

Trauma Sensitive Yoga as a Treatment for PTSD in Women Veterans

This study aimed to address the need for treatment options and barriers to care by investigating a non-trauma-focused treatment option for women Veterans with Post-Traumatic Stress Disorder (PTSD) related to military sexual trauma (MST). This study has several implications for future trauma treatments as well as the injury and violence prevention field. Findings support TCTSY as a viable treatment option in a clinical setting. TCTSY has potential to serve as an intervention to increase patient participation which is an ongoing issue in VA. The predominantly African American sample broadens the findings to understudied populations as well.



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Methods: A five-year randomized controlled trial was conducted at the Atlanta VAHCS where 103 women Veterans, predominantly African American women (90%), participated in weekly group sessions of Trauma Center Trauma-Sensitive Yoga (TCTSY) (n=58) or cognitive processing therapy (CPT) (n=45). PTSD diagnosis and symptom severity, including overall PTSD and four symptom clusters were assessed using the Clinician Administered PTSD Scale-5 (CAPS-5) and the PTSD Checklist for DSM-V (PCL-5). Overall PTSD and associated symptoms such as depression, chronic pain, functioning and quality of life, as well as outcomes related to mechanisms of action yoga, including cytokines and heart rate variability were also measured.

Findings:

- Both groups had clinically meaningful decreases (≥ 10 points) in total PTSD symptom severity and all four symptom clusters on the CAPS-5 and PCL-5 over time
- Effect sizes for total symptom severity were large for TCTSY and CPT.
- The TCTSY symptom trajectory of earlier (mid-intervention) and continuous symptom improvement differed from the CPT trajectory, in which symptoms did not significantly improve until two weeks post-intervention. (See figure 1)
- Treatment completion was higher in TCTSY (60%; $\geq 7/10$ sessions) than CPT (38%; $\geq 8/12$ sessions).

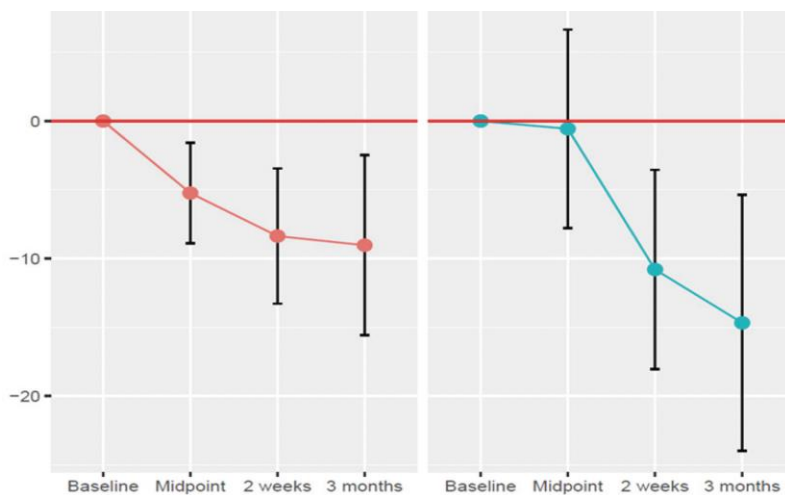


Figure 1. Trajectory of improvement from baseline to 3 months; right is TCTSY, left is CPT.

Discussion: This study reveals how TCTSY performed equivalently to CPT, a current gold-standard treatment, and supports the use of TCTSY as a viable and effective PTSD treatment option for women Veterans with MST-related PTSD. There is promise that TCTSY can also serve as an intervention to increase patient engagement and retention in PTSD treatment within the VA. Overall, TCTSY is less-costly, easier to deliver, lacks barriers posed by trauma-focused psychotherapy, and is scalable. Future research should further examine TCTSY in a multi-site implementation science study to evaluate the feasibility, implementation, patient engagement, intervention fidelity, treatment completion, and clinical outcomes.