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### Abstract

#### Background and Objectives

To explore a mindfulness-based support group for parents of young people in care for a first episode of psychosis with an Early Intervention Service (EIS).

#### Material and Methods

Family members in EIS were recruited for a one year research protocol with 8 group sessions during which mindfulness practices were introduced. Participants were supported in developing an ongoing mindfulness practice. Focus groups and individual interviews provided data for qualitative analysis of participant experience.

#### Results

Participants reported that mindfulness practice was associated with (1) a greater sense of ease, (2) increased awareness, (3) less emotional reactivity, and (4) improved interpersonal relationships. Factors involved in developing a sustained mindfulness practice included the age and stage of illness of the offspring, the stage of family development and prior exposure to mindfulness.

#### Conclusions

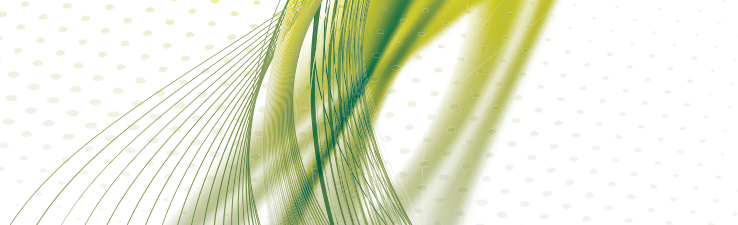
Sustained mindfulness practice, developed in the context of a mindfulness-based family support group, can provide support in regard to coping and communication for parents of young people in care for a first episode of psychosis. Further exploration of the use of mindfulness to support families encountering mental illness seems warranted.

**Key Words:** *family therapy, mindfulness, pilot project, schizophrenia, qualitative research*

Support for family caregivers of people with mental illness is an essential and often overlooked component of optimal care.<sup>1</sup> Parents of young people who are newly diagnosed with a psychotic disorder, for example, face the daunting task of supporting their offspring and, at the same time, managing their own response to having a child who is seriously ill.<sup>2</sup>

Support for families is an increasingly important issue in early phase psychosis (EPP)<sup>3</sup> and a number of programs to help families cope and adjust have been developed with positive outcomes, including group psychoeducational sessions and family support groups<sup>4,5</sup>

Mindfulness practices have been found to be helpful in supporting coping in both clinical and non-clinical



populations.<sup>6-8</sup> Mindfulness is being present with one's experience as it is unfolding, open to whatever thoughts, sensations and emotions arise in the immediacy of the present moment.<sup>9</sup> This present-moment awareness is a striking contrast to being lost in thought, held captive by likes and dislikes, memories of the past and plans or worries about the future. Mindfulness is a natural state of mind and way of being; it is inherent and can be strengthened or cultivated through mindfulness practice.

Mindfulness practice includes formal and informal approaches. Formal practice involves setting aside a time to practice, placing attention on a particular activity such as breathing, being present with whatever thoughts, sensations or emotions arise, noticing when the mind wanders and gently returning to the breathing. Informal practice involves bringing moment-to-moment non-judgmental awareness to ordinary daily activities such as eating, washing dishes or brushing teeth. All mindfulness practices involve observing mental experiences as they arise in the present moment, without immediate judgement. As such, mindfulness can reduce reactivity and provide a measured perspective on life situations.

Several studies have explored the use of mindfulness to support care givers who have dementia in their family.<sup>10,11</sup> Mindful Parenting, an adaptation of Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy for parents, has been found to be an acceptable and feasible intervention in mental health care, with positive effects on a number of child, parent and family variables.<sup>12</sup> To our knowledge, mindfulness has not previously been used specifically with families in EPP.

This pilot study explores qualitatively, family members' experience with mindfulness practice; both in its feasibility for use, as well as any associated positive or negative changes in life experiences.

## METHODS

All family members of individuals in an EIS for psychosis were offered the opportunity to participate in a 1-year research protocol. The 10 participants were self-selected and included 3 fathers and 7 mothers. The protocol included 8 meetings of 90 minutes

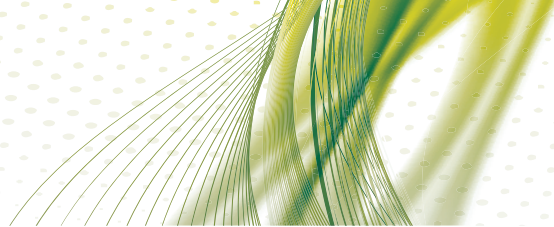
each. The first 4 sessions, held on a weekly basis in the first month, were used to introduce the concept of mindfulness and to introduce both formal mindfulness meditation and informal mindfulness in everyday life activities.<sup>13</sup>

The remaining 4 meetings were spread over the following 11 months. In the group sessions the focus was on mindfulness practice and personal coping with life in general, rather than on issues directly related to having a child with psychosis. The participants were asked to keep a diary to document the nature of their mindfulness practice. The primary leader and facilitator for the groups (the first author) is a master's level nurse who has more than 40 years of experience practicing and teaching mindfulness. Mindfulness was defined to the families as "moment-to-moment, non-judgmental awareness." This form of awareness was presented as being inherent and always potentially available.<sup>14</sup> Mindfulness practices were described as ways to allow the inherent mindful awareness to manifest.

Emphasis was placed on a non-judgmental attitude toward whatever mental experiences arise, and toward the nature of one's own mindfulness practice. The development of a consistent mindfulness practice was emphasized without specifying any particular requirements, and, with encouragement to respect and appreciate their unique mental style and life situation.

Two separate support groups were conducted, each with 5 participants, all of whom were parents of a young person with psychosis. Group A was organized through the adult EIS for psychosis (for individuals >18 years of age), Group B through the child and adolescent side of the EIS (for individuals <18 years of age). Ethics approval was obtained from the local research ethics boards of both the adult and child and adolescent health authorities.

Focus groups were held at 6-month intervals to gather data for qualitative analysis. In the focus groups the participants were asked to reflect upon their experience with mindfulness and mindfulness practice. The qualitative analysis, guided by interpretive phenomenology,<sup>15,16</sup> was carried out by one of the authors (MEC) and independently confirmed in collaboration with the first author.



### FUNDING

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### RESULTS

While the study was not designed to compare groups, differences observed between the members of Group A and Group B are relevant to feasibility. The participants in Group A organized through the adult EIS were parents of adult children, who were for the most part living independently and quite stable in terms of their psychotic illness. Participants in this group also had prior exposure to meditation or yoga. This group readily took to mindfulness as evidenced by diary reports indicating frequent use of mindfulness practices in their daily routine, and were consistent in attendance and engagement at the group sessions.

The participants in Group B organized through the child and adolescent services were parenting younger families with children more recently diagnosed and receiving acute treatment. They had less consistent attendance and were less likely to report practicing mindfulness between sessions. The one participant with prior exposure to mindfulness established a consistent practice. Three of the 5 Group B participants contributed to the qualitative data.

To varying degrees, all of the participants engaged with mindfulness practice and recognized some value in the experience of mindfulness. While there was general agreement that practice made a difference, there was considerable diversity in terms of which mindfulness practices they did, how frequently, and the duration of each mindfulness session. The incomplete nature of the practice diaries precludes formal quantitative analysis, however all participants reported using both formal meditation and everyday activities as a prompt for being mindful.

Formal meditation sessions ranged from 5 minutes to 30 minutes long, with a frequency ranging from daily to having several weeks pass without formal practice. Mindfulness was recognized as both naturally occurring and something to cultivate in physical activities such as walking, running, biking, skating and gardening. The non-judgemental aspect of mindfulness was

taken up in relation to the practice itself and also in a more general sense of not being so hard on oneself.

Mindfulness practice was associated with a greater sense of ease: “calmer,” “more accepting,” “things don’t bother me as much,” “stopping the engine. . . getting the hamster off the wheel, and giving the brain a break.” The sense of ease was qualitatively attributed to increased awareness and less emotional reactivity. Increased awareness included being more aware of self and others, as well as, being able to take a “wider perspective” and “see things more in context.” Mindfulness was described as a “tool” that can be used when experiencing something difficult, a tool that enables one “to take a breath” and “step back” so as not to be caught in “knee-jerk reactions” – “you can see the button being pushed and not react.”

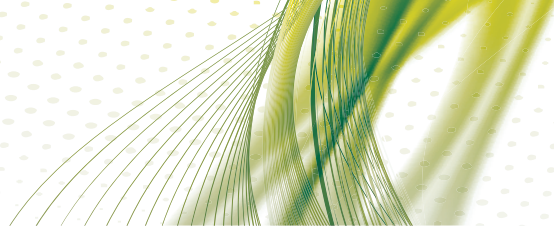
Participants noted that with a lessening in emotional reactivity, communication and interpersonal relationships improved. As one participant described in relation to interacting with their child with a psychotic illness, “when I don’t react or I react differently from the way I would have habitually reacted . . . we can actually have a conversation . . . the relationship becomes different.” From another participant, describing an interaction with her son about a sensitive issue related to his recovery “I didn’t react . . . we actually had a conversation about it as opposed to me over reacting and him just clamming up.”

### DISCUSSION

Engagement and support for families is well established as an essential component of optimal care for mental illness.<sup>1,2</sup> While psycho-education programming and support groups have routinely been used,<sup>4</sup> recognizing the diverse needs of families suggests the importance of a mosaic of support programming. In this study we explored mindfulness practice as basis for a family support group.

As well, mindfulness was introduced as an inherent form of awareness that can be uncovered through a variety of practices.<sup>9,13,14</sup> The non-judgmental nature of mindfulness was particularly emphasized both in mindfulness practice and in relation to developing a mindfulness practice. In that regard we allowed each subject to define for themselves the nature of





a consistent mindfulness practice, rather than giving specific requirements.

The results indicate that some parents of young people with psychosis, when introduced to mindfulness in a supportive group format, are able to develop a reasonably consistent mindfulness practice that they find beneficial. In particular, they associate a general sense of ease, increased awareness and less emotional reactivity and improved interpersonal relationships with their involvement with mindfulness. Their reports of how mindfulness influenced their experience are consistent with previous studies of mindfulness.<sup>17–19</sup>

In the group sessions there was very little reference to psychosis, its treatment, or the specific issues that their family members were encountering in terms of treatment. The focus was, instead, on the group members as people, and only incidentally as parents of a young person with psychosis. Therefore, we view this kind of group as an additional and complementary component in an array of opportunities provided by a comprehensive early psychosis program to support family members.

It may be important to consider, as well, that the subjects in this study were self-selected and may have had some interest or inclination toward mindfulness before entering the group. It may well be that, among the full spectrum of family members, only some will be interested in mindfulness enough to engage in a group and develop their own consistent practice.

One additional caveat is the necessity that whoever leads and facilitates this kind of group must, themselves, have both their own consistent mindfulness practice and an ongoing involvement in training for how to introduce and support mindfulness practice with others.<sup>20</sup>

Finally, as with any pilot study, the results obtained, while promising, need to be explored in more depth through with larger samples and more rigorous research designs.

### CONCLUSIONS

The results of this pilot study support the conclusion that mindfulness, introduced in the context of a multi-family support group, can be one component of a comprehensive program of support for families

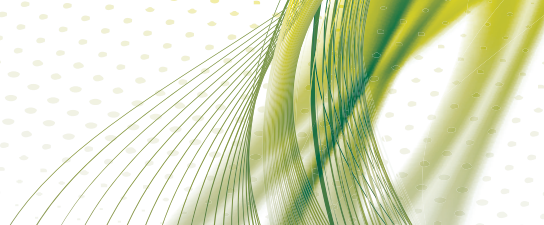
who encountered mental illness. Larger studies using mixed methods design and control groups are needed to describe the nature of mindfulness practice and related benefits that family members experience and to explore the influence of factors such as family characteristics and stage of recovery.

### FUNDING

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