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

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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
Stressors of Prison Life

Routine  Boredom  Crowding
Stressors of Prison Life

- 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
Stressors of Prison Life

- Loss
- Trapped
- Booking
Stressors of Prison Life

- 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 psychophysiolgic 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

<table>
<thead>
<tr>
<th>Focus of Session</th>
<th>Meditations</th>
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<tbody>
<tr>
<td>• Exploring Who You Are</td>
<td>• Basic Meditation Instruction</td>
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<tr>
<td>• Self Acceptance</td>
<td>• Basic Breath Awareness and</td>
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<tr>
<td>• Remaining Calm When Triggered</td>
<td>breathe counting</td>
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<tr>
<td>• The Drama Triangle</td>
<td>• Deep Belly Breathing</td>
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<tr>
<td>• Choice</td>
<td>Meditations for Panic</td>
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<td>• Responsibility</td>
<td>• Listening</td>
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<tr>
<td>• Moving Away from Blaming</td>
<td>• Being Still, Tense and Relax</td>
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<td>• Forgiveness</td>
<td>• Change the Channel</td>
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<td>• Working with Anxiety</td>
<td>• Director’s cut</td>
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<td>• Meditations for Anxiety</td>
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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

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>N = 18</td>
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<tr>
<td></td>
<td>20 to 53 years old</td>
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<tr>
<td></td>
<td>M = 34.50, SD = 10.52</td>
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<tr>
<td><strong>Ethnicity</strong></td>
<td>11 (61.1%) White</td>
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<tr>
<td></td>
<td>2 (11.1%) PR</td>
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<tr>
<td></td>
<td>2 (11.1%) SP</td>
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<tr>
<td></td>
<td>3 (16.7%) AA</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>0 (0%) married</td>
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<tr>
<td></td>
<td>13 (72.2%) single</td>
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<tr>
<td></td>
<td>3 (16.7%) divorced</td>
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<td></td>
<td>1 (5.6%) widowed</td>
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<tr>
<td></td>
<td>1 (5.6%) missing data</td>
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<tr>
<td><strong>Prison history</strong></td>
<td>10 (55.6%) had been in prison before</td>
</tr>
<tr>
<td></td>
<td>8 (44.4%) had not been in prison before</td>
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<tr>
<td><strong>Medications</strong></td>
<td>11 women (61.1%) were taking medications</td>
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<tr>
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<td>7 (38.9%) were not</td>
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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 post-test 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 ($M = 24.61, SE = .95$), $t(17) = 2.805, p = .012$. 
Women experienced significantly less anxiety following the intervention \((M = 43.11, SE = 1.46)\) compared to before the intervention \((M = 55.44, SE = 2.45)\), \(t(17) = 4.079, p = .001\).
Women experienced significantly less depression following the intervention ($M = 13.56, SE = 1.17$) compared to before the intervention ($M = 17.78, SE = 1.20$), $t(17) = 4.228, p = .001$. 
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