

Complementary Health Approaches for Healing Trauma: A summary report of the peer-reviewed literature



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The full study can be found at: www.georgefamilyfoundation.org/catalyst-initiative

BACKGROUND

The public health impact of psychological trauma exacts a large toll on those who experience it, on people close to them, and society as a whole.

Stemming from events or circumstances experienced as physically or emotionally harmful or life threatening, trauma can result in significantly diminished mental, physical, social, emotional, and spiritual well-being; leading to lost productivity, function and social participation.

An estimated two-thirds of American adults have experienced one or more potentially traumatic exposures in their lifetime. While there are effective conventional trauma-focused therapies available, many individuals have no access to them or for financial or cultural reasons do not utilize them. This prevents a substantial number of trauma survivors from receiving the care they need.

Complementary health approaches (CHA) have the potential to fill an important gap in trauma-based care. Encompassing a wide range of modalities and practices generally aimed at enhancing overall wellbeing, CHA offers a low-risk entry into trauma care.

PURPOSE AND METHODS

Our goal was to summarize the existing peer-reviewed literature on the use of CHA for addressing post-traumatic stress symptoms, anxiety, and depression in adults suffering from psychological trauma. Searches were limited to electronic databases only.

Studies were selected if they were in a peer-reviewed journal and addressed the general research question of: What is known from the existing literature about the use of CHA for healing adults suffering from psychological trauma?

Studies included met the following criteria:

- ▶ **Intervention:** used complementary health approaches that can be delivered in a community setting, with an emphasis on mind-body approaches,
- ▶ **Population:** were adults, 18 years and older, who are suffering from some form of psychological trauma,
- ▶ **Outcomes:** presented evaluated outcomes related to healing trauma, with an emphasis on post-traumatic stress symptoms, depression, and/or anxiety.

Two reviewers identified studies by screening study titles and abstracts and then examining the full text of those selected.

RESULTS

The initial search yielded 3,577 citations; 248 of these were included in the scoping and 28 were included in the final review.

From the 248 abstracts, we found a broad distribution of types of trauma in the existing literature. More than half were interventions to address PTSD symptoms, with 31% focused on military populations and 22% on general populations. Over one-quarter of the studies examined populations with trauma due to violence or abuse (physical or sexual). While 9% focused on women experiencing domestic violence, 8% focused on adults with childhood physical or sexual abuse histories, and 8% focused on interpersonal physical or sexual violence.

Below is a summary of the key findings by intervention type and by type of trauma addressed.

Of the 28 specific studies that met the inclusion criteria for the final review, 15 were randomized controlled trials and 11 were single intervention studies with no comparison group. Gender distribution varied across studies, with the percentage of female participants ranging from 3% to 90% in the mixed gender studies; eight studies enrolled 100% women. The military populations were predominantly men, while

the community populations were predominantly women. Participant ages across the 28 studies ranged from 18 to 83 years, with study-specific mean ages from 27.5 to 62.2 years.

Caucasian participants formed the largest group in 21 of the 28 studies, comprising 44% to 86% of the study populations overall. African-American participants ranged from 2% to 50%, Hispanic and Latino/a participants from 3% to 26%, Asian and Pacific Islander participants from 2% to 14%, and American Indian/Alaska Native participants from 2% to 8%.

The most commonly addressed types of trauma were military-related PTSD and interpersonal violence trauma, especially in the form of domestic violence. PTSD not specific to the military was addressed by four studies. Two studies addressed childhood sexual abuse and one addressed vicarious trauma in mental health workers.

Mind-body practices comprised the vast majority of the CHA interventions, with mindfulness-based stress reduction (MBSR) and yoga being the most commonly addressed.

Other CHA examined in the identified studies included mindfulness, meditation, mantra repetition, acupuncture, music therapy, mindful breathing, yogic breathing, giving testimony, healing touch, guided imagery, applied muscle relaxation, mind-body bridging for sleep management, and self-directed practice of general mind-body techniques.

The outcomes most focused upon were PTSD symptoms, followed by depression and anxiety. Others included mindfulness skills, emotional regulation, and indicators for both negative (e.g., anger, hostility) and positive (e.g., resilience, self-esteem) emotional and cognitive traits.

Nearly all studies found evidence of post-intervention reductions in PTSD, depression, and/or anxiety.

The CHA interventions were generally well accepted.

RECOMMENDATIONS

- ▶ There is a gender divide in terms of the type of trauma and the setting studied. There is a need to better understand how to address all trauma types in males and females, as well as those who identify as other.
- ▶ Non-Hispanic white populations are overrepresented in the identified studies. American Indian, Asian, and Native Hawaiian/other Pacific Islander, as well as immigrant populations, are especially under-represented in the current research and warrant further study.
- ▶ Attention is needed to address the accessibility of CHA. For example, MBSR programs are most often very structured and time intensive making it difficult for many people to participate. Consideration must be given to offering flexible, affordable, and non-traditional delivery of CHA that accommodate those most in need.

- ▶ Results of the majority of CHA studies are promising, especially for PTSD and mental health-related outcomes. However, only a small percentage of studies addressed other important measures, such as quality of life and wellbeing. Future work should explore additional outcomes that are potentially meaningful to trauma survivors, family and community members.
- ▶ Additional emphasis should be placed on future partnership and capacity-building in community settings where novel interventions are already taking place. These innovations require rigorous implementation and evaluation to enhance long-term sustainability, as well as dissemination to broader audiences to widen understanding and scale successful practices.

CONCLUSIONS

The research available suggests:

CHA have a promising role to play in healing trauma, either as an adjunct to conventional care, or as a gateway to healing among individuals who are unable or prefer not to access conventional approaches.

This is particularly the case for a range of mind-body approaches, which target many of the symptoms of trauma sufferers.

Further attention is needed, especially in the form of high quality research, in a broader range of populations and community settings in order to fully realize the potential of CHA for healing trauma.



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