

Episode 40 - Dr. Mo Yee Lee: Integrative Body-Mind-Spirit Social Work - Research and Practice with Female Trauma Survivors (part 2 of 3)

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Oduor Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of Living Proof rate or write a review of a podcast just go to our Web site at www.socialwork.buffalo.edu/podcast and click on the create your own review button. We look forward to hearing from you. I'm your host Peter Sobota. This is the second of three episodes in which Dr. Mo Yee Lee discusses her research and clinical work bridging social work practice and an integration of Eastern philosophy and practice with traditional Western approaches to climate change. Dr. Mo Yee Lee is professor at the College of Social Work at the Ohio State University. Her research interests include intervention research using a strength based solution focused approach as well as multicultural social practice and education. In this episode Dr. Lee discusses her research with female trauma survivors many of whom are dually diagnosed as well as homeless and exhibiting post-traumatic stress disorder symptoms. Here she introduces her meditation curriculum the role that self-determination and mindfulness play for her clients as well as the research on the physical and neurological benefits of meditation.

[00:01:54] Elaine Hammond coordinator of UB school of social works Jamestown New York extension program interviewed Dr. Lee by telephone. I'm thinking that it might be helpful as a description of integrative social work for you to talk a little bit about your study of meditation with women. It's an amethyst just because I know some of what you are looking at are behavioral measures certainly some of what you are looking at are qualitative issues. But I also know that you've taken a look at the very least that the literature on how the brain itself makes changes through the use of meditation. Yeah I can definitely back to it. And so basically I think it was in 2007. We got some funding from Ohio Department of Mental Health to support the study. You know using meditation for working with female trauma survivors that experience interpersonal abuse nemesis actually is a residential treatment facility for women who have substance use problem and the homeless the women when they first came in and they all went through a detox program and so to destabilize and so be well you know we basically you know recruit them we ask them whether they're interested to come to the meditation program. The study itself we use more time methods approach we twine it both qualitative and quantitative data are the quantitative data. It's actually a small a small randomized controlled study. We recruit the ladies from amethyst. And so half of them went to the control group that they receive. All other women Amethyst but not the meditation curriculum. And so the other half they received you know the meditation you know curriculum also for that meditation curriculum.

[00:03:56] I mean I already mentioned that a little bit earlier on. We actually have meditation helping them do to help us to develop the curriculum. It's a six week curriculum. So the ladies meditate twice every day in the morning and evening for six weeks from Monday to Friday. So it's a pretty intensive program. But meditation that is necessary if they really need to learn it the first two week we focus on breathing meditation which is more into mindfulness and then the second two weeks the loving claimant's and also the last two week is one compassion meditation to give and take. So let me talk a little bit about why we think meditation would be helpful for working with trauma survivors actually. If we look at how we define PTSD and DSM 4 if you look at a symptom not the first one is they talk about all these intrusive symptoms fresh back nightmare that kind of thing and then they talk about reactivity. So people psychological physiologically react to cues they

might not be related to the trauma that it just looked like you know resembles some piece of the trauma and then it brings back all this reaction and then we also talk about avoidance and general numbing mind persistently of anything related to that. The last one is hypervigilance if we want to look at all these symptoms carefully it basically describes a situation that the client is still being trapped in the past trauma you know they have all this nightmare you know I mean reaction to anything similar you know to the trauma so they're not able to live in the person that is to be trapped in the past.

[00:05:38] The way I'm looking at the challenge of working with trauma survivor I actually see there are several, the first one is actually about the psychological trauma. People talk about the body actually you even in the 19th century I think is I mean 1893 they talked about trauma. I mean at that time there's no technology. I mean he already talk about trauma who actually registered the case what happened the intense emotions interfere with how we process the experience into our consciousness. So what he's trying to say is that people with very intense emotion couldn't process that you know cognitively. What happened is that intense emotion store and maybe we show imagery physical sensation. I think it's really brilliant because right now with art and more of them on entomology we actually no love to share with you some powerpoints but I don't have it you know. If you look at the brain structure what happens you know when people have the amygdala area of the brain respond to the emotion response and so really the prefrontal and frontal cortex responsible for the cognition there are actually study that show. I mean from our study when trauma survivors when people show them you know images that are threatening what happened is they are hyper activation of the area around Amygdala which actually you know response to the cognitive of control. So it basically describes a situation that the pathway between emotional response and the cognitive control is blocked. When people experience intense emotion if you look at it I don't know whether it's the wisdom or whatever. So people I mean when things really need to be able to process know how to deal with intense emotion the pathway is

[00:07:41] blocked And so that actually explain. You know I mean all this fact this recollection that we see a lot of survivors, talking about the physiological thing about you know trauma. Now people also talk about the coupling after you know trauma related sensation. Basically what they're talking about is actually you know they call it defensive reaction. What happened is the response to the trauma become a conditioned to respond. So take for example the women maybe just sexually harassed you know by a man who had a beer. And so the next time when she walks you know on the street and saw a guy coming to her with a beer. What do you think would be the reaction that she might feel triggered all this fear already so that actually. You know we're talking about the coupling of this or this sensation. And so I think the last clinical challenge when I look at treating working with trauma survivor is the fact that trauma response is actually bi modal. We talk about the flight and the fight response. So what happened. I guess what happened just like you know crying is women lost the ability to regulate emotions because the emotional response almost became automatic when they see something they already have those responses. So it severely limit our ability to actually make the decision of the life or what they should do in response to what's going on now so that is that's always being trigger in the past. So I do think these describe you know some of the major clinical challenges when we work with trauma survivors.

[00:09:17] Now meditation you know I mean in terms of the transition it's more than 4000 years already. And it's not just in the east. It's also you know I mean even Catholicism. We also have contemplated meditative tradition ourselves for a long long time. But meditations have actually to intensions. One is basically you know what we call mindfulness is basically helping them to be more aware of what's going on now the moment. So here in the U.S. we call them mindfulness. But the second patient I don't think people talk about that too much here is actually to Forster You know emotion forced her passion and the lousy attitude towards life. And so this is something that I guess I think we we don't talk about that too much here but that is a very important intention of meditative

practice also. Now I guess you mean right now because the way I think meditation will help with trauma survivor I think it very nicely addressed some of the clinical challenges working with trauma survivors. The first thing is about mindfulness and we all know that you know there are some theories I can talk a little bit about you know if you're interested that really talk about meditation as a treatment approach that will help them. One theory I think we all know that is system perspective system perspective you know talk about how we. Well I mean the system based on the system mechanism is quite simply and everybody is I sure wish it. No but the more I learn and think about the system perspective I think it's really broad eventually because one thing you talk about is the feedback mechanism. It's actually self regulating and self-correcting.

[00:11:01] We can not teach people how to change the fixed feedback mechanism because it's self proactive. I mean we'll actually change it it's the input. So it's being that feedback mechanism is actually activated by the input. What's going on. You know what's going into the system and so that change you. So just think about that. What that mean is it's important for a person to be aware of what's going on because without that awareness you cannot actively the self regulating or corrective feedback mechanism to deal with what's going on. Think about trauma survivors because there always been troubling to tell them that in the press. And I think that's one of the major reason why we see so much dysregulation in them and they're not making really helpful choices like choices for them not seeing what's going on now. There's just so much that in the past now. Self-determination theory by DCN Ryan you'll speak to the same thing because what they say is if people can be aware I mean open awareness to what's going on really help people to make better choices to life. So it's actually the same idea. And I think the first intention of meditation about mindfulness truly address this issue by bringing by helping the client to be able to attend to what's going on now to be more aware of what's happening now and what's going on there make much better choices in their life instead of being still drugged with what's going on the past. So that's one piece of it but the other piece I think it's really about the physiological and neurological impact of meditation on people was so much you know.

[00:12:53] I mean MRI technology will many more study looking at that location and knew a logical physiological impact. And one thing is the relaxation response. I think well no. Now that medication actually pray about a relaxation response which is related to lower heartbeat increase or lower blood pressure. And so I mean all kinds of goodies on your hand also a number of things about meditation on the brain nuerologically that I think is really really important because as MRI functional MRI findings that meditation related to activation of the amygdala region and also activation of the prefrontal cortex know we have a lot of study. I mean if you just google it you can definitely you can find you know a lot of stuff here. But our study of MRI is basically brain mythology. They look at Brins structure not functional MRI. Look at the process from brain mythology. They also share with us some very interesting things because what they find that we are looking at long term meditator. So not just meditating for 30 minutes you know in the past week. OK. So people will be meditating for a long time or it's like they actually find now they have a thicker prefrontal cortex and the more interesting thing is it's more prominent in people who are older meaning meditation actually counteract the impact of aging on our brains because you know when we get older I mean critically acclaimed theatre is not a meditator. It doesn't happen at all.

[00:14:34] It also is also related to you know increase in the grey matter the volume of the grey matter which is again you know related to cognitive control and a lot of things and so people also look at bringing spectroscopy which look at the brain chemistry and there are also some studies showing that meditation related to increased dopamine release which related to motivation that kind of activity. And then when we look at MRI study with people were trauma survivors of PTSD. Basically we see thinner cortical layer decrease white matter etc. etc. because we haven't done any study yet so I cannot say for sure but what we're seeking is if there is an inverse relationship there it might suggest that meditation can be a very good to come through of some of the will logically

impact of trauma on the brain as well. And so in you here these are some of the reasons that we think Meditation should be a very good thing with trauma survivors and so maybe I can go back to the study I can share with you some stories. I remember a client first covert share with us that she's been self-mutilating since she was a teenager because of the things that happened to her and she's never able to stop it. Two weeks into the meditations she's able to stop that to stop cutting herself which is you know to me is may think it's even difficult for me as somebody in clinical practice to explain. But she share that with us and she's not the only one who share with us all these amazing thing. That meditation have helped them to do. Going back to the study. So what happened is we develop some measures primarily is the PTSD symptoms.

[00:16:21] We mash three toes and six months looking at the PTSD symptoms we look at the emotional state we actually use the instruments and actually measure. We have 24 items for 60 motion I think we have to two emotions which is love and joy for negative emotions fear anger sadness and shame. So we get them. We also have an instrument mindfulness you are looking at how mindful they become. And then we also have another instrument looking at Motion recollection. So basically that describes our study. So the assumption you know if you look at the frame of our research hypothesis when we look at this meditation should reduce stress help increase mindfulness and also help increase positive motion and emotion regulation ability. All this will help them increase will lead to a decrease in PTSD symptoms and also increase in functioning. So we have another neasyre which is one measure used by Ohio developed at ODMH And so that is a measure you know looking a functional level so that basically it's the study. Now right now we actually have findings for all the instrument except the called Asar because our last collection is in September. And you know the labs take forever to analyze. Yeah because we need to analyze all three of the five at the same time. So we have to actually freeze all this samples onto the last collection and then send it to the lab. I don't want to go into the details but there are significant differences. The meditation group are the measure the decrease in PTSD symptoms increase in positive emotion etc. etc. and increasing functioning.

[00:18:16] So it's often mistaken for the meditation group and not significant for the control group. And so we also compare whether the changes observed in the meditation group is more significant than the changes we observe in the control group. And again the findings very positive expressly about the symptoms. There are significant reductions in the PTSD symptoms and also symptom distress in the client and also some significant differences in negative emotion for a client in a meditation group. We also look at the six months later I actually use mix model analysis many mix model analysis to look at the free assessment and across time there are significant time and group differences time and group between the two groups except only one or two nations in an emotion and emotion regulation for all the others of differences. So the finding itself at least provide some avenues for the effectiveness of meditation working with this group of clients. I remember asking one client you know how meditation is different from the other treatment they receive. I mean at amythest because you know it's a trim program so they receive a lot of many many other attribute and so she told me she doesn't need to share with anybody own problems she cannot deal with it inside. That is something that you really appreciate. She didn't need to talk about her problems. Ultimately she can deal with it inside. I still think meditation is complementary and that I think it much prepares a client to process whenever they need to process and also build the strength and capacities really in significant way they're able to be calm and that is another significant finding we find from the client.

[00:20:12] They are a lot more calmer and deal with whatever going on life because they are pretty hectic lives grow late if necessary. I in the first week we give them to fit just to fit. That is the major challenge. And so I think meditation is low cost when people learn how to do that they don't need to depend on anybody else they can do it and that some of the client. Now of course a six week curriculum. We have to ask them whether they are still practicing. And of course they're not

practicing as intensive before. Many of them share with me that if they feel stressed if they want to blow up or want to go back they have to begin to come down and breathe and relax and then slow down and then to help them to see what they want to do. Next Step you've been listening to Dr Mo Yee Lee discuss and integrative body mind and spirit approach to social work assessment and treatment on living proof. The podcast series of the UB School of Social Work. Follow our series to hear Episode 3 of Dr Lee's discussion. Hi I'm Nancy Smith Professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we're living through that social work makes a difference in people's lives.