3b. Trauma-informed mindfulness intervention for survivors of domestic violence and abuse with posttraumatic stress disorder

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Rationale:
Women who have experienced domestic violence and abuse (DVA) often develop post-traumatic stress disorder (PTSD). In collaboration with a group of DVA survivors with PTSD, we have adapted a standard mindfulness course for depression to fit the special treatment preferences and needs of abused women. This PhD opportunity offers an opportunity to finalise the adaptations with help from mental health professionals and DVA survivors and then test the adapted mindfulness therapy for PTSD in a small feasibility study (for which funding has already been secured) using both qualitative and quantitative approaches.

Mindfulness for trauma survivors is a developing specialism within the field of mindfulness-based interventions. Recent trials of mindfulness-based cognitive therapy (MBCT) for preventing depressive relapse found that the intervention was particularly beneficial for patients with a history of childhood trauma. Studies on psychoneurological targets for mindfulness identified processes that are particularly relevant to DVA survivors: increased attention to negative experience and reduced self-compassion. Trauma treatments which have been adapted to meet specific vulnerabilities of women survivors of DVA have been identified as ‘promising’ and evidence from pilots of mindfulness programmes for childhood sexual abuse and DVA showed positive effects. Mindfulness addresses some of the specific trauma-related symptoms associated with DVA, including avoidance, re-experiencing and reactivity. In addition to addressing the negative cognition and low self-worth which are the legacy of DVA, a mindfulness intervention adapted to DVA survivors addresses the particular way in which intrusive trauma memories are fragmented and poorly integrated. Traumatic memories may occur as a reaction to triggers that can be difficult to identify. Mindfulness can help identify the triggers and provide vital skills with which to respond, instead of reacting to what is being experienced. The group-based nature of this intervention also addresses some of the psycho-social consequences of DVA, including disrupted relationships, lack of support system, self-blame, mistrust and isolation.

Aims and Objectives:

Phase I. Development of a trauma-informed mindfulness intervention

Aim: to further develop a trauma-informed mindfulness intervention that is feasible and acceptable to this marginalised patient population.

Objectives
1. Elicit patients’ and professionals’ suggestions on final modification of the prototype trauma-informed mindfulness intervention and use them to inform any further modifications
2. Identify barriers and facilitators to implementing a trauma-informed mindfulness intervention for the treatment of PTSD in patients with experience of DVA

Phase II. Feasibility study

Aims: to determine (i) the feasibility and acceptability of a trauma-informed mindfulness
intervention for DVA survivors with PTSD and (ii) the feasibility and acceptability of a parallel group individually randomised controlled trial (RCT) of this intervention in primary care.

Objectives
1. Evaluate the acceptability of the intervention and trial procedures from the perspective of patients

Methods:

Phase I involves a qualitative study with key stakeholders. We will recruit mental health professionals (n = 15) and survivors of DVA with PTSD (n = 5) and discuss the prototype intervention in four focus groups. Data will be analysed thematically and used to inform the further refinement of the prototype trauma-informed mindfulness programme.

Phase II involves supporting the PI in the setting up and recruitment to a parallel group individually randomised 2-arm feasibility study.

The PhD candidate will collect quantitative data at face-to-face meetings at baseline, 3 and 6 months post-randomisation. All participants (N=36) will be invited to take part in a qualitative interview at 6 months post-randomisation to discuss their experiences of the intervention and participation in the study. Feasibility measures will be collected including data on eligibility, consent, recruitment and retention rates, completion rates of clinical outcome measures, dose of intervention; feasibility and acceptability of the intervention and trial design from the patients' perspectives.

References: