

Safe: A Mindfulness Based approach in the treatment of Post Traumatic stress disorder in veterans.

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Background

Post-traumatic stress disorder (PTSD) is a disorder that affects many people who survive traumatic experiences. It can cause disabling symptoms including anxiety, a hyperalert nervous system, numbness, detachment, intrusive thoughts about the trauma and reexperiencing the memory – flashbacks. PTSD can be complicated by panic attacks, low mood and self-medicating with alcohol or drugs. Untreated PTSD can often lead to “secondary wounding” because of broken relationships, lost jobs and further trauma. Recent innovations in psychological treatments have integrated mindfulness meditation with cognitive therapies with promising results. Mindfulness Based Stress Reduction has been the most widely used and evaluated Mindfulness-based intervention (MBI) delivered in work with veterans. It has usually been offered not as a primary treatment for PTSD but as a structured format to promote recovery and resilience following on from treatment, as a method of working with persistent suffering and pain to enhance self-compassion, enhance well-being and improve quality of life. (Kearney et al, 2015)

There is growing interest in the use of MBIs in the treatment of trauma, and some quite compelling theoretical arguments suggest that it could be a useful adjunct to existing treatment. This presentation aims to explore adapting an MBI in the treatment of trauma and understanding of the Neuroscience of trauma & dissociation to inform an evidence based intervention.

Methodology

Based on a trauma focused cognitive therapy model, we have been piloting a trauma sensitive manual version of MBSR as a recovery approach for veterans with ongoing symptoms of PTSD.

Results & Conclusion

401 veterans completed a standardised 6-week residential treatment which included trauma focused CBT & Mindfulness. Treatment completion rates have been 94%, 6% dropout rate which compares favourably with a public 22-46% dropout. Of all included participants, 268 (67%) were successfully followed up. The primary outcome was severity of PTSD symptoms, secondary outcomes included depression, anger, anxiety, alcohol and social functioning. Significant reductions in PTSD severity were observed a year after treatment (PSS-I: - 11.9, 95% CI- 13.1 to -10.7. Reductions in the secondary outcomes were also reported. We have concluded that an adapted version of MBSR is feasible and shows promise in this difficult to treat population.