Title:
Perceived Benefits of a Mindfulness-Based Intervention Among Homeless Women and Young Children

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Session Title:
Supporting the Needs of Low-Income Families to Improve Parent and Child Outcomes

Slot:
D 03: Friday, 28 July 2017: 10:45 AM-12:00 PM
Scheduled Time:
10:45 AM

Keywords:
Homelessness, Mindfulness and Parenting

References:

Abstract Summary:
Homeless mothers and their young children are at increased risk for negative physical and psychological outcomes. This session describes the perceived benefits of participating in an 8-week Mindfulness Based Stress Reduction Program.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>1. Learner will describe the impact of homelessness on maternal and infant/toddler mental health</td>
<td>Presentation will describe the effects of homelessness and residential instability on: (a) maternal physical health, (b) maternal psychological health, (c) child physical health, (d) child psychological health, and (e) parenting behaviors.</td>
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<td>2. Learner will describe how the tenets of a mindfulness based stress reduction (MBSR) intervention can improve the parent-child relationship</td>
<td>Presentation will briefly review the benefits of mindfulness based stress reduction (MBSR) on physical and mental health outcomes, with a focus on mothers of reproductive age. I will also present the theoretical underpinnings of MBSR and how they can support parenting, particularly in low-income mothers.</td>
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<td>3. Learner will be able to apply the findings from the current study to other programs addressing the mental health needs of low-income mothers and their young children</td>
<td>Presentation will include mixed methods findings related to an 8-week MBSR intervention, with a focus on participant's perceptions of its benefits on maternal mental health, improving maternal sensitivity, and subsequently improving child behavior. I will describe data on retention and plausible reasons for high rates of retention in a highly vulnerable population.</td>
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Abstract Text:

Introduction: Family homelessness remains a significant public health issue associated with negative physical and mental health outcomes for those impacted. The impact of homelessness on children, particularly young children, includes an increased risk of poor mental health, socio-emotional problems, and cognitive delays. 1 Homeless women experience disproportionately high rates of adverse physical and mental health outcomes including higher rates of depression. 2 Compounding this issue is that services for homeless families are often directed toward housing and other essential services, and few resources are available to address the mental health needs of homeless mothers and their children. There is an urgent need for evidence-based programs to support homeless families, particularly those with young children. Mindfulness practice has been increasingly incorporated into the treatment of chronic diseases, with promising results noted in the management of depression, stress and pregnancy-specific stress, overall physical function, and quality of life. 3-12 Yet, to our knowledge no study has examined the benefit of mindfulness on the mother-infant relationship. The purpose of this mixed methods study is to describe the perceived benefits of a mindfulness intervention that was implemented in a Therapeutic Nursery (TN) serving homeless children under the age of three and their caregivers in an urban setting in the United States.
Method: Mothers of young children participating in an 8-week, group-based, Mindfulness Based Stress Reduction (MBSR) intervention were recruited from an urban TN to participate in post-intervention qualitative interviews to explore perceived benefits of MBSR. Quantitative data on maternal depression (via the Center for Epidemiologic Studies Depression Scale: CES-D), was collected pre-and post-intervention. The in-depth qualitative interview narratives were analyzed using conventional content analysis. After all transcripts were coded, the data within each code was examined and ultimately organized into a hierarchical structure and assessed to provide context and further understanding of the influence of MBSR on maternal and child outcomes.

Results: Seventeen mothers participated in the qualitative interviews, and maternal age ranged from 24-44 (M=30.9). The majority of the mothers were African American, single, and reported receiving less than a high school education. At the time of the interview, the majority of mothers (65%) were living in shelters, and the remaining mothers reported being in unstable housing (17.5%) or transitional housing (17.5%). On average, women attended 6.8 mindfulness sessions (85% of sessions) and 100% of mothers participated in at least 5 of the 8 sessions. At baseline, 82% of mothers exceeded the cut-off score for depressive symptomatology pre-intervention. Post-intervention, 53% of mothers exceeded the cut-off score for depressive symptomatology demonstrating a 35% reduction in high rates of depression. Four themes were derived from the data regarding the perceived benefits of the mindfulness program including. Participants described now establishing “me” time, “…instead of reacting right away when [child] does something wrong, I take a minute to myself. Instead of yelling ‘leave mommy alone’ I say ‘give mommy a couple minutes to get herself together.’” Maternal self-regulation was another identified theme, with one participant noting, “I don’t stress about the things I can’t change and control like I used to. It’s more like this is a test, this is a trial, let’s figure it out.” Related to the mother-child relationship, dyadic connectedness was another identified theme with one participant commenting “I’m opening my arms rather than pushing away,” linking her change in behavior to a significant decrease in her child’s outbursts. Finally, child well-being was a theme identified by participants who uniformly noted improvements in their children’s behavior and well-being through their own participation in MBSR. One participant commented, “I showed her [child] other ways of how to get my attention without having to throw stuff at me or kick me or force her toys on me…and it worked!”

Conclusion: The parent-child relationship is the most salient moderator of the relationship between children experiencing homelessness and early childhood outcomes. Thus, interventions to reduce stress thereby improving the parent-child relationship are needed, particularly for very young children. Findings from the current study suggest mindfulness as a promising strategy to support maternal mental health, and subsequently, the socioemotional development of young children. The concept of self-compassion is particularly important for homeless mothers who are confronted with many stressors that often take precedence over their own well-being. By giving mothers the opportunity to practice these skills with their child within the weekly relationship-based program at the TN, the quality of the parent-child interaction is enhanced. Further, mothers are supported in incorporating these same skills in their activities outside of the TN. If young children are exposed to supportive, nurturing relationships, the deleterious effects of homelessness and its related indicators may be attenuated. Our research demonstrates that a mindfulness intervention may foster the development of positive parent-child interaction.