The GIFT Study

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**The GIFT Study –
Guided Imagery For Trauma**

The following is excerpted from a telephone interview I had with Jennifer Strauss, PhD, Assistant Professor at Duke University in Durham, NC. We discussed her recently completed 12-week open trial utilizing Imagery with persons suffering from Post Traumatic Stress Disorder (PTSD). Jennifer began to study and offer Imagery because of her mentor. "She was such an amazing woman." Her mentor was a staunch empiricist and mental health researcher who initiated research collaborations with Belleruth Naparstek.

What were the Hypotheses for this study? The first hypothesis was that our intervention would decrease PTSD symptoms and the second, since it was a self-administered protocol, was that the intervention could be feasibly administered in a VA hospital setting.

Who were the participants? We studied 15 women veterans whose PTSD was related to sexual trauma that occurred during their military service. The average age was 51. All were suffering from ongoing symptoms of PTSD. 93% were taking psychiatric medications (dosages stabilized for at least 3 months prior to enrollment). 72% were undergoing individual psychotherapy. 43% were in group therapy as well. These women were referred to the study by their mental health clinicians.

To confirm participants' diagnosis of PTSD, we used the Clinician Administered PTSD Scale, a clinical assessment tool that generates both a clinical diagnosis and an overall symptom severity score. We also administered a PTSD self-report measure.

What was your intervention? We used Belleruth Naparstek's 25 minute "Healing Trauma" audio. The first 8-10 minutes of the audio focuses on relaxation skills and the last 2/3 are trauma focused. We asked the women to listen only to the relaxation part for the first two weeks to build their relaxation and emotion regulation skills. In weeks 3 through 12, they alternated the full tape with the relaxation piece.

In addition, each woman was partnered with a clinician (different from their referring clinician). The role of the new clinician was as coach or collaborator. The message delivered was meant to stimulate self-care and the women's innate resources and abilities for self-empowerment in dealing with their symptoms of PTSD. They met twice in the twelve weeks; one hour for a baseline session and then at midpoint in the study. There were also weekly phone conversations to encourage and support the participants throughout the 12 week study.

The clinician had a role in meaningful goal development to help the women find purpose and mission and where to put their energies. They tracked the participants' progress. They taught participants how to schedule a 25 minute audio into their already full lives. The coaching role was to enhance motivation and adherence, help the women to focus their use of the self-administered audio, and to provide encouragement and support.

What were your results? There was a significant decrease in PTSD symptoms. This result held when we analyzed "completers" (those who completed the entire 12-week therapy) as well as for the entire study sample, including those who dropped out prematurely. We also computed "effect size", a standardized measure of change that allowed us to compare our results to other studies. Our effect size in this preliminary study was consistent with what has been reported in the literature for individual cognitive behavioral therapies that are aimed at modifying maladaptive thoughts, beliefs and behaviors. "What was interesting to me," Jennifer noted, "is that our results reflected only five hours of the therapist's time per patient, as compared to the much higher level of provider contact required for individual therapy."

Anecdotal observations: Some women definitely were uncomfortable with the trauma piece of the audio, but the discomfort was manageable. Some women experienced more symptoms initially, but then their symptoms began to improve. Jennifer said, "There's something very powerful about sending a message to a victimized population that there's a lot they can do to take care of themselves."

What other studies do you have in the hopper? Right now, again, in a sample of women veterans who sustained sexual trauma during their service. we're doing a randomized control trial of Guided Imagery versus a control condition. We have modified our Guided Imagery intervention slightly. The women now re-

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ceive two audios, the Healing Trauma audio as well as two tracks (30 minutes total) of Belleruth Naparstek's *Relaxation and Wellness* audio. As before, we ask participants to listen only to the relaxation audio for the first two weeks of the study. Thereafter, they alternate between the relaxation audio and the full Healing Trauma audio. Our control group also receives two 30 minute audios (the background music used in the Guided Imagery audios), two face-to-face sessions with the clinician and weekly telephone calls. Although matched for amount of contact with the therapist, in the control group the type of contact with the therapist is limited to purely supportive therapy versus the collaboratative/coaching style of interaction used with the GIFT group. All participants will undergo functional magnetic resonance imaging (fMRI) scans at pre- and post treatment to examine potential improvement in frontolimbic brain function following the Guided Imagery treatment. We will also include blood draws to measure endogenous hormones called "neuroactive steroids" that are associated with stress and anxiety. We have hypothesized that these neurochemicals will be altered following Guided Imagery.

We are also conducting another open trial of the Guided Imagery intervention with veterans with combat-related PTSD, predominately men. We will be using the same intervention, but without the scans or hormone level testing. As this is the first time we will be extending the intervention to men or to those with combat trauma, we have open-ended questionnaires to gather qualitative feedback from participants at the end of treatment. The name has been changed from GIFT to Self Management Audio for Recovery from Trauma (SMART).

Any closing comments? "Patients with chronic PTSD are a challenging – and rewarding – group to work with clinically. Our patients are often resistant to treatment and many have been struggling for decades with PTSD. Although more work needs to be done, we are excited about our early results showing a significant decrease in PTSD symptoms. Frankly, any positive movement is encouraging in this patient population."

Dr. Strauss is a clinical psychologist who completed her training at the University of Miami and Duke University. She is Assistant Professor of Psychiatry and Behavioral Sciences at Duke, a Health Scientist and Research Career Development Awardee at the Center for Health Services Research in Primary Care, and an Investigator with the Mid-Atlantic Mental Illness Research Education and Clinical Center. Her major research interests include the development of self-management, mental health interventions, complementary-alternative interventions, and the role of the doctor-patient relationship in treatment outcomes. Her primary content areas of interest include posttraumatic stress disorder, depression, personality disorders, positive health and emotional wellness. Dr. Strauss is the principal investigator of the GIFT study. She resides in Chapel Hill, North Carolina with her husband, two stepchildren, four cats, and one very large dog.

Mercy Tears

Juliet Rohde-Brown, Ph.D

My special Imaginary place has a grotto where a goddess of Compassion emerges as a light being. Her light holds for me an integration of many of the world's goddesses, but particularly Kwan Yin (featured in artist's depiction on our cover), for mercy is her postulate.

Cognizant of what Carl Jung said, "One does not become enlightened by Imagining figures of light, but by making the darkness conscious," I reflect that my Imagined light does not simply represent ascending out this world, but of descending to my roots in this life and in my body. Jung's wise words resonate for me as I know that my own path of healing commenced when I was ready to begin to face my own shadow aspects with acceptance and a heart open to self-forgiveness.

In the early 1990's, I was introduced to Metta meditation, also referred to as Lovingkindness meditation. This meditation involves visualizing an Image of a loved one (or animal or place) in front of you with an open and loving heart. You offer lovingkindness back, then focus on your own reflection in front of you with a wide open heart. You continue by exchanging this love with family members, friends, mentors, co-workers and one who with whom you are feeling hurt or angry. The meditation involves staying with the feeling of love and extending it toward this person in the present moment regardless of the circumstances of the actual event without condoning any

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