

The Impact of a Mindfulness Based Intervention with Women in Prison A Feasibility Study

Ginette G. Ferszt PhD, RN, Robin Miller PhD, RN, Joyce Hickey MS, RN, Fleet Maull MA, Kate Crisp





Disclaimer

 The authors have no conflicts of interests and no financial interests to declare relevant to this activity





Objectives

- Discuss sources of stress for women in prison
- Describe the 12 week Path to Freedom Program specifically designed for people in prisons
- Discuss challenges encountered conducting research in correctional facilities





Background

- Over 200,000 women are in prisons and jails annually with more than 1,000,000 under criminal justice supervision or parole
- 2/3 of women in prison have committed nonviolent crimes (drug and property offenses)
- Nearly 2/3 are mothers and 70% provided most of their children's daily care
- Economically marginalized, single, and disproportionately of racial minority







Background

- Women in prison are largely in their 30's and 40's
- Significant histories of physical, sexual and emotional abuse
- Histories of depression, anxiety and PTSD
- Higher incidence of chronic diseases than the general population





Routine

Boredom

Crowding







- Separation from children
- Strip searches
- Lack of privacy (mail, journals, etc.); noise
- Nutritional constraints
- Limited items purchased through canteens
- Witnessing other prisoners bullied
- Ever changing cell mates









Loss



Trapped



Booking



- It is estimated that up to 40% of prisoners seek medical consultation for sleep problems
- Frequent visits to the health clinic for persistent insomnia, requests to see the physician and/or psychiatrists often lead to prescribed psychotropic medications, particularly hypnotics (Elger, 2007)







Meditation

- Approximately 30 well documented studies on the use of meditation as an intervention strategy in prison settings (Himelstein, 2011)
- 400 articles have been published on the psychophysiologic changes that occur during meditative practice, including a decrease in anxiety and stress, and an improvement in mood (Sumter, Monk-Turner, Turner, 2007)





Background















Recruitment

- Posted description of the program and sign up sheet on the bulletin board
- Reviewed names with clinical social worker
- Met with each woman to discuss research and obtained informed consent





Research Design

- Pre-post quasi experimental design
- Administer four instruments 1-2 weeks before, 2 weeks after and one month after program





Instruments

- Perceived Stress Scale (PSS)
- Center for Epidemiologic Studies Short Depression Scale (CESD-10)
- Strait Trait Anxiety Inventory (STAI)
- Pittsburgh Sleep Quality Index (PSQI)







Program

- 12 week structured program
- 1 ½ hrs. once a week
- Same facilitator for all sessions; experienced and certified
- Workbook
- CD player with CD (18 selections)







Path of Freedom Workbook Developed by Kate Crisp Prison Dharma Project

Focus of Session

- Exploring Who You Are
- Self Acceptance
- Remaining Calm When Triggered
- The Drama Triangle
- Choice
- Responsibility
- Moving Away from Blaming
- Forgiveness
- Working with Anxiety

Meditations

- Basic Meditation Instruction
- Basic Breath Awareness and breathe counting
- Deep Belly Breathing Meditations for Panic
- Listening
- Being Still, Tense and Relax
- Change the Channel
- Director's cut
- Meditations for Anxiety



Path of Freedom

Focus of Session

- Dealing with Conflict
- Pain and Forgiveness
- Nonviolent Communication
- Empowerment
- Making It Real

Meditations

- Compassion Meditation
- Dealing with Pain
- Empathy and Respect
- Confidence Raising Meditation



Assumptions

- Meditation and mindfulness practice are powerful tools that can create peace and calm
- Meditation trains your mind to be peaceful
- A Meditation practice can provide choices to act or not act from a strong, clear place







Demographics of First Group of 18 Women

- Age: N = 18
 - 20 to 53 years old
 - M = 34.50, SD = 10.52
- Ethnicity:
 - 11 (61.1%) White
 - 2 (11.1%) PR
 - 2 (11.1%) SP
 - 3 (16.7%) AA
- Marital Status
 - 0 (0%) married
 - 13 (72.2%) single
 - 3 (16.7%) divorced
 - 1 (5.6%) widowed
 - 1 (5.6%) missing data

- Prison history
 - 10 (55.6%) had been in prison before
 - 8 (44.4%) had not been in prison before
- Medications
 - 11 women (61.1%) were taking medications
 - 7 (38.9%) were not







Psychiatric Diagnosis

- Psychiatric Diagnosis:
 - 14 (77.8%) had a psychiatric diagnosis
 - 4 (22.2%) did not
- 15 (83.3%) had 2 to 3 psychiatric diagnoses
- Diagnoses
 - 11 (61.1%) had depression
 - 9 (50%) had anxiety
 - 5 (27.8%) Bipolar Disorder
 - 3 (16.7%) PTSD
 - 1 (5.5%) Panic attacks
 - 1 (5.5%) ADD
 - 1 (5.5%) OCD





Medical Diagnoses

- Medical diagnoses
 - 8 women (44.4%) had one or more medical diagnoses
 - 10 women (55.6%) did not have a medical diagnosis
- Medical diagnoses:
 diabetes, asthma, HTN, RA, arthritis, osteoporosis,
 epilepsy, cardiac issues







Results

- Following the intervention, scores were significantly lower for the women's:
 - Stress [t(17) = 2.805, p = .012]
 - Anxiety [t(17) = 4.079, p = .001]
 - Depression [t(17) = 4.228, p = .001]
- Sleep quality scores, however, were also decreased between the pre-test and the posttest period [t(14) = 3.574, p = .003]





Perceived Stress Scale (PSS)

• Women experienced significantly less stress following the intervention (M = 20.83, SE = 1.48) compared to before the intervention (M = 24.61, SE = .95), t(17) = 2.805, p = .012.



State-Trait Anxiety Inventory (STAI)

• Women experienced significantly less anxiety following the intervention (M = 43.11, SE = 1.46) compared to before the intervention (M = 55.44, SE = 2.45), t(17) = 4.079, p = .001.







Center for Epidemiologic Studies Short Depression Scale (CESD-10)

• Women experienced significantly less depression following the intervention (M = 13.56, SE = 1.17) compared to before the intervention (M = 17.78, SE = 1.20), t(17) = 4.228, p = .001.





Pittsburg Sleep Quality Index (PSQI)

• However, women also had significantly lower sleep quality scores following the intervention (M = 9.80, SE = 1.07) compared to before the intervention (M = 12.80, SE = .92), t(14) = 3.574, p = .003.



Challenges

- Space
- Consistency in attendance (court, etc.)
- Unexpected lock down
- Distractions (noise, interruptions)
- Batteries
- Unexpected Events







Conclusions

- Given the results, this intervention has the potential to improve negative health outcomes
- This is a cost effective intervention that can be easily replicated in other correctional facilities
- More research is indicated





