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Mindfulness Tools for Veterans With PTSD

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Mindfulness Training as a Coping Mechanism for Veterans with Post Traumatic Stress Disorder

Review of Literature and Measurement Tools
Amy Davison, Doctoral Student, HPELS

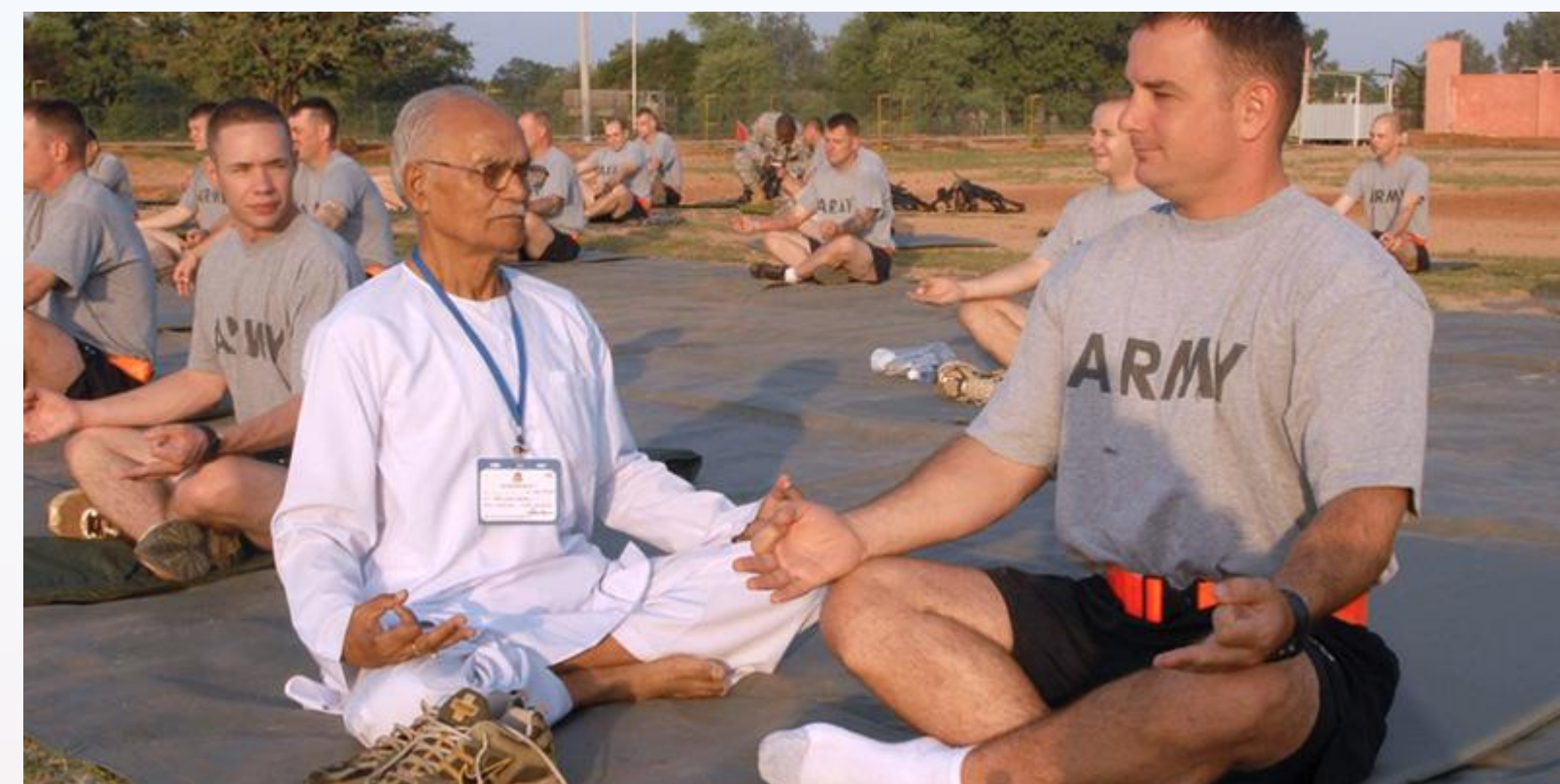
Background

Veterans Administration identified PTSD as a pressing medical issue for U.S. soldiers. Litz (2007) found that about 11-20% of veterans of the Iraq and Afghanistan wars have been diagnosed with PTSD. In addition, 10% of Gulf War veterans and 30% of Vietnam veterans also have a PTSD diagnosis (ptsd.va.gov 2014). Veterans who manifest chronic PTSD will struggle with this issue for life.

In addition, PTSD occurs in about 6 of every 10 (or 60%) of men and 5 of every 10 (or 50%) of women who experience at least one significant trauma in their lives. (Duax, Bohnert, Rauch, and Defever 2014; Yount, Olmert, & Lee 2012).

Barriers to seeking care in the military come in logistical and psychological arenas. Many veterans have negative attitudes about symptoms, disclosure of symptoms and motivation to seek care (Litz, 2007).

Regular mindfulness training may be a method Veterans with PTSD can use to decrease experiential avoidance, reduce arousal, rumination and anxiety, and foster emotion regulation.



Mindfulness Defined

Bringing complete attention to one's experiences occurring in the present moment, in a non-judgmental or accepting way. (Brown and Ryan, 2003, 2004; Kabat-Zinn, 1990; Linehan, 1993; Marlatt and Kristeller, 1999; Segal, Williams, and Teasdale, 2002).

Research Questions

1. Does regular mindfulness practice for veterans with PTSD decrease experiential avoidance, reduce arousal, rumination and anxiety?
2. Does regular mindfulness practice increase attentional flexibility to improve veteran's ability to reflect on emotions and improve emotion regulation
3. Does mindfulness training change the self-reported use of medication for veterans with PTSD?

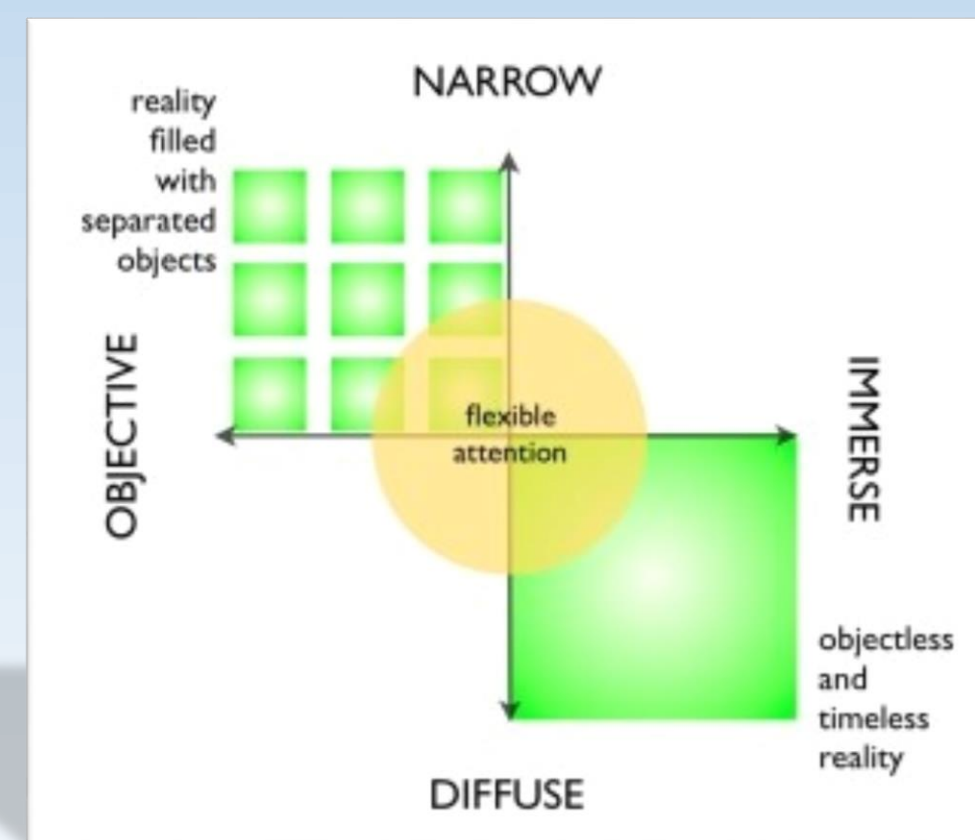
Attention Restorative Theory

(Kaplan and Kaplan, 1985)

Directed Attention plays an important role in human information processing. It is mental fatigue that has far reaching consequences. Attention Restorative Theory (ART) provides an analysis of various experiences that lead to recovery from such fatigue or PTSD symptoms.

Open Focus Attention Theory

(Fehmi and Robbins, 2008)



Open Focus Attention includes diffuse, narrow, objective, and immersed forms of attentions all occurring more or less equally and simultaneously with a concurrent awareness of their presence. The ultimate goal of Open Focus Attention Theory training is to attain the attentional flexibility to move freely among and with attention styles. Open Focus Attention Theory may be useful in identify mindfulness therapies for Veterans with PTSD.

Social Support Theory

(Lahey and Cohen, 2000)

Social Support research investigates how social relationships influence one's cognitions emotions, behavior and biology. Three theoretical perspectives include:

1. *Stress and Coping* contributes to overall health by assisting people with the adverse health effect of stress.
2. *Social Constructionist* directly influences health by promoting self esteem and self regulation based on your social environment.
3. *Relationship Health* is effected by one's companionship, intimacy, and low social conflict. Social Support Theory can assist Veterans in developing meaningful relationships to allow for reduction in the stress from PTSD.



Mindfulness Measures

Self-Report Assessment methods used to explore facets of mindfulness.

- **The Mindfulness Attention Awareness Scale (MAAS)** (Brown and Ryan, 2003). A 15-item instrument that measures the general tendency to be attentive and aware of present moment experience in daily life. Single factor substructure with a single total score. Using a 6-point Likert scale. Coefficient alpha of .82.
- **Freiburg Mindfulness Inventory (FMI)** (Buchheld, Crossman & Walach, 2001). A 30-item instrument assessing nonjudgmental present-moment observation and openness to negative experience. Best used with experienced meditators. Items are rated on a 4-point Likert scale. Authors suggest the scale be interpreted unidimensionally using a single score. Internal consistencies of .93 and .94.
- **The Kentucky Inventory of Mindfulness Skills (KIMS)** (Baer, Smith and Allen, 2004). A 39-item instrument that is designed to measure four elements of daily mindfulness: observing, describing, acting with awareness, and accepting without judgment. Items are rated on a 5-point Likert scale. Internal consistencies range from .76-.91 for the four subscales.
- **The Cognitive and Affective Mindfulness Scale (CAMS)** (Feldman, Hayes, Kumar and Greeson, 2004; S.C. Hayes Feldman, 2004). A 12-item inventory designed to measure attention, awareness, present-focus, and acceptance/non-judgment with respect to thoughts and feelings in general daily experience. Items are rated on a 4-point Likert scale. Internal consistencies of .74-.80.
- **The Mindfulness Questionnaire (MQ)** (Chadwick, Hember, Mead, Lilly, and Dagnan, 2005). A 16-item instrument assessing a mindful approach to distressing thoughts and images. Items are rated on a 7-point Likert scale. Items represent four aspects of mindfulness: mindful observation, letting go, non-aversion, and non-judgment. Internal consistency of .89 and a significant correlations with the MAAS (F=.57).
- **Five-Factor Combined Questionnaire** (Bare, Smith, Hopkins, Krietemeyer, Toney, 2006). Authors conducted a hierarchical confirmatory factor analysis of the five scales listed above. Authors found the following facet structures of mindfulness.
 - Factor 1. Non-reactivity to inner experience ,
 - Factor 2. Observing/noticing/attending/to sensations/perceptions/thoughts /feelings
 - Factor 3. Acting with awareness/ automatic pilot/concentration/non-distraction
 - Factor 4. Describing/labeling with words
 - Factor 5. Non-judging of experience