


Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 306A

Poster Session 5: Preventing and Treating Trauma

#60 Running as a Therapeutic Treatment for Trauma- Natae Feenstra, Dr. Kristin Page, Dr. Sarah Flynn, Dr. Laura Schmuldt

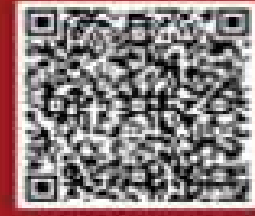


LIBERTY UNIVERSITY

Running as a Therapeutic Treatment for Trauma

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Department of Counselor Education & Supervision, Liberty University
Kristin Page, PhD, LMHC, NCC, Sarah Flynn, PhD & Laura Schmuldt, PhD, LMHCA, NCC
University of the Cumberlandds

REFERENCES



INTRODUCTION

- **Trauma** is a prevalent concern for a significant percentage of the population.
- A **trauma-informed approach** is pertinent for health professionals.
- Trauma presents in the **mind and body**.
- EMDR is considered effective treatment for trauma, based on benefits of **bilateral stimulation** (discovered while walking).
- Despite literature that running positively affects mental health, and **innate bilateral stimulation**, running had yet to be studied as a treatment for trauma.

OBJECTIVES

- Determine how **running compared to EMDR** and no treatment on overall trauma symptoms.
- Determine, if a relationship existed between running and trauma, if **aspects of running** are predictor variables of lower trauma symptoms.

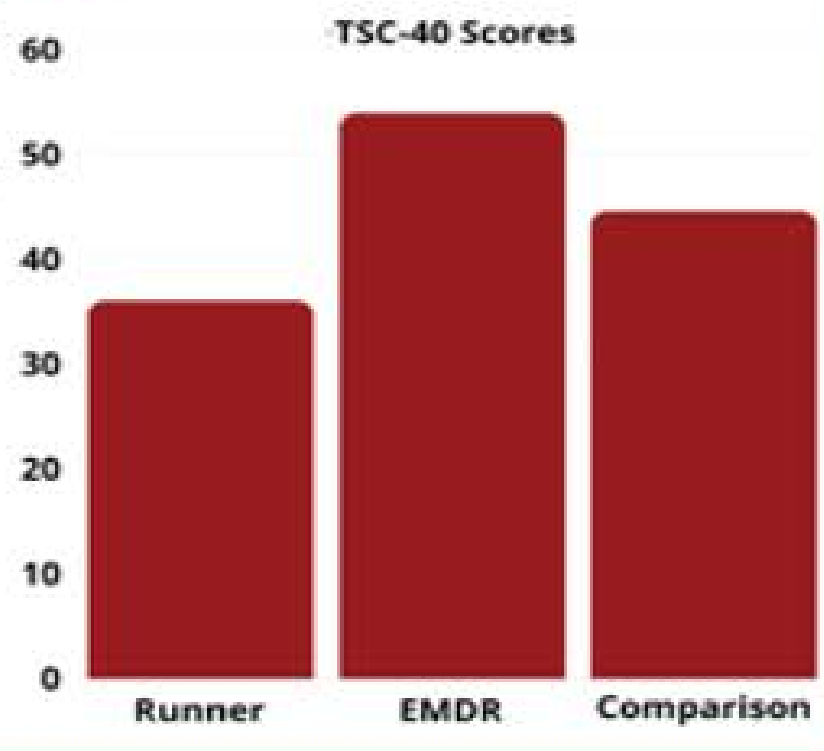
METHOD

- **Study:** Quantitative, cross-sectional
- **Screeners:** Trauma History Questionnaire (THQ)
- **Tool:** Trauma Symptoms Checklist-40 (TSC-40)
- **N=265 individuals with self-reported trauma**
- Runner(n=92), EMDR(n=81), Comparison(n=92)
- **Statistics:** Power analysis=92/group
 - Unequal sample, no homogeneity violation
 - One way between subjects **ANOVA**
 - Compare trauma symptom scores
 - Post hoc comparison: Tukey HSD
 - Effect size: Cohen's D
 - Multiple **regression** analysis
 - Aspects of running in relation to trauma

RESULTS

Comparison of Trauma Symptoms by Group

- **Runner group** trauma symptoms were significantly **lower** compared to EMDR and Comparison groups
 - **Large effect size**
- **EMDR group** trauma symptoms were significantly **higher** than Comparison group
 - **Medium effect size**

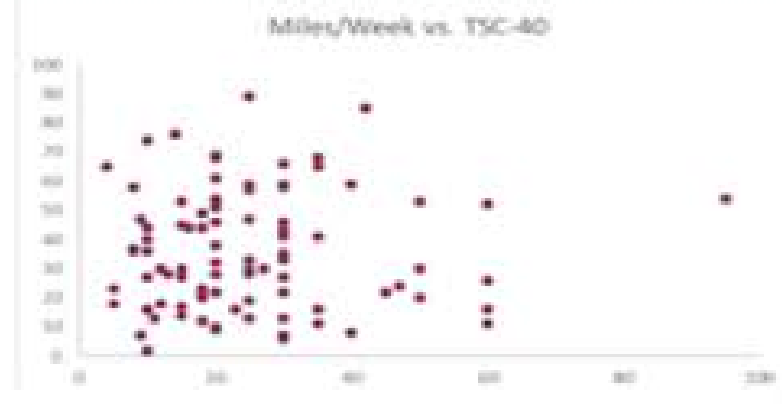


TSC-40 Scores

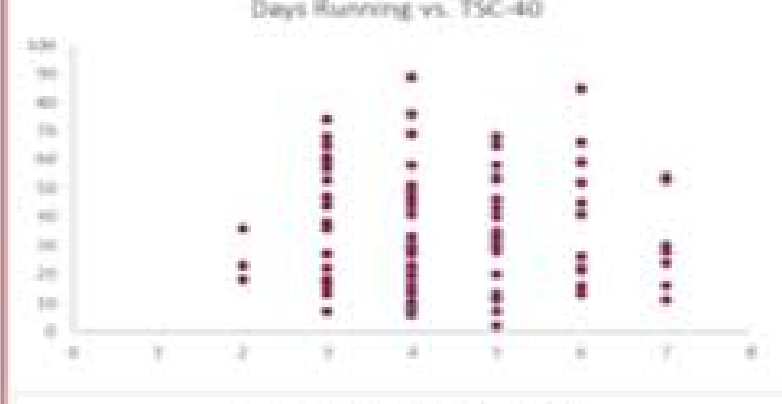
Aspects of Running Outcomes

- **No** aspects of running were significant predictor variables
 - **No linear correlations**


Miles/Week vs. TSC-40



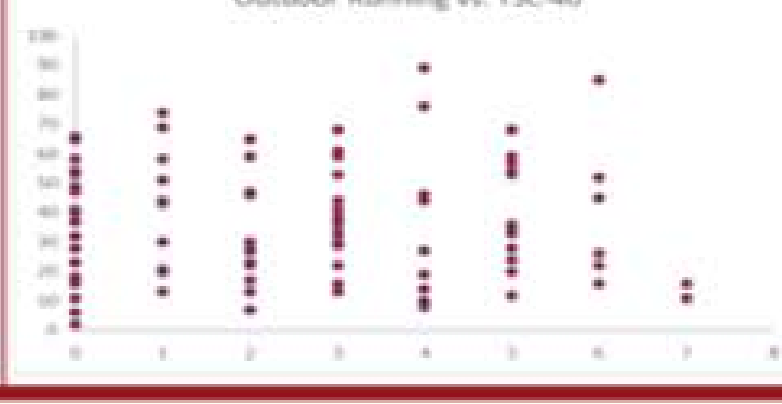
Days Running vs. TSC-40



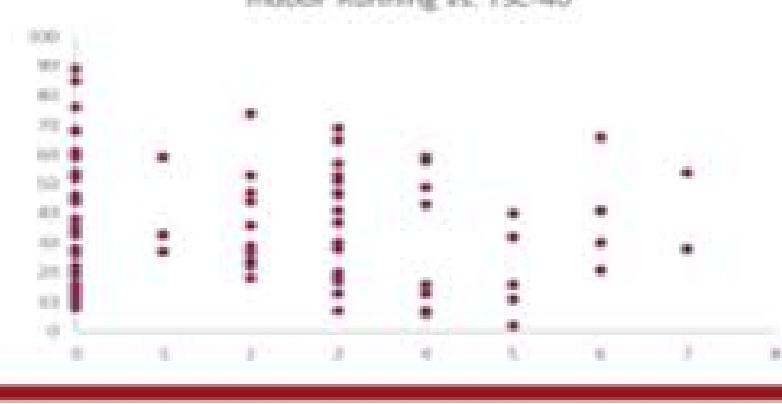
Years Running vs. TSC-40



Outdoor Running vs. TSC-40



Indoor Running vs. TSC-40



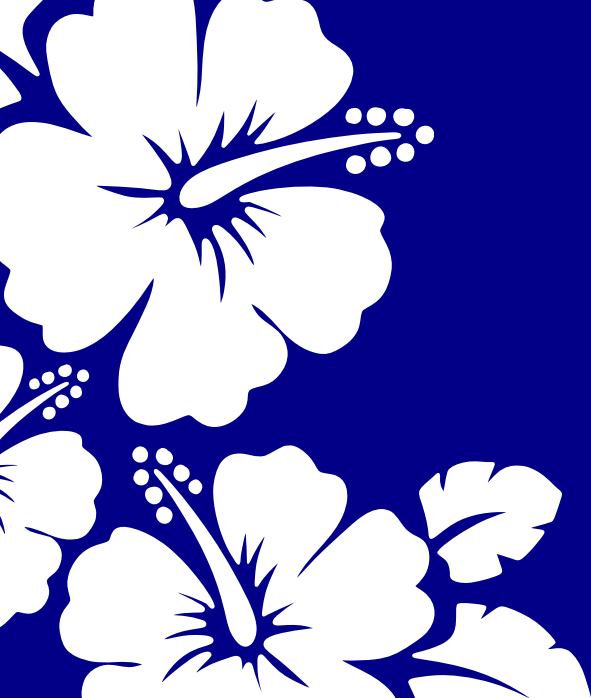
DISCUSSION

- **Hypothesized:** Runner and EMDR groups have lower TSC-40 scores than Comparison group. **Not supported.**
 - EMDR group reported greater scores than Comparison group.
 - **Runner group reported significantly lower scores than EMDR/Comparison.**
 - EMDR group scores were **unexpected**, possibly related to inability to randomly assign groups.
 - **Possibility:** Participants that sought EMDR had more severe trauma than those not seeking psychotherapy.
 - Outcome of Runner group **supports literature** on running for mental health.
- **Hypothesized:** Aspects of running would negatively and significantly predict TSC-40 scores. **Not supported.**
 - Runner criteria for study: Running at least 3x/week for 1 year.

IMPLICATIONS

- Study **supports running as a therapeutic treatment for trauma.**
- **No aspects** mattered. **Just running.**
- Professionals should **provide psychoeducation** to clients on benefits of running as a trauma treatment option.
- Running could be included as a **supplement** to a therapeutic treatment plan or **incorporated** into psychotherapy.





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Poster Session 5: Preventing and Treating Trauma

#61 Clinical Interventions for Vaginismus-Debolina Ghosh

Clinical Intervention for Vaginismus
Dr. Debolina Ghosh

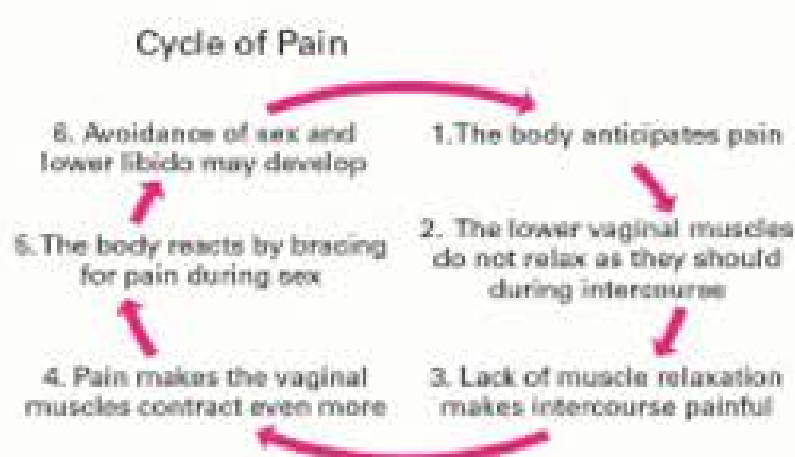
Indiana University- Purdue University Columbus

Introduction

Vaginismus, a sexual dysfunction disorder, is when the outer vaginal muscles contract during intercourse or pelvic examinations which causes uncomfortable or painful spasms (Cleveland Clinic, 2020; American Psychiatric Association, 2022)

Potential causes: natural phobic response penetration, sexuality suppression, fear of sexual intimacy, pain from sex, loss of control of the body, disintegration of the self, responses from male partners, or even death from intercourse (Tetik & Yalçinkaya-Alkar, 2021; McEvoy et al., 2021).

Consequences: stigma and shame, relationship and/or sexual dissatisfaction, disturbances in body image or gender roles, and increased pain (McEvoy et al., 2021; Omidvar et al., 2021)



(Frank, 2015)

Methods

Women will be recruited through vaginismus support groups on Facebook. Women must be 18+, live in the USA, and have a vaginismus diagnosis

Participants will complete a RedCap survey about their lived experiences with vaginismus, including, their symptoms, knowledge about the condition, and psychological and/ or alternative medical treatments they have used. Participants will be given a \$10 Amazon gift card for their participation. All survey responses will remain confidential, and participants have the right to not respond or stop the survey at any time.

The measure and results are not yet determined as this study remains in progress

Treatment Alternatives

Transvaginal biofeedback (TVBF) and electrical stimulation (EStim) are non-surgical treatment modalities to treat vaginismus and chronic pelvic pain (Bendanas t al., 2009).

Dilator training has shown more successful cases than finger training. In a study with 62 married participants, 27 of them had dilator training, and 17 women who had finger training were able to achieve pain-free intercourse (Aslan et al., 2020).

Counseling techniques

Evidence-based counseling techniques: marriage and family therapy, cognitive-behavioral therapy, somatic experiencing, sex therapy, and EMDR.

Discussion

- More research is needed to better understand the relationship between vaginismus and trauma (McEvoy et al., 2021; Tetik & Yalçinkaya-Alkar, 2021)
- Sexual experiences are a combination of biological, sociocultural, and psychological factors- important to consider in the diagnosis and treatment of vaginismus (American Psychiatric Association, 2022)
- Treatment efficacy, whether it be psychological or medical, will vary differently between clients.
- Mental health counselors should provide evidenced based practice to treat this condition, however, they should refer to specialists if necessary (etc. medical doctors, domestic violence shelters)
- Cultural considerations: stages of development, gender diverse individuals (American Psychiatric Association, 2022)
- Since many people do not receive treatment for vaginismus, the symptoms could be overlooked, and mental health counselors could do their part in reducing stigma by encouraging clients to seek therapy and healthcare to treat this condition.

References

American Psychiatric Association. (2022). *Sexual Dysfunctions. Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.). https://doi.org.proxy.uib.uits.iu.edu/10.1176/appi.books.9780890425787.x13_Sexual_Dysfunctions.

Frank, D. (2015, September 29). *Vaginismus*. MedNorthwest. <https://mednorthwest.com/vaginismus/>

McEvoy, M., McElvane, R., & Glover, R. (2021). Understanding vaginismus: a biopsychosocial perspective. *Sexual and Relationship Therapy*, 122. <https://doi.org/10.1080/14681994.2021.2007233>

Omidvar, Z., Bayazi, M. H., & Fardhosseini, F. (2021). Comparing the effectiveness of mindfulness-based cognitive therapy training and cognitive-behavioral therapy on sexual satisfaction of women with vaginismus disorder. *Journal of Fundamentals of Mental Health*, 23(4), 267–271.

Tenk, S., & Yalçinkaya Alkar, Ö. (2021). Vaginismus, Dyspareunia and Abuse History: A Systematic Review and Meta-analysis. *The Journal of Sexual Medicine*, 18(9), 1555–1570. <https://doi.org/10.1016/j.jsxm.2021.07.004>





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#58 Asking for Help : How long does it take ? - Tamar Rodney

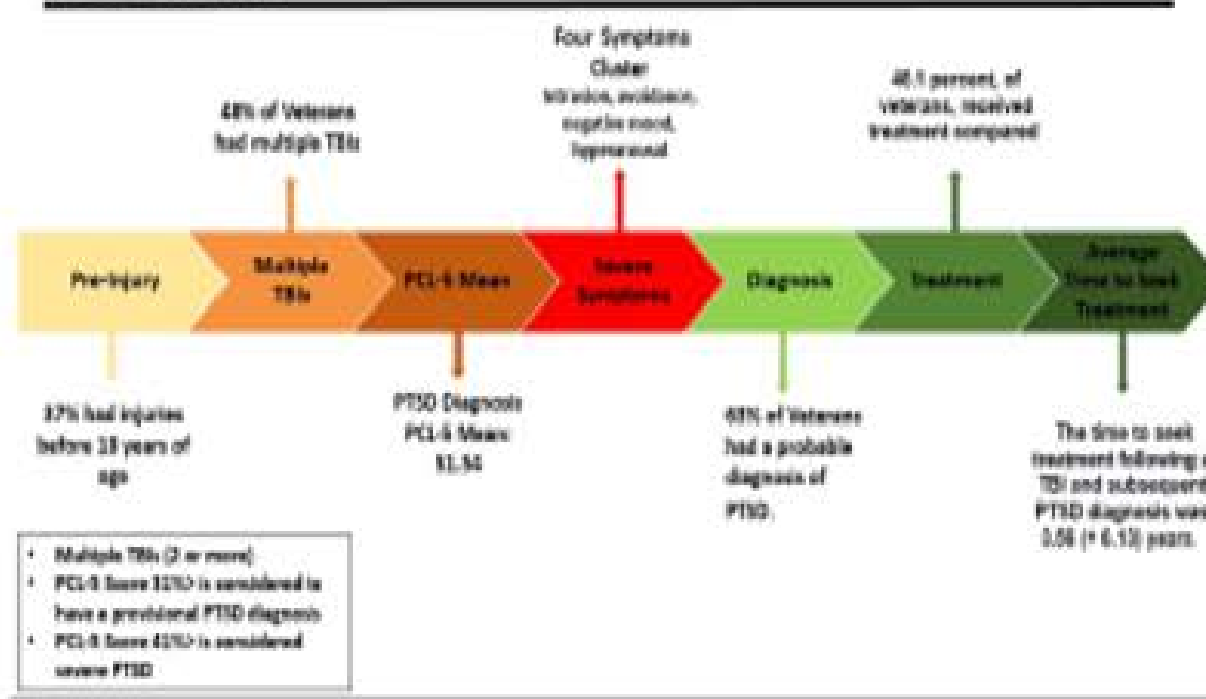
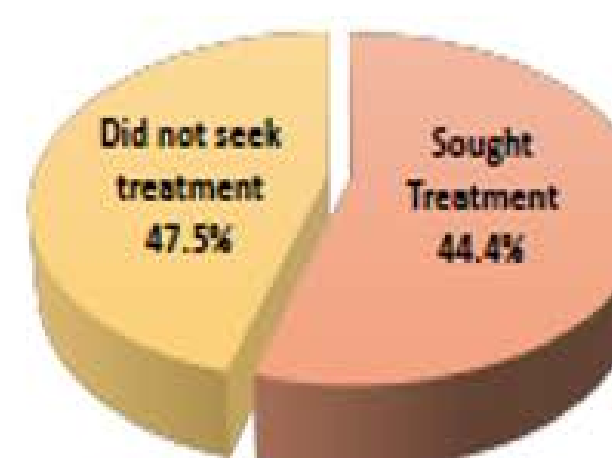
Asking for Help : How long does it take ?

Tamar U. Rodney PhD, MSN, RN, PMHNP-BC, CNE, FAAN ; Kara Elizabeth Leonard, BA, MSN, RN
Johns Hopkins University, School of Nursing



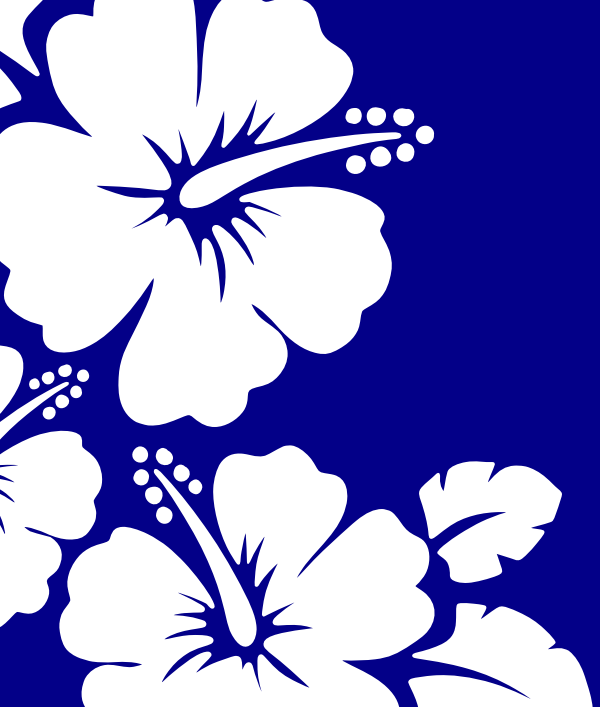
JOHNS HOPKINS
SCHOOL of NURSING

Introduction	Methods	Data Collection
<ul style="list-style-type: none"> Traumatic Brain Injuries (TBI) and post-traumatic stress disorders (PTSD) are considered signature injuries for many Veterans. High rates of comorbidity are associated with increased risk for functional, occupational, and social impairment. Family-centered patient education is crucial for Veterans with comorbid PTSD and TBIs. This information will allow nurses to improve health care for Veterans through early identification of TBI symptoms, which can reduce negative health outcomes. Nurses should assess an individual's subjective interpretation of the trauma and the perception of PTSD symptoms as these influence the decision-making process to seek timely treatment. 	<p>Cross-Sectional Study</p> <p>Purpose: Educate Veterans and their families on PTSD symptom identification and identify the nurses' role in providing family-centered education and implementing nursing interventions.</p> <p>Quantitative Aim: Explore the decision-making process for seeking treatment related to PTSD symptoms by identifying what factors influenced their decision to seek treatment.</p> <p>Qualitative Aim: To describe the perceived burden of symptom experience and subsequent influence on health outcomes.</p> <ul style="list-style-type: none"> Qualtrics Online Survey: <ul style="list-style-type: none"> Demographics PTSD Symptoms Patient health outcomes Number of TBIs The information gathered from the qualitative interviews will be used to explore their decision-making process for seeking treatment, assist in the education of Veterans and their families and understand their perception of symptom burden on health outcomes. 	<ul style="list-style-type: none"> Online recruitment through social media Veterans database Facebook support groups Twitter LinkedIn Statewide Traumatic Brain Injury Groups <p>220 participants</p> <ul style="list-style-type: none"> 18 years or older Data analysis SPSS <p>BRANCH OF MILITARY</p> 

Results										
<table border="1"> <thead> <tr> <th></th> <th>MEAN</th> <th>Standard Deviation</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>46.15</td> <td>15.284</td> </tr> </tbody> </table>		MEAN	Standard Deviation	Age	46.15	15.284	<p>Timeline to Seek Treatment for Veterans with PTSD and TBI</p>  <p>42% of Veterans had multiple TBIs</p> <p>48% percent of Veterans received treatment compared</p> <p>45% of Veterans had a probable diagnosis of PTSD</p> <p>Average time to seek treatment was 3.08 (± 6.15) years</p> <ul style="list-style-type: none"> Multiple TBIs (2 or more) PCI-R Score 12/10 is considered to have a provisional PTSD diagnosis PCI-R Score 15/10 is considered severe PTSD 			
	MEAN	Standard Deviation								
Age	46.15	15.284								
<table border="1"> <thead> <tr> <th></th> <th>Percentages</th> </tr> </thead> <tbody> <tr> <td>Cisgender Man</td> <td>65.6%</td> </tr> <tr> <td>Cisgender Woman</td> <td>19.4%</td> </tr> <tr> <td>Multiple TBIs</td> <td>44.4%</td> </tr> </tbody> </table>		Percentages	Cisgender Man	65.6%	Cisgender Woman	19.4%	Multiple TBIs	44.4%		
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Cisgender Man	65.6%									
Cisgender Woman	19.4%									
Multiple TBIs	44.4%									

Discussion
<ul style="list-style-type: none"> Participants were asked in the interview "What is something that you want healthcare providers to know about living with a traumatic brain injury?" Numerous Veterans could not indicate what they wanted to disclose in the interview. This led to questions regarding the basics of the medical language of how nurses should be assessing and communicating with individuals who have suffered from TBIs. When educating Veterans on symptoms it's crucial that nurses are breaking down the basics of the language so individuals are reporting and disclosing accurate medical symptoms. It's important that nurses are assessing behaviors as there were several reports of depression, suicide, brain fog, memory loss, and pain. Evidence shows that individuals have a variety of reactions and coping mechanisms that are associated with having a TBI.
<p>Treatment Implications</p> <ul style="list-style-type: none"> The evidence supports that individuals with TBIs who neglected to seek treatment were assessed through open-ended questions which helped provide further insight on barriers to seeking treatment. Nurses can have a significant impact by educating TBI patients and families about the symptoms of TBI and PTSD. Family-centered education is key for recognizing signs and symptoms of TBI and PTSD which helps implement the therapeutic intervention as well as empowers Veterans to self-report their symptoms. The role of nurses includes providing education while determining those individuals at risk. Nursing-led interventions can help identify mental health needs before symptom progression worsens and thus decreases the negative effects of TBIs and PTSD.
<p>Acknowledgments</p> <p>Funding: Sigma Theta Tau International Inc. & Jonas Foundation Grant #139421</p>





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#11 Military Veterans and Civilians: Comparing Secondary Traumatic Stress, Compassion Fatigue, and Burnout Among Those Within First Responder Occupations- Casey McConville

#22 Emotional Granularity as a Protective Factor in Trauma- AmbeDaniel

#16 What are Your Sources of Strength? Suicide Prevention and Well-being in Higher Education - Luz Robinson, Dorothy L. Espelage

#17 Finding My Voice Helped Me Heal What I Can't Forget: A look into Trauma in Athletics- Makenzee Mason and Felicia kademian-Saini

