

4. AIM AND OBJECTIVES

4.1. AIM OF THE STUDY

1. The aim of the study is to develop, validate, and test the feasibility of the Tele Yoga Module (TYM) on PTSD symptoms.

4.2. OBJECTIVES OF THE STUDY

1. To develop the TYM for patients with PTSD based on a systematic review of the literature.
2. To validate the TYM by using a list of Delphi recommendations of key components for the design and reporting for PTSD conditions.
3. To assess the feasibility of the TYM.
4. To understand PTSD in terms of yogic point of view by using Vedic personality inventory (VPI) and AyuSoft *prakṛti* diagnostic tool.
5. To assess the quality of delivery of TYM by using Tele Yoga Therapy Assessment Scale (TYTAS).
6. To assess the subjective experience of the PTSD patients after the practice of the TYM for three months (4 days per week) by using a semi-structured interview.
7. To test the feasibility of the TYM by comparing PTSD management symptoms, depression, anxiety, resilience, functional impairment between two groups (TYM & TAU group) at pre-intervention, after three months of TYM practice (post-intervention).

4.3 JUSTIFICATION OF THE STUDY

Scientific evidence shows that yoga-based interventions for PTSD are efficient and ameliorate PTSD symptoms (Cramer et al., 2018; Niles et al., 2018). However, until date there is no standardized yoga module for PTSD, which can be followed. Existing PTSD yoga studies use different yoga modules supported by the author's logical explanations for the use of practices. There are many instances where no logical explanation has been provided to justify the practices used. It has been noted that in yoga intervention there is a large heterogeneity in yoga style, frequency, repetition of practices as well as the lack of studies controlling the confounding factors. As yoga includes a broad range of practice and techniques, variability and lack of details about the interventions included in the studies makes it very difficult to draw generalizable conclusions of the benefits of yoga and identification of effectiveness of key components of interventions. In addition, a recent systematic and meta-analysis study has reported low quality evidence and high

dropout rate in yoga studies (Cramer et al., 2018). Therefore, several methodological issues associated with yoga interventions and Tele-health require attention in order to standardize an efficient TYM for PTSD patients.

There is substantial evidence showing that most of the PTSD patients are reluctant to get a mental health service due to different types of barriers. TYM is more cost effective, and it is expected to remove most of the barriers hampering the treatment of PTSD (Schulz-Heik & Meyer, 2017; Reyes et al., 2020). However, these interventions pose greater demands than conventional treatments on the need to travel and attend yoga classes. This may be especially difficult for individuals with PTSD and those who live in remote areas, under military combat or areas affected by natural disasters. Tele-health technology offers a reasonable solution, which is accessed to care for those suffering from PTSD (Huberty, Matthews, Leiferman, Cacciatore, & Gold, 2018).

TY eliminates the face-to-face presence of a therapist or instructor (Reyes et al., 2020; Uebelacker et al., 2018; Jasti et al., 2020). Only a few research on TY had been done on healthy/non-healthy people. Although studies demonstrate preliminary efficacy of various mind-body interventions including CBT and mindfulness in the form of Tele-health interventions for PTSD, until date no formal intervention outcomes data had been published on TY for PTSD.

4.4. HYPOTHESIS (H₁)

- a) The structured Tele-Yoga Module (TYM) can be systematically developed based on evidence from previous literature addressing PTSD.
- b) The developed TYM will achieve validation and expert consensus through Delphi recommendations for key components suitable for PTSD management.
- c) The TYM will be feasible for PTSD patients in terms of retention, adherence, safety, and satisfaction.
- d) PTSD patients will show a distinct yogic personality (Gunas) and Prakṛti profile compared to normative patterns, as assessed by the Vedic Personality Inventory (VPI) and AyuSoft diagnostic tools.
- e) The TYM sessions will achieve a satisfactory quality of delivery, as measured by the Tele-Yoga Therapy Assessment Scale (TYTAS).

- f) The TYM group will show a significant reduction in PTSD symptoms, depression, anxiety, and functional impairment, and a significant increase in resilience compared to the Treatment as Usual (TAU) group after the intervention.

4.5 NULL HYPOTHESIS (H₀)

- a. A structured Tele-Yoga Module (TYM) cannot be systematically developed from existing literature addressing PTSD.
- b. The developed TYM will not achieve validation or expert consensus through Delphi recommendations for key components suitable for PTSD management.
- c. The TYM will not be feasible for PTSD patients in terms of adherence, safety, or satisfaction.
- d. PTSD patients will not show any significant difference in yogic personality (Gunas) and Prakṛti profile compared to normative patterns.
- e. The TYM sessions will not achieve a satisfactory quality of delivery, as measured by the Tele-Yoga Therapy Assessment Scale (TYTAS).
- f. There will be no significant difference between the TYM and TAU groups in PTSD symptoms, depression, anxiety, resilience, or functional impairment after the intervention.