Complementary Therapies in Clinical Practice 22 (2016) 74–79

Contents lists available at ScienceDirect

Complementary Therapies in Clinical Practice

journal homepage: www.elsevier.com/locate/ctcp

Multi-site evaluation of a complementary, spiritually-based intervention for Veterans: The Mantram Repetition Program

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ARTICLE INFO

Article history:
Received 18 November 2015
Received in revised form
8 December 2015
Accepted 16 December 2015

Keywords:
Complementary therapies
Dissemination
Mindfulness
Program evaluation
Relaxation techniques
Veterans

ABSTRACT

Background: Mental and physical symptoms affect Veterans' quality of life. Despite available conventional treatments, an increasing number of Veterans are seeking complementary approaches to symptom management. Research on the Mantram Repetition Program (MRP), a spiritually-based intervention, has shown significant improvements in psychological distress and spiritual well-being in randomized trials. However, these findings have not been replicated in real-world settings.

Methods: In this naturalistic study, we analyzed outcomes from 273 Veterans who participated in MRP at six sites and explored outcomes based on facilitator training methods. Measures included satisfaction and symptoms of anxiety, depression, and somatization using the Brief Symptom Inventory-18; Functional Assessment of Chronic Illness Therapy-Spiritual Well-being questionnaire; and the Mindfulness Attention Awareness Scale.

Results: There were significant improvements in all outcomes ($p's < .001$) regardless of how facilitators were trained. Patient satisfaction was high.

Conclusion: The MRP was disseminated successfully yielding improvements in psychological distress, spiritual well-being, and mindfulness.

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1. Introduction

Complementary and integrative health (CIH) treatment modalities have become increasingly utilized in the Veterans Health Administration (VHA) over the past several years. According to a 2011 survey conducted by the VHA, meditation is one of the most widely used practices within the system [20]. It has been used to treat a variety of mental and physical health concerns, including but not limited to, posttraumatic stress disorder (PTSD), depression, anxiety, and chronic pain. New CIH interventions are being developed and tested empirically to understand their contributions to improving health outcomes in Veterans. One such program that has a growing body of research evidence that supports its efficacy for symptom management and spiritual well-being is the Mantram Repetition Program (MRP; [12]).

Although the MRP is novel because it encourages integration of one's spiritual beliefs [18], in addition to being a portable, mindful practice, it is also supported by well-established research on the relaxation response [2–4] and has been shown to improve psychological distress and spiritual well-being in a variety of groups [12]. In a mixed-methods randomized controlled trial of Veterans with PTSD, the MRP demonstrated reductions in PTSD symptom severity [11], improvements in spiritual well-being [8], increases in self-efficacy for managing PTSD symptoms [26], and increased levels of mindful attention awareness [10]. Furthermore, qualitative interviews conducted at 3-months post-treatment in 65 Veterans who completed the MRP indicated that mantram repetition practice was most effective for (a) “relaxing and calming down,” (b) “letting go of negative feelings,” and (c) “thinking clearly and rationally” [7]; p. 769). Other randomized clinical trials (RCTs; [6], qualitative studies [9], and quasi-experimental studies on MRP's

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http://dx.doi.org/10.1016/j.ctcp.2015.12.008
1744-3881/Published by Elsevier Ltd.

efficacy for reducing psychological distress and improving quality of life and spiritual well-being have shown benefits in a variety of patient and caregiver populations [12].

While Veterans have reported being receptive to CIH modalities [1,15,19,24,25], the widespread, systematic dissemination of these practices has been limited. Dissemination is challenging, especially within the VHA, the largest healthcare system in the United States. Given research that supports the efficacy of MRP for specific disorders, it is worthwhile to continue research on MRP to assess its effects trans-diagnostically and when delivered by different clinicians. As evidence accumulates supporting the efficacy of the MRP, it is imperative to find the most effective ways to widely implement it.

The purpose of this study was to evaluate the effectiveness of the MRP on selected health outcomes in Veterans from multiple VA sites. A secondary aim was to compare MRP outcomes based on two different methods of facilitator training: an "Apprenticeship model" or a "2-day Mantram Facilitator Training" to assess whether or not the type of facilitator training affects patient outcomes on psychological health, spiritual well-being, and mindfulness. Additionally, to examine acceptance of the MRP by Veterans, overall levels of satisfaction were assessed at the end of the 8-week program.

2. Methods

2.1. Participants and procedures

Interested clinicians across six VA sites representing geographical locations in one southwest region of the United States volunteered to facilitate the MRP. Interested Veterans (N = 273) volunteered to participate in the MRP. Veterans completed a short set of questionnaires including measures of psychological distress, spiritual well-being, mindfulness, and demographics. The same survey questions were administered at post-intervention to assess change over time, in addition to a patient satisfaction questionnaire. Because data were collected by different clinician facilitators who volunteered to do so over a period of four years, not all VA patients received the same questions. As interest in meditation and mindfulness grew during this time period, the Mindfulness Attention Awareness Scale [13] was added at a later time, explaining missing data for this questionnaire. The VA San Diego Healthcare System Research and Development Committee approved the use of these data for research purposes.

2.2. Measures

Demographic data included questions on age, gender, race, presence of a medical and/or psychiatric diagnosis, if ever diagnosed with PTSD (yes/no), if ever deployed and if so, how many times; if ever participated in a stress management course (yes/no); and type and frequency of participating in holistic practices. Not all facilitators used the same questions over time, providing an explanation for missing data.

2.2.1. Psychological distress

Psychological distress was measured using the Brief Symptom Inventory-18 Items (BSI-18), a highly sensitive self-report symptom inventory that screens for psychological distress and psychiatric disorders in medical and community populations [16]. Each of the 18 items is scored on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely), resulting in 3 subscale scores (anxiety, depression, and somatization) and a total score (Global Severity Index; GSI). Subscale scores range from 0 to 24 and the range for GSI is 0–72, with higher scores indicating greater severity of symptoms. A GSI score of 20 or greater represents a score in the 90th percentile of distress relative to community norms [16]. It has high internal consistency, with Cronbach's α ranging from .93 to .95 in our sample.

2.2.2. Spiritual well-being

Spiritual well-being was measured using the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being 12 item questionnaire (FACIT12-Sp), a valid and reliable measure of existential spiritual wellbeing. It is used to assess experiences of spiritual well-being over the previous week [27,28] and consists of a total score and three aspects of spiritual wellbeing: (a) sense of peace and harmony, i.e., "I feel peaceful," (b) meaning and purpose in life, i.e., "I have a reason for living," and (c) faith/assurance, i.e., "I know that whatever happens with my illness, things will be okay." Items are rated on a 5-point Likert scale ranging from 0 (not at all true) to 4 (very much true) with higher scores indicating greater levels of well-being. There is support for using the three subscales [21,28] and convergent validity estimates show moderate to strong correlations with other measures of spirituality and religiousness [27]. Internal consistency reliability coefficients ranged from .78 to .82 in our sample.

2.2.3. Mindfulness

Mindfulness was measured using the Mindful Attention Awareness Scale (MAAS; [13]). It consists of 15 items that assess frequency of mindfulness disposition over time. Respondents indicate how frequently they have experienced each statement using a 6-point Likert scale from 1 (almost always) to 6 (almost never), where scores range from 15 to 90, and higher scores reflect greater levels of mindfulness. In an attempt to control for socially desirable responding, respondents are asked to answer according to "what really reflects" their experience rather than what they think their experience should be [13]. The items are distributed across cognitive, emotional, physical, interpersonal, and general domains. It has high internal consistency, with a Cronbach's α of .90 in our sample.

2.2.4. Patient satisfaction with the MRP program

The Client Satisfaction Questionnaire (CSQ) is an 8-item, self-report questionnaire used to measure general satisfaction with healthcare services and mental health care in particular [23]. It has a high degree of internal consistency with Cronbach's α ranging between .90 and .94; in this sample, Cronbach's α was .89. Items were slightly modified to identify the intervention as the MRP.

2.3. The Mantram Repetition Program

The MRP includes three primary components: a) Mantram Repetition; b) Slowing Down; and c) One-pointed Attention. A mantram is a short, sacred word or phrase selected by each individual from a list of spiritual traditions [18]. The word "mantram" is used here to distinguish it from the more common, secular use of the word "mantra" which, in the United States, can mean the repetition of any thought, phrase, or sentence. A mantram is not a positive affirmation, slogan, or positive self-talk. In this context, it is a word/thought/vibration and mental cognition that embodies a sacred name. For some, the mantram is a more concrete, solid focusing object compared to the physical sensation of one's breath. Repetition of the chosen mantram is paramount to facilitate slowing down and one pointed attention. The practice of slowing down emphasizes the importance of pause time in day-to-day activities such as eating, driving, and communication. Finally, one-pointed attention encourages the individual to focus on one task at a time and to understand the potential detrimental effects of