



Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: A feasibility study



Cari Jo Clark^{a,b,h,*}, Angela Lewis-Dmello^{c,d}, Deena Anders^d, Amy Parsons^d,
Viann Nguyen-Feng^e, Lisa Henn^f, David Emerson^g

^a Department of Internal Medicine, University of Minnesota Medical School, Minneapolis, MN, USA

^b School of Public Health, University of Minnesota, Minneapolis, MN, USA

^c School of Social Work, University of Minnesota, St. Paul, MN, USA

^d Domestic Abuse Project, Minneapolis, MN, USA

^e Department of Psychology, University of Minnesota, Minneapolis, MN, USA

^f Division of Biostatistics, School of Public Health, University of Minnesota, Minneapolis, MN, USA

^g Trauma Center at Justice Resource Institute, Brookline, MA, USA

^h Center for Spirituality and Healing, University of Minnesota, Minneapolis, MN, USA

ABSTRACT

Keywords:

Domestic violence

Group psychotherapy

Mind-body therapies

Yoga

Community-based participatory research

This study is a feasibility test of whether incorporating trauma-sensitive yoga into group therapy for female victims of partner violence improves symptoms of anxiety, depression, and posttraumatic stress disorder (PTSD) beyond that achieved with group therapy alone. Seventeen (9 control, 8 intervention) adult female clients seeking group psychotherapy were enrolled.

A 12-week trauma-sensitive yoga protocol was administered once weekly for 30–40 min at the end of each group therapy session. The control group received typical group psychotherapy. Feasibility was assessed through recruitment and retention rates as well as participants' self-reported perceptions of the safety and utility of the study. The study enrolled 85% (17/20) of those screened eligible. Loss to follow-up was 30% (5/17). No one reported emotional or physical harm. All of the respondents reported that the study was personally meaningful and that the results would be useful to others.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

The prevalence of intimate partner violence (IPV) is high [1–4]. Approximately one in three women in the United States reports having experienced rape, physical violence, or stalking by an intimate partner in her lifetime [1]. Survivors of IPV suffer from high levels of depression, anxiety, and posttraumatic stress disorder (PTSD) [6]. Due to serious health consequences of IPV, several professional medical societies, such as the American College of Obstetricians and Gynecologists and the American Medical Association, recommend universal or routine screening for IPV. However, screening for, and detection of, IPV in the health sector is poor and many survivors are never identified [10–15,17]. Therefore, efforts to ameliorate the health effects of exposure to violence may be more effective if integrated into settings where survivors seek help,

such as community agencies providing victims'/survivors' support and therapeutic services.

1.1. Yoga and mental health

Several studies have shown that yoga, whether as an adjunct or primary intervention, reduces perceived stress [19–21], and symptoms of anxiety [19–25], depression [19,21,24,25], and PTSD [16,27,28]. Additionally, yoga has been associated with improvements in emotion regulation [29] and in feelings of self-efficacy [30]. In a review of 13 randomized control studies on the effectiveness of yoga, 10 yielded significant positive results for the reduction of psychiatric illnesses including schizophrenia, depression, and PTSD [31].

Studies that demonstrate yoga to be an efficacious intervention for depression and anxiety disorders also suggest it may be beneficial for survivors of trauma [32]. Preliminary research using a model of trauma-sensitive yoga, developed by the Trauma Center at the Justice Resource Institute in Brookline, Massachusetts, has shown a reduction in severity of PTSD symptoms and frequency of dissociative symptoms, and gains in vitality and body

* Corresponding author. Department of Internal Medicine, University of Minnesota, 717 Delaware Street SE, Suite 166, Minneapolis, MN 55414, USA. Tel.: +1 612 625 8849; fax: +1 612 626 6782.

E-mail addresses: cjclark@umn.edu, carijoclark@gmail.com (C.J. Clark).

attunement [16,35]. Though this yoga intervention has been demonstrated to be efficacious for PTSD and other mental health symptoms related to trauma exposure, it has not been empirically tested in the IPV population.

Very few studies have empirically tested whether yoga is effective at reducing mental health symptoms among IPV survivors. Franzblau et al. [30] demonstrated that yogic breathing alone and in combination with the act of giving testimony, reduced partner violence survivors' depressive symptoms more than the control condition. Another study [36] recruited women from a local yoga studio with the aim of testing whether various aspects of yoga practice mitigated the mental health impact of exposure to violence. In this study, experiencing violence as an adult and the frequency of yoga practice were independently related to dysfunctional coping but no formal test was conducted to ascertain if the relationship between violence exposure and coping was either mediated or moderated by yoga practice. In related research, the use of mindfulness-based stress reduction with IPV survivors with PTSD was shown to be feasible and acceptable to participants [37] and per an analysis of qualitative data, to result in a wide range of psychosocial benefits [38]. None of the studies examined the role of yoga among IPV survivors seeking group therapy, the format through which numerous survivors seek help. Therefore, further research on the effectiveness of yoga as an adjunctive therapy for IPV survivors seeking help is warranted.

1.2. The present study

This study tests the feasibility of a 12-week trauma-sensitive yoga intervention designed to improve the mental health of women receiving group therapy for IPV. Specific components tested included recruitment, safety, acceptability, and participant reaction.

2. Methods

2.1. Study design overview

The study followed a community-based participatory research approach (CBPR) [39,40] in its conceptualization and design and involved faculty at the University of Minnesota Medical School and staff at the Domestic Abuse Project (DAP), a Minneapolis-based community agency providing advocacy and psychotherapy for men, women, and children affected by domestic violence. The study was a 12-week prospective, two-armed feasibility study of trauma-sensitive yoga incorporated into group therapy versus group therapy alone. The main outcomes measured were depression, anxiety, and PTSD symptoms. The study population consisted of women who had sought group therapy at DAP. All group therapy sessions were conducted through DAP's 12-week Aftercare program. The Aftercare program is open to women who have completed DAP's 16-week Primary group therapy program.

2.2. Study participants

Eligible participants included females, aged 18 years or older, who had successfully completed DAP's 16-week Primary group therapy and were seeking services in DAP's Aftercare group. Potential participants were excluded if they were pregnant, unable to provide written informed consent, unable to read or write in English, had behavioral issues as observed by the Primary group therapist that would disrupt Aftercare therapy, or had an injury, heart condition, or other self-reported condition that would preclude them from participating in a mild exercise routine.

2.3. Study recruitment

Participants were recruited from DAP's client database, drawing from Primary group therapy completers from 2008 to 2012 who expressed interest in joining an Aftercare group. The identified individuals received a flier in the mail as well as a follow-up phone call about the upcoming Aftercare study groups. Those who expressed interest completed an intake interview including an assessment of whether the potential participant met inclusion criteria. If the potential participant did not meet the study criteria or was not interested in taking part in the study, she was offered referrals for similar programs in the community or individual therapy services at DAP. Those who expressed interest in participating in the study attended a more detailed information session at which time informed consent was obtained and the baseline questionnaire was administered.

2.4. Intervention protocol

The trauma-sensitive yoga [16] protocol was designed by the Trauma Center at the Justice Resource Institute in Boston, Massachusetts as an adjunct treatment for survivors of complex trauma. This form of yoga incorporates a series of postures and breathing that aim to strengthen the connection to one's self after the body has experienced a traumatic event, from combat to interpersonal violence. Trauma-sensitive yoga [34,41] adapts the environment in which the yoga is delivered in order to fit the needs of the client population, such as removing strongly suggestive language, deemphasizing posture intensity, emphasizing feeling, and eliminating hands-on assists from the teacher. In addition, four key themes are emphasized during the practice including: experiencing the present moment, making choices, taking effective action, and creating rhythms. The originally created protocol was designed to be administered during a weekly yoga class offered at a separate time from the participant's individual therapy session. However, the present study adapted the trauma-sensitive yoga protocol to be utilized during the course of weekly group therapy sessions.

The yoga protocol was administered at the end of each intervention group therapy session by a certified yoga instructor who had been trained in trauma-sensitive yoga by the Director of Yoga Services at the Trauma Center at the Justice Resource Institute. Study participants were led through a series of trauma-sensitive yoga forms (Table 1) for 30–40 min.

In principle, the control and intervention conditions differed only in the administration of the yoga protocol in the intervention group. Both psychotherapy groups were guided by a women's therapy manual developed at DAP and included a combination of psychoeducation and time for participants to process their experiences of domestic violence. The same group therapist led the participants in both groups, and both groups ended each session with the completion of study questionnaires. However, the psychotherapeutic portion of the intervention group had to be shortened by 15 min and the entire session was lengthened to 2 h and 15 min to accommodate the yoga protocol. The control group was approximately 2 h in length.

2.5. Group placement and study blinding

Availability sampling was used in order to place participants in either the trauma-sensitive yoga group therapy or the traditional group therapy conditions, with the former designated as the intervention group. The two 12-week group therapy sessions were conducted sequentially. The group therapist and yoga instructor referred to any breathing, stretching, and relaxation exercises as mind-body exercises in order to blind the participants to their

Download English Version:

<https://daneshyari.com/en/article/5865309>

Download Persian Version:

<https://daneshyari.com/article/5865309>

[Daneshyari.com](https://daneshyari.com)