Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder

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Q: What is mindfulness based stress reduction (MBSR)?

A: Mindfulness-based stress reduction (MBSR) is a meditation-based program originally developed by Dr. Jon Kabat-Zinn for stress management, but its use has been extended to a variety of physical, psychological, and psychosomatic disorders (Niazi & Niazi, 2011). MBSR is typically considered a complementary and integrative intervention, combining Buddhist meditation practices, yogic poses, and contemporary psychotherapeutic interventions (Gu, Strauss, Bond, & Cavanagh, 2015). MBSR is an eight-week, group-based treatment that includes 2.5-hour weekly sessions and one all-day retreat. It has been used with diverse clinical populations, including those with chronic pain, depression, anxiety, immune disorders, diabetes, and cardiovascular disease (Niazi & Niazi, 2011).

Q: What is the treatment model underlying MBSR for the treatment of PTSD?

A: How MBSR assists with psychological conditions is not fully understood, but several studies have examined the role of specific mediators on outcomes. For instance, 'decentering', or viewing one's thoughts and feelings as transient internal experiences rather than fixed truths about oneself or the world, seems to help with negative thoughts fueling negative affect; meanwhile, in studies examining MBSR for anxiety, mindfulness skills (awareness and nonreactivity) mediated the effects of MBSR on worry (Alsubaie et al., 2017). With PTSD more specifically, neuroimaging findings suggest that mindfulness may assist with emotional dysregulation underlying symptoms such as hyperarousal (Boyd et al., 2017). Broadly, MBSR is taught as a self-regulatory coping strategy that could apply to a range of affective symptoms in a variety of contexts.

Q: Is MBSR recommended as a treatment for PTSD according to the VA/DOD clinical practice guidelines (CPGs)?

A: Yes. The *2023 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* suggests MBSR, with a "weak for" strength of recommendation.

The VA/DOD CPGs were jointly developed by the Department of Veterans Affairs and the Department of Defense to inform best clinical practices. They are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q: Do other authoritative reviews recommend MBSR as a treatment for PTSD?

A: No. The American Psychological Association indicates that there is insufficient information to recommend for or against MBSR for PTSD (APA, 2025). One relevant Cochrane review included MBSR:

- A systematic review examining psychological therapies for chronic PTSD included a category of non-trauma-focused group interventions (Bisson, 2013). One study with MBSR was incorporated into their meta-analyses. Sub-group analysis found that MBSR was better than waitlist/usual care for improving self-reported PTSD symptom severity at posttreatment.

Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the American Psychological Association, and United Kingdom's National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

Q: What conclusions can be drawn about the use of MBSR as a treatment for PTSD?

A: MBSR may be considered an adjunctive treatment for PTSD that could be particularly useful with patients who prefer a complementary and integrative approach. Clinicians desiring to provide MBSR should obtain the appropriate training to do so and consider patient preference, as well as the available evidence, before providing intervention.

References

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