**Introduction**

The impact of trauma is one of the most important public health issues we face as a society. Those who develop posttraumatic stress disorder (PTSD), have elevated rates of mortality, morbidity, and health care utilization. Primary care patients commonly have troubling symptoms of PTSD, yet are very unlikely to seek mental health treatment. Alternative treatment approaches and delivery models are needed to adequately address barriers to receiving specialty mental health treatment. Mindfulness training is one such approach. Mindfulness Based Stress Reduction (MBSR) has been shown to decrease stress, depression, and anxiety which are often comorbid with PTSD. Figure 1 models how mindfulness training may reduce psychosocial dysfunction and increase treatment engagement. Peer Support Specialists may also help individuals overcome barriers to engaging in mental health treatment. In Veterans Health Administration (VHA) Peers are veterans trained and certified to use their own experiences to help other veteran patients focus on living a meaningful life with or without chronic illness.

**Figure 1: Conceptual model**

- **Potential Mindfulness Mechanisms**
  - Attentional Control
  - Present Focus
  - Increased control over thoughts and memories
  - Increased emotional and cognitive awareness
  - Increased bodily awareness
  - Non-judgement and acceptance
  - Reduced guilt and shame
  - Encourages distress tolerance
  - Decreased avoidance

**Aim**

- Gather feedback from experts in veteran care, PTSD, and VHA services to refine a brief mindfulness treatment manual.

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**Participants & Procedures:**

- 32 VHA mental health providers and 5 peer support specialists participated in 4, 90-minute mindfulness classes led by a certified MBSR instructor.

**Figure 2. Occupation**

![Occupation](image)

- 35% social worker
- 11% researchers
- 19% psychologists
- 14% counselors
- 5% RN

**Figure 3. Mindfulness classes**

- Class 1 stress reactivity
- What is mindfulness?
- Class 2 perception and creative responding
- Class 3 interpersonal communication, expressing feelings
- Class 4 turning toward our stressors, making practice your own

**Each class includes:**
- Breath work
- Body scan
- Yoga postures
- Meditation with mindful inquiry

**Summarized Survey Feedback**

<table>
<thead>
<tr>
<th>Most Helpful Parts</th>
<th>Least Helpful Parts</th>
<th>Decreasing PTSD</th>
<th>Active Role in Recovery</th>
<th>Meaningful Life</th>
<th>Social Integration</th>
<th>Recruitment</th>
<th>Facilitator Roles</th>
<th>Special Peer Roles</th>
<th>Transition to other Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variety of practices allowing choice</td>
<td>Overly complex or demanding yoga poses</td>
<td>Psychoeducation on how mindfulness helps PTSD symptoms needs to be incorporated</td>
<td>Emphasize patients control over how mindful they are when they practice, it is personal and portable</td>
<td>Teaches acceptance of emotions and thoughts rather than needing to fix things before living</td>
<td>Mindfulness improves listening and appreciation of others</td>
<td>Have providers (including PCPs) directly recommend this to patients</td>
<td>Must have personal mindfulness practice</td>
<td>Reduce stigma</td>
<td>Frame as continuing mindfulness training</td>
</tr>
<tr>
<td>Body scan and mindful eating</td>
<td>Meditation too long</td>
<td>Plan for what to do if flooding/flashback occurs during meditation</td>
<td>Make expectation clear—it’s not a quick fix, you have to put in effort</td>
<td>Review homework so there is accountability</td>
<td>Allows people to recognize thoughts, emotions, sensations, and then choose a behavior rather than being reactive</td>
<td>Mailings that use bullets to detail possible benefits and what to expect</td>
<td>Instruction, psychoeducation benefits of practice</td>
<td>Serve as model in class</td>
<td>Discuss next steps of treatment with peer individually</td>
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<tr>
<td>Attention to present sensations</td>
<td>Only four classes (n=3, modification not made)</td>
<td>Choose trauma-sensitive language</td>
<td>Make expectation clear—it’s not a quick fix, you have to put in effort</td>
<td>Review homework so there is accountability</td>
<td>Be concrete with suggestions on how to practice mindfulness in social situations</td>
<td>Emphasize mind-body connection in marketing</td>
<td>Frame as continuing mindfulness training</td>
<td>Share if mindfulness played a role in their recovery journey</td>
<td>Peers can make warm hand offs</td>
</tr>
<tr>
<td>Training to slow and calm down</td>
<td>Smaller groups would be better</td>
<td>Choose trauma-sensitive language</td>
<td>Make expectation clear—it’s not a quick fix, you have to put in effort</td>
<td>Review homework so there is accountability</td>
<td>Be concrete with suggestions on how to practice mindfulness in social situations</td>
<td>Ask trained providers for referrals</td>
<td>Partner with Whole Health Program</td>
<td>Reduce stigma</td>
<td>Frame as continuing mindfulness training</td>
</tr>
<tr>
<td>Practice and experiential learning in class</td>
<td>Choose trauma-sensitive language</td>
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<td>Make expectation clear—it’s not a quick fix, you have to put in effort</td>
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</tr>
<tr>
<td>Emphasize that mindfulness is to be grown, not learned.</td>
<td>Mindfulness for Beginners textbook</td>
<td>Choose trauma-sensitive language</td>
<td>Make expectation clear—it’s not a quick fix, you have to put in effort</td>
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</table>

**Discussion**

- Mental health providers and peer support specialists provided rich feedback, identifying specific modifications to augment the training for veterans in primary care clinics.
- Participant content focused on incorporating psychoeducation directly linking mindfulness utilization and traumatic stress reactions, simplifying yoga poses, incorporating more chair yoga for those with limited mobility, and defining specific roles for the peer co-facilitators.
- Peers will first meet with patients to help establish their personal wellness priorities and how mindfulness training fits into these priorities. Additionally, peers will meet with patients following each class to discuss progress on these priorities and connect patients to additional resources. These modifications align with VHA's initiative to create a more patient-centered focus on whole health.
- Feedback regarding the class structure included reducing meditations to no more than 20 minutes, and reducing the group size to no more than 8 participants per class.
- It is clear to most health professionals and the public that healthcare reform is needed. Mind-body interventions are low-tech, low-cost, and result in both better health outcomes and significant cost-savings.
- Managing both the needs and limitations of a diverse patient population requires thorough consideration before implementing brief mindfulness classes into a primary care setting.