ARTICLE

"I'M OPENING MY ARMS RATHER THAN PUSHING AWAY:" PERCEIVED BENEFITS OF A MINDFULNESS-BASED INTERVENTION AMONG HOMELESS WOMEN AND YOUNG CHILDREN

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ABSTRACT: Family homelessness is associated with adverse outcomes in mothers and their young children. Evidence-based programs are needed to support the socioemotional needs of these families. The purpose of this qualitative study was to explore the perceived benefits of participating in a mindfulness program in mother–child dyads receiving services at a therapeutic nursery serving homeless children under the age of 3 years. A convenience sample of 17 predominantly African American mothers participated in in-depth qualitative interviews. Four themes were derived from the data regarding the perceived benefits of the mindfulness program: "me" time, maternal self-regulation, dyadic connectedness, and child well-being. Results demonstrate the perceived benefits of mindfulness on the parent–child relationship and have important implications for families at an increased risk of adverse outcomes. Because homelessness and residential instability confer considerable risk for young children, interventions to support effective parenting are critical.

Keywords: mindfulness, maternal sensitivity, homelessness, attachment

RESUMEN: El que la familia no tenga una vivienda se asocia con resultados adversos en las madres y sus niños pequeños. Los programas basados en la evidencia se necesitan para apoyar las necesidades socio-emocionales de estas familias. El propósito de este estudio cualitativo fue explorar los beneficios percibidos de participar en un programa de plena atención en el caso de díadas madre-niño que reciben ayuda en una guardería terapéutica que presta servicios a niños sin techo menores de 3 años. Un grupo muestra de conveniencia de 17 madres predominantemente afroamericanas participó en las entrevistas cualitativas a fondo. Cuatro temas se derivaron de la información acerca de los beneficios percibidos del programa de plena atención incluyendo: "yo" tiempo, la auto-regulación materna, el sentido de conexión de la díada, y el bienestar del niño. Los resultados demuestran los beneficios percibidos de la plena atención en la relación progenitor-niño, y tienen importantes implicaciones para las familias que se encuentran bajo un aumentado riesgo de resultados adversos. Debido a que la falta de vivienda y la inestabilidad residencial se prestan para un riesgo considerable en los niños pequeños, las intervenciones para apoyar la crianza eficaz son esenciales.

Palabras claves: plena atención, sensibilidad materna, falta de vivienda, afectividad

RÉSUMÉ: Le problème des familles sans abri est lié à des résultats adverses chez les mères et leurs très jeunes enfants. Des programmes fondés sur des données probantes sont nécessaires afin de soutenir les besoins socio-émotionnels de ces familles. Le but de cette étude qualitative était d'explorer

We report no conflicts of interest. Human subjects approval for this study was received from Johns Hopkins Medical Institution. This research was supported by Grant K23NR015810 from the National Institute of Nursing Research.

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INFANT MENTAL HEALTH JOURNAL, Vol. 38(3), 434–442 (2017)

View this article online at wileyonlinelibrary.com.
DOI: 10.1002/imhj.21641

les bénéfices perçus de la participation à un programme de pleine conscience chez des dyades mères-enfants recevant des services dans une crèche thérapeutique servant des enfants sans abri de moins de 3 ans. Un échantillon de commodité de 17 mères en grande partie noires américaines ont participé à des entretiens qualitatifs approfondis. Quatre thèmes ont été dérivés des données pour ce qui concerne les bénéfices perçus du programme de pleine conscience, y compris : temps « à moi », autorégulation maternelle, connexion dyadique, bien-être de l'enfant. Les résultats démontrent les bénéfices perçus de la pleine conscience sur la relation parent-enfant, et ont des implications importantes pour les familles étant à risque de résultats adverses. Parce que le problème des sans abri et l'instabilité résidentielle confèrent un risque considérable pour les jeunes enfants des interventions afin de soutenir un parentage efficace sont critiques.

Mots clés: pleine conscience, sensibilité maternelle, problème des sans abri, attachement

ZUSAMMENFASSUNG: Familiäre Obdachlosigkeit ist mit negativen Folgen bei Müttern und ihren Kleinkindern assoziiert. Evidenzbasierte Programme sind erforderlich, um die sozio-emotionalen Bedürfnisse dieser Familien zu unterstützen. Das Ziel dieser qualitativen Studie war es, die wahrgenommenen Vorteile der Teilnahme an einem Achtsamkeitsprogramm in Mutter-Kind-Dyaden, die Dienstleistungen einer therapeutischen Kinderkrippe für obdachlose Kinder unter 3 Jahren erhielten, zu erforschen. Eine verfügbare Stichprobe von 17 überwiegend afroamerikanischen Müttern nahm an ausführlichen qualitativen Interviews teil. Vier Themen wurden aus den Daten über die wahrgenommenen Vorteile des Achtsamkeitsprogramms abgeleitet, darunter: Zeit für sich selbst, mütterliche Selbstregulierung, dyadische Verbundenheit und Wohlbefinden des Kindes. Die Ergebnisse veranschaulichen die wahrgenommenen Vorteile der Achtsamkeit für die Eltern-Kind-Beziehung und haben wichtige Implikationen für Familien mit einem erhöhten Risiko für Adversität. Weil Obdachlosigkeit und Wohninstabilität mit einem beträchtlichen Risiko für Kleinkinder einhergehen, sind Interventionen zur Unterstützung einer effektiven Erziehung entscheidend.

Stichwörter: Achtsamkeit, mütterliche Sensitivität, Obdachlosigkeit, Bindung

抄録: 家族がホームレスなことは、母親とその幼い子ども達の不利な結果に関連する。これらの家族の社会 3感情的なニーズを支援するために、根拠に基づくプログラムが必要である。この質的研究の目的は、3歳未満のホームレスの子ども達の世話をする治療的な保育園でサービスを受けている母子の中で、マインドフルネスプログラムに参加する利益の認知を探索することだった。便宜的標本である大部分がアフリカ系アメリカ人の母親 マインドフルネスプログラムの利益の認知に関するデータから、4つのテーマがもたらされた。それらは、「私」時間、母親の自己 4調整、二者間の連結性、そして子どもの福祉である。結果は、マインドフルネスの親子関係性への利益の認知を示し、不利な結果の増大するリスクにさらされている家族にとって重要な意味を持つ。ホームレスであることと住居の不安定性は幼い子どもにかなりのリスクを与えるため、効果的な育児を支援する介入が、決定的に重要である。

キーワード: マインドフルネス, 母親の感受性, ホームレスであること, 愛着

摘要: 無家可歸對母親及幼兒有不良影響。需要有循證方案來支持這些家庭的社會情感需要。這項定性研究的目的是探索在為3歲以下無家可歸的兒童, 提供治療性托兒服務的母親子女參與正念計劃所獲得的益處。17名主要是非洲裔美國母親的便利樣本參與深度定性訪談。從關於正念計劃的感知益處數據中得出四個主題, 包括 17 "我" 的時間、母親自我調節、二元關聯性和兒童福祉。結果表明, 正念對親子關係有明顯的益處, 並且對高風險不良結果的家庭具有重要意義。因為無家可歸和住宅不穩定性給幼兒帶來相當大的風險, 所以支持有效育兒干預措施至關重要。

關鍵詞: 正念, 母親的敏感性, 無家可歸, 依附

ملخص: تعرض الأسرة لتجربة عدم وجود مأوى يكون له عواقب غير طيبة بالنسبة للأمهات والأطفال الصغار. ولذلك نرى أن البرامج القائمة على الدلائل مطلوبة بشكل خاص لدعم الاحتياجات الاجتماعية العاطفية لهذه العائلات. الغرض من هذه الدراسة التعرف على الفوائد المرجوة من المشاركة في برنامج قائم على تركيز الوعي ويشمل ثنائيات من الأمهات والأطفال الذين يتلقون خدمات في دور الرعاية العلاجية التي تخدم الأطفال بلا مأوى تحت عمر 3 سنوات. اشترك في الدراسة 17 أم معظمهم من الأمريكيين السود في مقابلات شخصية مكثفة وعميقة. برزت أربعة مواضيع أساسية من تحليل البيانات بخصوص منافع برنامج تركيز الوعي وهي : وقتي الخاص بي – التنظيم الذاتي الأمومي – التواصل الثنائي – رفاهية الطفل. أكدت النتائج على فوائد التركيز الذهني على العلاقة بين الأب أو الأم والطفل وأظهرت تضمينات مهمة بالنسبة للعائلات التي تقع تحت مخاطرة عالية للتعرض لعواقب غير جيدة. وتشير المناقشة إلى ضرورة التدخل لدعم الأبوة والأمومة الفعالى وذلك لأن حالة عدم وجود مأوى وعدم الاستقرار السكني تعرض صغار الأطفال إلى دائرة المخاطرة.

كلمات مفتاحية: تركيز الوعي – الحساسية الأمومية – اللا مأوى – التعلق

* * *

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, socioemotional problems, and cognitive delays (Shinn, Samuels, Fischer, Thompkins, & Fowler, 2015). The evident disparities in physical and mental health outcomes among homeless individuals are exacerbated by poor access to healthcare

as well as difficulties in medication adherence (Baggett, O'Connell, Singer, & Rigotti, 2010; Canavan et al., 2012; Coe et al., 2015; Hwang et al., 2010).

On any given night in the United States, more than 600,000 individuals are homeless; of these, nearly 25% of homeless individuals are children living in families (Fazel, Geddes, & Kushel, 2014). According to the Homeless Emergency Assistance and Rapid Transition to Housing Act's (HEARTH) recently amended definition (2009) that includes families that have precarious housing situations, an estimated 1.6 million children were homeless in the United States between 2011 and 2012, reflecting a 10% increase from the previous year (Bassuk, DeCandia, Beach, & Berman, 2014).

Homeless women experience disproportionately high rates of adverse physical and mental health outcomes, including higher rates of depression (Bassuk & Beardslee, 2014). This is due, in part, to extreme poverty, exposure to violence, and limited social support networks (Weinreb, Buckner, Williams, & Nicholson, 2006). Compounding this issue, 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.

The harmful effects of homelessness on children are well-documented. A recent systematic review has examined the mental health needs and outcomes of homeless children, finding that homeless children, as compared to housed children, experienced higher rates of mental health and behavioral problems. Specifically, 14 to 26% of homeless preschoolers and 24 to 40% of school-age children had mental health problems necessitating clinical evaluation (Bassuk, Richard, & Tsertsvadze, 2015). The rate of mental health problems in school-age children is two to four times higher than are reported rates of mental health problems in poor children aged 6 to 11, as noted in the National Survey of America's Families (Howell, 2004). Less researched is the impact of homelessness on infants and toddlers. Indeed, in a recent meta-analysis examining the prevalence of mental illness in homeless children, only one study had focused on children less than 3 years of age, finding no significant differences in developmental status between homeless and low-income house children. However, the younger children in both conditions performed better than the older children on most summary scores assessed by the Bayley Scales of Infant Development (Bayley, 1993), suggesting a cumulative effect of poverty on developmental outcomes (Bassuk et al., 2015). Further, children experiencing homelessness are typically exposed to multiple stressors such as witnessing interpersonal and community violence, exposure to higher rates of maternal depression and other psychiatric disorders, parental substance use, and fewer educational and social resources available to assist in mitigating their multiple risk factors (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013).

Taken together, the research literature has supported an urgent need for evidence-based programs to support homeless families, particularly those with young children. The purpose of this study is to describe the perceived benefits of a mindfulness program that was implemented in a Therapeutic Nursery (TN) serving homeless children under the age of 3 years and their caregivers.

MINDFULNESS

Mindfulness is defined as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). A sizeable body of literature has supported that mindfulness is associated with greater self-efficacy, coping, and emotional regulation (Brown & Ryan, 2003; Keng, Smoski, & Robins, 2011). Further, mindfulness has been associated with improvements in physical and psychological well-being, including decreased symptoms of chronic pain, fatigue, and depression (Khoury, Sharma, Rush, & Fournier, 2015). Mindfulness research to date has largely focused on individual outcomes; yet, a tenet of mindfulness is its benefits on interpersonal relationships via compassion for the self, which presumably leads to improved responsiveness to others (Kabat-Zinn, 2003). Limited research has supported the benefits of mindfulness on the parent–child relationship; yet, its benefit on homeless mothers and children has been largely unexplored (Bazzano et al., 2015; Bogels, Lehtonen, & Restifo, 2010). Further, extant mindfulness research in children has largely been focused on preschool and school-aged children. An important gap in the literature is an understanding of the benefits of mindfulness in children under the age of 3 years.

The SHINE mindfulness program is an innovative 10-session program that teaches research-based, mindfulness awareness practices to people living with poverty, homelessness, addictions, abuse, and physical and mental health challenges. It has been utilized in the PACT TN, in conjunction with the Mindful Awareness Play (MAP) parent–child play activity (discussed later), to promote mutual regulation, strengthen family attachments, and reduce stress and anxiety.

The carefully designed weekly activities are based on compelling scientific evidence that mindfulness can produce demonstrable positive effects on brain and immune function (Davidson et al., 2003). Specific elements are repeated each week for a predictable group structure to the group hour (i.e., review of group agreements, passing of a "talking stick" for individual comments, and sharing of mindful "victories" that parents experienced in the past week). Each week, SHINE teaches, through carefully designed activities, the goals of the SHINE program (**S**upport, **H**onor, **I**nspire, **N**urture, **E**volve). This is done through three formal, guided meditations in each session. In addition, each week, an informal "Key to Mindfulness" practice is taught using interactive exercises, demonstrations, and peer teachings. Each "Key" depicts a simple, clear practice that focuses on the parent creating an intentional pause for self-reflection and wise choice. At the conclusion of the group, the parent is given a nicely designed "Key" tag, which corresponds to the mindful teaching for the day and can serve as a reminder in her pocket to use mindfulness to deal with daily stresses.

THE MAP

The MAP is a play intervention used by clinicians at the TN with babies and parents to strengthen their attachment relationship, promote mutual regulation, and address trauma-induced developmental delays. During the MAP session, each dyad is paired with a clinician and is seated on a brightly colored blanket on the floor. The dyad is presented with a decorated red box containing a simple mystery item each week (e.g., peek-a-boo cloth, feathers, shaker). The clinician supports the parent to be the Curious Observer and follows the child's Curious Explorer lead. At first, this can feel frustrating or unnatural for parents, but they quickly realize that following their child's lead creates a nurturing environment that allows their child's creativity, focus, and problem-solving skills to emerge.

An additional component of the MAP is providing parents and very young children an opportunity to engage in interactive play which prompts curious exploration, free from expectation and judgment. This open space for exploration facilitates emotional connections between parents and their children. The MAP play experience allows parents who have not experienced moment-to-moment, nonjudgmental play interaction a unique opportunity to build interactive patterns that can act as a protective factor for their young child's socioemotional growth.

METHODS

This qualitative study was part of a program evaluation that examined participants' perceptions of various components of the program. This report focuses on the mindfulness training that participants received, both through the MAP and in the SHINE mindfulness program. A convenience sample of mothers attending PACT TN was recruited between July 2013 and March 2015. Institutional Review Board approval was received from Johns Hopkins Medical Institution.

Procedures

Program participants were invited to participate in an exit interview within 1 month of their program completion. After obtaining participants' permission, all interviews were video-recorded. Each of the interviews lasted approximately 30 min and was conducted within a private room in the TN. The individual interviews were conducted by graduate students who were not involved in the intervention. The interviews were guided by open-ended questions with relevant probes to assist participants as needed. The team developed the interview guide to elicit in-depth feedback on all program components, with a focus on the perceived benefits of mindfulness. The questions specific to mindfulness included: "Tell me how participating in the mindfulness sessions has helped you personally? Which mindfulness skills do you find most helpful in your own daily routine? How do you think participating in mindfulness has helped you as a parent? What changes have you noticed in interacting with your child(ren)? What differences, if any, do you notice in how your child responds to you?" For many of the questions, participants were encouraged to provide a specific example.

While each interview followed a topical outline, the experiences of each participant varied across interviews based on a participant's experiences with the program. The interviewer was flexible during the interviews, allowing participants to tell their stories, probing only for clarification. Upon the completion of each interview, participants were compensated with a small stipend for their time and expertise.

The video-taped interviews were digitally recorded and then transcribed verbatim. Each transcript was read though several times and reviewed for accuracy by study team members who conducted the individual interviews. Analysis of the qualitative data was conducted through a four-step process (Hsieh & Shannon, 2005). Constant comparison within and across interview transcripts was continually undertaken to develop and refine categories throughout the analytic process by three study team members (Hsieh & Shannon, 2005). Initially, three research team members independently read all of the transcribed interviews to immerse themselves in the participants' responses. Next, we coded the individual interview transcripts, with attention focused on the participants' discussion of mindfulness. This coding process included notes regarding our first impressions as well as initial analysis. During the third step, we discussed emerging categories and themes in an iterative manner, establishing similar categories between coders. Last, using the themes or categories identified by all reviewing authors, interviews were independently reanalyzed by each of the authors. In any instances of contradiction, discussion among the authors continued until consensus was reached.

RESULTS

Seventeen mothers participated in the qualitative interviews, and maternal age ranged from 24 to 44, with a mean age of 30.9 years ($SD = 5.4$). A majority of the mothers (71%) self-identified as African American, with the remaining mothers self-identifying as White. Regarding education, 5 (29%) mothers reported not completing high school, 4 (24%) completed high school, 6 (35%) completed "some" college, and 2 (12%) mothers received an associate or a bachelor's degree. 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%). While many mindfulness-based stress-reduction programs are comprised of eight sessions, in the current study there was no limit on the number of sessions that mothers could attend. On average, women attended 5.6 mindfulness training sessions, which included both the SHINE program and the MAP intervention. Each session lasted approximately 1 hr.

Participants shared common perceptions about how participating in the mindfulness program helped them personally. Each participant discussed how the program improved her relationship with her child(ren), and the majority of the participants noted positive changes in their young children's behavior. Four themes were derived from the data regarding the perceived benefits of the

mindfulness program: "me" time, maternal self-regulation, dyadic connectedness, and child well-being. These themes were quite interrelated, with participants attributing changes in their children's behavior to changes in their own behavior.

"Me" Time: "Take that moment and just be with myself"

Each of the participants discussed an enhanced appreciation of allowing themselves to take a few minutes each day to focus on themselves, often described as "me" time. Many of the participants discussed that this was not something that they had ever done before, but noted immediate benefits in allowing themselves to take a few minutes "to take that time for myself." In taking this time, participants noted that they were able to more effectively deal with particular stressors. One participant noted to her family that "Mommy needs a 'me' time moment so now I can close the door, take a deep breath, and then come back." Prior to participating in the mindfulness program, this participant commented that she would have reacted quickly, and often negatively, without allowing herself time to "settle." Similarly, another participant commented:

> I learned how to stop and take a minute. 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 . . . . I need to calm down and when I finish calming down I'll call you over and we can talk about it.

This same participant attributed this technique to a significant change in her interactions with others, and remarked that it substantially decreased the number of altercations that she had with others. Many of the participants acknowledged that they had many "hurdles" in their lives due to their current living circumstances. One participant noted that it was important to take that time for herself so that she could "handle everything one step at a time . . . so you can hear yourself so you can move on the next obstacle to get to your goal." Similarly, another participant commented the program had been most beneficial in providing her "the ability to stop for a moment and breathe and say everything is going to be okay." Consistent with the tenets of mindfulness, the ability to take a few minutes each day to be alone, and to "settle" her breathing, helped decrease the anxiety and perceived stress that each participant expressed related to the various challenges that they were experiencing.

Maternal Self-Regulation: "It's Not Worth the Drama"

Related to "me" time, each participant discussed how participating in the mindfulness program helped with regulating her behavior. Many of the participants contrasted reactions to current stressors with how they would have previously responded, often using phrases such as "I would go from 0 to 10 in a second" or "I could go from being calm to totally frustrated . . . 0 to 100 in a minute." Many participants discussed the various stressors that they were faced with, and how they thought stress was impacting them physically and emotionally. One participant noted:

> The way I handle stress is different. I don't let it consume me. I focus more on how can I improve this? How can I make this great? 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 . . . which was nearly impossible for me to do before . . . . I would stress about things I couldn't do anything about instead of focusing on the things I could work on. It doesn't consume me . . . . I'm proud of myself for trying to make these changes.

Several participants remarked how stressful it was to rely on the city bus for transportation. The bus was often late, making them miss appointments, or crowded, making it difficult to use with children in tow. Many participants discussed examples of how mindfulness helped with the daily stress of riding the bus. One participant discussed being on the bus when the bus broke down. She was now going to be late for an appointment for her child, and she remarked: "I remained calm. I took a moment to say it's going to be okay . . . we're going to get there, and everything is going to be fine." When asked if this was a change in how she would have previously responded, she remarked "absolutely . . . complete opposite in a good way." Another participant was discussing the stress of relying on the city bus, and said she can deal with the stress of the bus being late "a lot better now. I've learned to respond, and not to react." Finally, 1 participant discussed an interaction that she had with a neighbor who had not returned a stroller that the participant had lent her. The participant asked her neighbor on several occasions to return the stroller, and the neighbor finally "exploded" on the participant, screaming expletives. The participant stated "I kept my cool, I didn't yell, I didn't scream . . . . Can I have my stroller please? Thank you." The participant said that prior to participating in the mindfulness program, this type of interaction would have likely ended up becoming physical.

Regarding self-regulation, many participants discussed improved regulation in response to their children's behavior. One participant with several young children discussed how much more patience she had with her child:

> She [daughter] has tantrums and sometimes her behavior is on a downward slope . . . . it would aggravate the mess out me. I was like a ticking time bomb every time. I've learned to have more patience with her [child]. I always take time out to listen to my [tingsha] bells before I say anything so I'll say something to her in a positive way rather than a negative way.

Another participant contrasted how she responded to her now 13-year-old son when he was a young child with how she now responds more calmly to her young daughter, crediting mindfulness with the change in her response:

> If one of my boys gets in trouble at school I'm not just going to jump to conclusions and punish them. I'm going to talk to them and find out what was going on in their head and why it happened. I'm not saying they won't get punished, I just want to understand where their mind was at when they

did it. And I want to talk about it which is not the mother I was for my 13 year old. I would just punish him . . . . I never would have asked him why.

Maintaining a mindful awareness allowed participants to exercise a choice in their response to various situations. Many participants drew upon previous "automatic" reactions with their children, and discussed how avoiding automatic reactions provided more enjoyment in the parent–child relationship.

Dyadic Connectedness: "I'm Opening My Arms Rather Than Pushing Away"

All participants addressed how the mindfulness program improved their relationship with their child(ren). Many participants specifically explained how the program allowed them to view situations from the perspective of their child, thereby allowing them to gain a better understanding of their child's feelings. One participant discussed a situation where her daughter was having trouble sleeping in a shelter; she stated:

It [the program] put a new perspective on things because I was looking at it as what I have done, it was more about me. But when I took a step back and put myself in her shoes I could see things completely differently.

Similarly, another participant commented, "He [son] has feelings too . . . you have to help them learn how to deal with their feelings sometimes too . . . you know help them get through it just like you try to help yourself get through it."

In addition, many participants expressed how the mindfulness program helped improve parent–child communication. Regarding their children misbehaving, 1 participant stated:

If they are not listening or they are not behaving or whatever, for me to kind of get on their level and make sure that they are looking at me, and discuss it, not just "no", punish them, holler, whatever. Try to take a step in between all that, and kind of explain and make sure they fully understand.

The same participant also added: "It's not always what you say, but how you say things." Several participants also included how they now utilize mealtime as a time to communicate and be with their children. One participant commented:

To engage during mealtime, to talk about the food that's on their plate, and make any type of conversation just to engage. Don't just sit there in silence or watching TV or me on my cell phone. You might be eating dinner together, but you're not eating dinner *together*.

A majority of participants also acknowledged how they enjoyed and were more appreciative of the time that they spent with their children after completing the mindfulness program. When discussing playtime, 1 participant stated, "I'm opening my arms rather than pushing away." Another participant commented, "She [daughter] felt that she had my complete, undivided attention. It's comforting, it feels nice. It's kind of a happy moment." Multiple participants also remarked about interactions with their children, such as "I started paying more attention," "I now let my child take the lead," and "my child makes me laugh more." Overall, by utilizing the concepts learned and practiced throughout the mindfulness program, participants were able to improve their relationship with their children by displaying greater attunement, improved communication, and more appreciation for the time that they spent with their children.

Child Well-Being: "It's My Temperament That's Calming Him Down"

In the interviews, participants discussed how their children's behavior and well-being had been positively influenced through their own participation in the mindfulness program. The participants mentioned several different types of positive child outcomes, including improved behavior, communication, attachment, and mental health within their children. Many participants discussed how their ability to self-regulate their emotions and behaviors influenced similar positive changes in their children.

Participants repeatedly discussed how their child's communication patterns had increased and become more age-appropriate and clear. One mother said: "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." Another participant noted that "He's [child] sitting more and paying attention." Prior to participating in the mindfulness program, many participants expressed concern that their children were unable to communicate their needs, and after participating, 1 mother said that "with the potty situation, now she'll actually tell me when she needs to go," and the father agreed, "Yes, she talks more now."

Participants also noted that their children seemed to want to be physically and emotionally closer to them after their participation in the mindfulness program. One participant noted, "She listens more. We seem more connected." This increased connectedness can be seen as a sign of secure attachment and positive bond between parent and child. Another participant said, "I feel like she's also reaching out to mommy and like, letting me, include me into her playtime." One participant with several young children said that

Being that I'm able to incorporate mindfulness, and the things that I've learned in the group, into my life—it's, (like) they're drawing back into mom/me, like every day my child makes sure she's on my lap just to be here.

This increased physical and emotional closeness and connectedness was often noted after the parent and child participated in the MAP sessions. One mother noted that her child ". . . felt that she had my complete undivided attention."

Many participants also mentioned that they noticed changes in their child's behavior that they felt were indicative of improved mental health. One participant commented, "you don't really think that a two or three year old is learning adult coping skills but they are," further discussing that her child was learning skills that she

had learned through the mindfulness program. Similarly, another participant noted:

> When I started they would ask me "Mommy where are you going?" I'd be like "Mommy just needs to take a breath for a few minutes" and before I know it my little boy ... three years old, saw me getting upset and said "Mommy I think you should go take a breath", and then the very next week he got all upset and he said "Mommy I think I need to take a breath."

Participants showed pride and happiness in response to their children exhibiting these behaviors. One participant said "that makes me feel good" when she realized that her child's stutter had "gone down tremendously," which she attributed to her own improved temperament. Another participant discussed the positive changes that she was observing in her young child and remarked, "It's awesome because it makes me feel like I'm doing the right thing you know, that I'm being a good parent."

DISCUSSION

The goal of this study was to further our understanding of mindfulness and its perceived benefits among a highly vulnerable sample. Findings from the current study provide further evidence of the benefits of mindfulness, with participants noting benefits on their health, parenting, and consequently, their young children's behavior.

Participants described an improvement in their own health, and subsequently their parenting abilities, in part due to allowing themselves time to focus on themselves. A mother's ability to take care of herself while simultaneously caring for her child is key to positive parenting. Findings from the current study are consistent with other research that has examined mindful parenting. Mindful parenting interventions, based on the tenets of mindfulness, have shown improvements in parental anger management as well as reductions in disagreements between parents (Bogels et al., 2010; Coatsworth, Duncan, Greenberg, & Nix, 2010; Dawe & Harnett, 2007). In a clinic-based sample of young children with emotional and behavior problems, self-reported mindfulness was associated with improved parenting behaviors (Williams & Wahler, 2010). The benefits of mindfulness may be particularly salient for homeless families who may have greater difficulty providing themselves with "self-nurturing" attention due to the multiple stressors inherent with homelessness. Through the SHINE program, participants learned to allow themselves time for self-compassion. This balance between attention to oneself and attention to one's child is requisite for positive parenting. Indeed, improved self-compassion may have improved participants' compassion toward their own children, particularly in historically stressful situations. While mindfulness research to date has largely focused on outcomes for the individual, Kabat-Zinn (2003) suggested that interpersonal relationships are improved through mindfulness via improved self-compassion, which ultimately improves one's responsiveness to others.

Each participant described stressors that they were facing, and attributed mindfulness to decreased stress and improved self-regulation. There are well-established links between parenting stress and parenting skills; that is, under increased stress, parents often become more controlling, more reactive, and less warm toward their children (Piehler, Lee, Bloomquist, & August, 2014). Research has demonstrated that cumulative "life" stress and parenting stress independently predict less maternal positivity in interactions with their young children, and parenting stress also is predictive of less pleasure in parent–child dyads (Mantymaa et al., 2015). Consistent with these findings, participants in the current study described more joy in their interactions with their young children, which they attributed to participating in mindfulness. There are well-established links between parenting stress and early child outcomes, and this association may be attenuated in homeless families who face more economic hardships and have insufficient supports in place.

Few studies have examined the effects of parental mindfulness on early childhood outcomes. Consistent with the current study's findings, published research has suggested that improved parental mindfulness is associated with a range of positive child outcomes. A recent study conducted among a large sample of parents and their children aged 3 to 17 years found that higher levels of parental dispositional mindfulness were indirectly associated with lower levels of youth internalizing and externalizing problems via higher levels of mindful parenting and less negative parenting practices. Notably, the sample was largely White, married, and well-educated (Parent, McKee, Rough, & Forehand, 2015). In a Dutch sample of perinatal women, higher maternal mindfulness during pregnancy was associated with less infant self-regulation problems and less infant negative affectivity at 10 months of age (van den Heuvel, Johannes, Henrichs, & Van den Bergh, 2015). While limited, research has supported the role of mindfulness in improved childhood outcomes. Participants in the current study attributed positive changes in their children's behavior to their own participation in mindfulness training. There are multiple pathways by which mindfulness may be associated with childhood outcomes; in the current study, the majority of participants discussed stress reduction as one such pathway. Indeed, the preponderance of support for mindfulness training has been derived from studies examining its effects on parental stress among parents of children with developmental delays, socioemotional disorders, attention deficit hyperactivity disorder, and receiving special education (Benn, Akiva, Arel, & Roeser, 2012; Bogels, Hoogstad, van Dun, de Schutter, & Restifo, 2008; Singh et al., 2007; van der Oord, Bogels, & Peijnenburg, 2012).

Homelessness and residential instability are significant risk factors for adverse childhood outcomes. 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 that mindfulness is a

promising strategy to support the socioemotional development of young children.

There are several limitations of the current study that should be noted. First, the sample was limited to homeless parents and their young children receiving services at an urban therapeutic nursery; thus, results are not generalizable to other populations. Second, all data were self-report, and future studies should include more objective measures of mindfulness as well as parent–child interaction. Finally, the qualitative interviews were conducted at a single time point, and future studies should incorporate longitudinal designs to best illuminate causal inferences. Nonetheless, to our knowledge, this is the first study to explore the perceived benefits of mindfulness on parental and childhood outcomes in a high-risk sample of parents with very young children.

Implications for Practice

Results from the current study add to a growing body of research on the benefits of mindfulness on the parent–child relationship, and have important implications for families at an increased risk of adverse outcomes. Because homelessness and residential instability are associated with considerable risk for young children, interventions to support effective parenting are critical. Teaching parents to be mindful in their daily interactions with their young children may be one avenue to improving the quality of the parent–child relationship while fostering the socioemotional growth of very young children. Helping parents practice mindful self-regulation and self-compassion, given their benefits on emotional regulation, is key to realizing these outcomes. The concept of self-compassion is particularly important for homeless parents, who are confronted with many stressors that often take precedence over their own well-being. By giving the parent 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. Furthermore, parents are supported in incorporating these same skills in their activities outside of the TN.

There is a significant body of research that has discussed risk factors that compromise effective parenting in homeless individuals (Buckner, 2008; Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009; Park, Ostler, & Fertig, 2015). Less studied are the promotive and protective factors that support competent parenting in highly adverse environments (Narayan, 2015). Limited research, owing largely from resilience literature, has suggested that positive parenting in homeless individuals is facilitated when individuals possess effective strategies to reduce the stress (Narayan, 2015). Our results demonstrate that the experience of homelessness, while highly stressful, does not prevent improved parental functioning.

Family homelessness is a significant public health issue, with myriad adverse outcomes for children and parents. 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.

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