

You Are Not Your Trauma: Teaching Mindfulness to Veterans with Posttraumatic Stress Disorder (PTSD)

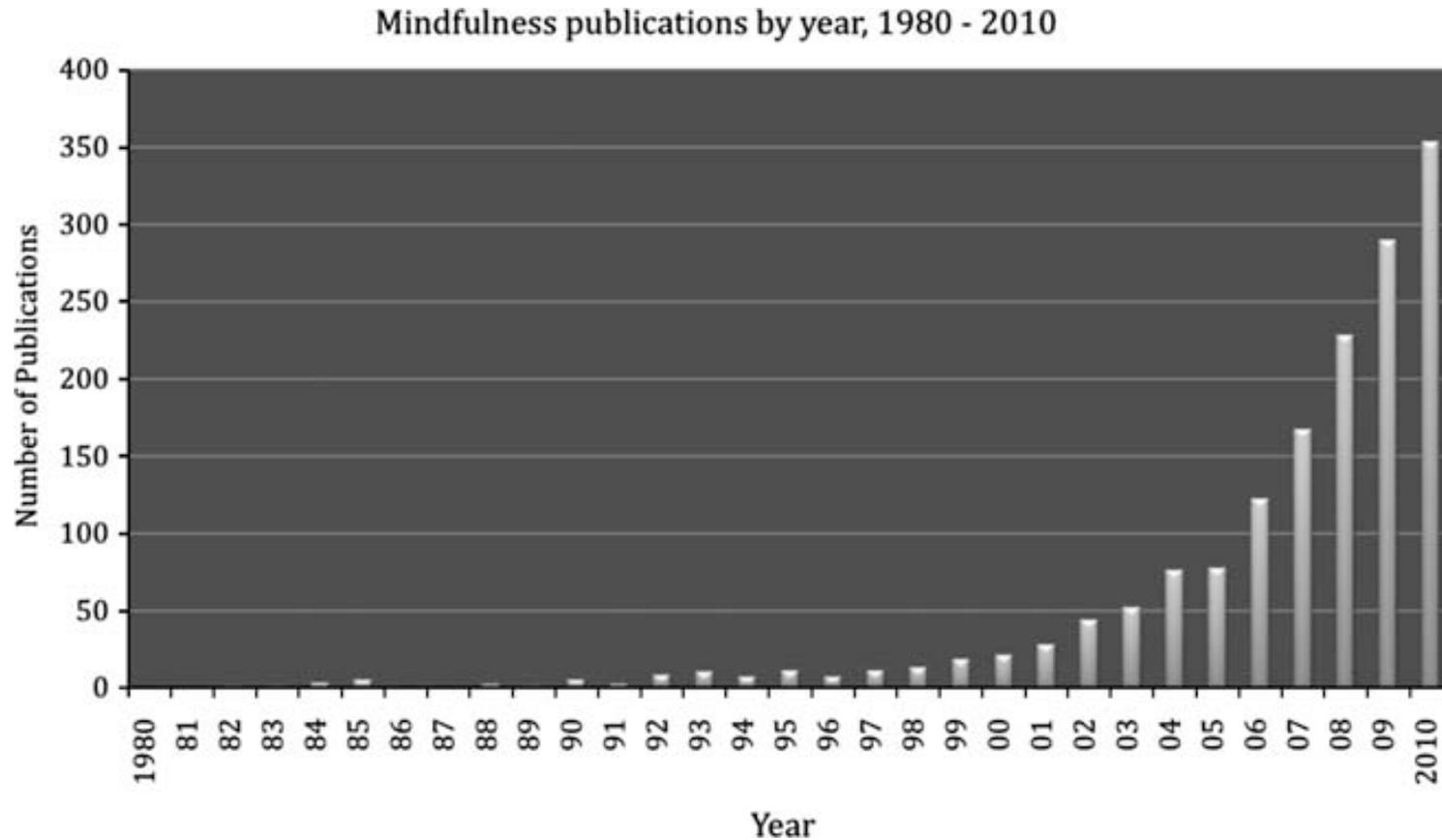
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VA Puget Sound Health Care System

There has been an explosion of academic interest in Mindfulness



What is Mindfulness?



YIELD
TO
THE
PRESENT

Mindfulness Involves *Attention*

William James, Principles of Psychology (1890), on the importance of attention in mental health:

“The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. No one is *compos sui* if he have it not. An education which should improve this faculty would be the education *par excellence*. But it is easier to define this ideal than to give practical instruction for bringing it about.”

compos sui: “master of one’s self”

What is Mindfulness?

- Mindfulness is synonymous with “awareness”
- It is a particular kind of awareness
 - “Paying attention, on purpose, in the present moment, and without judgment” (Kabat-Zinn)
- Involves both a quality of attention and flexibility of attention
- Non-judgment, patience, non-striving, ‘beginner’s mind’
- COAL: (Segal)
 - Curiosity,
 - Openness,
 - Aceptance
 - Love

How Does Mindfulness Reduce Stress?

- Promotes 'de-identification' with 'storyline'
 - Mindfulness proposed to be of benefit across multiple conditions due to the 'universal human vulnerability' to language (Williams)
 - 'Thoughts are thoughts' and may not represent reality
- Develops awareness of automatic reaction patterns

How Does Mindfulness Reduce Stress?

- Promotes self-compassion
 - Self-compassion ‘uncouples relationship to maladaptive thoughts’ (Kuyken, 2010)
- Grounds experience in the present moment
 - Decreased rumination = decreased risk of depressive relapse
 - Teaches ability to distinguish primary experience, vs. thoughts & emotions that arise from that experience (reactivity)
- Increases clarity of emotional states

Mindfulness-Based Stress Reduction (MBSR)

- 8-week intensive introduction to mindfulness practice
 - Began at U Mass in 1979; widely available
- 2.5 hour class 1x/week, 45 mins daily mindfulness practice, all-day retreat week 6
- Formal & informal mindfulness practices: meditation, paying attention to daily activities, gentle yoga
- “Attitudinal Foundations” = non-judging, patience, trust, non-striving, beginner’s mind, acceptance, letting go

Mindfulness Programs Used in Health Care

- **MBSR:** mindfulness-based stress reduction
- **MBCT:** mindfulness-based cognitive therapy
- **MBRP:** mindfulness-based relapse prevention
- **DBT:** dialectical behavioral therapy
- **ACT:** Acceptance and commitment therapy
- Other clinical applications: obesity, eating disorders, childbirth

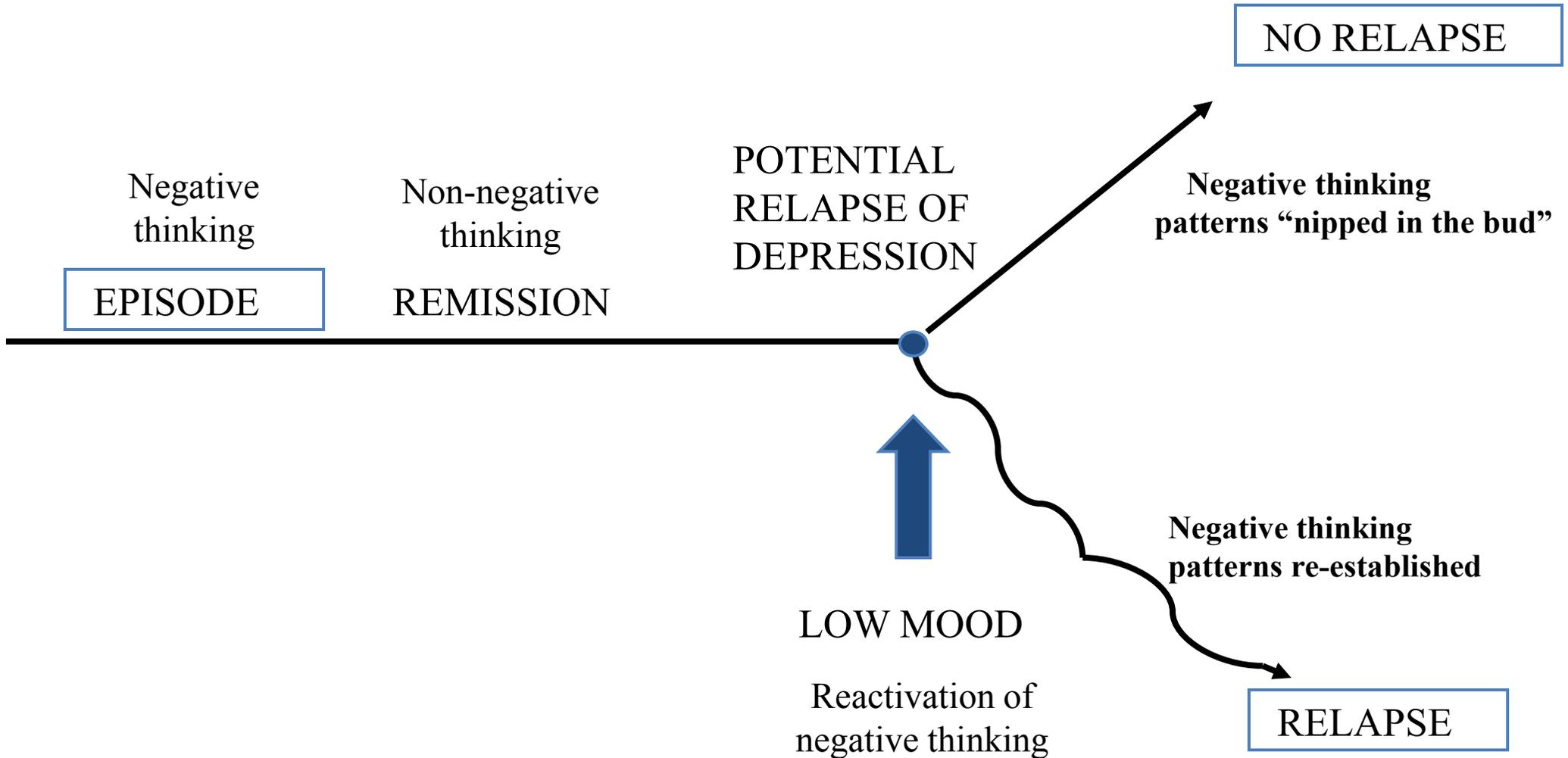
Mindfulness vs. Cognitive Therapy

- *In general*, mindfulness emphasizes context of thought whereas cognitive places greater emphasis on content of thought.
 - Mindfulness: Thoughts are treated as an object of attention, ‘thoughts are just thoughts’, which are automatic and do not necessarily represent a concrete reality.
 - Mindfulness practice is not limited to thoughts – feelings and physical sensations are also held in mindful awareness.

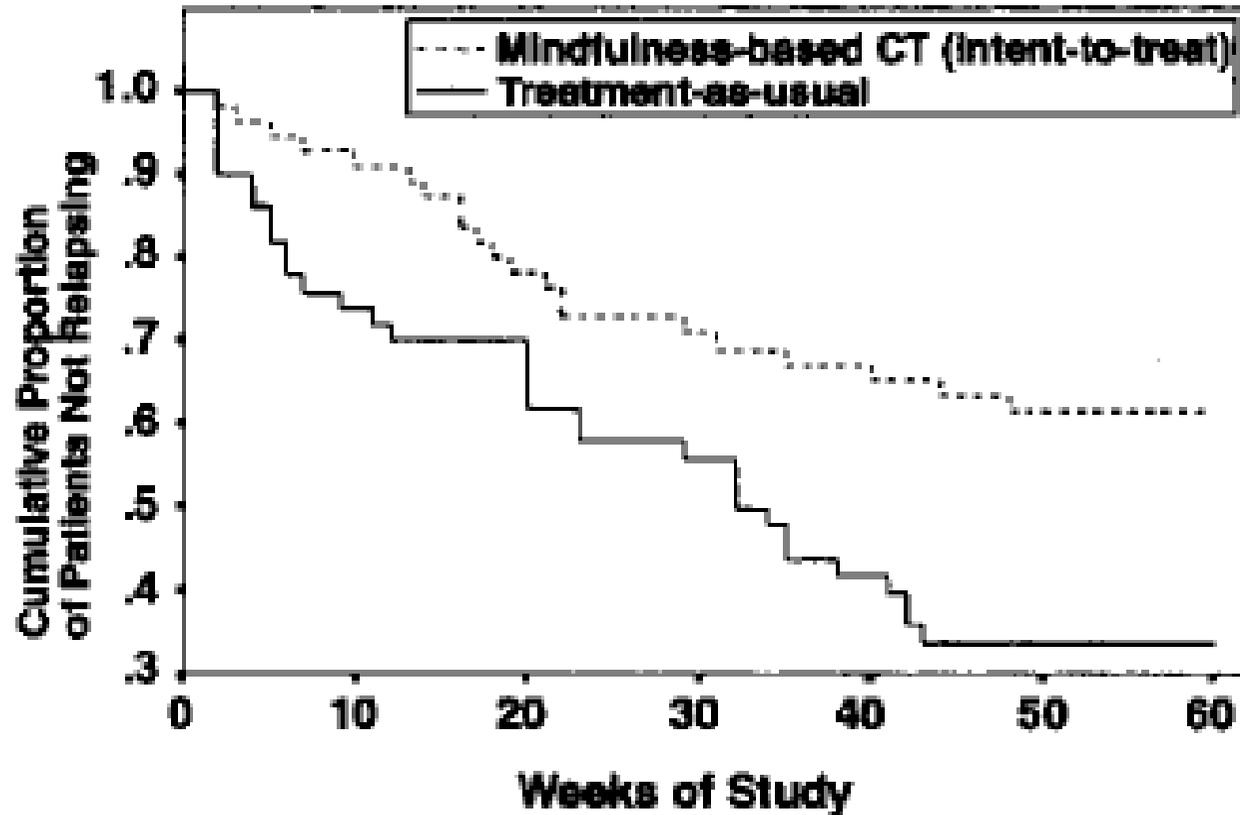
What Does the Literature Say?

- *More than 100 experimental studies of MBSR/MBCT have been published*
- *Conditions for which there is supportive evidence:*
 - Depressive sx
 - Psoriasis
 - Chronic Pain
 - Fibromyalgia
 - Anxiety sx
 - MDD relapse
 - Irritable bowel
 - Cancer QOL
 - Stress in the workplace

Mechanisms of Mindfulness: Decreased Rumination

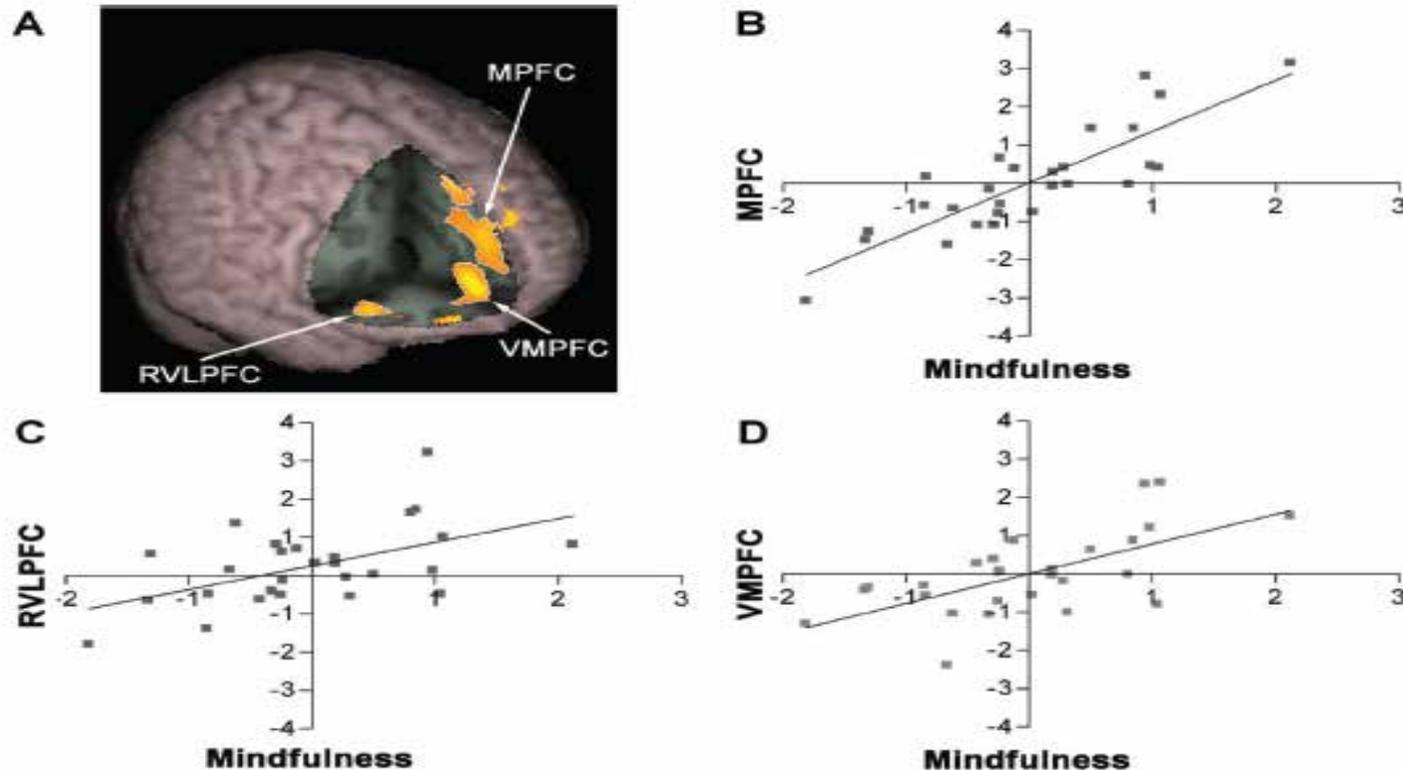


Rate of Depressive Relapse for Treatment as Usual (TAU) and Mindfulness-Based Cognitive Therapy (MBCT)



Teasdale et al, Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy, *Jo Cons Clin Psych* 68(4): 615-623, 2000.

Neural Correlates of Dispositional Mindfulness During Affect Labeling



Dispositional mindfulness was associated with greater prefrontal cortical activation and reduced amygdala activity during affect labeling c/w control task

- *Creswell JD, Way BM, Eisenberger NI, Lieberman MD. Neural Correlates of Dispositional Mindfulness During Affect Labeling. Psychosomatic Medicine 69:560-565 (2007)*

Clinical Features of PTSD

- PTSD symptom clusters:
 - painful reexperiencing
 - phobic avoidance of situations and memories
 - emotional numbing
 - hyperarousal
- Despite treatment, many patients have continued symptoms, and would prefer to manage symptoms without medications.

How Mindfulness Practice Might Influence PTSD

- Mindfulness meditation practice encourages a kind, open, curious attitude in relation to experience (including difficult or painful experiences)
- Potential influence on PTSD symptoms
 - Might decrease avoidance behaviors: Mindfulness fosters approach, rather than avoidance, of distressing thoughts and feelings
 - Increased self-compassion might lead to reduced anger, shame and guilt.
 - Mindfulness may be a form of exposure therapy (Baer 2003)
 - Decreased rumination might lead to decreased PTSD sx
 - Also, potential for enhanced functionality despite stable symptoms

Mindfulness and PTSD: Pilot Studies

- Before-and-after study of Veterans who enrolled in MBSR (N=92)
- There were significant improvements in (d = effect size)
 - PTSD symptoms (d = -0.64)
 - Depression (d = -0.70)
 - Behavioral activation (d = 0.62)
 - SF-8 mental component summary score (d = 0.72)
 - mindfulness (d = 0.78)
 - 48% of Veterans had reliable change in PTSD symptoms.
 - 74% attended at least 4 class session (of 9 possible)

Kearney et al, Journal of Clinical Psychology 2011

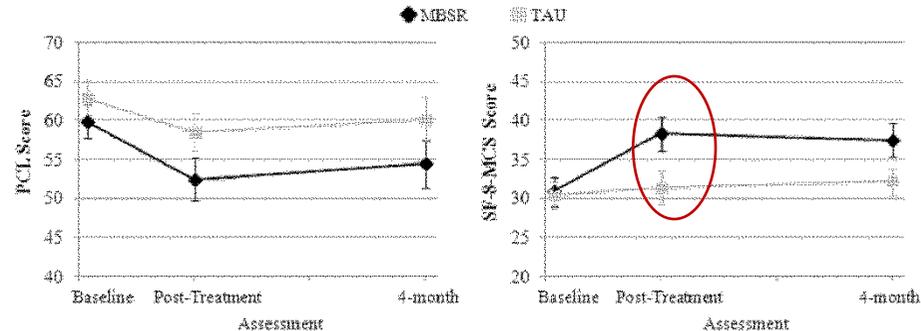
Mindfulness and PTSD: Pilot Studies

- A randomized controlled exploratory trial with two arms.
 - 47 Veterans with PTSD randomized to usual care or usual care plus MBSR.
 - Study measures obtained at baseline, 2 months (after completion MBSR) and 4 months later.
- Aims
 - **Aim 1:** Assess safety and feasibility
 - **Aim 2:** Apply PTSD symptom severity, depression , QOL
- Measures
 - ***PTSD Symptoms.*** PCL
 - ***Functional Status.*** Short Form-8V
 - ***Depression.*** PHQ-9
 - ***Behavioral Activation.*** Behavioral Activation Scale (BAS)
 - ***Five Facet Mindfulness Questionnaire (FFMQ)***

Mindfulness for Veterans with PTSD: Pilot Studies

- MBSR vs. Treatment as Usual for PTSD (N=47)

Figure 2. PTSD Symptom Severity (PCL score) and Mental Health-Related Quality of Life (SF-8-MCS) as a Function of Treatment Group

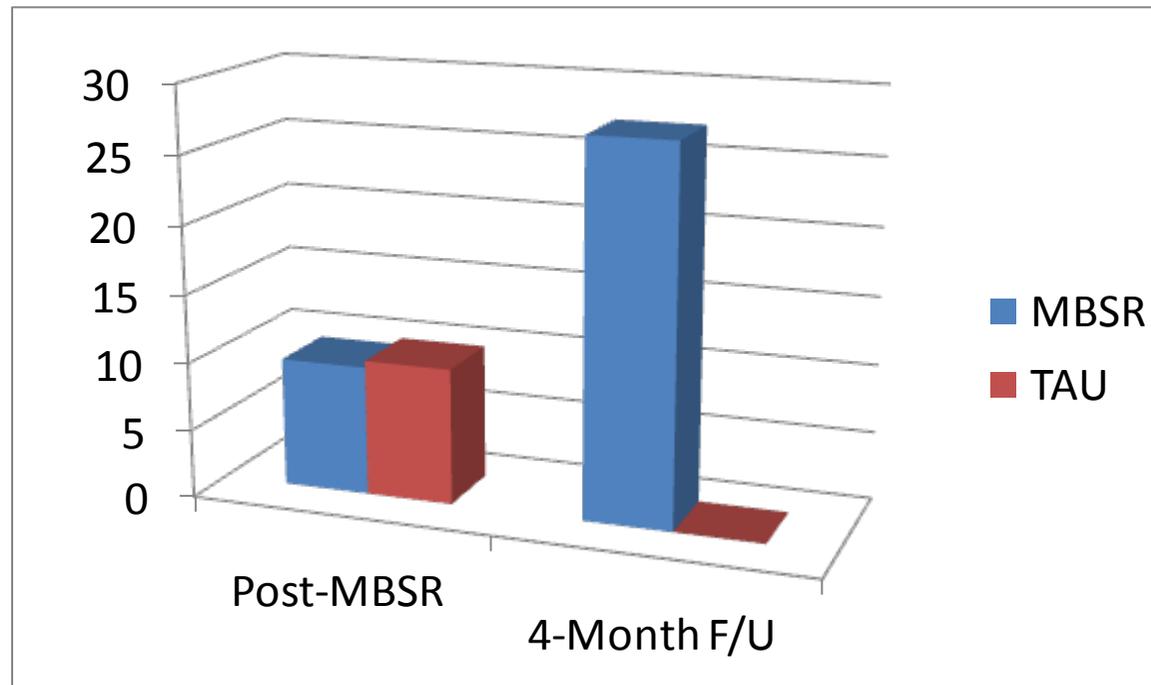


Note: PTSD = posttraumatic stress disorder; PCL = PTSD checklist; SF-8-MCS = mental component summary score of SF-8; MBSR = Mindfulness-Based Stress Reduction; TAU = Treatment as Usual

- ITT analyses: no reliable effects on PTSD sx, mental HRQOL improved post-treatment but NS at 4 months.
- Completer analyses (≥ 4 classes attended): medium to large between group effect sizes for depression, mental HRQOL, and mindfulness skills, but not PTSD symptoms.
 - 84% of Veterans randomized to MBSR attended ≥ 4 classes

Mindfulness for Veterans with PTSD: Pilot Studies

- MBSR vs. TAU for PTSD Results (N=47)
- Clinically Meaningful Change = Symptoms and QOL improve
 - Post-hoc analysis
 - The proportion of subjects with reliable change in *both* PTSD symptoms and mental health-related QOL was significantly greater for MBSR at 4-months (27.3% vs. 0%; $p = 0.016$)



Mindfulness for Veterans with PTSD: Pilot Studies

- A telehealth mindfulness intervention has been developed for Veterans with PTSD
- Telehealth mindfulness treatment involves two in-person sessions followed by six telehealth sessions.
 - Taught individually
 - 6-week follow-up
- In a small pilot RCT (N=33) telehealth mindfulness treatment was associated with temporary reductions in PTSD symptoms as compared to psychoeducation

Mindfulness for Veterans with PTSD: Pilot Studies

- Telehealth mindfulness was associated with temporary reductions in PTSD symptoms

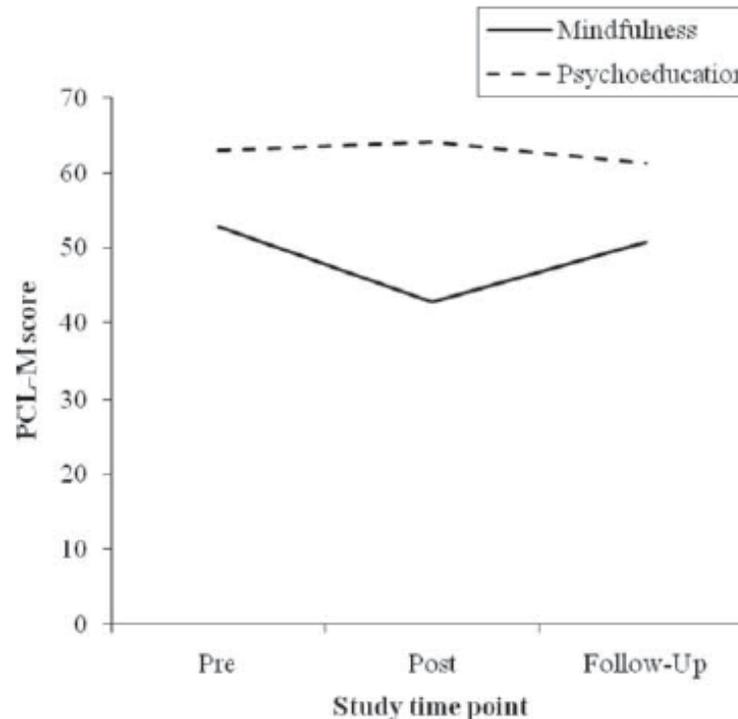


Figure 2. Change in PCL-M scores at posttreatment and follow-up assessment.

- High compliance and satisfaction with intervention
- Suggests continued mindfulness practice necessary for effect

Mindfulness Interventions for PTSD

- Studies are limited
 - Large studies of MBSR for PTSD are underway
 - Initial pilot study of MBSR showed evidence of improved QOL/functionality, and reduced depression for completers, but not PTSD symptoms
 - MBSR is not a trauma-focused intervention
 - Telehealth mindfulness produced transient reductions in PTSD symptoms
- Mindfulness programs appear acceptable and safe to Veterans
 - Literature supports use for other conditions common among Veterans: pain, depression

“I am larger and better than I thought. I did not think I held so much goodness.”

Walt Whitman

Thank you!

Efficacy of Mantram Repetition on PTSD Symptoms in Veterans



July 2005 – June 2009

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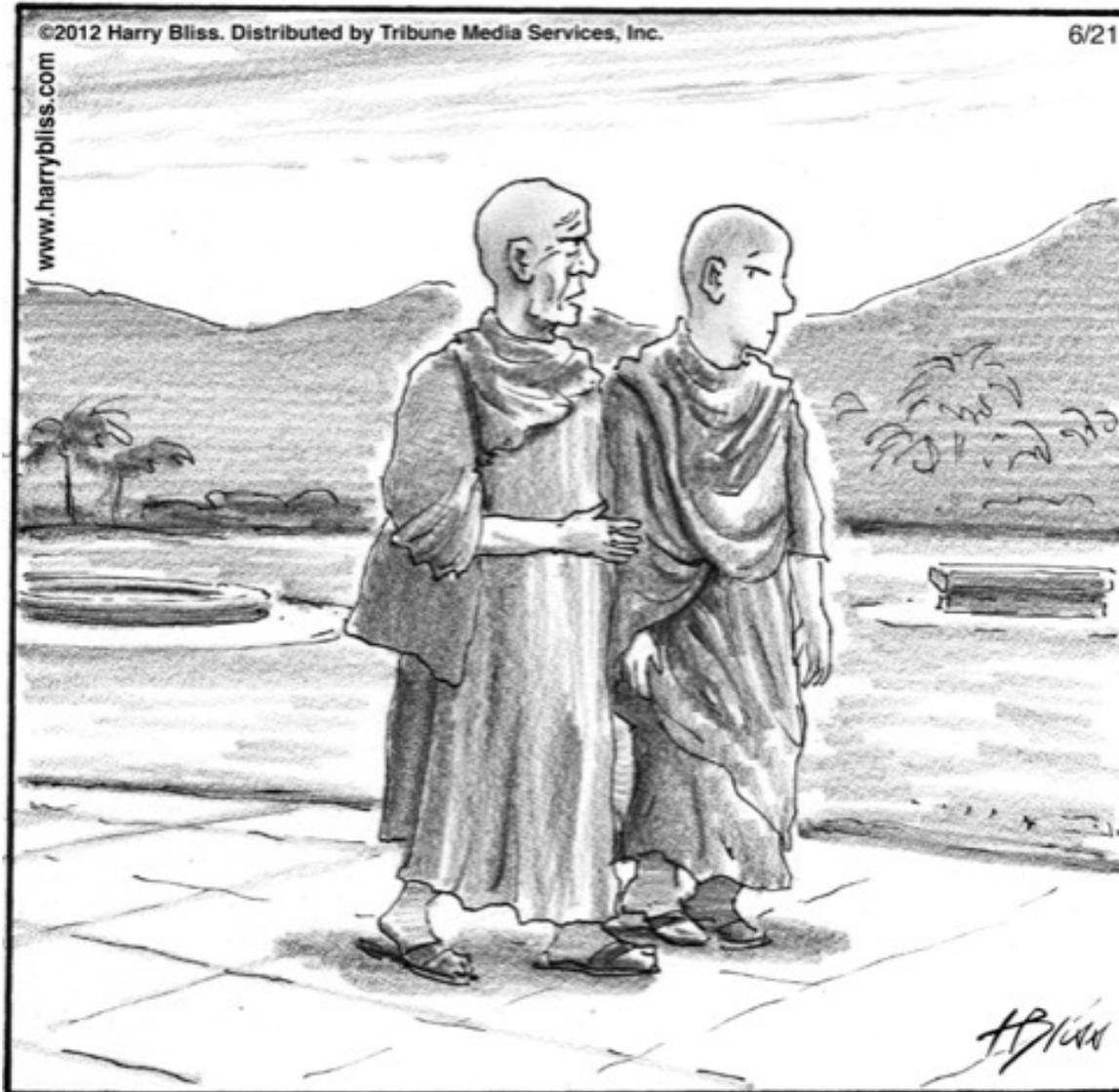
Polling Question

Have you heard of the “Mantram Repetition Program” before?

YES

NO

Maybe, not sure



“I’m pretty sure ‘I don’t want to work, I just want to bang on the drum all day’ is not a mantra.”

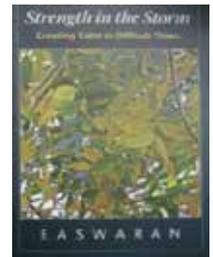
Mantram Repetition Program

Meditation-based tools for emotional regulation*

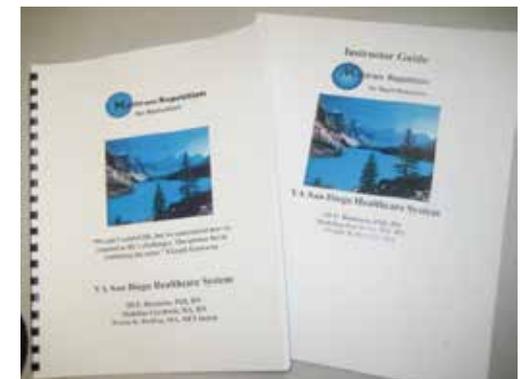
Ancient, universal practice, cross-cultural

Three “portable” primary skills taught:

1. “Mantram” = word/phrase with spiritual meaning, repeated silently, frequently to train attention throughout the day
2. Slowing down & setting priorities
3. One-pointed attention/mindfulness



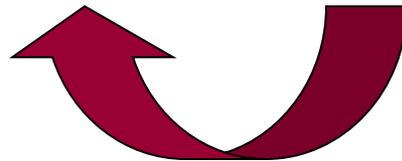
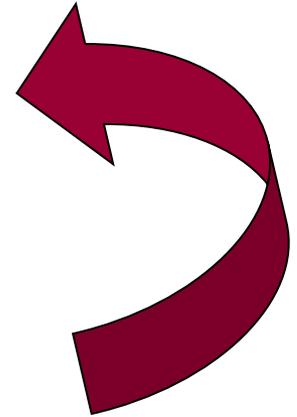
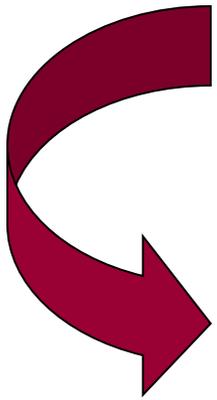
**Adapted from 8 Point Program (E. Easwaran)*



Training Attention

"Portable Stress Buster"

- 1. Mantram Repetition**
- 2. Slowing Down**
- 3. One-Pointed Attention**



Growing Research Evidence

VA Hospitals Now Tending to Spiritual Health

Effects of Spiritual Mantram Repetition on HIV Outcomes: A Randomized Controlled Trial

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Frequent, Silent Mantram Repetition

A Jacuzzi for the Mind

Jill E. Bormann, PhD, RN

CHAPTER 7

Mantram or Holy Name Repetition: Health Benefits from a Portable Spiritual Practice

JILL E. BORMANN AND DOUG OMAN

SPIRIT, SCIENCE, and HEALTH

HOW THE SPIRITUAL MIND FUELS PHYSICAL WELLNESS

Edited by Thomas G. Plante and Carl E. Thoresen
Foreword by Albert Bandura

Today's Objective

Describe outcomes of a mixed-methods clinical trial testing the efficacy of the Mantram Repetition Program for PTSD symptoms in Veterans.

Bormann, J. E., Thorp, S. R., Wetherell, J. L., Golshan, S. & Lang, A. J. (2012, March 12). Meditation-based mantram intervention for Veterans PTSD: A randomized trial. *Psychological Trauma: Theory, Research, Practice and Policy*. (4)2 Advance online publication. [doi: 10.1037/a0027522](https://doi.org/10.1037/a0027522)

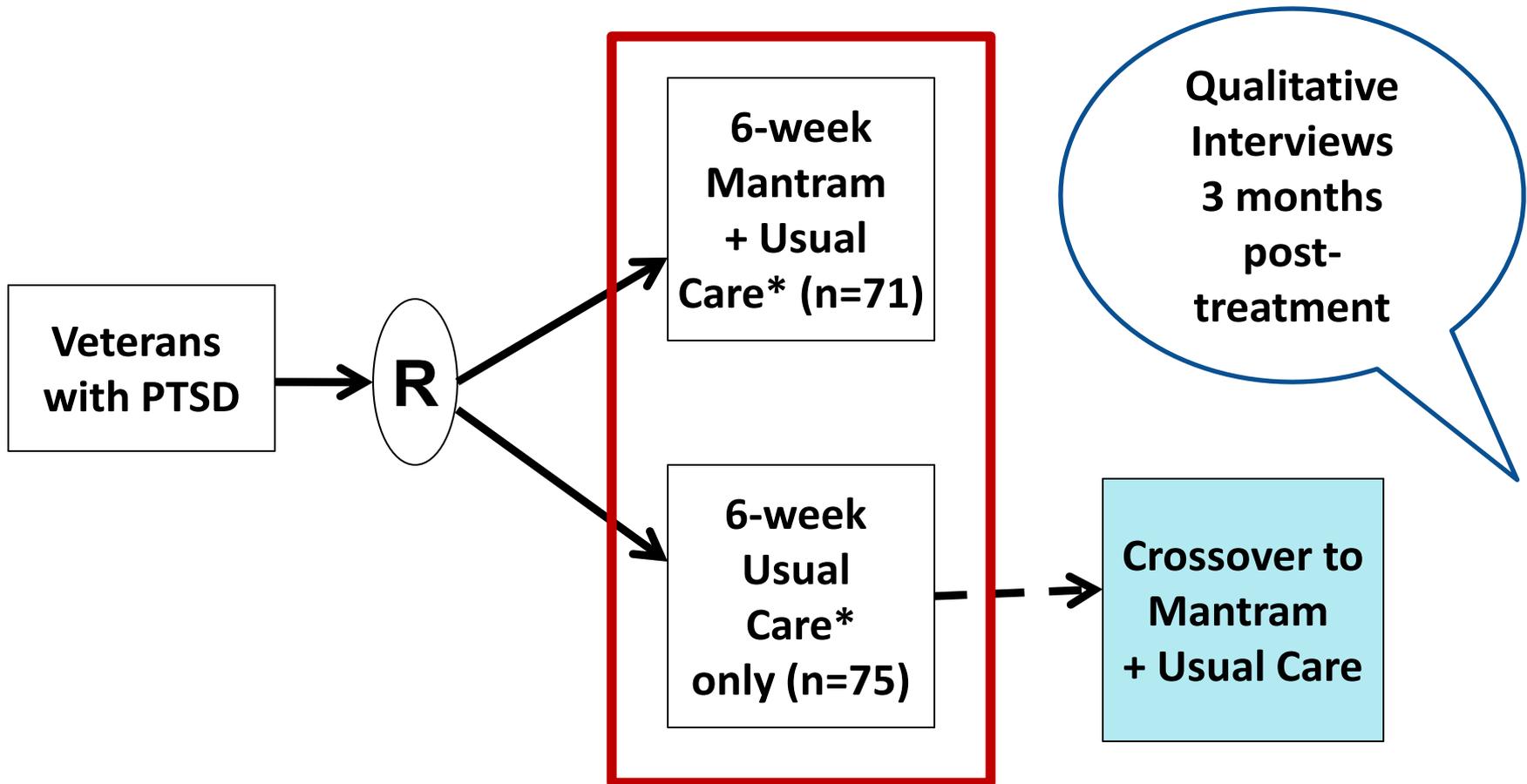
Bormann, J. E., Hurst, S., Kelly, A. (in press). Responses to a mantram repetition program from Veterans with posttraumatic stress disorder: A qualitative analysis. JRRD. Meditation-Based Mantram Intervention for Veterans PTSD: A Randomized Trial. *Journal of Rehabilitation Research & Development*.

Research Questions

- 1. Does the Mantram Repetition Program (MRP) significantly reduce psychological distress compared to controls?**
- 2. Does MRP improve quality of life and spiritual well-being?**

Design

Mixed-Methods Randomized Controlled Trial



*Usual Care = meds & case management for 6 weeks

Inclusion/Exclusion

Outpatient veterans 18 years or older

Assessed having PTSD using CAPS*

Not actively abusing drugs

No psychotic or personality disorders

Not actively suicidal

Treatment naïve except for PTSD orientation

* Clinician Administered PTSD Scale

Polling Slide

What percentage of Veterans self-report they identify as “spiritual”?

10%

25%

50%

75%

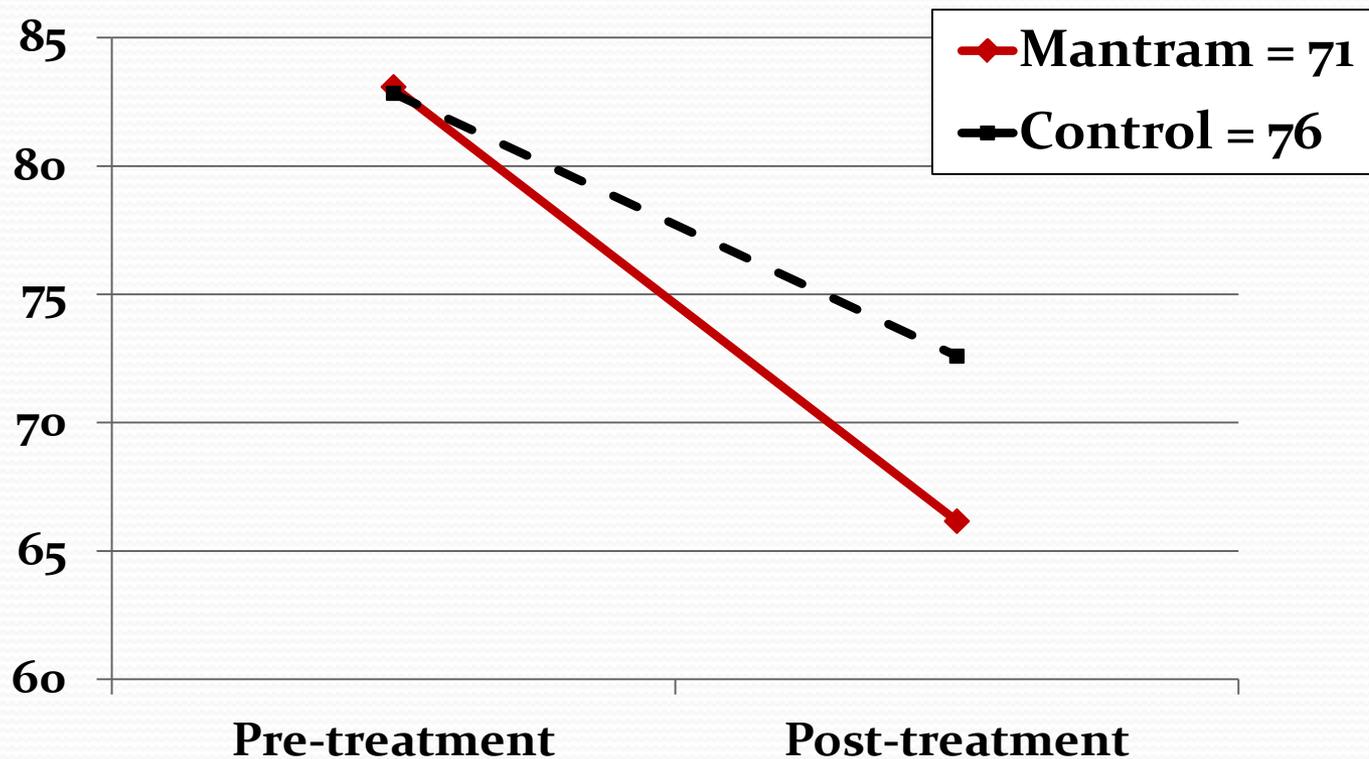
85%

Baseline Demographics

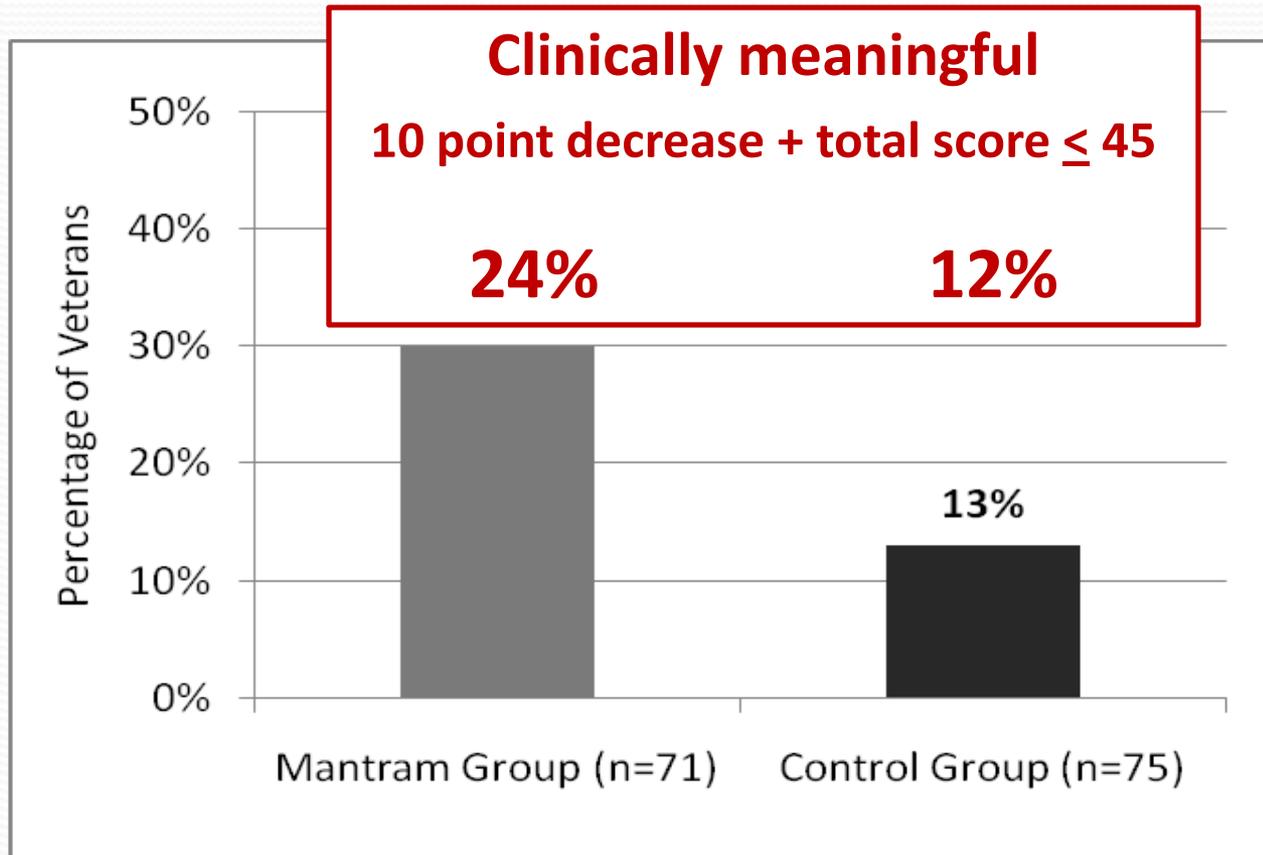
	Mantram (n=71) M (SD)	Control (n=75) M (SD)
Age (range 25-84)	56 (10.31)	58 (9.86)
Months of combat	12 (8.50)	13 (11.63)
Years duration of PTSD	33 (11.23)	36 (10.75)
	n %	n %
Males	68 (99)	74 (96)
Ethnicity		
White	40 (56)	45 (60)
African-American	20 (28)	16 (21)
Hispanic	3 (4)	8 (11)
Other	8 (11)	6 (8)
Identifies as ...		
Spiritual	52 (75)	57 (78)
Religious	60 (85)	58 (77)

Clinician Administered PTSD Scale (CAPS) Total Scores

$F(1,144) = 4.12, p = .044$



Percentage of Veterans at Post-treatment Without PTSD Diagnosis

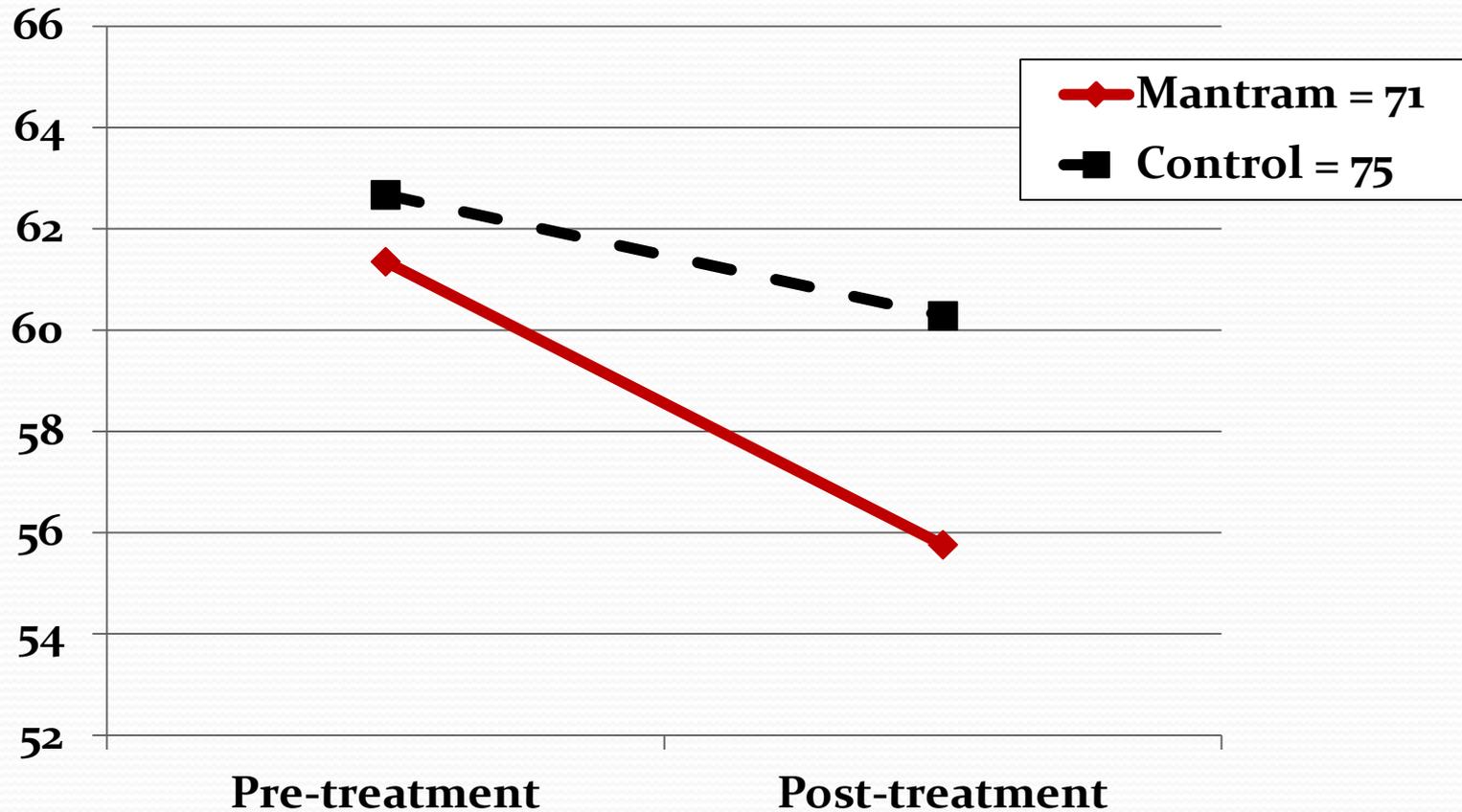


CAPS =
No
PTSD

$$\chi^2 (1) = 5.75, p = .016$$

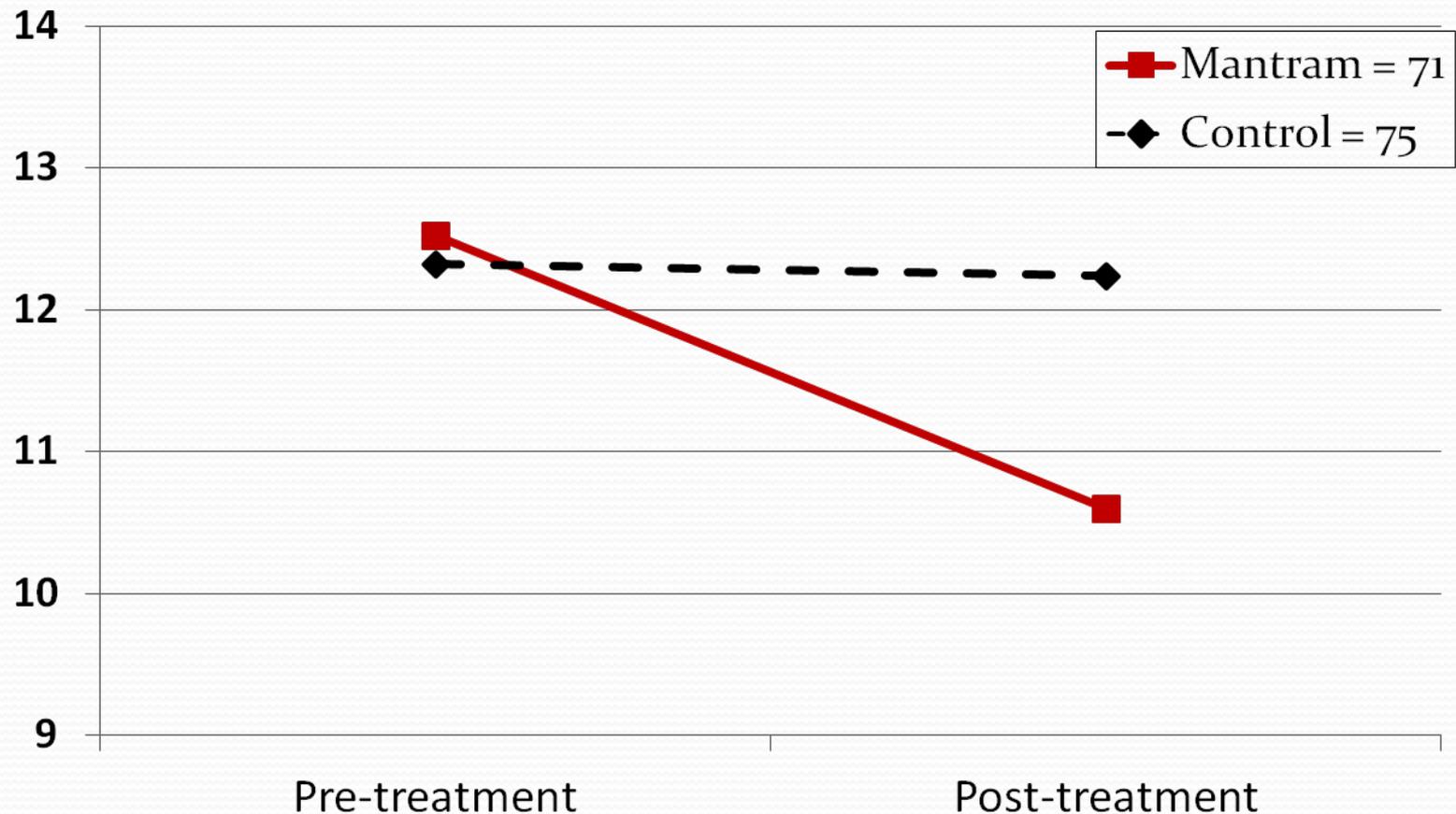
PTSD Checklist

$F(1,144) = 4.15, p = .043$



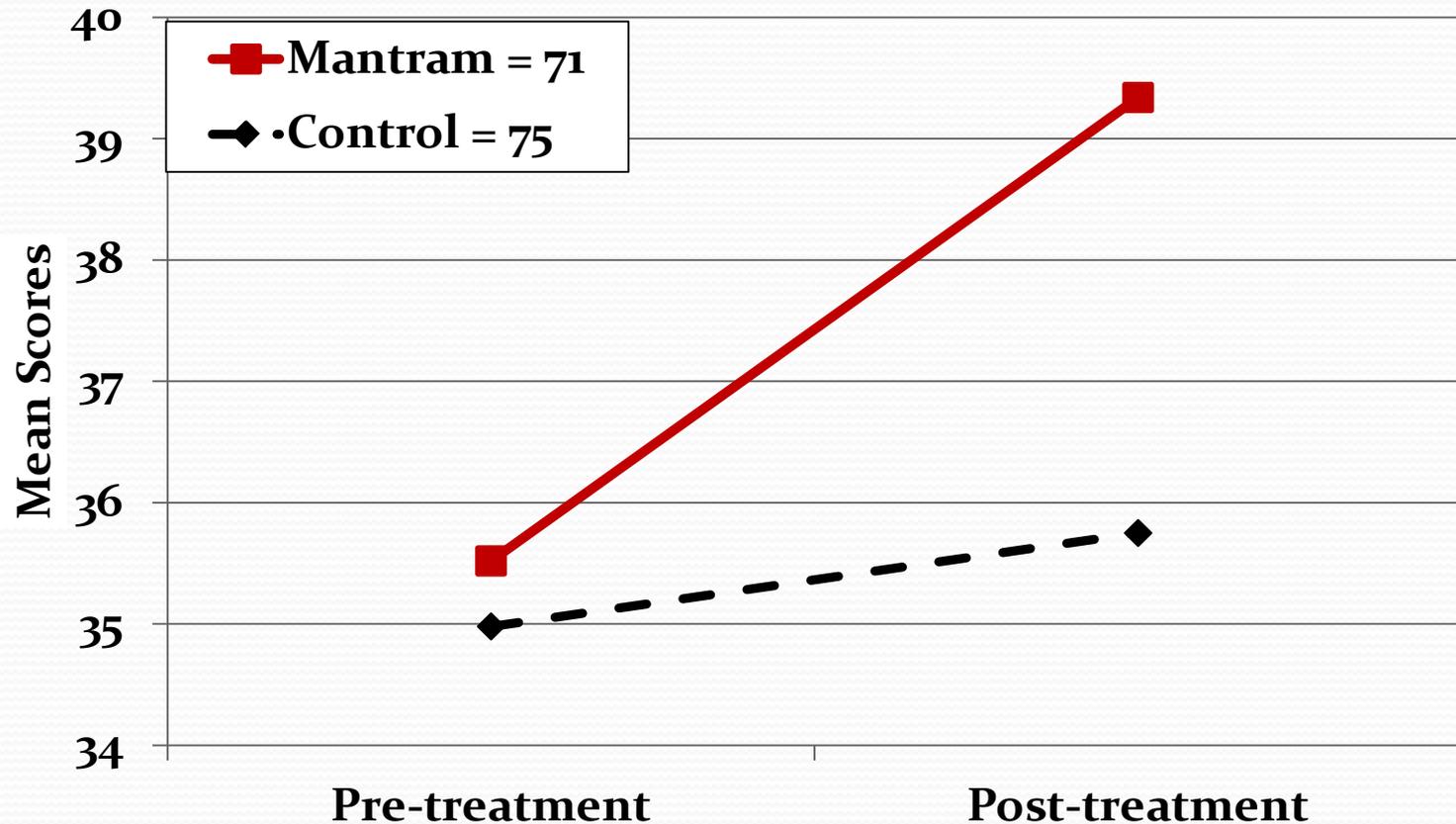
BSI-18 Depression Subscale

$F(1,144) = 7.90, p < .0001$



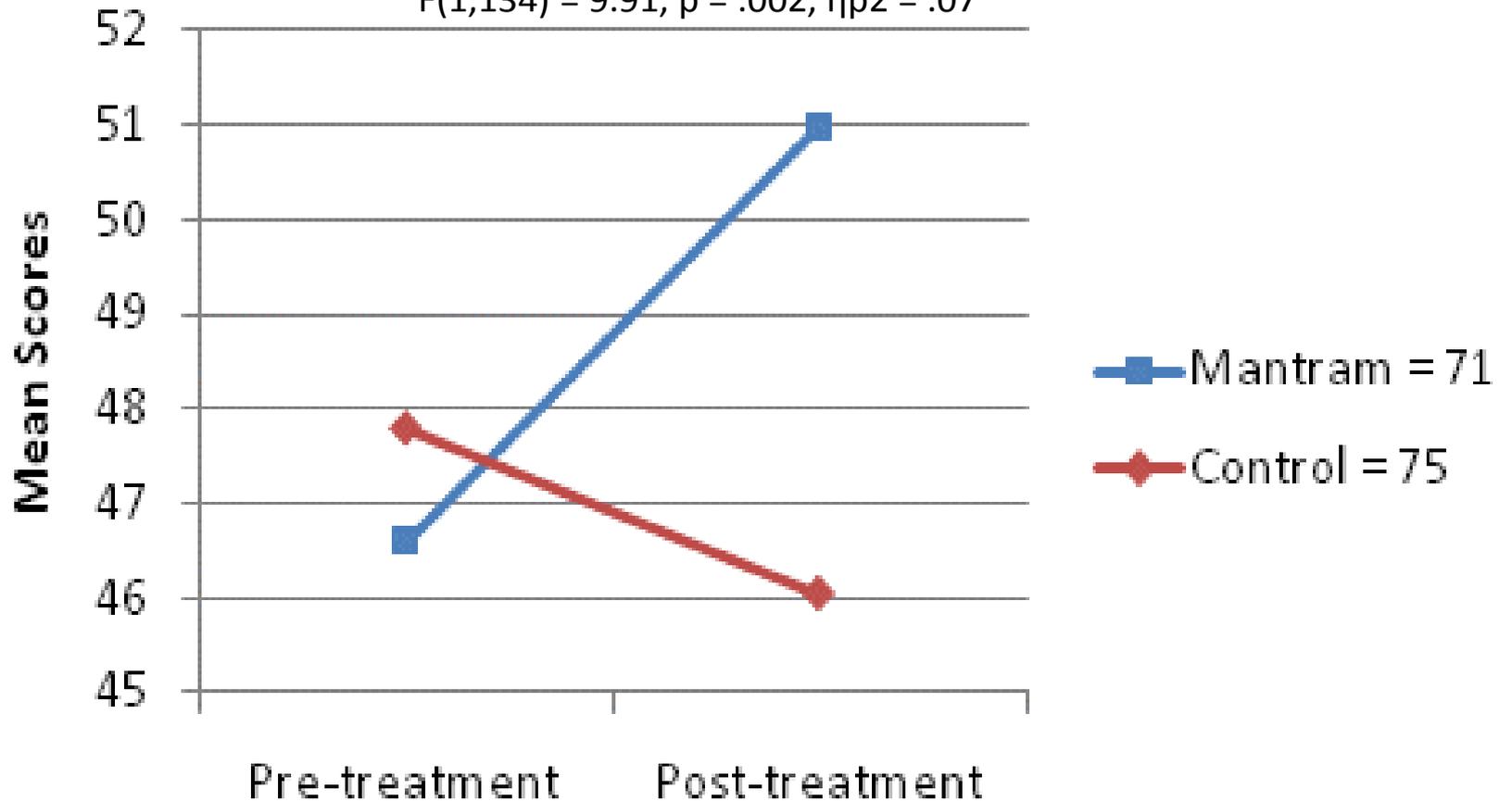
Quality of Life Enjoyment & Satisfaction

$F(1,134) = 9.33, p = .003$



Intent-to-Treat Mindfulness*

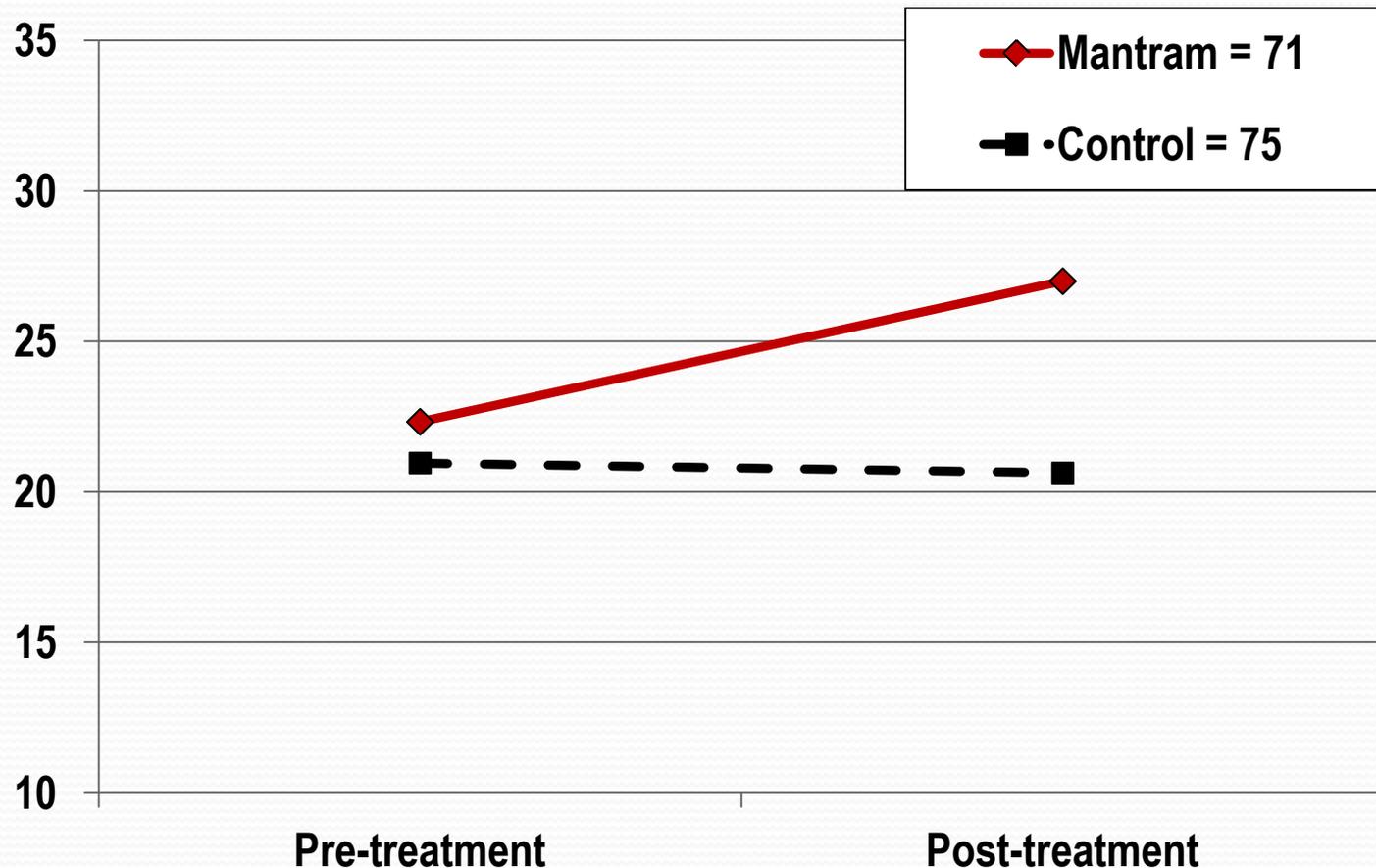
$F(1,134) = 9.91, p = .002, \eta p^2 = .07$



*Mindfulness Attention Awareness Scale

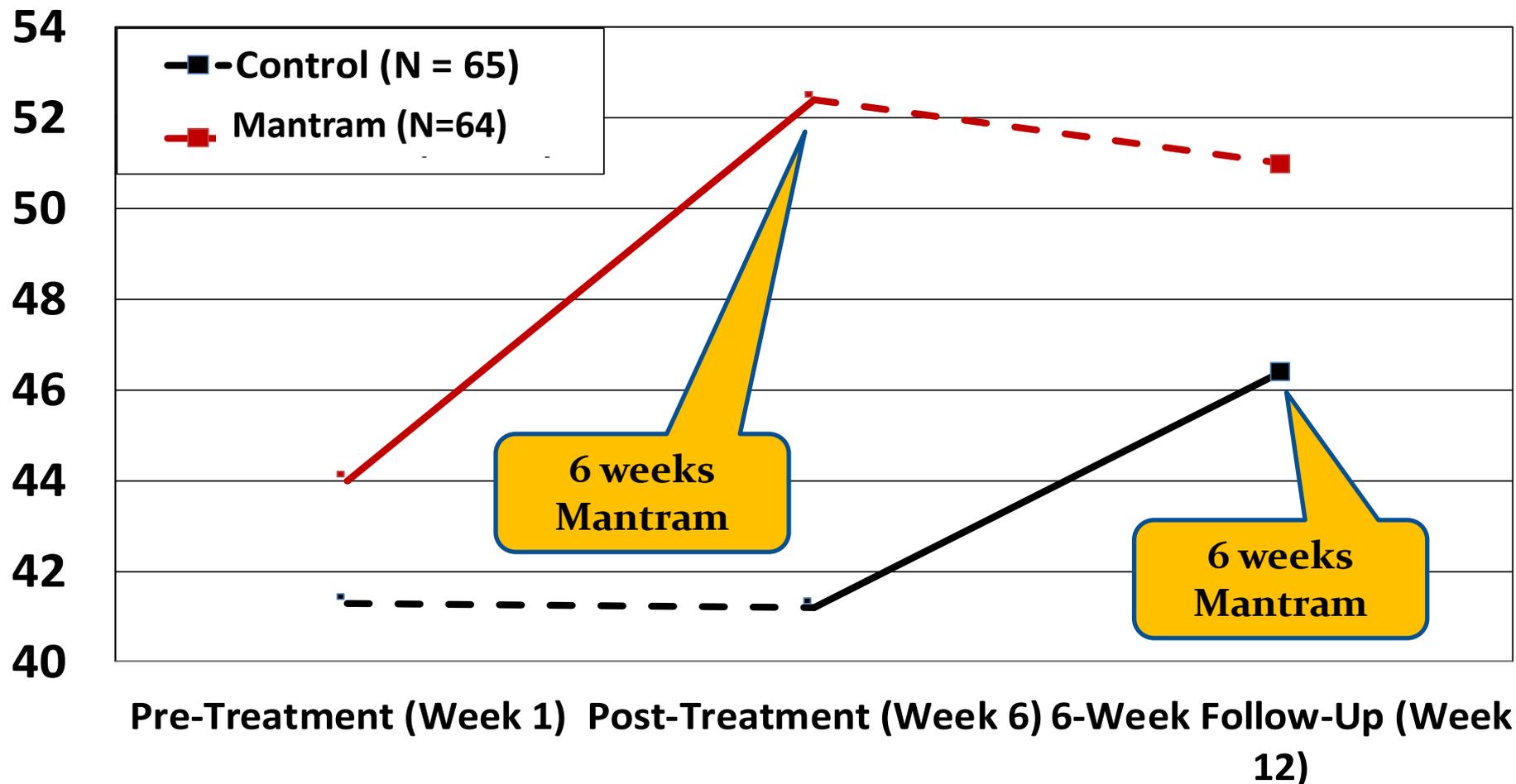
Spiritual Wellbeing (FACIT-Sp)

$F(1,144) = 23.85, p < .0001$



Mantram Improves SWB

$F(1,127) = 27.56, p < .0001$



Qualitative Interviews in Veterans

65 veterans interviewed
over phone at 3-months
post-treatment



Veterans with PTSD

“It’s given me *something to do* when it feels like there’s no hope--mantram repetition.”

“Helped me become *relaxed.*”

“Slowing down with the *mantram helps to be in the moment.*”

“Made me analyze my actions & thoughts and *helped me focus on more important issues in my life.*”

Limitations

- No active control to account for unspecified effects of group support
- Not generalizable to:
 - women Veterans
 - younger Veterans
 - PTSD with co-morbidities/TBI
 - acute PTSD symptoms

Next Steps

1. CSR&D funded clinical trial comparing individual Mantram to individual Present Centered Therapy
2. Demonstration project collecting heart rate variability data
3. Brain imaging study awaits funding
4. Office Patient Centered Care & Cultural Transformation Innovation Grant – Toolkits & healthcare worker courses

SAVE THE DATE: Thursday, June 27th
VeHU presentation (time TBD)

Future Plans

**Teach more providers & disseminate
Webinars/Live Meetings
2-Day Facilitator Training**

**Teleconference Delivery for Family
Caregivers**

Programs for Women Veterans & Families

Questions?



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A link to a brief (6-minute) talk on mindfulness programs for Veterans by David Kearney, MD. This talk gives a brief summary of what is taught in mindfulness courses, and why these courses are of importance to Veterans.

<http://www.youtube.com/watch?v=3hDHVAH1ksc&feature=plcp&context=C4a38670VDvjVQa1PpcFOv4q851C-ilwhxfKMaGicHCLqXxnCCRgg>

The link below is to a 30-minute documentary film, which follows five Veterans with PTSD as they progress through a Loving-Kindness Meditation class series. The classes are intended to teach kindness and compassion for self and others. These classes were offered as part of a research project at the Seattle VA, which came about as a result of working with Veterans with trauma. By cultivating positive emotions, Loving-Kindness Meditation might represent a method of working with emotional numbing and deadening that occur with chronic PTSD. The loving-kindness meditation classes met once weekly for 12 weeks, and were co-taught by David Kearney, MD and Carolyn McManus, PT, MA, MS. The film follows five veterans from the beginning to the end of one of a 12-week loving-kindness meditation courses.

<http://www.seattlechannel.org/videos/video.asp?ID=3171005>