An Online Mind-Body Cognitive Behavior Therapy Intervention for Young Adult Immigrants Exposed to Childhood Trauma

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Introduction: Mental health disorders (e.g., depression) are a public health concern due to debilitating deficits in cognitive processing and social functioning\(^1\), and increased chronic disease risks (e.g., cardiovascular disease)\(^2,3\). Over 70% of mental health problems appear before 25 yrs\(^4,5\) and young adults (15-25 yrs) are the most likely demographically defined group for mental health disorders, substance misuse, and suicide\(^6\). Young immigrants exposed to adverse, traumatic events (e.g., gender-based violence, flooding) are frequently at elevated risk for chronic anxiety disorders (e.g., PTSD) because of past exposures combined with the complex socio-cultural changes of young adulthood. Accessible, scalable mental health interventions for traumatized immigrant youth are urgently needed. Internet-deliveries of mindfulness-based CBT and yoga for mental health disorders each have evidential support in the literature, but have not been assessed as a single, combined intervention method. The purpose of this randomized controlled trial (RCT) is to evaluate an online mind-body CBT intervention aimed at reducing mental health symptoms.

Methods: 12-week RCT comparing online MBCBT intervention with wait list controls in autonomic regulation and mental health outcomes.

Participants: Non-Canadian born residents (15-25 yrs) who emigrated during the last 10-years and meet criteria for trauma exposure and clinical PTSD at two academic Ontario institutions. A total of 50 participants will be randomized to MBCBT \(n = 25\) or WLC \(n = 25\).

Intervention Condition: MBCBT includes access to online CBT modules and other modules that instruct daily mindfulness meditation and yoga. MBCBT participants have contact with a health coach to maximize adherence. WLC will include educational materials on mental health symptom reduction.

Outcome Measures: 1) Impact of Events Scale (IES-22), Beck Depression Index-II (BDI-II), and Beck Anxiety Index (BAI); and 2) Objective measure of pupil dilation and fixation time to emotional stimuli as measured by Tobii Pro eye-tracking software.

Statistical Analysis: A 2 (group) x 3 (baseline, 12-weeks, 18-weeks) repeated measures ANOVA to compare the main effect of time on pupil dilation/response. Hypothesized demographic/mental health predictors of PTSD will be assessed using multiple linear regression. Exploratory pupillometry analyses will be compared with heart rate variability measures to better understand autonomic regulation.

Dissemination: Findings will inform mental health interventions aimed at addressing PTSD in multiple childhood trauma-exposed populations.

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