

**Mindfulness-based stress reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence**  
**Dutton, M. A., Bermudez, D., Matás, A., Majid, H., & Myers, N. A. L. (2013)**

<b>Description of intervention</b>	Mindfulness-Based Stress Reduction (MBSR), a community-based intervention adapted for low-income, predominately minority women who are currently experiencing PTSD and depression. MBSR adapted for this population is a 10-week, 1.5 hour per week meditation-based group training consisting of 20 hours of instruction. MBSR instruction involves (a) formal meditation practices (body scan, gentle Hatha yoga, seated meditation, walking meditation), (b) informal meditation practiced during daily activities (e.g., eating, communication, driving, daily activities) and (c) mindful inquiry.
<b>What was the intervention designed to do?</b>	The intervention is designed to decrease emotional distress (measured as PTSD and depression) and increase mindfulness skills.
<b>Underlying conceptual or theoretical model(s)</b>	MBSR is based on systematic and intensive training in mindfulness meditation and mindful hatha yoga originally developed by Jon Kabat-Zinn, Ph.D., The primary intention MBSR is to create a structured pathway to relieve suffering and increase wellbeing for people facing a host of challenges arising from a wide range of medical and psychological conditions and the demands and stressors inherent in the everyday lives of human beings.
<b>Rationale for developing the intervention</b>	<p>The rationale for developing MBSR as a mindfulness-based intervention for emotional distress for individuals who experience emotional distress related to trauma experiences include:</p> <ol style="list-style-type: none"> <li>1. Current evidence-based trauma treatments are not effective for everyone</li> <li>2. Some existing trauma treatment approaches include an emphasis on negative experiences as the primary focus of therapy, making the treatments less acceptable for survivors</li> <li>3. There is a need for interventions that can address a broad spectrum of outcomes, not just reduction of symptoms.</li> <li>4. Mindfulness training can be offered in ways that circumvents the traditional mental health systems and the stigma that can accompany being treated as a mental health patient.</li> <li>5. Mindfulness training is consistent with an empowerment model of nonjudgmental acceptance of individuals' personal experience and of self-agency to continue the practices outside of formal training.</li> </ol>

<b>How did you involve survivors and/or advocates in the development of the intervention?</b>	The initial stages of treatment develop included focus groups and individual interviews with residents and directors of domestic violence and homeless shelters to consider feasibility and acceptability of MBSR for this population.
<b>Who is the intervention designed to help?</b>	The intervention is designed for women who have experienced intimate partner violence, although they may have also experienced other forms of interpersonal trauma (e.g., sexual assault, child abuse). The population from which the study sample was selected included low-income, predominately African American women.
<b>What are the eligibility criteria for the intervention study?</b>	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>• At least 18 years of age</li> <li>• Reported lifetime experience of intimate partner violence</li> <li>• Currently meet criteria for probable PTSD or depression</li> </ul> <p>Exclusion criteria</p> <ul style="list-style-type: none"> <li>• Hearing impairment that would interfere with participation</li> <li>• Manic episode within past 6 months, unmedicated</li> <li>• Psychiatric hospitalization within past 6 months</li> <li>• Current substance abuse</li> <li>• Current suicide ideation</li> </ul>
<b>Rationale for specific inclusion/exclusion criteria</b>	<p>Exclusion criteria were used to exclude any individual whose current emotional state was not sufficiently stable to safety experience mindfulness training.</p> <p>Inclusion criteria were included in order to include women who had at least one commonality in terms of trauma history and who were currently experiencing emotional distress in order to determine if MBSR was effective in improving these outcomes.</p>
<b>Study Design</b>	The study designed was a randomized control trial involving two arms (MBSR vs. Treatment as usual) with assessments at baseline, post-treatment and 3- and 6- month follow up.
<b>Outcome variables and Measures</b>	Primary outcome variables include PTSD (measured as total PCL scores), depression (measured as total CES-D scores). Secondary outcomes include mindfulness measured by the Five-Factor Mindfulness Questionnaire (FFMQ).
<b>Level of scientific rigor</b>	<p>Randomized control trial: Yes</p> <p>Appropriate outcome measures: Yes</p> <p>Active Control group (vs. wait-list or treatment as usual): No</p> <p>Effect size: Not reported</p>

<b>What adaptations were made specifically for IPV survivors?</b>	<ul style="list-style-type: none"> <li>• Informal risk assessment and safety planning at each assessment period</li> <li>• Included participants who already had access to advocacy services</li> </ul>
<b>Considerations and/or adaptations related to culture and identity</b>	<ul style="list-style-type: none"> <li>• Delivered intervention in the setting where the participants were living</li> <li>• Provided childcare and dinner to enable participation</li> <li>• Maintained secular approach to delivery of mindfulness to maintain compatibility with participants' current religious views</li> </ul>
<b>Considerations and/or adaptations related to experiencing multiple types of trauma (individual and collective)</b>	<ul style="list-style-type: none"> <li>• Recognized that participants' traumatic responses were potentially a product of multiple types of traumatic experiences</li> <li>• No expectation of discussing past traumatic events or experiences, only current present-moment experience</li> <li>•</li> </ul>
<b>What is the mode of delivery?</b>	MBSR was delivered in a group setting
<b>What were the key findings?</b>	<ul style="list-style-type: none"> <li>• Reductions in PTSD from baseline to posttreatment were significant greater for women who received MBSR compared to Treatment as Usual.</li> <li>• Reductions in depression from baseline to posttreatment were significant greater for women who received MBSR compared to Treatment as Usual.</li> <li>• More women in the MBSR groups reported PCL (PTSD) and CES-D (depression) scores below the clinically significant thresholds.</li> </ul>
<b>Author's reflection on study results/ findings</b>	<ul style="list-style-type: none"> <li>• These results warrant further consideration of mindfulness training as a feasible and effective intervention / practice for women who have experienced domestic violence and who are currently experiencing symptoms of PTSD or depression.</li> <li>• Next questions include the extent to which these results are maintained over time and the context in which these improvements impact the participants' lives is yet to be studied.</li> </ul>
<b>Implementation challenges and strategies for addressing those challenges</b>	<ul style="list-style-type: none"> <li>• Delivering MBSR to this population is challenging due to additional demands on these women's lives, including work, childcare.</li> <li>• The expectation of home practice is a consideration in order not to create a situation that is experienced as a failure, shaming or inadequate in some way.</li> </ul>

<b>What, if any, professional qualifications are required to deliver the intervention?</b>	Qualifications consistent with MBSR instructor training
<b>What intervention-specific training is required to use this model?</b>	MBSR teacher instruction
<b>In what settings has the intervention been delivered?</b>	MBSR has been delivered in a wide-variety of settings.
<b>Ongoing research regarding this intervention</b>	No
<b>Author's recommendations and reflections</b>	See Author's reflections, above
<b>Citations – article of intervention</b>	Myers N., Lewis, S., & Dutton, M.A. (2015). Open mind, Open heart: An anthropological study of the therapeutics of meditation practice in the US. <i>Culture, Medicine and Psychiatry</i> . Bermudez, D., Benjamin, M.T., Porter, S. E., Saunders, P., Myers, N.A. L. and Dutton, M.A. (2013). A qualitative analysis of beginning mindfulness experiences for women with Post-traumatic Stress Disorder and a history of intimate partner violence. <i>Complementary Therapies in Clinical Practice</i> , 19 (2), 104-8 DOI: 10.1016/j.ctcp.2013.02.004 Dutton, M.A., Bermudez, D., Matas, A., & Majid, H. (2013). Mindfulness-Based Stress Reduction with female chronic trauma survivors. <i>Cognitive and Behavioral Practice</i> . 20 (1), 23-32 DOI: 10.1016/j.cbpra.2011.08.003
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