

American Dance Therapy Association

Dance/Movement Therapy and Combat Trauma – Concise White Paper

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The disabling impact of post-traumatic stress disorder (PTSD) among U.S. military personnel and veterans who have experienced combat has been characterized as a significant public health issue (Steenkamp, Litz, Hoge, & Marmar, 2015). Of two million troops deployed to Afghanistan and Iraq an estimated 20% were affected (Steenkamp & Litz, 2013), and data from veterans of the Viet Nam war indicate that some experienced disabling symptoms that impaired functioning 40 years after war (Steenkamp, Litz, Hoge, & Marmar, 2015). Many clinical practice guidelines recommend first-line psychological treatments for PTSD that include a range of trauma-focused cognitive therapy interventions (Haagen, Schmid, Knipscheer, & Kleber, 2015). Treatment guidelines recommended by the U.S. Department of Defense and Veteran's Affairs also highlight trauma-focused interventions i.e., exposure-based therapy including prolonged exposure, and cognitive therapy as best practice individual psychotherapy (Steenkamp & Litz, 2013).

The number of treatment outcome studies of these interventions for military service-related PTSD is relatively small (Steenkamp & Litz, 2013), and standardized reviews and meta-analyses of the evidence supporting these first-line interventions show immediate effects but little *lasting* resolution of symptoms (Haagen, Schmid, Knipscheer, & Kleber, 2015; Steenkamp, Litz, Hoge, & Marmar, 2015; Kearney & Simpson, 2015). Steenkamp and colleagues (2015) also noted little difference in outcome between approaches that are trauma-focused and those that are not, and pointed out that adherence to trauma-focused approaches is poor. In addition, dissemination of treatments in the individual psychotherapy format fails to reach all of the individuals who need services because it is resource-intensive. Interest in approaches that are not trauma-focused and can be delivered in group formats as an alternative is growing (Kearney & Simpson, 2015).

Some alternative group approaches such as, stress inoculation training focusing on coping and stress management skills, and mindfulness-based stress reduction (MBSR) that teaches individuals to attend to their thoughts, emotions, and sensations in a nonjudgmental manner, have shown promise (Steenkamp & Litz, 2013). Additionally, changing the narrow focus on symptom reduction to include broader therapeutic goals such as improving quality of life has

been recommended (Kearney & Simpson, 2015). Rather than aiming to eradicate or reduce symptoms, changing their influence on quality of life might in fact be more meaningful for individuals, and drives some alternative approaches that have been examined.

Findings in neurobiology and other areas focus on the role that the body and movement play in making connections between thoughts, emotions, and somatic responses (Ogden, Minton, & Pain, 2006; Levine & Land, 2015; Dhimi, Morena, & DeSouza, 2015), and add to the discussion. This research provides a key to managing the impact of PTSD symptoms on quality of life. Dance/movement therapy (DMT) offers an approach that combines a focus on movement and the body with art and psychotherapy. Published effects on DMT, quality of life and clinical outcomes such as depression and anxiety are increasingly documented (Koch, Kunz, Lykou, & Cruz, 2014). Similar to MBSR and stress coping group interventions, goals of DMT with trauma are increasing self-regulation, identifying feelings, and embodied interventions (Levine & Land, 2015). Some benefits of using DMT for trauma and PTSD treatment are that “Unlike exposure-based therapies, when using the arts, individuals can experience and/or express their thoughts and feelings without necessarily having to talk about or directly confront the trauma” (Americans for the Arts, 2014, p. 21) and may lead to better compliance. It may also promote adherence due to being experienced as enjoyable (Dhimi, Morena, & DeSouza, 2015). DMT may offer an effective, alternative approach to combat trauma that directly addresses the impact of symptoms on quality of life in a group format.

In summary, challenges identified in the literature on combat-related PTSD point to:

- Poor compliance associated with trauma-focused approaches;
- Inefficiency of individual treatment approaches in meeting the needs of troops and veterans;
- Poor lasting symptom reduction and remission, and a need for alternative approaches that address symptom management and enhance quality of life.

Alternative approaches that maximize neurobiological connections by working with the body and movement such as DMT may be used to address all of these challenges, and present one of the best alternatives to other forms of individual and group treatment approaches currently in use by increasing awareness of sensation, emotion, and thought. Research is needed to examine the potential of DMT for combat-related trauma including controlled studies comparing

DMT with other treatments, measuring compliance, long term effects, the development of manualized group DMT approaches, and quality of life outcomes.

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