experimental single case study. subjects completed Clinician-Administered PTSD Scale (CAPS), Beck Depression Inventory (BDI-II), Thought Control Questionnaire (TCQ) at pre-treatment (baseline), treatment (4 and 8 sessions), post-treatment (twelfth) and at follow-up (two months after treatment). Both combination of pharmacotherapy with metacognitive therapy and pharmacotherapy in patient with posttraumatic stress disorder are effective, and combination of pharmacotherapy with metacognitive therapy can be more effective. Combination of pharmacotherapy with metacognitive therapy can be more effective than pharmacotherapy in reducing posttraumatic stress disorder symptoms.

Keywords: *metacognitive therapy, posttraumatic stress disorder, pharmacotherapy, depression, thought control*

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