

## Mantram Repetition Effective in Treatment of Veterans with PTSD

**CITATION:** Bormann J, Thorp S, Smith E, Glickman M, Beck D, Plumb D, Zhao S, Ackland P, Rodgers C, Heppner P, Herz L, and Elwy AR. [Individual Treatment of Posttraumatic Stress Disorder Using Mantram Repetition: A Randomized Clinical Trial](#). *The American Journal of Psychiatry*. June 20, 2018; epub ahead of print.

### BACKGROUND:

An estimated 13-20% of troops returning from Iraq and Afghanistan may have PTSD, and an estimated 30% of Vietnam-era Veterans have lifetime PTSD. The Mantram Repetition Program (“Mantram”) has been found to mitigate PTSD and other psychological distress. Mantram teaches people to intentionally slow down thoughts and to practice “one-pointed attention” by silently repeating a personalized mantram – a word or phrase with spiritual meaning. This randomized controlled trial compared Mantram therapy to Present-Centered Therapy – a supportive, problem-solving, non-trauma-focused treatment for PTSD. Investigators assessed whether Mantram, compared to Present-Centered Therapy, would produce greater reductions in symptoms associated with PTSD, such as insomnia, depression, and anger – or greater improvements in spiritual well-being, mindfulness, and quality of life. Investigators identified 173 Veterans who had been diagnosed with military-related PTSD between January 2012 and March 2014 and received treatment from one of two VA outpatient clinics (Bedford, MA and San Diego, CA). Veterans were randomized to either Mantram Program (n=89) or Present-Centered Therapy (n=84); both treatments were delivered individually in 8 weekly, one-hour sessions.

### FINDINGS:

- Among Veterans with PTSD, individually-delivered Mantram was generally more effective than Present-Centered Therapy for reducing PTSD symptom severity. Moreover, significantly more Mantram participants than Present-Centered Therapy participants who completed the two-month follow-up no longer met criteria for PTSD (59% vs. 40%, respectively).
- There also were significant improvements for Veterans with insomnia who participated in the Mantram group as compared to the Present-Centered Therapy group. Both Mantram and Present-Centered Therapy participants improved on all remaining outcomes with no between-group differences.

### IMPLICATIONS:

Further assessment of Mantram in trials and real-world settings is suggested, especially since Mantram may appeal to Veterans who prefer therapies that are not trauma-focused, are shorter in duration than most treatments, include some element of spirituality, and/or that reduce sleep disturbances.

### LIMITATIONS:

Limitations may include: self-reported ratings for some endpoints (e.g., insomnia); the possibility that Veterans received prolonged exposure or other trauma-focused therapy prior to enrollment; lack of a measure of therapist alliance; and assessment of outcomes at only two time points post-randomization. Thus, inferences concerning longer-term improvements in PTSD symptoms cannot be made.

**AUTHOR/FUNDING INFORMATION:** Dr. Bormann is part of the Center of Excellence for Stress and Mental Health ([CESAMH](#)), VA San Diego Healthcare System; Drs. Smith, Glickman, Plumb, Zhao, and Elwy are part of HSR&D’s Center for Healthcare Organization and Implementation Research ([CHOIR](#)), Boston/Bedford, MA; and Dr. Ackland is part of HSR&D’s Center for Chronic Disease Outcomes Research ([CCDOR](#)), Minneapolis.