

**EXPLORING THE FEASIBILITY, SUITABILITY, AND BENEFITS OF AN ARTS-
BASED MINDFULNESS PROGRAM FOR ADOLESCENT MOTHERS**

by

Vivian Oystrick

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APPROVED/APPROUVÉ

Thesis Examiners/Examineurs de thèse:

Dr. Diana Coholic
(Co-Supervisor/Co-directeur(trice) de thèse)

Dr. Robert Schinke
(Co-Supervisor/Co-directeur(trice) de thèse)

Dr. Hoi Cheu
(Committee member/Membre du comité)

Dr. Karen Sewell
(External Examiner/Examineur externe)

Approved for the Office of Graduate Studies
Approuvé pour le Bureau des études supérieures
Tammy Eger, PhD
Vice-President Research (Office of Graduate Studies)
Vice-rectrice à la recherche (Bureau des études supérieures)
Laurentian University / Université Laurentienne

Dr. Jennifer Johnson
(Internal Examiner/Examineur interne)

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Abstract

There is a growing interdisciplinary body of research on adolescent motherhood that offers perspectives from sociology, social work, education, psychology, and health disciplines. Researchers have highlighted that many adolescent mothers experience high levels of psychological distress which is often attributed to the challenges of parenting with daily stress, limited support, and cumulative disadvantage. As a result, achieving maternal sensitivity can be a challenge for many adolescent mothers due to their developmental stage, and the stresses in their lives. Mindfulness-Based Interventions (MBIs) are increasingly being used to help improve parenting, prevent chronic parenting stress, and break the cycle of dysfunctional parenting patterns and behaviors. However, there is limited research that explores the suitability of this type of intervention with this population. The aim of my research was to explore the feasibility and benefits of an arts-based mindfulness intervention program for adolescent mothers. My research process began with a scoping review of the literature to explore how mindfulness and arts-based methods have been studied with the adolescent parenting populations. The search did not yield any articles that described the use of MBIs with the adolescent parenting population. However, I identified 10 articles in which authors described arts-based parenting interventions with adolescent mothers. Participants from these studies reported that engaging in arts-based activities enabled them to develop ways to positively interact with their children, resulting in greater attunement to their children. The second phase of this research project involved exploring the feasibility and suitability of an online arts-based mindfulness program for adolescent mothers during the COVID-19 pandemic. This paper describes my experiences, challenges, and thoughts on the suitability of offering arts-based mindfulness programs online to adolescent mothers. Several challenges were encountered with respect to engagement and facilitation including high attrition rates and

numerous disruptions during programming. The last phase of my research explored the feasibility, suitability, and benefits of offering an arts-based mindfulness program to adolescent mothers in person. In the third paper, I describe the experiences of nine adolescent mothers who attended an 11-week arts-based mindfulness program. From my findings, I concluded that arts-based mindfulness group programs are an effective way to engage adolescent mothers in interventions that help them develop supportive relationships, positive coping strategies, and improved awareness of themselves and their children. My research has direct implications for service delivery and for the development of care models for adolescent mothers that go beyond a focus on physical health, to a more holistic approach to assessment and intervention.

Keywords: adolescent mothers; mindfulness, arts-based methods; parenting; group work; online group work; scoping review

Co-authorship Statement

To date, two academic articles have been accepted for publication, and one article is in submission. The first published article is a scoping review that explores how arts-based and mindfulness-based interventions have been studied with adolescent mothers. The article highlights the need for further inquiry into the feasibility and suitability of arts-based MBIs for this population. This article was co-authored by two members of my thesis committee, Dr. Diana Coholic and Dr. Robert Schinke. The second published article describes my experiences of delivering the Holistic Arts-Based Program online during the COVID-19 pandemic. This article is co-authored by my primary supervisor, Dr. Diana Coholic. The third article, currently in submission, provides the findings from my qualitative exploration into the feasibility, suitability, and benefits of an arts-based mindfulness group program with adolescent mothers. This paper is also co-authored by Dr. Diana Coholic. As the lead researcher, I took responsibility for the writing and editing of each academic article. I was also responsible for the conceptualization of the article and the analysis and interpretation of the data. My co-authors contributed by providing feedback regarding the analysis and the overall content and structure of each paper. All three papers are included in the body of this thesis.

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1. Introduction and Background

Adolescent pregnancy and parenting often generate serious psychosocial challenges for adolescents and their infants (Mollborn, 2017). Some of the negative consequences associated with adolescent motherhood include failure to complete formal education, homelessness, psychological distress, and lifelong health disparities (Lee et al., 2021; Recto & Champion, 2020; SmithBattle & Freed, 2016; Tebb & Brindis, 2022). Researchers have produced substantial literature summarizing the adolescent pregnancy and parenting experience, as well as led in-depth research to explore maternal and child outcomes over several decades (Klein, 2005; Pinzon & Jones, 2012; Thompson, 2016). Adolescent mothers have higher rates of mental health disorders (Hodgkinson et al., 2014), repeat pregnancy, substance use, and domestic violence (Shaw et al., 2006), often in the context of lower self-esteem (Riva Crugnola et al., 2016), socioeconomic status, income, educational attainment, and social supports (Newman & Campbell, 2011; Thompson et al., 2015; Ward & Belanger, 2011).

Many researchers have paid particular attention to adolescent mothers' mental health and the negative consequences poor mental health can have on both them and their children (Mollborn & Morningstar, 2009; SmithBattle & Freed, 2016). Researchers have also shown evidence that children born to adolescent mothers may experience less responsive and supportive parenting, in addition to being at heightened risk for a range of social, developmental, and health issues (Firk et al., 2018). The long-term socioemotional development of children born to adolescent mothers can be disrupted in several other ways including lower IQ scores and more behavioural or attention problems (Hay et al., 2001).

Other detrimental effects of adolescent pregnancy on child outcomes include language development, coping skills, social adjustment, and physical health (Mollborn & Morningstar,

2009). Such children also bear a greater risk of feeding, sleeping, growth, and nutritional difficulties (Anakpo & Kollamparambil, 2021). Additionally, adolescent mothers have higher rates of poor obstetric and neonatal outcomes than older mothers, such as lower birth weights and several neonatal complications including congenital birth defects and low Apgar scores (Anakpo & Kollamparambil, 2021; Eliner et al., 2022).

Authors have suggested that adolescent mothers are developing their own self-concept and self-efficacy, which leads to competing developmental needs between mothers and their children (Lounds et al., 2005; Romo & Nadeem, 2007; Ryan-Krause et al., 2009). For this reason, the children of adolescent mothers are not only at risk of adverse outcomes such as developmental delays and cognitive deficits, but also at greater risk for abuse and neglect (McHugh et al., 2017). The strong correlation between adolescent mothering and intimate partner violence is also of concern, as researchers have found that children who are exposed to domestic violence are just as likely to exhibit physiological or psychological symptoms as children who have experienced physical abuse (Kan et al., 2021; McGuigan, 2020). Males born to adolescent mothers face an almost 33% greater risk of incarceration, and females are more likely to become adolescent mothers themselves, which consequently creates a multigenerational cycle of increased risk and adverse outcomes (Lachance et al., 2012). Locally, pregnancy rates evidence the need for further research into the effectiveness of interventions for teenage mothers. Public Health Unit teen pregnancy rates for Sudbury area were higher in 2016 than for the rest of Ontario (“Maternal Age – 14 to 19 Years,” n.d.). In Sudbury, 4% of women who gave birth in 2016 were between the ages of 14 and 19 years old; these results do not include data from the residences of First Nations reserves. Globally, despite declines in adolescent pregnancy, an estimated 21 million adolescents aged 15-19 years become pregnant each year (*World Health*

Statistics 2019, n.d.). Because adolescent mothers face so many significant environmental and psychosocial stressors and mental health concerns that can affect them and their children, care for adolescent mothers must include attention to these problems (Gausman et al., 2019).

1.1 Purpose and Rationale

We need to know more about specific interventions for adolescent parents that could improve parent functioning and child outcomes. As is clear from the information provided above, to date, many researchers in this area have focused on the negative effects of adolescent pregnancy and parenthood (Lee et al., 2021; Recto & Champion, 2020; SmithBattle & Freed, 2016; Tirgari et al., 2020), and fewer on positive experiences (Seamark & Lings, 2004). Specifically, researchers have associated adolescent parenting with a number of challenging social, psychological, developmental, and health outcomes for both the mothers and their children (O'Brien Cherry et al., 2015). However, some have challenged the causal links between adolescent parenting and negative outcomes, and have found that adolescent pregnancy is more likely the result of negative economic and social disadvantage rather than the cause of negative outcomes (Barr & Simons, 2012).

Researchers who have studied protective factors related to adolescent pregnancy and parenting provide clear evidence for the importance of external maternal supports during times of parenting stress. The quality of a mother's internal capacities, such as self-awareness and emotional regulation, has also been identified as having a significant relationship to parenting and developmental implications (Snyder et al., 2012). Due to the stressful nature of their circumstances, adolescent mothers demonstrate less responsive and sensitive parenting when compared to older mothers.

While it is important to highlight the consequences of adolescent parenting it is equally important to focus on the strengths and resilience of adolescent mothers, and acknowledge that strengths can develop in the midst of adversity (Ricks, 2015). For example, adolescent mothers are often motivated to be good parents and to succeed in life (Smithbattle, 2007), and for some, the experience of adolescent pregnancy is an opportunity for transformation, self-development, and personal growth (Freed & SmithBattle, 2016; SmithBattle, 2020). More research is needed to explore the benefits of interventions that aim to enhance the strengths and protective factors of adolescent mothers. We need to know more about viable interventions that can improve maternal responsiveness and encourage positive outcomes for adolescent mothers and their children. Given their proven effectiveness with other vulnerable youth and parenting populations, mindfulness-based interventions have the potential to be helpful in enhancing the psychological well-being of adolescent mothers, and consequently, their parenting practices.

Mindful parenting, which is one of the newer applications of mindfulness, is described as paying attention to your child and the ability to parent intentionally and non-judgmentally (Kabat-Zinn & Kabat-Zinn, 1997). Mindfulness parenting interventions are increasingly being used to help parenting problems, prevent chronic parenting stress, and break the cycle of dysfunctional parenting patterns and behaviours (Chaplin et al., 2021; Potharst et al., 2017). Researchers to date have shown that if parents can listen with full attention and be intentional about bringing moment-to-moment awareness to their parenting they are better able to cultivate a family context that creates higher quality parent-child relationships (Duncan et al., 2009).

The study of mindfulness interventions with adolescent parents fits within an interdisciplinary approach to research as it attempts to integrate knowledge from two or more disciplines to address a complex social issue. To this end, my research is positioned at the

intersection of the psychology, social work, sociology, and health disciplines. An interdisciplinary approach facilitated and enhanced my understanding of the multiple areas of vulnerability for pregnant and parenting adolescents and their children. Social workers who work with adolescent parents must have a thorough working knowledge of community-based resources and supportive services such as food banks, housing services, education, legal and job centers, child development and parenting centers, sexual health clinics, and public health programs. For example, in addition to enhancing child development, local programs may target parental mental health, reading skills, positive discipline, and quality preschool learning (Thompson, 2016). An interdisciplinary approach allows for a nuanced exploration of the topic, better suited to the complex needs of the adolescent mothers in our community in the context of services and systems.

My primary purpose in my study was to explore the feasibility, suitability, and benefits of a 12-week arts-based mindfulness program for adolescent mothers. In terms of feasibility, I want to determine whether arts-based mindfulness methods are appropriate for adolescent mothers and can engage and retain adolescent mothers in programming. With respect to suitability, I will attempt to determine whether arts-based mindfulness interventions meet the needs of adolescent mothers and help them understand and apply mindfulness-based skills and concepts to their parenting. Additionally, I wanted to develop a more comprehensive understanding of the relationship between adolescent motherhood and mental health, as well as the challenges adolescent parents encounter in their day-to-day parenting. I also wanted to bring attention to the needs of adolescent mothers and offer recommendations for interventions that might enhance protective factors and reduce risk factors for this vulnerable population. Furthermore, I wanted to

provide meaningful insights for the adaptation and improvement of existing parenting programs for adolescent mothers to include mindfulness concepts and practices.

1.2 Research Questions

My research study explored the feasibility, suitability, and benefits of an arts-based mindfulness program for adolescent mothers. This dissertation includes three papers that describe the findings from three approaches I took to answering the research questions: (1) a scoping review of the literature surrounding arts-based and mindfulness interventions with adolescent mothers, (2) an analysis of the delivery of an online arts-based mindfulness group program for adolescent mothers, and (3) an analysis of the delivery of two in-person arts-based mindfulness group programs for adolescent mothers. This dissertation also includes a discussion chapter that provides a summary of the key findings and recommendations for policy and practice. In the conclusion chapter, I offer my final thoughts on my research findings and my reflection on the research process. To answer the research questions, I held group discussions and 1:1 interviews where participants were asked about their experiences in the program, their experiences as parents, their daily challenges, their insights on services, and their ability to applying mindfulness teachings to their day-to-day parenting. I also documented my observations, and to the best of my ability, captured meaningful discussions from group sessions in my field notes. To guide this research study, I explored the following research questions (one central and two supporting):

1. How are arts-based mindfulness interventions feasible, suitable, and beneficial for adolescent mothers (if at all)?
2. How do adolescent mothers understand mindful parenting?

3. How do adolescent mothers apply mindfulness to parenting in their day-to-day lives?

1.3 Delimitations

For the study, I invited adolescent mothers to participate in the Holistic Arts Based Program, a 12-week program for the teaching of mindfulness constructs and practices using arts-based methods. The program was offered in partnership with Better Beginnings Better Futures, and I recruited participants from the adolescent mothers who were registered with their Baby's Breath program. The Baby's Breath program offers support for pregnant and parenting teenagers, as well as their partners, families, and friends. They share experiences, offer nutritional support as well as prenatal and parenting education, and provide a social environment. This approach allowed young mothers who were already familiar with the environment to come together to learn new ways of interacting with their children. Conducting this research in a space that was already accessible and familiar to the participants reduced some of the many barriers that adolescent mothers face when trying to access mental health care and other services. This partnership also allowed the parent participants to access free childcare on site while they participated in the program. These factors improved the mothers' abilities to attend the program sessions consistently from week to week. The benefits of this collaborative approach are discussed in greater detail in Chapter 5.

There were limited exclusion criteria other than age. Participants fell within the ages of 18 and 22 years and were in a caregiving role. Being in a caregiving role allowed them to transfer the mindfulness constructs they learned to their daily parenting and interactions with their children. I aimed to recruit adolescent mothers as most research on adolescent parenting pertains to the experience of the mother. Recruitment was conducted in collaboration with the

Baby's Breath Program, and because of the barriers to accessing adolescent mothers, and the small population size, the program was offered three times (once online and twice in-person). A program flyer was also shared with other relevant community organizations such as an Early Years Centers, public health, the local hospital, and the child welfare agency, and on social media platforms. The program was offered free of charge and participants were given honorariums to attend.

1.4 Operational Definitions

Adolescence. Adolescence refers to a stage of development between childhood and adulthood that is marked by both biological growth and major social role transition (Sawyer et al., 2018). In recent years, the definition of adolescence has expanded to be more inclusive of young people who are taking longer to transition to independence. Rather than 10-19 years, adolescence roughly spans the years from 10-24 years and is categorized in three phases: early teen years, later adolescence, and emerging adulthood. Major developmental tasks for young people in adolescence include: forging healthy sexual identify; developing mature attachments; separating from family; preparing for the future; and developing a moral value system (Malekoff, 2014; Ward & Belanger, 2011). The age eligibility to participate in this study was 16-22 years.

Mindfulness. Mindfulness is a holistic philosophy that has its roots in Buddhism. In practice, mindfulness encourages us to live more meaningful lives by paying attention in the moment in an intentional and purposeful way without negative judgment (Bluth & Blanton, 2014; Coholic, 2019). Mindfulness is cultivated by becoming aware of our self-judgments and how we react to inner and outer experiences that we normally get caught up in (Kabat-Zinn, 1990). In practicing mindfulness, we become aware of the internal and external experiences,

acknowledge them, and accept them, allowing us to attend to the present moment (Fodor & Hooker, 2008). Adopting mindfulness-based practices can foster self-compassion and result in improved attention, empathy, patience, and appreciation for self and others (Coholic, 2019). Mindfulness has also been shown to increase emotion regulation while decreasing stress and anxiety (Snyder et al., 2012).

Mindful Parenting. Mindful Parenting has been described by Jon Kabat-Zinn as a fundamental parenting skill or practice (Kabat-Zinn & Kabat-Zinn, 1997). The model of mindful parenting referred to in this study extends the concepts and practices of mindfulness to the social context of parenting-child relationships (Duncan et al., 2009). Practicing mindful parenting helps parents shift their awareness to the present moment within a relationship-oriented perspective. This involves exercising self-regulation and making positive choices while attending to their child's needs. Parents who practice mindful parenting are less likely to use self-focused and reactionary responses when interacting with their children. Parents who respond rather than react are more likely to experience higher quality and more satisfying parent-child interactions (Duncan, 2007; Snyder et al., 2012).

Emotion-Regulation. The ability to self-regulate as a parent is fundamental to the maintenance of positive, nurturing, and non-abusive practices that promote healthy and positive developmental outcomes for children (Sanders & Mazzucchelli, 2013). Emotion regulation is the “process by which an individual employs strategies to modulate or influence the experience and expression of emotional states and responses” (Moreira & Canavarro, 2020, p. 192). The ability to modulate emotions is key to achieving sensitive parenting. Sensitive parenting refers to a parent's ability to recognize their children's emotional cues, interpret them accurately, and respond to them in a timely and appropriate way (Carreras et al., 2019). Mastery of emotion

regulation is also one of the most important developmental tasks of adolescence as teenagers experience heightened levels of emotional intensity compared to children and adults (Moreira & Canavarro, 2020).

Present Moment Awareness. Mindfulness has been shown to improve interpersonal relationships through the fostering of present moment awareness (Lucas-Thompson et al., 2020; Thompson & Gauntlett-Gilbert, 2008). Present moment awareness in parenting means the parent is available to receive whatever their child brings to them. The parents can also sense their own participation in the interaction, and they are connected and attuned to their child's needs. The presence of the parent also promotes a level of presence in the child (Snyder et al., 2012) and helps reduce automatic reactivity and negative consequences that tend to result from focusing on the past (Lucas-Thompson et al., 2020).

Arts-Based Methods. Arts-based methods in this context refers to the use of painting, drawing, music, sculpting, poetry, writing and movement to support experiential learning of mindfulness concepts and practices. Arts-based methods encourage imagination and creativity but do not focus so much on the outcome of creating the art (Coholic, 2019). Arts-based methods can be highly engaging, fun, and non-threatening for young people and even adults (Coholic, 2019). The use of arts-based methods is proven effective in developing confidence, self-esteem, and enhancing communication and interpersonal skills for young people (Coholic, 2010, 2019; Coholic & Eys, 2016). The Holistic Arts-Based program, which teaches mindfulness using arts-based activities, was offered to adolescent mothers to explore the feasibility, suitability, and benefits for this population.

Social Group Work. Social group work is a method of social work practice that aims to enhance a person's social functioning through purposeful group experiences (Northen &

Kurland, 2001). Individuals who participate in social group work can experience enjoyment and growth provided by both program and social relations (Coyle, 1952). For young people who participate in the Holistic Arts-Based Program, being a part of a group means experiencing normalization, validation, a sense of belonging and inclusion (Coholic, 2019). A characteristic of social group work is mutual aid. Mutual aid involves teaching participants how to respond to others in a group in helpful ways and how to support each other in achieving individual and group goals. Working with other young people in a group also teaches participants how to form positive relationships and how to be empathic and non-judgmental (Barlow et al., 2011; Coholic, 2010; Malekoff, 2014).

Online Group Work. There is a growing evidence base for the effectiveness of delivering parenting programs through digital platforms, however, most researchers have studied the effectiveness of programs that were designed specifically for digital delivery (van Leuven et al., 2023). Due to restrictions related to the COVID-19 pandemic on in-person delivery of programs, I attempted to deliver the Holistic Arts-Based program online to adolescent mothers. For this purpose, the term online refers to the synchronous delivery of a group program using a telehealth digital platform called Doxy.me. This software was used to conduct this research because it is PHIPA and PIPEDA compliant. Doxy.me video calls are also an encrypted peer-to-peer connection between provider and participant, meaning data is not passed through a server.

Ecological Systems Theory. This theory looks at a child's development within the context of the multiple relationships that form in the child's environment. These complex layers of relationships are referred to as systems and each influences the child's development (Ryan, 2001). This theory, developed by Urie Bronfenbrenner, brought attention to the context of the individual and the importance of understanding the influence of a person's relationship with their

communities and broader society (Darling, 2007). Using a socioecological lens, I was able to achieve a deeper understanding of the experiences of adolescent mothers at the individual, familial and community levels, and identify a wide range of risk and protective factors relating to the phenomenon of adolescent motherhood.

Resilience. Resilience is the ability to adapt to, and effectively navigate through, significant stress or adversity (Ungar, 2008). Resilience is not just an outcome, but a process that helps improve the quality of life for individuals who have experienced traumatic events (Black & Ford-Gilboe, 2004). Resiliency theory elucidates the mechanisms by which risk and protective factors influence the lives of individuals who face adversity (Sheridan, 2018). Adolescence generally is a key time period to foster resilience as it can help to mitigate the negative outcomes often associated with the numerous changes and transitions that occur during this developmental stage (Ward & Belanger, 2011). For adolescent mothers, the transition to adulthood is often marked with even higher levels of stress, interpersonal problems, and inadequate support (Rhule et al., 2006). Due to the challenging life trajectories of adolescent mothers, opportunities to enhance resilience are needed (Easterbrooks et al., 2011).

Protective Factors. Protective factors are positive qualities within the cognitive, emotional, environmental, social, and spiritual experience of a person that foster resilience and positive outcomes (Madsen & Abell, 2010). Individual traits are some of the strongest predictors of resilience. For example, individuals exhibiting traits such as self-confidence, self-worth, social maturity and good temperament are more likely to develop resilience and are less likely to engage in high-risk situations or behaviors (Hartman et al., 2009). Protective factors for children of adolescent mothers include lower levels of externalized behavior, higher levels of positive parenting, and lower levels of maternal depression (Rhule et al., 2006). This study assessed the

benefits of the Holistic Arts-Based Program on the emotion regulation and positive coping skills of adolescent mothers as a way to improve maternal sensitivity despite daily stress and the possibility of numerous risk factors.

Risk Factors. Risk factors can include a broad spectrum of characteristics or attributes relating to the individual or the family and/or community systems that create vulnerability. With respect to parenting, family-oriented risk factors include lower socio-economic status, higher stress, and poor maternal mental health (Fincham et al., 2009; Knoche et al., 2007).

Alternatively, child orientated risk factors can include traits of a child that make them more difficult to parent, such as infants with high needs and children with challenging behaviors (Harvey et al., 2016). Characteristics of community conditions that can influence parenting and child outcomes include high crime rates, lack of adequate housing, few services, and the prevalence of drugs and/or alcohol (Pala et al., 2011). Risk factors that interfere with the participants' ability to apply mindfulness to their daily parenting will be considered during the analysis.

Interpretivism. Interpretivism is a research paradigm that emerged to offer an explanation of human and social realities that contrasted positivism. A research paradigm provides a context for the methodological process and offers insights about the assumptions underlying the research approach (Crotty, 1998). If a researcher is using an interpretivist view, they are interested in the meaning that individuals give to understanding their social world (Mason, 2002). They believe that meaning needs to be explored from within and with methods different from those used in the study of the natural sciences (Mason, 2002). One of the core premises of the interpretivist paradigm is that the world is socially constructed through the interactions of individuals (Grix, 2010). Another core premise is that social phenomena does not

exist independently of our interpretations of them and that interpretations affect outcomes.

Therefore, researchers are not considered objectively detached from the subject being studied but rather they are part of the social reality being researched (Grix, 2010).

2. Review of the Literature

In this section, an overview of the literature used to inform this research study is provided. The literature review begins with an introduction to the relationship between adolescent parenting and mental health, as well as the impact these risk factors have on attachment and child development outcomes. Following this, is a discussion of recent interventions that have been developed to support adolescent mothers, and their effectiveness in meeting the needs of these mothers and their children. Findings related to the effectiveness of mindfulness-based parenting programs, arts-based interventions, and group work for young people will be reviewed. Included in this literature review is a discussion concerning the implications for child welfare involvement and the risk factors associated with adolescent parenting.

In terms of scope, I have written this literature review to include existing research evidence regarding the service needs of adolescent parents and their children, as well as what is recommended for best practice and service delivery. This allowed me to better identify the service needs of adolescent mothers through an interdisciplinary lens. Journal articles from health care, nursing, psychology, education, social work, and sociology disciplines are represented in this review. The literature review also provided me with a comprehensive interdisciplinary understanding of the psychological, sociological, health, and social implications associated with adolescent parenting, as well as areas of research that warrant further inquiry.

2.1 Adolescent Parenting

In this section of the literature review, I describe adolescent parenting in the context of mental health and the associated challenges faced by adolescent mothers due to their experiences of psychological distress. I also discuss the impact of parental mental health on the mother-child

relationship as seen through the lens of attachment theory, as well as the impact of adolescent parenting on the development of the child. This section of the literature review concludes with a discussion about adolescent parents involved in the child welfare system and the heightened risk associated with this highly vulnerable sub-population of parents.

2.11 Mental health

Researchers have highlighted that many adolescent mothers experienced high levels of psychological distress in childhood due to social disadvantages, adversities, and limited supports. (SmithBattle & Freed, 2016). Researchers have found that adolescent parenting is associated with a range of mental health problems such as substance abuse and posttraumatic stress disorder (PTSD) (Hodgkinson et al., 2014). Numerous authors have also suggested that adolescent mothers experience significantly higher rates of depression, both prenatally and postpartum, with rates ranging from 16 to 44% (Hodgkinson et al., 2014). Depressive symptoms have been found two to four times higher in adolescent mothers than in their childless peers or in older mothers (SmithBattle & Freed, 2016). Data from a nationally representative sample of mothers, who resided in the United States, and who were 17 months postpartum, revealed that adolescent mothers (aged 15-17 years) were twice as likely as adult mothers (aged 25-34 years) to experience depressive symptoms (SmithBattle et al., 2017).

Researchers have also suggested that depressive symptoms of teenage mothers tend to persist well after they give birth and remain high as they enter midlife. For example, Gavin et al. (2011) conducted a longitudinal study of women who were adolescent mothers, focusing on the prevalence of elevated depressive symptoms and associated risk factors. They found that the former (as measured by the Brief Symptom Inventory depression subscale) significantly

increased over the 17 years of the study. Elevated depressive symptoms increased steadily over time, nearly doubling by the final developmental period from levels of 19.0% to 35.2%. The rate of depression for the study population was five times higher than among women in the general population. In the study, 67.6% of the women also reported intimate partner violence during the 18-month period after delivery. Intimate partner violence was positively and significantly correlated with elevated depression, as were other factors, including receiving welfare, smoking, and parity.

The frequent coincidence of depressive symptoms for girls and women with other mental health conditions compounds the challenges of parenting (Hodgkinson et al., 2014). Early childbearing is also associated with an elevated risk of substance abuse, which increases after delivery and often continues into adulthood. Adolescent mothers are also at risk of developing PTSD symptoms, largely due to their high risk for exposure to interpersonal violence. LePlatte et al., (2012) explored the effectiveness of a 10-week program (Mom Power) for high-risk adolescent mothers. Their purpose in the study was to attempt to close the gap in service delivery for this population; although there were numerous services available to teenage mothers addressing either health care or improvements in parentings skills, an integrative model delivering medical, psychiatric, and psychosocial care was missing. The Mom Power group is designed to teach participants to safely cope with their stressful life circumstances and mental health symptoms. Nearly half of the sample of adolescent mothers met the criteria for PTSD, and half met the criteria for major depressive disorder. However, despite ongoing life trauma during the intervention period, teenage mothers showed improvements in depression and PTSD symptoms post-intervention and self-rated as less guilty and shameful regarding their parenting skills after completing the program (LePlatte et al., 2012).

Regarding macro systemic factors, researchers have shown that adolescent mothers are also more likely to be impoverished and reside in socially and economically disadvantaged communities (Hodgkinson et al., 2014b; Romo & Nadeem, 2007). Adolescent pregnancy has been linked to other problematic outcomes for mothers, including repeat pregnancy and poor educational outcomes (Mollborn & Morningstar, 2009). Nearly half of adolescent mothers do not earn a high-school diploma, and they spend on average one third of their parenting lives reliant on social assistance (Romo & Nadeem, 2007). Early childhood experiences of adversity, economic hardship, and stigma associated with adolescent pregnancy are just some of the risk factors that predispose adolescent mothers to depression and other posttraumatic symptoms (Gapen et al., 2011). These factors are problematic considering evidence that psychological distress increases the risk of maternal substance use and affects maternal functioning, and because many adolescents report that they do not have access to mental health services and are not aware of available services. Additionally, those adolescents who have accessed health and social services more often report being dissatisfied with the mental health care they received, compared to older mothers. Many reported that the services did not meet their needs/expectations and were difficult to access. Others were understandably angry about frequent denial of services (Sarri & Phillips, 2004).

2.12 The impact on attachment

The impact of maternal mental health on parenting is often understood through the lens of attachment theory (Flaherty & Sadler, 2011b) by which children learn to develop expectations about the responsiveness of their parents based on repeated experiences with them (Lounds et al., 2005). There are four major categories of attachment theory that describe specific characteristics

of mother–child interaction and the associated behavioural and developmental outcomes: secure, (insecure) avoidant, (insecure) anxious or ambivalent, and (insecure) disorganized. Attachment patterns have been found to persist over time because parents tend to treat their children the same throughout life and because the patterns are self-perpetuating (Snyder et al., 2012).

A fundamental principle of attachment theory is that a healthy attachment provides a secure base from which the child can explore the world (Ainsworth, 1979). Bowlby (1982) described attachment as a unique relationship between a child and their caregiver that creates a foundation for further healthy development. He stated that attachment is “an inherent biological response and behavioural system in place to provide satisfaction of basic human needs” (Flaherty & Sadler, 2011a, p. 115). Parents with secure attachment styles tend to be more responsive, sensitive, and involved, leading to a secure foundation from which a young child might explore, learn, and develop (Goldberg et al., 2013). On the other hand, parents with avoidant patterns of attachment tend to be less sensitive and responsive, have discomfort with close relationships, and are at great risk of missing cues that a child needs care and support (Berlin et al., 2011).

Bowlby (1982) further described two hallmarks of attachment theory as an “attachment security” and an “internal working model.” These two elements influence how children view themselves and their relationships to their caregivers. Whether the parent–child interactions are positive or negative, an attachment security and internal working model develop. Internal working models describe a process by which infants formulate mental responses to their caregivers’ behaviours that are ultimately catalogued as mental representations of the infants’ views of themselves and their caregivers (Kohlhoff & Barnett, 2013). A secure attachment is foundational to a child’s ability to express emotion and communicate in future relationships, to

self-regulate and process emotions before responding, and to develop resilience (Flaherty & Sadler, 2011).

Early motherhood is considered a risk factor for an adequate attachment and positive relationship between a mother and infant, and for the subsequent development of the infant. There is evidence that adolescent mothers exhibit more insecure attachment styles than do adult mothers (Alhusen et al., 2013; Berlin et al., 2011; Riva Crugnola et al., 2016; Wilson et al., 2017). Researchers have shown that adolescent mothers have higher rates of insecure and disorganized attachments (50%) when compared to low-risk mothers (25-30%), in addition to being more likely to have children who change attachment classifications through infancy and early childhood (Dhayanandhan & Bohr, 2016). These findings may be the result of adolescent mothers spending less time in positive engagement with their children, as well as the adolescent mother's inability to sustain quality interactions with their children for the same duration of time as adult and low risk mothers.

Numerous researchers have also found an association between maternal depression and insecure or disorganized attachment. Authors have shown that mothers with depression and a history of trauma tend to be less responsive to their infants' cues and parent more reactively than nondepressed mothers (Seng et al., 2013). Because adolescent mothers are at greater risk of maternal depression, they may lack the cognitive, social and emotional resources to provide the responsive parenting necessary for a secure attachment (Flaherty & Sadler, 2011). However, the majority of researchers to date have identified maternal sensitivity as the most consistent and predictive variable of mother-child attachment (Biro et al., 2015, 2017). The cognitive and emotional unpreparedness associated with early and unplanned pregnancies makes it challenging for adolescent parents to be responsive and sensitive to their children's needs (Dhayanandhan &

Bohr, 2016). Stiles (2010) defined maternal sensitivity as “the ability of a mother to perceive and accurately interpret the signals and communications (cues) implicit in her infant’s behaviour, and given this understanding, to respond appropriately and promptly” (p. 723). Maternal sensitivity also includes a mother’s alertness to her infant’s signals and the appropriate levels of control and conflict negotiation. Under attachment theory, early responsiveness (a major component of sensitivity) provides a foundation for children to feel basic trust in their caregivers (Lounds et al., 2005).

Achieving maternal sensitivity can be a challenge for many adolescent mothers due to their developmental stages and the stresses present in their lives. Adolescent parents may have difficulty parenting because they cannot understand that their actions, feelings, and attitudes directly affect their infants. To achieve maternal sensitivity, mothers must be able to view things from their children’s perspectives and to be focused on and responsive to their needs (Stiles, 2010). Stress, lack of social support, and depression can affect maternal sensitivity. Teenage mothers often experience chronic stress but have access to inadequate resources for coping, which makes them at particular risk for exhibiting reactive behaviours (Stiles, 2010). This combination of factors, including limited parenting knowledge and their own childhood histories, can make it very challenging for adolescent mothers to parent their children sensitively.

Researchers have also shown that teenage mothers smile less, provide less stimulation and vocal praise, and demonstrate fewer appropriate actions with their children (Bailey et al., 2007) Moreover, maternal postpartum mental health and maternal bonding impairment both impact mother–baby bonding. This effect has received extensive study in relation to mother–child dyads and infant development (Hodgkinson et al., 2014; Mudik & Borovska, 2010). Seng et al., (2013) conducted a study that assessed infants of depressed mothers. The infants scored

more poorly on social engagement measures and exhibited less regulatory behaviours than their peers exhibited. They were less responsive to faces and voices and at 3-5 months showed less response to the still face procedure, which involves a baby and parent sitting facing each other. Mother–baby interactions affected by postpartum mental health have significant long-term impacts, which can be seen in both lower quality of bonding for 2-weeks to 14-months and insecure attachment at 12-15 months (Seng et al., 2013). Impaired dyadic relationships can result in an increased risk for socioemotional development deficits and maltreatment, which in turn predispose infants to adult mental health challenges (Seng et al., 2013).

Finally, adolescent motherhood has been associated with not only insecure and disorganized attachment styles but also harsh parenting tactics and role confusion (Dhayanandhan & Bohr, 2016). Role confusion prevents an adolescent mother from viewing things through their infant’s perspective and understanding the impact of her feelings and actions on her child. Adolescent mothers, when compared to adult ones, have also been shown to have lower self-esteem, which impacts their parenting and perceptions of themselves as parents (Stiles, 2010). Parents require specific cognitive capacities and executive functions to provide interactive, responsive, supportive, sensitive, and “high-quality” care. These include “directing one’s attention; flexibility in shifting attention as circumstances change; generating responses to a child’s needs and behaviours; planning, prioritizing, retaining, and applying information about a child; and problem solving” (Azar et al., 2008, p. 513). In other words, high executive function is linked to more positive parenting practices, and low executive function is linked to more negative parenting behaviours, such as reactivity, harsh discipline, and child maltreatment (Crandall et al., 2015).

The risk factors inherent in early motherhood significantly affect mothers' responsiveness and the parenting methods they adopt. Young mothers are more likely than adult mothers to display more task-related behaviour such as cleaning and feeding, and to display less affectionate behaviour (Krpan et al., 2005). Authors who analyzed the interactions between mothers and their children found that adolescent mothers are less supportive and more detached and instructive than adult mothers, even when a number of important demographic characteristics are controlled (Berlin et al., 2011; Rafferty & Griffin, 2010). Adolescent mothers are also more likely to adopt harsh parenting strategies and use verbal and physical discipline or abuse, making the potential for child abuse much higher than it is with adult mothers (Lee & Guterman, 2010).

2.13 Child welfare involvement

The high risk of child maltreatment among younger parents is compounded by environmental factors including socioeconomic deprivation, lack of social support, depression, low self-esteem, and emotional stress (Hovdestad et al., 2015). In the absence of these factors, the age of a parent is not necessarily a risk factor for child maltreatment, but children of adolescent parents are at greater risk of entering the child welfare system. Based on child welfare data, families with young mothers have more risk factors for child maltreatment and more need for intervention by child welfare services. To describe families with adolescent mothers (aged 18 years or younger), Hovdestad et al., (2015) conducted a study using data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) that was administered in 2003 and 2008. The CIS identifies child maltreatment investigations from child welfare agencies across Canada. Data was pooled from these two cycles to maximize sample size. Researchers used this data to examine young adult mothers (aged 19-21 years) involved with child welfare services and

compared both groups to families with older mothers (aged 22 years or older). In key findings, Hovdestad et al., (2015) revealed that adolescent mothers were more likely to have been placed in foster care or a group home as a child, to have cognitive issues, and to lack social supports. Adolescent mothers were more likely than those aged 22 or older to have risk factors, including alcohol and drug abuse, cognitive impairment, and few social supports. Emotional maltreatment investigations were also more common among families with a young adult mother than among families with a mother aged 22 or older.

Researchers have also begun to investigate adolescent pregnancy in foster care due to the implications of intergenerational child maltreatment. Attention has also been given to the risks associated with adolescents' own childhood experiences of abuse and neglect and to the likelihood of insecure and disorganized attachments. For example, Aparicio et al., (2018) used interpretative phenomenological analysis (IPA) to explore conceptualizations of motherhood among young mothers who gave birth as teenagers while living in foster care. Although the participants used many positive words to describe motherhood, most conveyed feelings of frustration and impatience, and few felt that they had enough support to cope with the intensity of the postpartum period. Most of the participants described the period as a very difficult time in their lives. Although, the postpartum period is difficult for most adolescent mothers, this time period is significantly challenging for wards of child protection services due to lack of family support and their own experiences of maltreatment (Aparicio et al., 2018).

In an attempt to gain a more holistic understanding of the lived experiences of this vulnerable group of youth, Connolly et al., (2012) conducted a meta-synthesis of the qualitative research on pregnant and mothering adolescents who had been in the custody of child protection services. They highlighted that wards of child protective services are more vulnerable to teenage

pregnancy than girls not involved with child protection services. Youth with foster care involvement are four times more likely to become pregnant than other teenage girls. In the United States, adolescents in foster care have given birth at more than twice the rate of other adolescents in the country, with one third of the girls in foster care becoming pregnant by the age of 17 years (Lieberman et al., 2015). Early mothering can be a means of compensating for a lack of care and attention in an adolescent's life. Having a child meets the emotional needs of adolescent mothers and provides them with an anchor and someone of their own to love. (DeVito, 2007). Some women have even positively described the experience of becoming a young mother because it helped them gain societal status and provided an opportunity to turn their lives around. In some cases, raising a child prevented young mothers from misusing drugs and motivated them to find housing and employment (Chase et al., 2006).

This foster care subpopulation of adolescent parents is particularly vulnerable to poor mental and emotional outcomes because of their experiences with maltreatment and being removed from their homes by child protection services (Conradi et al., 2011). Frequent moves between residences while in care, multiple disruptions of attachment, and feelings of rejection also contribute to poor mental and emotional outcomes for these young parents. Children and youth who are raised in foster care represent a significant portion of children and youth who experience emotional dysfunction and difficulty in their abilities to organize thoughts and regulate emotions. This means for children of adolescent mothers who grew up in care, the risk of experiencing insecure attachments and poor developmental outcomes due to parenting behaviour is even greater than children of older and lower risk mothers (Morgan, 2010).

2.14 The impact of adolescent parenting on child development

The association between parenting quality and young children's cognitive, social-emotional, and behavioural development is well established in the literature (Barnett et al., 2012; Ryan-Krause et al., 2009; Wilson et al., 2017). The parent-child relationship forms the foundation upon which a child's development and personal adjustment occurs. Four aspects of positive parenting (i.e., responsiveness, positive affect, high-quality verbalizations, and social initiations) are key influences on development across the early childhood period (Rispoli & Sheridan, 2017). Adolescents experience multiple challenges to achieving these essential parenting practices. Several authors have explored the developmental outcomes of children of adolescent parents, and much of the research suggests notable differences exist between the developmental skills of children of young parents when compared with children of older parents (Ryan-Krause et al., 2009).

Adolescent motherhood is considered a significant risk factor both for the development of the infant and the developmental trajectories of the mother, because they often have to overcome simultaneous conflicting developmental tasks (Flaherty & Sadler, 2011b; Lounds et al., 2005; Riva Crugnola et al., 2014). As identified in Erikson's model of social-emotional development, the tasks of adolescent development are often in conflict with the tasks of parenting (Sadler & Catrone, 1983). In a normal developmental phase, teens tend to focus on themselves and their emerging identity, but for adolescent parents, independence may directly conflict with the role of parenting, which requires them to put the needs of a baby before their own (DeJong, 2003). Adolescents who are pregnant and parenting still engage in the critical developmental tasks of adolescence. Teaching such teens how to "parent" requires an expectation of adult behaviours

and decision-making processes from adolescents whose brains are not yet fully developed (Lieberman et al., 2015).

Children of adolescent mothers are 3-4 times at greater risk for developmental delays in intelligence, language, and socioemotional functioning, as well as behavioural problems and low school attainment (Coren et al., 2003). This can be attributed to a combination of factors including a lack of knowledge of child development, effective parenting skills, maternal role satisfaction, and mother–infant interaction (Coren et al., 2003; Ryan-Krause et al., 2009). Authors of longitudinal studies have found that infants of adolescent parents often appear to function within normal ranges on developmental assessments, however, developmental functioning declines by the end of the first year and intellectual functioning declines by the time they reach preschool (Jahromi et al., 2016; Whitman et al., 2001). Whitman et al. (2001) examined several domains of development including the physical, intellectual, adaptive, and social-emotional development of children of adolescent parents. They found that the majority of children of adolescent mothers experienced normal development through 12 months, however, by 3-years of age, intellectual and other developmental delays began to emerge.

In longitudinal studies, researchers have found that avoidant maternal attachment style and postpartum depressive symptomatology were significant predictors of poor early childhood development. Women demonstrating higher avoidant attachment styles and greater depressive symptomatology were more likely to have children who demonstrated early childhood developmental delays (Alhusen et al., 2013). Also, children with delayed or decreasing functioning were more likely than those with normative or stable functioning to have families with lower income, fewer learning materials at home, and adolescent mothers with more

depressive symptoms and greater co-parental conflict between adolescent mothers and the maternal grandmother (Jahromi et al., 2016).

Regarding language development, authors of several studies have also shown that the average scores of children of adolescent mothers tend to be 1 standard deviation below the mean on oral language skills and a large percentage of these children will repeat a grade by the time they reach adolescence (Oxford & Spieker, 2006). In addition to maternal age, factors such as socioeconomic status, parenting practices, parent–child relationships, verbal stimulation, and emotional support were strong predictors of language performance and outcomes for children (Oxford & Spieker, 2006; Woodward et al., 2001). Keown (2001) highlighted the importance of early mother–child interaction for children’s language development by comparing language development of preschool children born to teenage mothers ($n = 22$) to older mothers ($n = 20$). Keown (2001) examined the extent to which differences in language development could be explained by social background, and child and parenting factors. Children of teenage mothers performed significantly poorer than children of comparison mothers on measures of expressive language and language comprehension. Further analyses revealed that these differences were largely explained by differences in the parenting behaviour of teenage and comparison mothers. Specifically, maternal verbal stimulation and intrusiveness accounted for the relationship between teenage motherhood and children’s poorer language comprehension, whereas maternal intrusiveness and involvement with the child accounted for the relationship between teenage motherhood and children’s poorer expressive language development. These findings are consistent with those in the literature that propose the quality of mother–child interactions have an important role in children’s early language development.

In summary, researchers have shown clear behavioural differences between teenage mothers and their children, and older mothers, in terms of parenting styles, practices, and interactions that are less optimal for language development (Oxford & Spieker, 2006; Tamis-LeMonda et al., 2001). In general, given the risks associated with adolescent mothering and the impact on their children's developmental functioning, it is imperative that intervention programs are implemented to support these young mothers, and if possible, the family through their children's first few years of life (LePlatte et al., 2012).

2.2 Parenting Interventions and Outcomes

Barlow et al., (2014) defined standard parenting programs as “short-term interventions aimed at helping parents improve their functioning as a parent, and their relationship with their child, and preventing or treating a range of child emotional and behavioural problems by increasing the knowledge, skills and understanding of parents” (p. 4). Parenting programs typically have a learning component that supports the acquisition of knowledge, skills, and understanding (Barlow et al., 2011). Many of the programs targeting this population are school-based and focus on health, education, increased school attendance, prevention of multiple pregnancies, and improved parenting skills. Fewer programs focus on improving the development of positive parenting and parent-child interactions (Rispoli & Sheridan, 2017; Schaffer et al., 2012).

Although, researchers have provided evidence of the need for parenting programs, accessing services may be challenging for adolescent mothers, particularly when they are trying to care for young children. Adolescent mothers have many competing needs such as access to housing, transportation, childcare services, and work or school (LePlatte et al., 2012). Despite

high levels of distress and depression among adolescent mother populations, these moms rarely seek mental health services. Barriers to service include stigma of mental illness and a lack of time because mothers prioritize the demands of school, work, and parenting over self-care (SmithBattle & Freed, 2016). The growing concern for adolescent mothers' mental health has led researchers to adapt adult interventions for adolescent mothers and to test approaches that decrease some of the known barriers to mental health care for this population (Phipps et al., 2013). For example, group therapy programs, massage programs for adolescent mothers and their infants, and relaxation programs for teens have been offered as components of larger programs and have been shown to reduce depressive maternal symptoms and improve maternal–infant contact compared to control groups (Oswalt et al., 2009).

However, empirical evidence to inform programs and interventions for pregnant and parenting adolescent mothers is limited because few program evaluations and subsequent replications have been conducted (Lachance et al., 2012). Rispoli and Sheridan (2017) stated that “given limited research on programs targeting adolescent parenting practices and limited effects observed in evaluations of extant programs, there is a need for more research to develop and test feasible intervention techniques aimed at producing observable changes in parenting practices among adolescents” (2017, p. 178). Evaluations that have been conducted are proving pregnant and parenting teen programs to be promoting family and child health, and family self-sufficiency. For example, Schaffer et al. (2012) conducted a program evaluation of a program that taught 758 adolescent parents about attachment, brain development, and the availability of community supports and essential items needed for parenting. The authors showed that 59% of the parents self-reported improved parenting skills, 12% were more responsive to their infants, and 8% of infants showed improvement on a developmental screening tool. In another example,

Florsheim et al. (2012) evaluated a 10-week program for pregnant adolescents and their partners that focused on improving and strengthening the relationship and communication skills needed for effective co-parenting. When the children born to participants were 18-months old, fathers demonstrated greater levels of engagement and positive parenting than the fathers in the control group did. Positive outcomes in paternal functioning were mediated through changes in the mothers' interpersonal skill development.

Several researchers in this area have concluded that a pressing need exists for prevention programs that aim to reduce the interpersonal risks associated with adolescent parenting including hostile co-parenting, harsh parenting styles, and paternal disengagement, all of which affect a child's social and emotional development (Barlow et al., 2011; Coren et al., 2003; Dickinson & Joe, 2010). Compared to traditional mental health services, programs should offer teen-friendly approaches located at trusted, convenient sites that are easily integrated into the mothers' schedules. The group therapy approaches also had the additional benefit of providing the adolescent mothers with peer support and reduced isolation (SmithBattle et al., 2017). Although home visit interventions provide emotional support and health and parenting education, few authors have proven them overly effective in improving maternal mental health (Azzi-Lessing, 2013).

Another approach to supporting adolescent mothers is through stress management strategies. Given the increased stress that adolescent mothers face, it is not surprising that it would be challenging for them to be responsive parents (Romo & Nadeem, 2007). Exposure to chronic stressors is also positively related to depressive symptoms, which may account for the high rates of depression among adolescent parents (Eshbaugh, 2007). Meditation has been gaining popularity as a stress reduction strategy for parents. Along the same lines, researchers

suggested that adolescent mothers may benefit from strategies to improve their ability to regulate emotions. Strategies or interventions that build skills in emotion self-regulation allow for the recognition of one's and others' emotions. It also promotes the ability to reduce the intensity of one's emotions and to connect emotions to experience. Difficulties with regulating emotions has been associated with a number of psychiatric comorbidities and risky behaviours such as addictions, impulsivity, poor decision making, suicide, interpersonal conflicts, and violence (Freed & SmithBattle, 2016). Understandably, mothers who lack the ability to regulate their emotions may have difficulty relating to their infants and helping them self-regulate (Pat-Horenczyk et al., 2015).

Although few authors have studied adolescent mothers and emotion self-regulation abilities, evidence shows emotion self-regulation (ESR) can be improved in parents through a training intervention. For instance, Ravindran et al. (2015) trained mothers in ESR and compared them to a control group. Families with at least two children between the ages of four and eight were randomly assigned to an intervention ($n = 50$) or wait-list control ($n = 34$) group. Parents completed pre- and post-test questionnaires on sibling warmth, their emotion regulation during sibling conflict, and their global emotion regulation styles. Program participation had a direct effect on three of the four emotion regulation outcomes for mothers. Mothers in the intervention group reported lower levels of dysregulation and suppression, and higher levels of reappraisal at post-test, controlling for pre-test regulation scores. Researchers have also found that meditation can reduce stress, promote emotion self-regulation, and improve physical and mental health. Adolescents who practice meditation reported benefits on several emotional well-being measures (Freed & SmithBattle, 2016).

Overall, there is a need to move beyond a deficit-focused approach to understanding the impact of adolescent mothering on outcomes for mothers and children to a strengths-based approach to determining how teenage mothers can experience positive parenting and healthy outcomes for their children. Although adolescent parents undoubtedly experience more disadvantaged backgrounds and live in more challenging circumstances when compared to non-adolescent parents, some researchers have shown that motherhood can be a transforming, stabilizing turning point for the future of adolescents (Fletcher et al., 2013). Duncan (2007) argued that policies and practices that assume adolescent parents are inadequate need to be replaced by ones that validate young parents and strengthen their family and community networks as much as possible.

Solivan et al., (2015) used a resiliency framework to identify factors that may have supported positive outcomes for 15 adolescent mothers, ages 15–19 years. Despite risks associated with low-income or marginalized minority status, several common positive attributes were identified among the group, including having self-efficacy, having a positive outlook, having self-acceptance, setting personal goals, and resisting stereotypes and stigma around teenage motherhood. Common themes of self-acceptance and rejection of social stigma were identified as pathways to resilience in the face of adversity for these mothers (Solivan et al., 2015). Supportive parental relationships between pregnant daughters and their parents are linked to resiliency factors such as greater self-esteem and life satisfaction because family support has been found to be the primary support for pregnant teens, more so than community support (Benson, 2004).

Research is also needed to support the development of programs that help minimize risk factors and promote protective factors for this adolescent population (LePlatte et al., 2012).

Programs that enhance self-awareness and coping strategies for adolescent mothers can help them better understand their feelings, so they in turn can be more responsive to the needs and feelings of their children (McHugh et al., 2017). For example, teaching interpersonal mindfulness practices to parents has been proven to enhance parenting skills and promote secure attachments between parents and their children (Gheibi et al., 2020; Potharst et al., 2017; Smit et al., 2018). There has been growing evidence over the past decade for the effectiveness of mindfulness training with parents as an intervention to improve parenting skills, reduce youth problem behaviours, improve empathy, and improve parent–child interactions (Coatsworth et al., 2015). Although research on adolescent parents has not yet been conducted, research with other vulnerable adolescents has shown mindfulness-based intervention strategies effective in decreasing perceived stress and psychological distress among adolescents who experience mental health challenges (Bluth & Blanton, 2014).

2.21 Mindfulness

Eastern philosophers and religions such as Buddhism have used meditative practices for thousands of years. There are multiple forms of meditative practices, each focusing on various aspects of mental development. Although several forms of meditation practices exist, mindfulness is by far the most researched and practiced. This form of meditation is usually identified with Buddhist mindfulness or *vipassana* (clear seeing). Mindfulness was developed to relieve human suffering, increase compassion, and help individuals achieve the peace of enlightenment (Gause & Coholic, 2010). Mindfulness is cultivated by paying attention to the present moment and becoming aware of our self-judgements and how we react to our experiences (Kabat-Zinn, 1990). Adopting mindfulness-based practices can foster self-

compassion, empathy, improved attention, and emotion regulation (Alvarado-García et al., 2022; Crane et al., 2017; Lin et al., 2019).

A growing number of authors speak to the effectiveness of mindfulness-based interventions in improving psychological functioning, reducing human suffering, and increasing quality of life (Cascales-Pérez et al., 2021; Sacristan-Martin et al., 2019). Most researchers describe mindfulness as the process of achieving embodied awareness by focusing on the present moment and observing one's thoughts and feelings in a patient and nonjudgmental way, relinquishing any preconceived notions about the past or the future (Coatsworth et al., 2015; Crane et al., 2017; Walsh & Shapiro, 2006). One operational definition of mindfulness is “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). This process of “quieting the mind” is achieved by becoming an active observer of the thoughts and emotional experiences of external stressors. It does not involve the removal or avoidance of stressful stimuli but rather the “non-reactive” approach to external stressors by processing it mindfully (Kissman & Maurer, 2002).

Jon Kabat-Zinn, the founder of the Mindfulness-Based Stress Reduction Program (MBSR) at the University of Massachusetts Medical School, wrote the most well-known and influential work on the introduction of mindfulness in clinical practice: *The Center for Mindfulness* has been researching the effectiveness of MBSR on psychological and medical symptoms in both clinical and nonclinical studies since 1979. MBSR was originally developed as an education and training tool for people with chronic health problems, and psychological and emotional stress to learn new ways of coping (Kabat-Zinn, 1990). Kabat-Zinn (1990) referred to mindfulness as a particular way of paying attention, and when one begins to pay attention to

what one's mind is doing, one will find many negative thoughts and emotions below the surface that drain one's energy. According to Kabat-Zinn (1990), the "attitudinal foundations" of mindfulness practice are acceptance, patience, trust, nonjudging, non-striving, letting go, and beginner's mind. If achieved, then these seven attitudes interact to create a particular state of being that allows for an attentive and unprejudiced approach to everyday living (Kabat-Zinn, 1990).

MBSR intends for participants to reach an embodied awareness by learning to respond to arising emotions and sensations in a nonjudgmental manner, stopping habitual ways of being, and thus, moving towards an awakened state (Childs, 2007). This requires becoming aware of the constant judging and reacting to our inner and outer experiences that we might often become caught up in. When we begin to pay attention to our mind, we start to notice that we constantly make self-judgements (Kabat-Zinn, 1990). In addition to these attitudes, mindfulness has also been characterized as requiring self-discipline and motivation in the development of five specific skills: acting with awareness, observing, describing, nonreactivity to inner experience, and nonjudging of inner experience (Carmody & Baer, 2008). The development of these skills helps achieve consistency and clarity in one's practice. If energy and commitment are low, then it is hard to achieve calmness and relaxation (Kabat-Zinn, 1990).

Although mindfulness has been practiced for many years, it has only been in the past 15-20 years that it has been examined as a "psychological construct" (Burke, 2010) with an assimilation of mindfulness-based intervention into the cognitive behavioural paradigm. The Mindfulness-Based Cognitive Therapy (MBCT) program (Segal et al., 2002), which was adapted from MBSR, integrates components of cognitive behaviour therapy to reduce negative thinking patterns, cycles of ruminative thinking, and has been proven effective in the treatment of

depression (McCartney et al., 2021). MBSR and MBCT use mindfulness meditation as a core intervention component and engage specific practices such as sitting meditation, walking meditation, body scan, breathing meditation, yoga stretching, and a range of informal practices (Dimidjian & Segal, 2015). A growing number of mindfulness-based interventions have been developed to alleviate or improve mental health problems, psychological functioning, self-awareness, and emotional stability within various adult and child populations including parents (Thompson & Gauntlett-Gilbert, 2008).

2.22 Mindfulness-based interventions for parents

Kabat-Zinn introduced mindful parenting in 1997 as a fundamental parenting skill and practice. Although researchers have focused primarily on the adult parenting population, it has been proven effective in enhancing the parent–child dyad and in improving parenting interventions (Petcharat & Liehr, 2017). Kabat-Zinn (1997) described mindful parenting as a new awareness and intentionality in one’s engagement in parenting that cultivates deeper insights and understanding of one’s children and oneself. He recommended the use of “everyday mindfulness” and the practice of living moment to moment in parenting through the acceptance of daily stressors and the unconditional acceptance of one’s children (Kabat-Zinn & Kabat-Zinn, 1997).

Duncan et al. (2009) offered a model of mindful parenting that extended the concepts of mindfulness to the social context of the parent–child relationship. Parents who can remain aware of and accept their children’s needs can create a family environment that is more likely to develop higher quality relationships with their children. Being aware of a child’s needs also leads to fewer cycles of maladaptive parenting behaviour, which in turn promotes the healthy

psychosocial development of the child. Duncan et al.'s (2009) model of parenting encompasses five dimensions of mindful parenting: (a) listening with full attention, (b) nonjudgmental acceptance of self and child, (c) emotional awareness of self and child, (d) self-regulation in the parenting relationship, and (e) compassion for self and child. They theorized that parents who apply mindful parenting practices will experience changes in both their children's behavior and in their relationships with their children. They stated, "When parents bring the practices of mindful parenting to parent-child interactions, they can cultivate an enhanced capacity for parenting calmly, with greater consistency, and in greater accordance with their goals and values, while engendering a warm and nurturing affective tenor in the parent-child relationship" (Duncan et al., 2009, p. 261). Duncan's Model of Mindful Parenting (see Appendix A) illustrates these five dimensions and relates each to parenting behaviours that are promoted by these attributes, skills, and practices.

Regarding mindfulness in the parent-child relationship, authors of several studies have demonstrated the effectiveness of mindfulness training with parents of high needs children including children with behaviour disorders, ADHD, autism, special education needs, and parents of adolescents (Parent et al., 2010, 2016; Snyder et al., 2012). These authors vary in their approach but have been successful in their aim to alter either intrapersonal parenting experiences (e.g., parenting stress, anger management, negative mood states, and self-compassion) or interpersonal experiences of parenting (e.g., empathic concern, parenting-child interactions, discipline strategies, and family functioning) (Coatsworth et al., 2015). For example, in a study conducted by Singh et al. (2010), mothers and their children (diagnosed with ADHD) were taught mindfulness. Findings revealed that teaching mindfulness to mothers enhanced their children's compliance. When the children were subsequently given mindfulness training,

compliance increased even more and was maintained during follow-up. The mothers also reported greater satisfaction with their interactions with their children and greater happiness with their parenting. Mindfulness interventions were also proven effective with reducing parental stress, particularly for parents of children with special needs or disabilities. Researchers have shown that parents of children with disabilities experience high levels of stress, which is associated with increased child behaviour problems, increased marital conflict, and increased divorce rates (Rayan & Ahmad, 2018).

In a comprehensive review of the literature, Petcharat and Liehr (2017) reported that parents of special needs children who participated in MBSR experienced increased mindful awareness and improved psychological well-being, and they were more accepting of their children. Their children also had fewer behaviour problems and enhanced positive interaction with their parents. Researchers also showed that cultivating a more mindful way of parenting is associated with reduced stress, anxiety, and depression in that increasing non-judgmental attention towards self and child in parenting can significantly improve depressive systems among parents (Alexander, 2018)

Mindfulness has also been integrated into programs for pregnant women to reduce the negative impact of stress during pregnancy (Potharst et al., 2017). Maternal stress is linked to preterm birth, miscarriages, lower Apgar scores, smaller infant head circumference, and postpartum depression. Researchers suggested that practicing mindfulness techniques while pregnant may have a substantial positive impact on lowering maternal stress and anxiety, and improving infant health outcomes at birth (Stathas & Frazer, 2015). For example, Callands et. al. (2023) studied the feasibility and acceptability of a mindfulness-infused cognitive-behavioral group intervention with 87 pregnant women aged 18-25 years. The researchers concluded that

the program was a feasible and acceptable intervention to promote mental and sexual health as women showed significant reduction in the level of prenatal distress. Also, Lengua et al. (2023) studied the effectiveness of a mindfulness-based well-being program for low-income mothers. They concluded that mindfulness-based well-being and parenting preventive interventions can promote maternal and infant mental health in families living in low-income, high-stress settings, especially if accessibility to the programs can be improved. Therefore, mindfulness may be one way to support adolescent mothers in developing the skills necessary to cope with the stressors of parenting, which often leads to depression and insecure attachments with their children.

2.23 Mindfulness-based interventions with youth

Mindfulness research over the past two decades has primarily focused on adult clinical populations. However, over the past decade, these approaches have increasingly been adapted for use with children and adolescents (Segal et al., 2021). Mindfulness-based practices have been found to be promising interventions for children and youth with an array of symptoms and disorders including anxiety, depression, ADHD, and learning disabilities (Borquist-Conlon et al., 2019; Rayan & Ahmad, 2018; Sibalis et al., 2019). Researchers have also shown mindfulness-based interventions are successful in reducing internalizing and externalizing symptoms as well as improving depressive symptoms in children (Roux & Philippot, 2020; Royuela-Colomer et al., 2021). Researcher have also found that mindfulness is effective in improving stress-related psychological conditions such as anxiety, perceived stress, and internalizing and externalizing behavioral problems in a population of adolescents (Crowley et al., 2018). The research in this area also supports the effectiveness of Mindfulness-Based Interventions (MBIs) for improving children's coping strategies and responses to adversity (Lee et al., 2008; Vohra et al., 2019).

More recently, mindfulness has been identified as a promising approach for enhancing the well-being of children in schools (McKeering & Hwang, 2019). Schools are a universal access point and effective platform for the delivery of programs that support health and well-being (Hudson et al., 2020). The benefits of teaching mindfulness to children in school include improved memory and improved skills in the area of self-control and self-awareness, as well as improved academic performance (Fodor & Hooker, 2008; Huppert & Johnson, 2010; Sapthiang et al., 2019). Researchers have also found that mindfulness interventions in schools can decrease negative affect and increase positive affect for young people, as well as reduce symptoms of depression, anxiety and burnout in school staff (McKeering & Hwang, 2019; Norton & Griffith, 2020). Since their introduction, School-Based Mindfulness Programs have been researched across diverse school environments and sociocultural contexts, and there is promising evidence that these programs are effective in teaching student's mindfulness and self-regulation skills (Roeser et al., 2020).

Some researchers and practitioners are using arts-based and other creative methods to facilitate mindfulness with young people. The reasons for this are twofold (1) arts-based methods are engaging, developmentally appropriate, relevant, and (2) they foster a process of reflection and articulation especially for marginalized groups (McDonald et al., 2009; SmithBattle et al., 2017). Researchers are also proving arts-based mindfulness intervention methods are helpful in enhancing the coping strategies of children who come from high-risk environments by improving the way they respond to negative feelings and giving them skills they can use when faced with difficult situations (Coholic, 2011; Coholic et al., 2012). The Holistic Arts-based Program (HAP) developed by Diana Coholic and members of her research team, which is the focus of this dissertation, incorporates both mindfulness and arts-based methods to offer a more holistic

engaging and strengths-based approach to intervention (Coholic, 2019). To date, their research has shown that these interventions can have numerous benefits for vulnerable children and youth including stress reduction, emotion regulation, improved coping skills, confidence, self-esteem, and the ability to focus (Coholic, 2011; Coholic & Eys, 2016). Using HAP, researchers experienced low attrition rates and high engagement from youth participants, who often express wanting to continue their participation after the program ends (Coholic, 2019). In assessing the effectiveness of current mental health services for children, some have indicated the need for alternate approaches to intervention or the adaptation of traditional therapies (Eaton et al., 2007; Sarid & Huss, 2010). Researchers have indicated high dropout rates and resistance or refusal of children in therapeutic programs as some of the most common reasons for offering new strategies for children and adolescents in coping with adversity and psychological stress (Haan et al., 2013; Kozłowska & Hanney, 2016).

2.24 Arts-Based Methods

I use the term arts-based methods to describe a variety of creative art methods that I used to elicit expression and communication from the participants. Arts-based methods (sometimes referred to as expressive arts) is defined as “the use of various arts-movement, drawing, painting, sculpting, music, writing, sound and improvisation in a supportive setting to facilitate growth and health” (Davis, 2010, p. 126). This approach differs from art therapy, which requires a greater degree of specialized training and focuses on the art creation and the interpretation of what is produced, or on “symbolic representations” of what is produced (Malchiodi, 2003). Art therapy is a method of intervention that has traditionally been used in a treatment setting and within a psychotherapeutic framework as a medium for which clients, with the help of a therapist, can

explore inner conflict and difficulties. In this context, an art therapist uses art to help a client achieve insight into his or her trauma or experiences (Eaton et al., 2007).

In recent years, social workers and other helping professionals have recognized the benefits of expressive arts and/or arts-based methods, and they are assimilating these methods into mainstream mental health services and research practices (Wang et al., 2017). Many researchers agree that the use of arts-based methods as a medium of communication for youth is an effective alternative to traditional therapy (Kaiser et al., 2005). Arts-based methods can be especially meaningful for youth and adults who lack the skills and interest in traditional forms of treatment and intervention (Coholic, 2019). Researchers assessing the usefulness of arts-based methods have shown these practices to improve self-esteem, increase socialization, improve psychosocial wellbeing, and aid in developing self-awareness and group cohesion (Coholic, 2010). Using arts-based methods can also result in greater participation, reduce power imbalances between the researchers and participants, and foster a process of reflection and articulation, especially with marginalized populations (Didkowsky et al., 2010). Arts-based group programming has also been proven effective with teen mothers who reported that attending a 10-week arts-based program helped them increase self-awareness of their feelings, and it encouraged them to reflect on their relationships with peers and partners (SmithBattle et al., 2017)

Because children and youth often do not have the vocabulary to express complex thoughts and feelings, the use of arts-based methods to teach mindfulness may be more suitable than traditional intervention methods for some youth populations (Coholic, 2010). Coholic (2010) explained that teaching mindfulness through arts-based methods allows children to experience the benefits of learning mindfulness (e.g., learning to focus on their feelings and

thoughts without judging these experiences) without having to rely on engaging only in traditional methods such as sitting meditation. In addition, facilitating mindfulness teaching through arts-based methods gives youth the opportunity to engage in a helping process that is “fun” and “non-threatening” (Coholic, 2011; Himelstein et al., 2012; Naelys Diaz et al., 2012).

Within the research pertaining to the use of arts-based methods, links have been made between positive improvements across a spectrum of mental health challenges from self-esteem to bipolar disorder. Advocates of arts-based methods promote its versatility as a therapeutic approach in clinical and nonclinical settings and among children, adolescents, and adults (Sarid & Huss, 2010). For one example, in a study, conducted by Kozłowska and Hanney (2016) arts-based methods were used as an intervention to treat five children who were exposed to ongoing family conflict and who experienced PTSD symptoms. The use of arts-based methods resulted in desensitization of anxiety and unpleasant body sensations for the children and helped in the development of coping skills to manage ongoing stress. Kozłowska and Hanney (2016) concluded that the children’s ability to use art to explore their most anxiety-provoking issues suggests that art functions as a useful tool in the treatment of children with PTSD. These findings are consistent with other findings in the literature that show art as therapy holds significant benefits in treating children who have experienced trauma and exhibit symptoms of psychological disorders.

Art provides an opportunity to express feelings nonverbally and is a more familiar form of communication for children and young people that allows them to communicate about events without the use of words (Buschel & Madsen, 2006; Malchiodi, 2003). For instance, Buschel and Madsen (2006) explored the use of an expressive art therapy program in a domestic violence shelter to enhance communication between the mothers and their children. The program

provided an opportunity to identify feelings associated with their exposure to violence and separation from home. The program's goals included increasing communication, empathy, and understanding, and reducing shame and secrecy, as well as enhancing positive attachments. The mothers and children attended weekly art therapy groups and were given an opportunity to express their feelings and concerns through art and to be with other children and families who have experienced violence. Buschel and Madsen (2006) showed the program was effective in lessening problematic behaviours in the shelter and promoting self-esteem and self-confidence in the children.

Whereas Buschel and Madsen focused on the expression of traumatic experiences, Visser and du Plessis (2015) explored the feasibility of a group intervention using expressive art activities to improve self-esteem and interpersonal relationships of female adolescents (ages 13–18 years) who had been sexually abused. The objective of the intervention was to establish safety, emotional self-regulation, integration of self, re-engagement with relationships, and enhancement of positive affect. Rather than focusing on trauma, they focused on the management of trauma through strengths and positive coping mechanisms. The art activities were chosen according to the group and established literature including Dr. Coholic's (2010) book. The participants met weekly for 90 min over 10-weeks. They perceived that the expressive art group intervention improved their self-esteem, self-awareness, relationships, and ability to cope with negative emotions. The group intervention also created a context for participants to experience a sense of belonging with other young people with similar experiences. These findings are congruent with other findings in the literature that support the development of group cohesion as a key component of change and to build empathy and a sense of belonging among group members (Coholic et al., 2016; Ma et al., 2012).

2.25 Group Work with Young People

The benefits of group work with young people cannot be overlooked. Many researchers have explored the processes and structures of therapeutic group work and demonstrated its value in rebuilding trust, counteracting isolation, developing positive support, and fostering interpersonal skills (Coholic et al., 2012; Stewart & Thomson, 2005). Malekoff (2014) described the benefits of group-based activity for adolescents as promoting a sense of belonging, cultivating a sense of competence, enabling the use of expressive powers to solve problems creatively, and creating new pathways for expressing obscured parts of themselves. He also discussed the benefits of group work in instilling a sense of mindfulness and the opportunities it offers to teach self-reflection and the power of silence. This is consistent with the benefits of HAP that uses a social group work approach to facilitating mindfulness. Researchers have proven the development of group cohesion as fostering empathy and connection between participants and providing avenues of expression other than verbal (Coholic et al., 2016). Given the extensive research that supports the importance of group cohesion, it is important to consider specific strategies and factors that might contribute to its development (MA et al., 2012). In the study conducted Visser and du Plessis (2015) described above, the researchers also emphasized the therapeutic benefits of group work with young people. In this case, the group dynamics created an accepting and empathetic group climate where participants could share their experiences with others who understood what they went through. It lessened their feelings of isolation and encouraged them to participate in group activities to explore their strengths, values, and coping mechanisms.

Although the potential role of the group process in interventions with teenage mothers has been acknowledged, very few researchers have addressed its impact on program experiences

and outcomes (Barlow et al., 2011). Similarly, when Coholic et al., (2020) conducted a scoping review of MBIs that incorporate arts-based methods they stated that authors writing about arts-based MBIs should provide a more thorough account of the practices, , research, and feedback, that was used to design and deliver their programs, as the effectiveness of such programs might be a result of other factors such as group work or arts-based methods.

However, several authors have measured the effectiveness of group-based programs in achieving an array of outcomes for adolescent parents and their children (Barlow et al., 2011; Fletcher et al., 2013; McDonald et al., 2009). For example, in the evaluation of a group intervention for teenage mothers and their families, data from 128 young mothers showed positive change when comparing before and after results. The Families and Schools Together Babies program aimed at improving the outcomes of infants and teenage mothers in 11 Canadian communities. The goals of this multifamily group program were to (a) engage teenage mothers into a socially inclusive experience that might challenge the social disapproval they often experience, (b) enhance the mother–infant bond while increasing feelings of parental efficacy, and (c) reduce stress, social isolation, and intergenerational family conflict for the young mothers (McDonald et al., 2009, p. 47). Sessions included crafts, singing, mother-baby massage, small group discussions, peer-support groups, and community meals among many other activities. The evaluation of the project showed statistically significant increases in parental self-efficacy for teenage mothers, improved parent-child bonds, reductions in stress and family conflict, and increases in social support. The researchers argued that “systemically informed groupwork interventions that express social work values of shared governance, social support and social inclusion seem to be demonstrating a track record of engaging people which individual approaches or traditional teaching approaches may not” (McDonald et al., 2009, p. 47).

Similarly, Ellis-Sloan (2015) examined the use of support groups for adolescent mothers and found that group-based programming had advantages in providing support to young parents that are not possible in individual interventions. Advantages included peer learning and the development of friendships as social support. Ellis-Sloan (2015) argued that group-based programs providing holistic care are a beneficial way of supporting young mothers because they provide opportunities to reduce isolation, facilitate peer learning, and afford time for mothers to focus on their needs. Ellis-Sloan's findings were congruent with those of Dickinson and Joe (2010), who studied the Young Mothers Support Group program, which was designed to engage pregnant teens and young mothers in youth-driven programming aimed at meeting their identified needs. This 16-week program offered young mothers a place to meet and to learn about topics such as budgeting, cooking and nutrition, careers, body image, and development stages. The facilitators' role was to provide information, advice, advocacy, and support, but part of the program was self-directed by the mothers. The program objectives were to encourage self-value, make connections to community organizations, provide mentoring support, and reduce isolation through meeting other young mothers. An evaluation of the program showed short-term outcomes that included an increased ability for future planning, successful connections between young mothers and peers in similar circumstances, and increased networking, which was identified as the most important aspect of the group. Young mothers indicated that they looked forward to attending and some remained connected after the group finished. The young mothers also reported increased confidence in their ability to manage their lives and their babies, access services, and communicate their needs.

2.3 Summary

Given the increasing interest in mindfulness with young people and the promising results of learning mindfulness for parents, the aim of my study is to explore whether learning mindfulness through arts-based methods was beneficial for adolescent parents. I have highlighted in this literature review that many adolescent mothers experience high levels of psychological distress in childhood due to social disadvantages and adversities. As a result, achieving maternal sensitivity can be a challenge for many adolescent mothers due to their developmental stage and the stresses present in their lives. Poor mother-child interactions coupled with cumulative disadvantage means life outcomes for children of adolescent mothers are also compromised. As evidenced through this literature review, mindfulness-based interventions are potentially helpful in enhancing the responsiveness and attentiveness of adolescent mothers in their day-to-day parenting and therefore necessitates further exploration. Considering the numerous studies that have demonstrated the long-term, negative effects of adolescent motherhood, studies that explore the feasibility and benefits of targeted interventions for adolescent mothers may help remedy the negative consequences of adolescent parenting for both mothers and their children (Ellis-Sloan, 2019), and help us understand the mothers' strengths. There exists a gap in the literature that offers strategies from successful interventions with adolescent mothers. Successful interventions are needed to inform both intervention design and policies for this vulnerable group (Lachance et al., 2012).

3. Theoretical Framework

3.1 Research Paradigm

Wahyuni (2012) defined a research paradigm as “a set of fundamental assumptions and beliefs as to how the world is perceived, which then serves as a thinking framework that guides the behaviours of the researcher” (p. 1). The research paradigm influences how one undertakes a social study by framing and understanding the social phenomena through the lens of specific theoretical assumptions and fundamental beliefs (Pham, 2018). It provides the overall theoretical research framework from which the ontological, epistemological, and methodological positions should logically flow (Grix, 2010). Four fundamental beliefs of research paradigms are held in social sciences including positivism, post-positivism, interpretivism (constructivism), and pragmatism (Wahyuni, 2012). The paradigm of my research study is aligned with the fundamental beliefs of interpretivism and constructivism because I am interested in better understanding the social phenomenon of adolescent parenting from the subjective experiences of the participants. My goal is to gain a deeper understanding of adolescent parenting and its complexity through the unique context and perspectives of young mothers. Furthermore, I want to explore the potential benefits of learning mindful parenting as perceived and interpreted by the participants, not merely determine the benefits of the intervention through a process of measurement.

3.2 Ontology

Grix (2010) stated that ontology is to research what “footings” are to a house. It forms the foundation upon which researchers understand the core assumptions that underlie their work and inform their choice of research question, methodology, methods, and even sources of

information. It is associated with the central question of whether researchers believe that social entities should be perceived as objective or subjective. Objectivism asserts that social phenomena and their meanings have an existence that is independent of social actors, whereas subjectivism or constructivism perceives that social phenomena are created from the perceptions and actions of the social actors (Blaikie, 2018). For my research study, I employed Balikie's (as cited in Grix, 2004, p. 59) definition of ontology, which states that ontological claims are "claims and assumptions that are made about the nature of social reality, claims about what exists, what it looks like, what units make it up and how these units interact with each other." Grix (2010) further stated that some researchers wrongly collapse ontology with epistemology and argued that they need to be understood as separate concepts, although they are closely related.

Determining an ontological position requires a researcher to examine what they believe to be the essence and nature of things in the social world (Mason, 2002). The interpretivism paradigm, which is where I have situated my study, assumes that reality is socially constructed and that there is no single reality; rather, there are multiple realities and interpretations of a single event (Merriam, 2009). Interpretivists recognize that individuals' backgrounds, experiences, and assumptions contribute to the on-going construction of reality existing in their broader social context through social interaction. These experiences are subjective, so social realities might change or encourage different perspectives (Wahyuni, 2012). Once established, the ontological position will lead to the epistemological and methodological questioning through a directional relationship.

3.3 Epistemology

According to Mason (2002), epistemology “concerns the principles and rules by which you decide whether and how social phenomena can be known, and how knowledge can be demonstrated” (p. 16). Epistemology poses questions regarding what might represent knowledge of the social reality the researcher wishes to investigate. It questions what the researcher might count as evidence. The answers to these questions should connect to the answers of the ontological questions, so that one’s epistemology helps generate knowledge and explanations about one’s ontological components of the social world (Mason, 2002). My study applies a social constructivism epistemology that focuses on an individual’s understanding of the world in which they live, and relies on a participant’s view of the situation being studied.

Social constructivism emerged 35 years ago as a concept to address the nature of reality. It originated in sociology and is associated with the postmodern era in qualitative research (Walker, 2015). One of the assumptions is that meaning-making is social and arises from an individual’s interactions with others and their community (Creswell, 2009). Meaning is not discovered, but rather it is constructed, and truth comes into existence through our engagement with the realities in our world (Crotty, 1998a). Proponents of this view seek to understand the world of lived experiences from the perspectives of those who live it (Walker, 2015). Rather than starting with a theory, as in post-positivist, constructivist researchers use broad, open-ended questions to inductively generate a theory or pattern of meaning. The researcher also focuses on specific contexts in which people live to better understand the participants’ historical and cultural settings. The researcher recognizes that their background shapes their understanding. The researcher thus positions themselves in the research to acknowledge how their personal, cultural, and historical context can bias the interpretation of the findings (Creswell, 2007). Researchers

tend to use the terms *social constructivism* and *constructionism* interchangeably in the literature. However, they differ in that social constructivism proposes that individuals mentally construct the work of experience through cognitive processes, whereas social constructionism has a social rather than individual focus (Andrews, 2012). Although both social constructionism and social constructivism help to explain how social phenomena develop, and both endorse a subjective view of knowledge, they differ in that constructionism refers to the development of phenomena relative to social contexts while constructivism refers to an individual's meaning making within a social context (Martinez-Brawley, 2020a). If explained along a continuum, social constructionism occurs when knowledge is socially created (in groups) and arises from human interactions and social, cultural, and political influences. Social constructivism is when individuals develop knowledge structures that help them interpret, understand, and make meaning of their interaction with the socially created world. My research aims to better understand the participants' individual experiences and how they make meaning of their realities while recognizing the societal, cultural, and historical influences on their lives.

3.4 Theoretical Perspectives

The role of theory in the interpretivist paradigm is to help the researcher understand the social world by describing how people conduct their daily lives. In the interpretivist paradigm, theory is not used to predict but rather it is used to inform and guide the research design (Grix, 2004). Unlike positivists, it is not the intention of the interpretivists to test a theory in the field. Instead, researchers aim to build on existing theories from the data they collect (Grix, 2010). In essence, the theoretical perspective is meant to ground the assumptions embedded in the research approach (Crotty, 1998a). Symbolic interactionism is seen as an important theoretical

perspective in the social construction of reality. The foundation of this theory is “meanings.” The theory claims that facts are based on and directed by symbols. Blumer is identified as the founding theorist in the development of ideas surrounding symbolic interactionism (Aksan et al., 2009; Mackinnon, 2005). According to Blumer, symbolic interactionism involves three core principles: meaning, language, and thinking. Symbolic interactionism acknowledges the principle of meaning as the center of human behaviour and includes the interpretation of actions because people form symbolic meaning in different ways (Aksan et al., 2009).

For the symbolic interactionist, the self is a social construction created through linguistic exchanges with others, and the development of self occurs through the interpersonal relationships with significant others. There has been a resurgence of interest in the formulation of this theory, which emphasizes how interactive processes, initially with caregivers, profoundly shape the development of the self (Harter, 1999). Symbolic interactionists recognized early on that the process of the developing person is influenced by multiple social contexts and various significant others. Several themes found in the works of original symbolic interactionists can be found in contemporary theorizing and have been incorporated into all aspects of social work practice and research (Forte, 2004; Harter, 1999)

For instance, Bronfenbrenner’s theoretical perspective on the ecology of human development is one such theory. An ecological systems perspective recognizes the importance of considering the interrelationships of the multiple contexts that play key roles in participants’ lives (Ahmad & Yusof, 2010). Ecological systems theory offers a suitable theoretical lens for my research because the well-being of adolescent mothers and their children depends both on the characteristics of the mothers and on the families and communities in which they are a part (Ward & Belanger, 2011). Five systems make up the ecological systems model: the micro, meso,

exo, macro, and chronosystems (Bronfenbrenner, 1979; Duerden & Witt, 2010).

According to Bronfenbrenner (1979b), individuals and families are part of an interlocking system that influences each other at these five levels. The microsystem refers to an environment where children directly interact with their parents, peers, teachers, and other adults at home, in their schools or their surroundings. The microsystem consists of the small groups in which people interact such as friends, family, workplace, and organizations to which they belong. The relationships found in the microsystem most directly influence an individual's quality of life, and therefore the quality of the relationships is critically important. For children, this includes their parents, extended family, friends, and daycare staff (Ward & Belanger, 2011). The mesosystem refers to a connection between two microsystems that is the link between family and school, between family and children's peers, between school and authorized organizations, and many more. An ecosystem is a system that involves the exterior surroundings where children play a passive role, but their development is influenced by the members' actions in the ecosystem. The macrosystem includes various factors such as gender, ethnicity, customs and traditions, values, and social economic status that influence children's development. The chronosystem refers to the influence of the social-historical situation and the events affecting children's development in a certain period of time (Ward & Belanger, 2011).

I focus on the interaction between the parent and child while giving thought to the social influences the family experiences at the meso and macrolevel. For example, on the individual microsystems level, children are more likely to experience negative outcomes if their parents are less nurturing and supportive, and show more aggression and poor parenting styles (Fincham et al., 2009). However, on the mesosystems level, factors such as lower socioeconomic status, higher stress and conflict, poverty, and unemployment influence how people parent and have

been identified as impacting a child's success in life (Fincham et al., 2009).

A socioecological perspective is essential to this research because parental mental functioning is usually part of a more complicated combination of sociological and psychological characteristics, including increased stressors, inadequate social support, low self-esteem, poverty, and unemployment (Foster-Fishman & Behrens, 2007; Webb & Harden, 2003). Applying a socioecological framework allows for the identification of a wide range of risk and protective factors relating to the individual, family, and community systems (Fincham et al., 2009). Dickson and Joe (2010) stated that “comprehensive, multifaceted approaches that adopt positive youth development, and socio-ecological and family systems perspectives can influence the way in which younger parents negotiate their life circumstances and raise their children” (p. 35).

Michael Ungar, one of the leading researchers in the field of social and psychological resilience, works from an ecological systems model of resilience and argued that resilience is more than internal capacities or behaviour. Rather, resilience is as much dependent on personal capacities as it is on relational, social, cultural, and structural experiences (Ungar, 2010). Resiliency theory, which also forms the theoretical foundation of this study, supports the ability to maintain successful functioning and adaptation within the context of significant adversity (Ungar, 2008). Resilience research that applies an ecological systems lens considers the “vulnerability factors” and protective factors that influence positive affect. These factors include a broad spectrum of characteristics and attributes relating to the individual or the family and community systems. Many of the vulnerabilities, as identified in the literature review include psychological distress, poverty, violence, a lack of support, and prevalence of drugs or alcohol (Benzies & Mychasiuk, 2009). Protective factors that contribute to resilience on the individual and systems levels include emotion regulation, self-efficacy, effective coping skills, positive

relationship with one parent, cohesion, and social support and services (Turner et al., 2007).

Greene's (2014) ecological stress model also synthesizes ecological systems theory and risk and resilience approaches to explain how people adapt to stress and maintain their daily functioning.

This model states that one's ability to respond to daily stress or an acutely stressful event, such as the transition to parenthood, is nested within an individual's adaptive ability and increases through interactions in well-functioning social systems. The ability to respond well to stress can also be taught in naturalistic settings and enhanced through therapeutic interventions (Greene, 2014).

I do not view resilience as an individual disposition but rather I acknowledge that resilience is influenced by an individual's environment, and the interactions between an individual and their social ecologies determines the degree of positive outcomes they experience (Ungar, 2008). Adolescent mothers and their children are among the most vulnerable and challenging clients for social workers to engage and intervene with effectively (Kulkarni et al., 2010). Therefore, this study is grounded in research that constructs resilience as a multidimensional and dynamic process that is influenced by an individual's experiences and environmental context (Breda, 2019). Through the teaching of mindfulness constructs, I aimed to enhance the resilience of adolescent mothers by promoting the use of emotion regulation strategies, positive coping skills, and nonjudgmental self-acceptance as protective factors in response to stressors in their physical and social environments.

My interest in this research stems from a passion for enhancing the resilience of young people. This passion grew from my work in child welfare which strongly influenced my worldviews and beliefs. In the final section of this chapter, I discuss my process of reflectivity and how I examined my position in this research. I acknowledge the differing roles I played in

this study, as a researcher, facilitator, and social worker. Through this process of reflexivity, I attempted to create transparency to mitigate the influence of my experiences on my research, not only to lend to the credibility of the data interpretation, but to allow me to approach this research with an open mind (Ortlipp, 2008).

3.5 Researcher Reflexivity

Reflexivity is often regarded as the defining feature or significant component of qualitative research (Gough, 2017; Palaganas et al., 2017). Mason (2002) defined reflexivity as “thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognizing the extent to which your thoughts, actions and decisions shape how you research and what you see” (p. 5). Mason also suggested that researchers should evaluate their role in the research with the same scrutiny they do their data to ensure rigor and quality of their work. If a researcher can clearly describe the contextual intersecting relationship between themselves and the participants, it increases the credibility of the findings and deepens our understanding of the researcher’s role in the creation of knowledge (Dodgson, 2019).

Reflexivity enhances the quality of the research by extending the researcher’s understanding of how their position and interests affect the different stages of the research (Mason-Bish, 2019).

Reflexivity is both a concept and a process. As a process, it allows the researcher to self-monitor the impact of their biases, beliefs and personal experiences (Dodgson, 2019; Mason, 2002; Palaganas et al., 2017). It requires a continuous process of reflection and examination by the researcher of how their values, background, location, and assumptions affect the research and the interpretation of the findings. As a concept, it refers to a certain level of consciousness and self-awareness, and a recognition that as researchers we are also part of the social world we are

studying (Palaganas et al., 2017). By bringing to consciousness the researcher's beliefs, they are in a better position to approach the research topic openly (Jootun et al., 2009). This involves giving a full and honest account of the research process, including the position, power, and privilege of the researcher in relation to their research (Jootun et al., 2009). In keeping with the intrinsic values of qualitative research, I reflected on and documented issues of my personal biography by keeping an inventory of my biases and preconceptions. Through the process of reflection, I thought critically about why I chose to conduct this research study and I've challenged my own assumptions and beliefs. This allowed me to recognize the extent to which my thoughts, experiences and worldviews might shape the interpretation of my findings.

Having previously worked in the field of child welfare for many years, I worked directly with adolescent parents, and have witnessed firsthand the challenges that these vulnerable parents face in their day-to-day parenting. Many of the young parents I worked with experienced the same psychosocial challenges as highlighted in the literature. They lived in poverty, experienced chronic stress, had limited supports, and often were involved in volatile relationships with the father, although this was not always the case. I can recall on numerous occasions investigating allegations of child protection concerns for no reason other than the mother's age. Referrals were often received from hospital social workers because of the mother's young age and files were opened and coded as "limited caregiving skills/risk that the child is likely to be harmed." Assumptions were often made about the mother's capacity to provide adequate care, and investigations were initiated on the premise that the mother's knowledge of parenting skills were limited, and would ultimately result in abuse, neglect, or death of their infant. Even in the absence of any "real" protection concerns, files remained opened, and mothers were monitored through weekly in-home visits and numerous referrals to parenting

programs. During every weekly visit we would ask the mother to undress the baby and change the diaper so we could observe the baby without clothing, while looking for signs of abuse or failure to thrive. In hindsight, this practice was probably very humiliating for those mothers, and our presence in the home likely contributed to their stress.

When I reflect on the extent of my intervention and assessment with these mothers, I realize now that I focused primarily on the mothers' caregiving skills and whether the basic needs of the child were being met. I was concerned mostly with feeding schedules and took inventory of baby supplies. I questioned whether the mother was adhering to safe sleeping practices, and how much the baby weighed from week to week. I asked very few questions about the mother-child interaction and whether the mother was being sensitive or attentive in her responses. During my visits, I can remember the babies often being in a swing, bouncy seat, or playpen, but I did not ask the mother how much time the baby spent in there. In fact, I held the babies during those visits more often than I asked the mothers to. I am certain this was because I did not expect that level of "high quality" parenting from them. I expected only "good enough" parenting, a term we often used to describe the level of parenting required to maintain the child in the home. In hindsight, I realized my approach to intervention was internally endorsing the negative stereotypes of adolescent mothers and doing little in the way of promoting positive outcomes and/or resilience. At the time of these interventions, we did not discuss how negative attitudes by professionals might contribute to the risk associated with adolescent parents and prevent young mothers from seeking formal support. Rather, there was an unspoken bias that these young mothers were simply trying to fill a void in their lives that would eventually result in their child coming into care, and thus, perpetuating the intergenerational cycle of adolescent motherhood.

After the birth of my own two children, I can remember there being a shift in my practice and a change in the type of questions I asked all mothers, not just teens. I was less concerned with the type of formula they were feeding the baby and more concerned with whether the mothers had eaten that day. I asked more questions about self-care and mental health, and was more empathetic and supportive in my approach. However, knowing what I know now, I still feel like these visits were a missed opportunity for me to offer something more substantial and meaningful to the young mothers. Reflecting on my experiences with adolescent mothers in child welfare reminded me to check my assumptions about the capabilities of adolescent mothers, and not to lower my expectations because of their age. I recognized that I could not approach this research with the assumption that these mothers are not already being sensitive or responsive in their parenting. Rather, I viewed this as an opportunity for them to build on their existing strengths and take from it what they needed.

After leaving child welfare and moving into program evaluation, I had the privilege of working with Better Beginnings Better Future's Baby's Breath Program. The Baby's Breath Program provides free pregnancy and parenting support for teenagers 18 years old and under, who live in the Greater Sudbury area. They provide support to address challenges that pregnant and parenting teenagers, their partners, family, and friends face. The program also offers nutritional support as well as prenatal and parenting education on fetal/child growth and development. In supporting the evaluation of the Baby's Breath Program, I had the opportunity to meet several of the teen mothers and talk to them about their experiences within the program and community. During our group discussions, the teen mothers spoke about the numerous benefits of attending the program, including an increase in their parenting skills and knowledge, the development of positive relationships, and access to resources. However, what resonated

with me the most was how they valued the program for its nonjudgmental environment. They spoke about the stigma associated with being a teen parent and how they always felt out of place at other programs where they were the youngest expecting or new parent. They said they often felt judged at those programs by older mothers and their spouses; the same programs I insisted the young mothers I worked with in child welfare attend. They stated that if not for the Baby's Breath Program they would not be accessing any services at all, despite having a genuine desire to be good parents. It was not until having these discussions that I truly realized the impact of stigma on accessing services for adolescent parents. It was from my experiences in evaluating the Baby's Breath Program that the idea of offering HAP to these mothers developed.

Having had the opportunity to work as part of the HAP team, I observed how favorably participants responded to the program, and thus, I have a strong belief in its helpfulness. I was motivated to conduct this research because I see the potential benefits for adolescent mothers given my previous experience with the program. To some extent, I expected my participants to enjoy the program. These beliefs and expectations are important to acknowledge. Buetow (2019) explained that it is important for the researcher to bring into awareness their unconscious bias because our unconscious cognitive errors prompt us to see and value highly what we expect to find. My hope was that through my research I could offer something to adolescent mothers that would have a greater impact on their lives than what I offered as a child protection worker.

I acknowledge that my personal and professional values and experiences influenced the way I made sense of the data and engaged my participants. As stated by Braun and Clarke (2021), knowledge is situated and shaped by the practices of the researcher. They further stated that subjectivity is essential and valuable to reflexive thematic analysis, not problematic as is often thought. They described subjectivity as the "fuel that drives the engine." This description

resonated with me as it was my past experiences that fueled my passion and motivation to complete my research. It was also my professional and personal experiences that motivated me to overcome the challenges to offer adolescent mothers something that I fundamentally believed they needed. I recognize that my relationship to the data was complicated. I was not just a researcher, but a former child protection worker, HAP facilitator, social worker, and mother. I often asked myself to what extent my analytical insights were being influenced by my experiences. For example, because I believed in the helpfulness of HAP, I was worried that my beliefs would cause me to overstate the impact of the program on the participants. Therefore, as recommended by Braun and Clarke (2006), in their 15-point quality checklist, I carefully selected data extracts from across the dataset from a variety of participants. I also ensured that there was a “good fit” between the data extracts and the analytical claims.

I also believed that because of my past experiences, I brought to the analysis a good understanding of the socio-ecological context in which my participants lived, and the experiences they brought to the group. However, I also recognized that the knowledge I had acquired over the years about adolescent motherhood might not be true for all of the participants, and I considered this when analyzing the data by looking for differences. I also understood that adolescent mothers often worry about how they are perceived by others, so they can be compliant and eager to please. I recognized that the power I held in the research relationship might influence their responses in the post-group interviews, so I reminded them in a non-judgmental way that it was okay to say “nothing” when asked what they liked, what they learned, and what has changed.

As a social worker who practices from a strengths-based perspective, it was important to me that my analysis did not in any way contribute to the negative stereotypes associated with

adolescent motherhood. I gave a lot of consideration to how my findings might be interpreted by others. For example, after some reflection, I changed the theme “positive coping” to “new ways of coping” as I did not want to imply that the participants were not already using some positive coping strategies. Also, as a social worker I felt a sense of responsibility to give voice to the participants. I believe that this is something that is missing in adolescent parenting literature. I often worried about straying “too far” from the data and considered how the participants would feel about my interpretations. During group activities, I always gave the participants the opportunity to describe their creations. When we created our group Mandalas, I asked permission to record their explanation of how their piece of the mandala represented their experience in the program to ensure accuracy. My experiences and values fueled me to handle the data collection and analysis with care and to continuously examine my position in this research, and how my experiences may have influenced the knowledge I generated.

In the following chapters, I present the knowledge that I generated from my research experience and the three approaches I took to answering the research questions. In chapter 4, I provide a scoping review of the literature that I conducted to learn how arts-based and mindfulness-based interventions have been studied with adolescent mothers. The search did not yield any studies of mindfulness-based interventions with adolescent mothers, however, it did yield 10 studies that incorporated arts-based methods in their interventions. In Chapter 5, my second paper, I describe my experiences exploring the feasibility and suitability of offering the Holistic Arts-Based program online. I also highlight the challenges associated with delivering online programming to vulnerable groups and I make recommendations for future studies. In Chapter 6, I provide the details of the third phase of this research project which aimed to explore the feasibility, suitability, and benefits of offering the Holistic Arts-Based program to adolescent

mothers in-person. In this paper, I explain how arts-based mindfulness interventions may be an effective way to engage adolescent mothers and promote positive outcomes. In the discussion chapter, I summarize the key findings of my research, conclusions that I have drawn, and my recommendations for research and practice. Last, in chapter 8, I present my concluding thoughts and final reflections on this experience.

4. A Scoping Review of Mindfulness-Based and Arts-Based Parenting Interventions for Adolescent Mothers

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Abstract

Adolescent parenting often generates serious challenges for adolescents and their infants, including failure to gain education, homelessness, psychological distress, and poor developmental outcomes. Mindfulness-Based Interventions (MBIs) are increasingly being used to help improve parenting, prevent chronic parenting stress, and break the cycle of dysfunctional parenting patterns and behaviors. Researchers have found that arts-based MBIs provide a fun and non-threatening way for young people to express themselves. Given our interests in arts-based mindfulness interventions, we conducted this scoping review to explore how mindfulness and arts-based methods have been studied with the adolescent parenting populations. To the best of our knowledge this is the first scoping review that explores MBIs and arts-based methods with adolescent mothers. The questions that guided our study were: (1) How have MBIs been studied with the adolescent parenting populations? (2) How have arts-based methods been studied with the adolescent parenting population? (3) What are the key findings from these studies? The search did not identify any articles that described the use of MBIs with the adolescent parenting population. However, we identified 10 articles in which authors described arts-based parenting interventions with adolescent mothers. Participants from these studies reported that engaging in arts-based activities enabled them to develop ways to positively interact with their children, resulting in greater attunement to their children. Benefits to psychological well-being included a reduction in symptoms of depression, anxiety, and PTSD. Arts-based methods MBIs are potentially helpful in enhancing the experiences of adolescent mothers in their day-to-day parenting and warrant further exploration. Given the benefits of MBIs with other parenting populations, more work should be done to explore the feasibility and potential benefits of MBIs with the adolescent parent populations.

Keywords: mindfulness; arts-based; adolescent parent; teen mothers; scoping review

4.1 Introduction

Mindfulness is a way of being that encourages us to live more meaningful lives by paying attention to the present moment without negative self-judgment (Bluth & Blanton, 2014). Jon Kabat-Zinn, the founder of the Mindfulness-Based Stress Reduction Program (MBSR), explained that mindfulness is cultivated by becoming aware of our self-judgments and how we react to internal and external emotional experiences (Kabat-Zinn, 1990). Briefly, in practicing mindfulness, we become aware of these experiences, acknowledge and accept them, which enables us to attend to the present moment (Fodor & Hooker, 2008). Adopting mindfulness-based practices can foster self-compassion and result in improved attention, empathy, patience, and appreciation for self and others (Crane et al., 2017). Much research has been conducted examining the effectiveness of mindfulness for a variety of populations and problems with conclusions that mindfulness-based interventions are effective for increasing emotion regulation while decreasing stress and anxiety (Alvarado-García et al., 2022; Lin et al., 2019). A growing number of mindfulness-based interventions (MBIs) have been developed to improve mental health problems (Sacristan-Martin et al., 2019), psychological functioning (Pan et al., 2019), self-awareness (Cascales-Pérez et al., 2021), and emotional stability within various adult and child populations (Beck et al., 2020; Lam & Seiden, 2020; Schirda et al., 2020).

Mindfulness practices aim to cultivate a mindfulness state (Zhang et al., 2021). Rather than alleviate symptoms or problems, participants in MBIs learn to relate to their experiences in an openminded and accepting way. (Geurts et al., 2021). The theoretical premise of MBIs is that the development of mindfulness skills leads to non-judgmental and non-reactive acceptance of one's experiences, which results in positive psychological outcomes (Gu et al., 2015). For example, in Mindfulness-Based Cognitive Therapy (MBCT), when a person develops awareness

and can observe their thoughts and feelings without self judgement or blame, they are better able to disengage from unhealthy patterns of thinking that contribute to depressed or anxious states (van der Velden et al., 2015). Mindfulness practice can also contribute to positive psychosocial outcomes. Teaching mindfulness skills in a social emotional learning framework can support the development of emotion regulation skills, prosocial behavior, and positive relationships for young people (Waldemar et al., 2016).

In the past decade, MBIs have been adapted for use with young people (Bluth et al., 2015; Segal et al., 2021) with promising results for anxiety (Borquist-Conlon et al., 2019), depression, ADHD (Sibalis et al., 2019), and learning disabilities (Rayan & Ahmad, 2018; Segal et al., 2021). Researchers have also found that MBIs are successful in reducing internalizing and externalizing symptoms (Roux & Philippot, 2020; Royuela-Colomer et al., 2021) as well as improving depressive symptoms (Gamwell et al., 2020), and improving children's coping strategies and the way they respond to adversity (Evans-Chase et al., 2019; Perry-Parrish et al., 2016). Our own work within this emergent field has focused on studying the benefits of an arts-based approach to learning/practicing mindfulness, which is an engaging and relevant approach especially for marginalized youth (D. Coholic, 2020). The first author, in her doctoral research study, is exploring the benefits of our arts-based mindfulness program for adolescent mothers. As part of this research, we were interested in the co-occurrence of the two types of interventions and reviewed the literature to determine to what extent arts-based methods have been researched with the adolescent parent population, and what is known about the feasibility and effectiveness of both MBIs and arts-based methods in supporting adolescent parents. Given our previous work with marginalized youth, we suspect that an arts-based approach to facilitating mindfulness will be particularly relevant for adolescent mothers.

4.2 Literature review

4.21 Mindful Parenting

Mindful parenting is also an emergent area of research within the broad field of MBIs and is described as paying attention to your child with the ability to parent intentionally and non-judgmentally (Kabat-Zinn & Kabat-Zinn, 1997). Kabat-Zinn introduced mindful parenting in 1997 as a fundamental parenting skill and practice (Kabat-Zinn & Kabat-Zinn, 1997). He described mindful parenting as awareness and intentionality in one's engagement in parenting that cultivates deeper insights and understanding of one's children and oneself. Mindful parenting interventions have been proven effective in enhancing the parent-child dyad and in improving parenting interactions (Petcharat & Liehr, 2017).

Authors of several studies have demonstrated the effectiveness of mindfulness training with parents of high needs children such as those with behavior disorders, ADHD (Oliva et al., 2021; Siebelink et al., 2018), autism (Lunsky et al., 2021), and special education needs (Shaffer et al., 2020). Authors discussed how mindfulness can help change intrapersonal parenting experiences (e.g., parenting stress, anger management, and self-compassion) or interpersonal parenting experiences (e.g., empathic concern, discipline strategies, and family functioning) (Coatsworth et al., 2015). For example, in Singh et al. (2006), mothers of children with autism were taught mindfulness with findings that showed their children's challenging behaviors decreased along with noncompliance and self-injurious behaviors. The mothers expressed greater satisfaction with their parenting and interactions with their children.

In a comprehensive review of the literature, Petcharat and Liehr (2017) revealed that parents of special needs children who participated in MBSR experienced increased mindful awareness and improved psychological well-being, and they were more accepting of their

children. Their children also had fewer behavior problems and enhanced positive interactions with their parents. Mindfulness has also been integrated into programs for pregnant women to reduce the negative impact of stress during pregnancy (Sacristan-Martin et al., 2019). Practicing mindfulness techniques while pregnant may have a positive impact on lowering maternal stress and anxiety and improving infant health outcomes at birth (Stathas & Frazer, 2015).

Practicing mindful parenting also helps parents shift their awareness to the present moment within a relationship-oriented perspective. This involves exercising self-regulation and making positive choices while attending to their child's needs. Parents who practice mindful parenting are less likely to use self-focused and reactionary responses when interacting with their children, therefore, parents who respond rather than react are more likely to experience satisfying parent-child interactions (Duncan, 2007; Snyder et al., 2012). Duncan et al., (2009) theorized that parents who adopt a mindfulness orientation for their parenting and who can apply mindful parenting practices will experience changes in their child's mood and behavior, and in their relationship with their children. Their model encompasses five dimensions of mindful parenting that include: (a) listening with full attention, (b) nonjudgmental acceptance of self and child, (c) emotional awareness of self and child, (d) self-regulation in the parenting relationship, and (e) compassion for self and children. Each dimension relates to parenting behavior that can cultivate a family context that creates higher quality parent-child relationships (Duncan et al., 2009). For example, if parents can listen with full attention and be intentional about bringing moment-to-moment awareness to their parenting they are better able to correctly discern their child's behavioral cues and rely less on cognitive constructions and expectations. Thus, mindfulness may support adolescent mothers in developing the skills necessary to cope with the stressors of parenting, which often lead to depression and insecure attachments with their children.

4.22 Adolescent Mothers

There is substantial literature summarizing the adolescent pregnancy and parenting experience (Egan et al., 2020; Lee et al., 2021; Thompson, 2016). Some adolescent mothers will experience mental health disorders (Lessard et al., 2021), repeat pregnancy (Ruiz et al., 2020), substance use, and domestic violence (Bermea et al., 2021), when in the context of lower self-esteem, socioeconomic status, educational attainment (Navarro-Cruz et al., 2021), and social supports (Dion et al., 2021; Thompson et al., 2015). Also, adolescent parenting is associated with a range of mental health problems such as substance abuse and posttraumatic stress disorder (Hodgkinson et al., 2014; Smiley et al., 2021). Moreover, adolescent mothers are more likely to be impoverished, and reside in socially and economically disadvantaged communities (Bae, 2020). Many adolescent mothers do not earn a high-school diploma, and they spend on average one third of their parenting lives reliant on social assistance (Lee et al., 2021; Romo & Nadeem, 2007). Childhood adversity, coupled with the stresses of parenting, economic hardship, intimate partner violence, and stigma associated with early childbearing, predisposes adolescent mothers to depression and other posttraumatic symptoms (SmithBattle, 2020).

In light of our understanding of the long-term challenges of adolescent motherhood, understanding the feasibility and effectiveness of targeted interventions may help to develop programs to remedy the challenges of adolescent parenting (Ellis-Sloan, 2019). To date, many of the programs targeting this population are school-based and focus on health, education (Harding et al., 2020), increased school attendance (Yunzal-Butler et al., 2020), prevention of multiple pregnancies (Luttges et al., 2021), and improved parenting skills (Lieberman et al., 2020). Fewer programs focus on improving the development of positive parenting and parent-child interactions (Rispoli & Sheridan, 2017; Schaffer et al., 2012). Arts-based approaches may be a suitable

intervention for adolescent mothers. Although few studies have been conducted, some authors have shown that arts-based group programming can be an effective way to help teen mothers increase their self-awareness and reflect on their relationships with peers and partners (SmithBattle et al., 2017).

4.23 Arts-Based Methods

Arts-based methods encompass a variety of creative exercises and/or experiential activities that elicit expression and communication from participants. Arts-based methods are defined as “the use of various arts-movement, drawing, painting, sculpting, music, writing, sound and improvisation in a supportive setting to facilitate growth and health” (Davis, 2010, p. 126). In recent years, professionals have recognized the benefits of arts-based methods, and they are assimilating these methods into both mainstream mental health services and research practices (Carswell et al., 2018; Wang et al., 2017). There is agreement that the use of arts-based methods as a medium of communication for youth is an effective alternative to traditional therapies (Foster, 2012; Kaiser et al., 2005).

Arts-based methods can be especially meaningful for youth who lack the skills and interests in traditional forms of intervention (Coholic et al., 2016). In a previous scoping review, we found that arts-based mindfulness approaches were used to engage marginalized populations of youth with serious challenges, and because the methods themselves were considered beneficial (Coholic et al., 2020). Arts-based methods have been shown to improve self-esteem, increase socialization, improve psychosocial well-being, and aid in developing self-awareness and group cohesion (Kozłowska & Hanney, 2016; McKay et al., 2020). Using arts-based methods can also result in greater participation, reduce power imbalances between facilitators

and participants, and foster a process of reflection and articulation, especially with marginalized populations (Didkowsky N et al., 2010; Schwan et al., 2018). Regarding programs for parents, researchers found that creative expression can provide a safe environment for emotional expression, improve attachment quality between parent and infant, decrease parenting stress, reduce the distress associated with postnatal mental health conditions, and improve social supports (Crane et al., 2021; Gray Armstrong & Howatson, 2015). Creative activities can induce positive emotions and provide opportunities for self-expression and exploration. This process can lead to a reduction in harsh child-rearing behavior and improve maternal positive self-regard (Choi & Goo, 2012). In a review of arts-based interventions for pregnant women, Crane et al. (2020) found that arts-based engagement supported women to express complex emotion, fostered a sense of connection, and strengthened personal resourcefulness.

4.24 Scoping Reviews

Given the promising results of learning mindfulness for mothers and the suitability of arts-based programs for young people, we were interested in better understanding how MBIs and arts-based methods have been studied with the adolescent parenting population, and what evidence exists to inform the development of feasible interventions for this population. Analyzing previous findings will enable analysis about the suitability and feasibility of arts-based MBIs for adolescent mothers by examining how the interventions were experienced by adolescent mothers, and the approaches used by previous researchers. To date, most researchers have focused on negative correlates of adolescent parenting to inform prevention strategies, and fewer have focused on positive outcomes (Barlow & Coren, 2018), in part, because adolescent pregnancy in the West has been viewed as something to be discouraged and avoided, and a

shameful event (SmithBattle, 2020). There is limited research that focuses on solutions to reduce disparities in outcomes for adolescent mothers and their children (Amjad et al., 2019).

Scoping reviews provide a comprehensive understanding of the areas of research that warrant further inquiry. Moreover, scoping reviews can be an effective way to synthesize existing research and examine the range and nature of research activity in a specific area (Levac et al., 2010). Scoping reviews can also be used to identify gaps in knowledge and are particularly relevant in emergent fields (Levac et al., 2010). Arksey and O'Malley (2005) described scoping reviews as a process to map the key concepts that underpin a research area and the main types of available evidence. They identified a five-stage framework that includes: (1) identifying the research questions, (2) identifying the relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting the results. Our scoping review followed this five-stage approach and incorporated recommendations made by Levac et al. (2010) to (1) balance feasibility with breadth, (2) use an iterative approach to selecting studies, (3) and identify the implications of the study findings for policy, practice, and research.

4.3 Methodology

4.31 Situating the Researchers

We conducted this scoping review from a social constructivism epistemological standpoint. One of the assumptions of social constructivism is that meaning-making is social and arises from an individual's integrations with others in their community (Martinez-Brawley, 2020b). Meaning is not discovered, but rather it is constructed, and truth comes into existence through our engagement with the realities in our world (Crotty, 1998b). Constructivist researchers use broad, open-ended questions to inductively generate a theory or pattern of meaning and recognize that their background shapes their understanding. One of our goals was

to gain a deeper understanding of the unique experiences of adolescent mothers who engaged in arts-based MBIs. Aligned with our epistemological standpoint, we acknowledge our backgrounds and how our experiences may have impacted our interpretation of the findings. We have observed how favorably the participants responded to arts-based MBIs and as such we have a strong belief in the helpfulness of these types of programs. We were motivated to conduct this scoping review because we see the potential benefits for adolescent mothers given our previous work.

4.32 Research Questions

We were interested in understanding how MBIs and art-based methods have been studied with the adolescent parenting population aged 10-24 years old. Specifically, we searched for studies that used arts-based methods, MBIs, or arts-based MBIs with adolescent parents. The research questions were: (1) How have MBIs been studied with the adolescent parenting population? (2) How have arts-based methods been studied with the adolescent parenting population? (3) What are the key findings from these studies?

4.33 Inclusion Criteria

Our scoping review focused on English language articles published from 2000 to 2022. The selection criterion was also related to the type of intervention including MBIs and arts-based methods with adolescent parents ages 10-24 years. There are various definitions of adolescence, many of which expand the definition to be more inclusive of young people who are taking longer to transition to independence. Rather than 10-19 years, we are using a definition of 10-24 years which corresponds more closely to adolescent growth and the major developmental tasks

associated with this stage (Sawyer et al., 2018). Studies were selected for inclusion if (1) the focus was on adolescent-aged parents, (2) the intervention taught mindfulness techniques and included adolescent parents in the study, (3) the intervention incorporated arts-based methods into their programming for adolescent parents. Arts-based methods included a variety of creative and experiential approaches such as drawing, painting, sculpting, music, movement, journaling, poetry, games, reading and storytelling, play, massage, and arts and crafts activities. No restrictions were placed on culture or geographical locations. Due to the limited research in this area, all research designs were considered, including program evaluations. Research that explored the effectiveness of interventions that combined arts-based methods with other modalities such as therapy, life skills training, and parenting education was also included.

4.34 Search Strategy

To identify relevant studies, two searches were conducted in 25 electronic databases using several keywords and synonyms relating to the research questions. The databases were selected to be comprehensive and to cover a broad range of disciplines (see Table 1 for a list of the databases searched). Because arts-based MBIs are an emergent area of research, we also searched the grey literature (Google, Open Grey, WHO) for evidence not published in academic journals. The search query consisted of terms that would address the research questions. For example, keywords and synonyms relating to mindfulness, arts-based methods, adolescent parenting, and interventions, were used to search the titles and abstracts of academic journals. The terms were separated by Boolean operator 'AND' and synonyms were separated by 'OR'. Terms with varying suffixes were truncated with the asterisk symbol to yield more studies. The

search query was tailored to meet the specific requirements of each database (see Table 2 for a list of keyword search terms).

Table 1: *Databases searched*

Databases	
Academic One File	PsycInfo
CINAHL	PubMed
Directory of Open Access Journals	REHABDATA
ERIC (ProQuest)	Sage Journals
JSTOR	Scholars Portal
Literature Resource Center	Science Direct
Medline (Ovid)	Social Work Abstracts
Native Health Database	Sociological Abstracts
Ovid Nursing Journals	Social Services Abstracts
Published International Literature on Traumatic Stress	Springer Link
ProQuest Literature Online	Taylor & Francis Online
Project Muse	Wiley Online Library
ProQuest Nursing & Applied Health Science	Grey Literature (Google, Open Grey, WHO)

Table 2: *Database keyword search terms*

Search terms and Boolean operators
(mindful*) AND (teen* parent* OR adoelscen* parent* OR teen* mother* OR adolescen* mother OR young parent* OR early parent*) AND (art* OR creativ* OR expressi* OR experiential OR activi*) AND (group* OR program* OR intervention* OR pilot*)
(“teen parent” OR “teenage parent” OR “adolescent parent” OR “adolescent parenting” OR “young parents” OR “early parenting” OR “teen mothers” OR “teen moms” OR “adolescent mothers”) AND (group* OR program* OR intervention* OR pilot*)

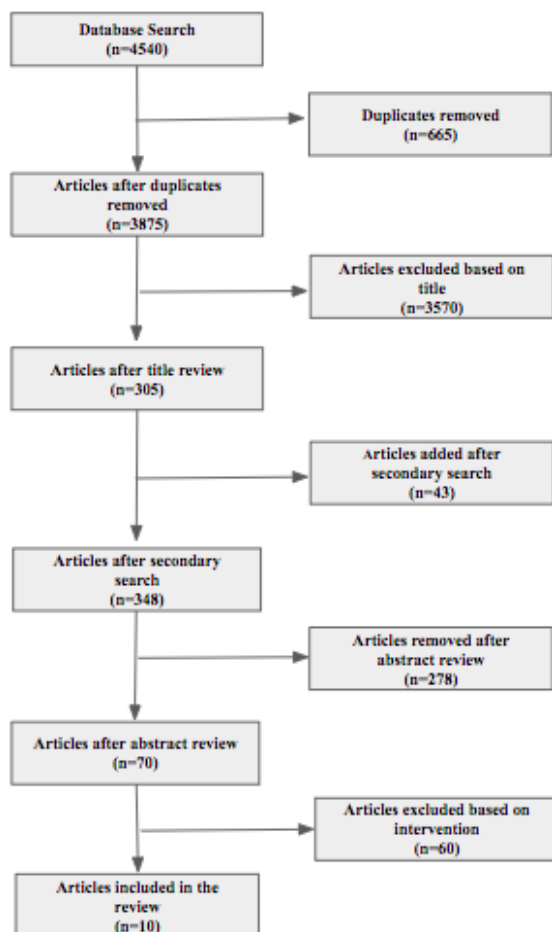
4.35 Study Selection

The initial search yielded 4540 articles. All search results were exported to Zotero and Excel, where duplicates were removed. This reduced the number of articles to 3875. The first author then reviewed the titles to identify articles that did not meet the inclusion criteria. This eliminated an additional 3570 articles, reducing the number to 305. A broader search was then

undertaken across the 25 databases to ensure a saturation point had been reached. For example, search terms such as “teen mothers” and “interventions” were used to conduct a wider search for studies that did not include the words “mindfulness” or “art” in their title and abstract. No limits were placed on the publication date. This search yielded an additional 43 articles relating to interventions and group work with the adolescent parenting population. These articles were included for review resulting in 348 articles. Scoping reviews are not linear, but rather an iterative process, requiring researchers to reflect in each stage and where necessary, repeat steps to ensure that the literature is covered in a comprehensive way (Arksey & O’Malley, 2005).

The abstracts of the 348 articles were reviewed to determine if the intervention included mindfulness and/or arts-based methods with adolescent parents. MBIs aimed at reducing parenting stress, improving parent-child interactions, or enhancing maternal sensitivity and responsiveness, were reviewed to determine the mean age of the study participants. After the abstracts and mean ages were reviewed and checked, 278 additional articles were eliminated. These articles were eliminated because the intervention did not include art-based methods, or the participants were not between the ages of 10-24 years old. The description of interventions in the remaining 70 articles were reviewed. Of those 70 articles, 10 were included in the study. These 10 studies were included because the researchers indicated the use of arts-based methods in their intervention, and their sample met the age criteria. The bibliographies of the included studies were also searched to ensure that no studies were missed, and a saturation point had been reached. The flow chart in Figure 1 depicts the process of searching and screening the articles.

Figure 1: *Article search flowchart*



4.36 Charting the Data

Data was extracted from the 10 articles and organized according to the following fields: authors, publication year, country, population, study aim, intervention components, sample size, study design, outcome measures, and key findings (see Table 3 for an overview of the studies included in this review). The process of sifting, sorting, and organizing the data according to key issues and themes is recommended by Arksey and O'Malley (2005) as a technique for synthesizing and interpreting the data included in the review.

Table 3: Included studies

Author(s) Year	Country	Age	Population	Study Aim	Intervention Components	Sample Size	Study Design	Quantitative Measures	Key Findings
Abad & Williams (2006)	Australia	24 years or younger	Teen mothers from economically disadvantaged families	To demonstrate how music was used in a music therapy early intervention setting to promote positive parenting outcomes for young parents	Song, movement songs, instrumental play, musical activities	n=4	Program Evaluation Mixed Methods Feedback Surveys Case Vignette	N/A	100% of participants rated the program as fun. 53% said they felt closer to their children. The vignettes showed that the program encouraged closeness and bonding; music encouraged physical development, and parent confidence; modelling supports child mastery and parent delight; facilitated parental transition to the floor for playtime
Courtney & Nowakowski- Sims (2019)	USA	17 years old	A teenage mother who had recently given birth and who was experiencing postnatal depression	To examine the overall impact of technology on the parent-child attachment relationship and to present a case vignette of a teen mother and her experience in a FirstPlay Infant Storytelling Massage program	Therapeutic Play, storytelling, and massage, interactive play (Draws on mindfulness practice)	n=1	Qualitative Case Vignette	N/A	The mother enjoyed the sessions and created her own play activities and she learned how to engage with and comfort her baby without the use of technology.
De La Rey & Parekh (1996)	South Africa	16-21 years of age	Teen Mothers with children between the ages of 12-36 months who were attending school fulltime	To evaluate a community-based peer group as an intervention strategy to provide teenage mothers with an opportunity to share common experiences,	Games, Relaxation exercises, and song singing, group cohesion exercises	n=10	Program Evaluation Qualitative Focus Groups	N/A	All women reported a loss of friendships and a sense of isolation prior to joining the group. The participants felt empowered by the opportunity to discuss common experiences and to have their perceptions affirmed by their peers. They found the group sessions enjoyable and useful. They

Author(s) Year	Country	Age	Population	Study Aim	Intervention Components	Sample Size	Study Design	Quantitative Measures	Key Findings
				receive social support, and identify links between personal and social problems	Reflections on sexualized behavior, pregnancy and giving birth				learned that they were not alone in the types of problems they faced. They reported that they formed strong friendships in the group and that some of them were still meeting.
Ellis-Sloan (2015)	England	23 years or younger	Teen mothers accessing support groups	To examine the perspectives of facilitators and of the young mothers who accessed a young parent support group in England	Arts and crafts, activities, games, cooking, video creation Education on sex and relationship, nutrition, repeat pregnancy, child safety	n=7 (4 mothers and 3 group leaders)	Qualitative Focus Groups	N/A	Mothers reported that the groups provided a vital space to form friendships. The craft mornings provided an opportunity to “talk freely” with other mothers and connect and “vent” and be social. The group fostered a sense of belonging. Mothers reported enjoying the respite while their children were at the daycare.
Jersky et al. (2016)	Australia	Not Specified	Young Aboriginal parents and their children accessing the Ngala Nanga Mai pARenT group program	To evaluate an urban arts-based community health program that seeks to improve health, education, empowerment, and connectedness of young Aboriginal parents	Art session, artwork exhibitions, attending cultural events Health education and tutoring services	Females n=88 Males n=4	Program Evaluation Quasi Experimental one group design Mixed Methods Standardized Questionnaires Semi- structured interviews Focus groups	GEM, EES, K6	Women gained solidarity and felt the program moved them forward into positive activities and better parenting. They learned from other parents and gained confidence to try new things. Some mothers reported that it alleviated feelings of depression and it provided an environment to discuss emotion turmoil, mental health, and ways of coping. GEM scores showed significant improvement in sense of self-capacity and psycho-social empowerment.

Author(s) Year	Country	Age	Population	Study Aim	Intervention Components	Sample Size	Study Design	Quantitative Measures	Key Findings
				distress in teen mothers	storytelling, and ritual Group Therapy		weeks, and 12 weeks Focus groups at 6 weeks and 12 weeks, therapist debriefing weekly		specific activities increased their awareness of their feelings and strengths and promoted greater attunement to their children. Making bracelets and decorating jewelry boxes helped them identify strengths and were important keepsakes. The group had a negative small effect on reducing depressive symptoms, a moderate effect on reducing anxiety, and a moderate effect on decreasing PTSD symptoms compared to control group
Strange et al. (2019)	Australia	18-25 years of age	Young parents accessing services from the YPP program (19 mothers and 1 father)	To evaluate the short to medium term outcomes of the Young Parents Program (YPP) designed to engage and support young parents, using responsive and codesign strategies in community settings	Interactive play, icebreakers, craft activities, cooking, massage, community outings, Education on parenting knowledge and skills and child development	Parents n=20 Facilitators n=5	Program Evaluation Qualitative Case Study Interviews, Focus Groups	N/A	Mothers reported enjoying the ice breaker games because it allowed them to get involved with other people and it allowed them to share a little bit about themselves. They enjoyed cooking and anything that involved getting to know another parent in the group. Being able to talk to other parents made them feel reassured and more confident in their parenting. They reported learning how to “tune in” to their infants and develop way of positively interacting with them. The fostering of friendships and social support networks was integral to the success of the program, and it reduced social isolation.

Author(s) Year	Country	Age	Population	Study Aim	Intervention Components	Sample Size	Study Design	Quantitative Measures	Key Findings
McDonald et al. (2009)	Canada	15-28	Teen mothers, grandmothers, and support persons accessing a Family and Schools Together program (FAST)	To evaluate a groupwork intervention for teenage mothers and their families aimed at improving parental efficacy and reducing stress and social isolation	Crafts, singing, stories, baby massage, floor play, community meal, peer support, group discussions (Experiential learning rather than lectures on parenting skills)	n=115	Program Evaluation Mixed Methods Non-experimental Standardized Questionnaires Pretest and post-test Focus Groups	Self-Efficacy Scale, FES, Social Support, Social Relationships Questionnaire, SIPA, PSI	Mothers reported significant improvements in effectiveness and confidence, and improved relationship with their baby, and decreased parenting stress. Significant increase in self-efficacy and social self-efficacy. Grandmothers reported reduced family conflict, improved relationships, improved support, and decreased stress in raising their adolescent. High retention and engagement levels noted (<10%). Some highlights were the arts and crafts, songs, and doing massage
Oswalt et al. (2009)	USA	14-18 years of age	African American teen mothers	To expand the research in infant massage therapy to the teen mother population and to develop, implement, and evaluate a massage intervention that would have benefits for the mother	Massage Education on Child Development	n=15 Intervention n=7 Control n=8	2x2 Mixed factorial design with RCG	PSI, MCQ, BDI-II. The Questionnaire about physical contact	Mothers trained in massage had significantly lower depression scores than the control group. Significant difference in feelings about physical contact with significant others. Significant differences in mother's perception of child adaptive temperament. No significant difference in maternal confidence or parenting stress.
SmithBattle et al. (2017)	USA	14-19	Pregnant or parenting African American teen mothers living in low-income households	To test the acceptability, feasibility, and effectiveness of action methods and expressive arts in reducing psychological	Movement, dramatic enactment, art, music, letter writing,	n=16 Intervention n=8 Control n=8	Mixed method with RCG Survey data collected at baseline, 6	ACEs, PHQ-A, GAD-7, LASC, Satisfaction Survey	Mothers reported high levels of satisfaction and demonstrated high levels of engagement in session activities. They reported the benefits of sharing their experiences in a safe environment. They stated

Author(s) Year	Country	Age	Population	Study Aim	Intervention Components	Sample Size	Study Design	Quantitative Measures	Key Findings
Woods et al. (2003)	USA	17±1.2	Teen mothers accessing primary care from a YPP clinic at Boston's Children Hospital	To increase parenting skills and improve attitudes of teen mothers through a psychoeducational group model based on the Nurturing Curriculum	Games and activities to foster positive parenting Education on early parenting experiences, child safety, discipline, and development	n=142 Intervention n=91 Control n=54	Quantitative Intervention- comparison group design with pretest and posttest measures Standardized Questionnaires	AAPI, MSRI, Hassles Scale	Significant increase in caretaking ability and decrease in intensity of hassles in child and family events. Significant time- related effect indicating an increase in empathy, alternative to punishment, role reversal, and frequency and intensity of hassles.

USA United States of America, YPP Young Parents Program, ACEs Adverse childhood experiences, RCG Randomized Control Group, PHQ-A Patient Health Questionnaire, GAD-7 Generalized Anxiety Disorder -7, LASC Los Angeles Symptom Checklist, FES Family Environment Scale, PSI Parenting Stress Index, SIPA Stress Index for Parents of Adolescents, AAPI Adult-Adolescent Parenting Inventory, MSRI Maternal Self-Report Inventory, Hassles Scales Parenting Daily Hassles Scale, MCQ Maternal Confidence Questionnaire, and BBD-11 Beck Depression Inventory II, GEM Growth and Empowerment Measure, EES Emotional Empowerment Scale, K6 Kessler 6 Psychological Distress Scale

4.4 Results

The data was collated and summarized for the purpose of reporting the findings. A narrative account of the findings is offered using descriptive numerical analysis and qualitative content analysis (Arksey & O'Malley, 2005). We do not present a view regarding the weight of the evidence in relation to the interventions as scoping studies do not seek to assess the quality of the evidence or whether the studies provide robust or generalizable findings (Arksey & O'Malley, 2005).

4.41 Study Characteristics

Of the 10 studies that met the inclusion criteria, four were based in the United States, three were based in Australia, and one was from South Africa, England, and Canada respectively. Studies included adolescent mothers ages 14-28 years (the exact age of participants in one study was unclear). Across the studies, there were 419 participants (only five participants were identified as fathers) which reflects the challenges associated with identifying, contacting, and recruiting adolescent fathers to participate in research. These challenges contributed to a paucity of studies involving adolescent fathers relative to research on adolescent mothers (Madiba & Nsiki, 2017). Participating families experienced circumstances such as low socio-economic status, single parenthood, chronic stress, psychological distress, unemployment, barriers to education, social isolation, domestic violence, and cultural minority status. While ethnicity was not well characterized in most of the studies, three of the studies targeted African American, South African, and Indigenous parents.

Five of the studies used a mixed-method approach while four used a qualitative study design, and one used solely quantitative methods. Two of the four qualitative studies used

vignettes. Two of the studies used a randomized control group and one used an intervention-control group design, where mothers who initially declined participation in the intervention group agreed to participate in the comparison group. Three of the studies used pre-post study designs, and two studies collected data at two intervals post-program to assess the long-term impacts of the programs with the longest data collection interval being three years post-program commencement. Sample sizes varied between studies, ranging from 1-142 participants. Two studies had sample sizes over 100 and used primarily quantitative methods. Two studies were identified as pilots that aimed to test the safety, acceptability, feasibility, and effectiveness of expressive arts in a therapeutic group for teen mothers.

4.42 MBIs and Arts-Based Interventions

The database searches did not yield any studies that explored arts-based MBIs or MBIs with the adolescent parent population. One study that explored the experiences of a 17-year-old mother who participated in an attachment-based parent-infant play therapy program drew from an alchemy of theoretical frameworks including mindfulness practice (Courtney & Nowakowski-Sims, 2019). However, it was not clear whether the program taught mindfulness skills and concepts. While we have seen a surge of interest in mindful parenting over the past decade (Corthorn, 2018), studying MBIs with adolescent mothers is clearly a new research area. Many areas of mindful parenting research still require exploration, especially those with vulnerable or hard-to-reach populations such as adolescent mothers who can experience barriers to attending parenting programs (Cowling & Van Gordon, 2021; Gouveia et al., 2016).

The degree to which arts-based methods were used with adolescent mothers varied. All interventions included at least one form of arts-based method. There was a diverse range of

activities used across the studies including arts and craft activities, song singing, mother-baby massage, reflections, therapeutic play, instrumental play, music activities, games, video creation, dramatic enactment, letter writing, and storytelling. Five studies used solely arts-based or experiential methods in their intervention (Abad & Williams, 2006; Courtney & Nowakowski-Sims, 2019; De La Rey & Parekh, 1996; McDonald et al., 2009; SmithBattle et al., 2017) . The goals of these interventions included (1) improved and increased interaction between parents and their children, (2) enhancing parent-infant bonding and attachment through engagement in activities, (3) increasing social support by offering a place where moms could share common experiences, (4) enhancing maternal attitudes and perceptions of their infants, and (5) preventing and reducing psychological distress in adolescent mothers. These goals are in line with those of MBIs in that most MBIs aim to improve coping and psychological well-being by teaching people how to respond to thoughts and feelings in a non-judgmental manner, changing habitual ways of being (Zhang et al., 2021).

The other five studies used arts-based methods alongside parenting education and life-skills training (Ellis-Sloan, 2019; Jersky et al., 2016; Oswald et al., 2009; Strange et al., 2019; Woods et al., 2003). Two of the authors described these interventions as “holistic” in their approach, as they included experiential activities and took a less traditional education-based approach to programming. The aim in these five studies was to (1) reduce social exclusions and repeat pregnancy while increasing engagement with education, employment, and training, (2) increase early access to health care service, education, and social connectedness, (3) reduce social isolation and family conflict while enhancing mother-infant bond and increasing feelings of parental efficacy, (4) build parenting skills, knowledge, confidence, and attunement to infants’

needs, and (5) increase child-rearing knowledge, improve parenting attitudes, and increase parenting self-efficacy.

The interventions also varied in terms of setting, content, structure, and duration, but all 10 studies aimed to better understand the adolescent mothers' experiences with the parenting intervention. Six of the 10 studies provided a description of the program structure or details of the art-based methods used (Abad & Williams, 2006; Courtney & Nowakowski-Sims, 2019; De La Rey & Parekh, 1996; Ellis-Sloan, 2019; Jersky et al., 2016; SmithBattle et al., 2017). One study that specifically explored the benefits of expressive arts for a group of adolescent mothers, offered specific examples of the arts-based activities such as drawing masks, creating memory boxes and collages, letter writing, and role-playing (SmithBattle et al., 2017). Other studies provided only a general description of the intervention components, e.g., arts and crafts, song, play, and storytelling. Eight of the 10 studies offered details regarding the length of the program and the frequency and duration of the program sessions. The intervention lengths ranged from 8-12 weeks, with participants meeting 1-2 times weekly. Two of the interventions were open groups with no definitive beginning or end (Jersky et al., 2016; McDonald et al., 2009). In these cases, participants were required to attend a minimum number of sessions to be able to participate in the study. All the interventions were group-based except one. Five of the interventions were described as manualized and evidence-based (Families and Schools Together Program, FirstPlay, Nurturing Curriculum, Sing & Grow, and Young Parent Program).

4.43 Key Findings Related to Arts-Based Methods

Several benefits related to the use of arts-based methods were reported. These included high engagement and socialization with others, greater parental attunement to children, increased

sense of self-awareness and self-expression, improved parenting confidence, improved maternal and child well-being, and decreased symptoms of anxiety and depression (De La Rey & Parekh, 1996; McDonald et al., 2009; SmithBattle et al., 2017). For instance, many of the participants reported that the sessions were “fun” and “enjoyable” and they experienced high levels of satisfaction (Abad & Williams, 2006; Courtney & Nowakowski-Sims, 2019; De La Rey & Parekh, 1996; SmithBattle et al., 2017; Strange et al., 2019). Other benefits included greater attunement to their children because the activities allowed them to “tune in” to their infants and develop ways of positively interacting with them (Courtney & Nowakowski-Sims, 2019; SmithBattle et al., 2017; Strange et al., 2019). Others reported how specific activities resulted in the development of self-awareness and self-expression. For example, SmithBattle et al. (2017) reported that participants expressed increased self-awareness of their feelings and strengths from making bracelets and decorating jewelry boxes, which were important keepsakes from the program.

Mothers also reported that ice-breaker activities encouraged them to get involved with other participants and provided an opportunity to share about themselves (Strange et al., 2019). They stated that they enjoyed activities that involved getting to know other parents in the group, and that craft time provided an opportunity to talk freely with other mothers and connect, vent, and be social (Ellis-Sloan, 2019; Strange et al., 2019). Interactive arts-based activities coupled with small group discussions helped the mothers find their voice and practice speaking about their choices related to becoming a mother (McDonald et al., 2009)

Other authors reported positive impacts on maternal mental health and well-being, including reduced symptoms of depression, anxiety, and PTSD (Jersky et al., 2016; Oswalt et al., 2009; SmithBattle et al., 2017). For example, Jersky et al. (2016) evaluated the impact of a

cultural arts-based program on the health, education, empowerment, and connectedness of young Indigenous parents. They found evidence of improved maternal and child well-being, as well as parenting confidence. Many participants reported that the program helped alleviate feelings of depression and that the intervention provided a safe environment to discuss emotional turmoil, mental health, and ways to cope (Jersky et al., 2016; Oswald et al., 2009). Benefits from other studies included increases in parenting self-efficacy, improved parent-child bonds, reductions in stress and family conflict, and increases in social support (Abad & Williams, 2006; De La Rey & Parekh, 1996; McDonald et al., 2009).

Quantitative measures showed significant increases in caretaking ability and decreases in intensity of hassles in child and family events relative to comparison groups (Woods et al., 2003). Several other measures showed a significant time-related effect that indicated an increase in empathy, alternative to corporal punishment, and role reversal (Woods et al., 2003). A large effect size of massage intervention was found for parental stress, maternal perception of infant temperament, positive feelings relative to physical contact, depression, and maternal confidence (Oswald et al., 2009). Smithbattle et al. (2017) found a moderate effect in reducing anxiety and trauma symptoms, while 12-week depression scores remained virtually the same, which could be attributed to the small sample size.

The benefits to children were also reported by some authors. For example, music encouraged the physical development of children, and modeling or hand-over-hand guidance supported child mastery of activities (Abad & Williams, 2006; Courtney & Nowakowski-Sims, 2019). Also, the creative fun space allowed for natural observation of the children and an opportunity to assess development relative to other children of the same ages (Jersky et al., 2016). These findings are consistent with other researchers that found that role modeling through

interactions with children and others are seen as the most effective way to facilitate social and parenting skill development, while formal education sessions are less successful (Mills et al., 2012).

4.5 Discussion

Parenting programs are a potentially important means of supporting adolescent mothers. This scoping review examined how mindfulness and arts-based methods have been studied with the adolescent parenting population. The search did not yield any studies that explored the feasibility and effectiveness of MBIs or arts-based MBIs with the adolescent parenting population. However, the review identified 10 studies that used arts-based methods in their parenting intervention.

A variety of arts-based interventions were used with authors reporting that participants found the activities fun and useful, and that they provided an opportunity for them to learn how to interact with their children in a positive way (Courtney & Nowakowski-Sims, 2019; SmithBattle et al., 2017; Strange et al., 2019). The authors of these studies suggested that arts-based activities provided a novel approach to engender feelings of closeness and bonding between mothers and their children. This is an important finding given that researchers have shown clear behavioral differences between adolescent mothers and older mothers in terms of parenting styles, practices, and interactions that are optimal for development (Oxford & Spieker, 2006; Tamis-LeMonda et al., 2001). Achieving maternal sensitivity can be difficult for adolescent mothers due to the challenges of parenting in the context of chronic stress and limited support.

Adolescent motherhood has been associated with not only insecure and disorganized attachment styles but also harsh parenting tactics and role confusion (Dhayanandhan & Bohr,

2016). Adolescent mothers are a marginalized population that can be difficult to engage; many authors reported difficulties in keeping these adolescent mothers engaged over time, resulting in high attrition rates from interventions (Deutscher et al., 2006). This was not the case for the arts-based studies included in this review that showed high levels of retention and acceptability (Abad & Williams, 2006; McDonald et al., 2009; SmithBattle et al., 2017). Mothers also indicated that they looked forward to attending and some remained connected after the group finished (Ellis-Sloan, 2019). The benefits of arts-based approach and social group work with young people cannot be overlooked. Creative methods enabled the mothers to connect with others and share their experiences in a safe and judgment-free environment, resulting in new relationships. The fostering of friendships and social support networks was integral to the success of these programs, with many of the mothers reporting reduced isolation and improved relationships. Participating in the intervention encouraged them to form friendships and they appreciated having a space to discuss common experiences, and to have their perceptions affirmed by their peers (De La Rey & Parekh, 1996; Ellis-Sloan, 2019; Jersky et al., 2016; SmithBattle et al., 2017; Strange et al., 2019). Thus, a gained sense of belonging and solidarity among the mothers was a theme across the studies. The informal nature of the groups combined with the relaxed and reflective nature of the activities created an optimal environment for sharing and learning. Indeed, group-based programs providing holistic care are a beneficial way of supporting young mothers because they provide opportunities to reduce isolation, facilitate peer learning, and afford time for mothers to focus on their needs Ellis-Sloan (2015).

Adolescent mothers face many challenges, and supportive programs are needed. We are provided with useful information about the current state of evidence regarding how to support adolescent mothers by examining outcomes across a variety of program types (Harding et al.,

2020). There is a lack of evidence regarding specific interventions for adolescent parents that could improve parent functioning and child outcomes. The majority of researchers in this area have focused on depression rates of adolescent mothering as the sole outcome (SmithBattle, 2020). Empirical evidence to inform programs and interventions for pregnant and parenting adolescent mothers was limited because few program evaluations and replications were conducted (Lachance et al., 2012). Evaluations, such as the ones highlighted in this scoping review, are proving that adolescent parenting programs are promoting family and child health. However, there remains a need for more research to develop and test feasible intervention techniques aimed at producing observable changes in parenting practices among adolescents (Harding et al., 2020; Rispoli & Sheridan, 2017).

Over the past few years, researchers have attempted to move beyond studying the socioeconomic correlates of adolescent motherhood to focus on the psychological, interactional, and emotional consequences of adolescent parenting (Mollborn, 2017), with some positive effects such as providing good quality care to children and developing motivation to refrain from high-risk behaviors because of parental responsibilities (SmithBattle & Freed, 2016). Our scoping review identified a gap in research that explores the suitability of arts-based MBIs with this population. Given the proven effectiveness of MBIs with other vulnerable youth and parenting populations, there is potential for arts-based MBIs to help enhance the responsiveness and attentiveness of adolescent mothers in their day-to-day parenting.

Mindfulness has been gaining popularity as a stress reduction strategy for parents. Although studies with adolescent mothers are needed, researchers have found that adolescents who practice mindfulness meditation report benefits on emotional well-being measures (Freedenberg, 2013). Along the same lines, researchers suggested that adolescent mothers may

benefit from strategies to improve their ability to regulate emotions (Ravindran et al., 2015), a skill that can be improved by way of practicing mindfulness. In fact, research with other vulnerable populations has shown MBIs are effective in decreasing perceived stress and psychological distress among adolescents who experience mental health challenges (Bluth & Blanton, 2014; Brody et al., 2018). Given that adolescent mothers experience high rates of psychological distress, it makes sense that MBIs could be helpful in enhancing the psychological well-being of adolescent mothers, and consequently, their parenting practices. Also, given that adolescent mothers often experience challenges with their children's behaviors, they could benefit from programs that enhance self-awareness and coping strategies to help them better understand their feelings so they can in turn be more responsive to the needs and feelings of their children (McHugh et al., 2017).

4.51 Recommendations for Social Work Practice

Perhaps the challenges in engaging this population in intervention have contributed to the lack of study with them. Impediments to recruitment of adolescent mothers include the stigma of seeking services, unstable housing, lack of transportation, work or school schedules, and childcare needs (Danielson, 2020). Conducting programs and research in a space that is already accessible and familiar to young mothers may reduce some of the barriers that they face when trying to access mental health care and other services. Thus, interventions for this vulnerable group must be widely advertised, easily accessible, and contain comprehensive services delivered in familiar settings (LePlatte et al., 2012). Researchers should be encouraged to facilitate and study MBIs with the adolescent mothering population. We believe that an arts-based approach to teaching mindfulness would engage this population and be a

relevant/suitable/meaningful way to offer a MBI to adolescent mothers.

Moreover, delivering MBIs from an arts-based approach could address the challenges of engaging this marginalized population in programming including recruitment, retention, and readiness factors (Chablani & Spinney, 2011). High-risk young mothers are often not serviced by evidence-based parenting programs, either because they are excluded by program models or because there is no purposeful effort to engage them and help them stay engaged with programming (Chablani & Spinney, 2011). Furthermore, we need to consider the social isolation that young mothers experience and provide opportunities for mothers to socialize and receive emotional support from others through creative group-based programming. When attending art-based programs, women described receiving support that was different from what they received from traditional education programs (Crane et al., 2021; Demecs et al., 2011). Creative activities promoted safety and trust, and women felt supported hearing stories from other women (Crane et al., 2021; Sezen & Ünsalver, 2019). Moreover, although the potential role of the group process in interventions with adolescent mothers has been acknowledged, very few researchers have addressed its impact on program experiences and outcomes (Barlow et al., 2011). The impact of group work should also be addressed, and the relationship between program activities and social-emotional support should be examined to develop more effective programming for adolescent mothers and their children (Egan et al., 2020). The studies in this review that contained information about retention factors, showed that effective strategies included peer-to-peer learning opportunities, arts and crafts, song singing, massage, and interactive activities that allowed mothers to get to know others and share about themselves. In these studies, we can see high levels of engagement and satisfaction with a program, which provides further evidence for the acceptability of arts-based methods for adolescent mothers.

4.52 Limitations

This current area of inquiry is an emergent field, therefore, the dataset included in this review is heterogeneous. The studies were mostly qualitative, and the overall sample size is small (with some samples as small as one and four participants). Due largely to the restrictions posed by the COVID-pandemic, consultation with stakeholders was not conducted. Although, this is an optional stage in the scoping review process, consulting with stakeholders can offer new information, perspectives, meaning, and applicability to the scoping study (Levac et al., 2010). Future studies should consult with program facilitators and adolescent mothers. Also, of the 10 studies in this scoping review, seven were based in the United States and Australia. We were only able to include publications with titles and abstracts in English which may have resulted in the omission of some relevant publications from other countries.

4.6 Conclusion

Based on this review, we believe that arts-based methods could provide a viable alternative to the traditional parent education curriculum taught in home-based delivery models and in high schools; program models that often experience high attrition rates. Further research is needed to gain insight into the potential benefits of learning mindfulness through arts-based methods for adolescent parents, and to make recommendations to inform programs aimed at improving positive outcomes for adolescent mothers and their children. There is also a need to explore the experiences of adolescent motherhood through qualitative research, which would give voice to young mothers to narrate their own experiences. Qualitative research that is conducted from a constructivist epistemological standpoint is well suited for this purpose because it allows for a flexible and sensitive approach that focuses on individual meanings and the importance of considering the complexity of situations and experiences (Creswell, 2007). As

evidenced in this review, using qualitative methodology can help contextualize findings by providing a more nuanced picture of the complex experience of adolescent mothers in parenting interventions (Ellis-Sloan, 2019). To the best of our knowledge this is the first scoping review that explored how mindfulness-based interventions, arts-based mindfulness-based interventions, and arts-based methods have been studied with adolescent mothers. The search did not yield any articles that described the use of MBIs (arts-based or not) with adolescent parents, which identifies a gap in mindfulness research. The results of this scoping review support the need for our current research exploring the benefits of an arts-based MBI with adolescent mothers.

5. Exploring the Feasibility of an Online Arts-Based Mindfulness Program for Adolescent Mothers

This paper has been accepted for publication in the journal *Social Work with Groups*

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Abstract

Adolescent mothers experience high levels of psychological distress due to social disadvantage, adversities, and limited supports. These issues were exasperated by the requirement of pandemic stay-at-home orders and the closing of in-person programs and services. Given the risks associated with adolescent mothering and the impact on their children's developmental functioning, it is imperative that intervention programs are implemented to support these young mothers. There is a dearth of research that explores the feasibility of using online programming with adolescent mothers. This article describes our experiences delivering an arts-based mindfulness program online to adolescent mothers during the COVID-19 pandemic. Several challenges were encountered with respect to engagement and facilitation including high attrition rates and numerous disruptions during programming. Although the participants were motivated and interested in the program, they experienced numerous barriers to attendance and participation. Challenges with respect to technology, parenting, and family life significantly impacted the feasibility of online delivery. Future studies could attempt to address the social inequalities experienced by adolescent mothers to improve engagement and the effectiveness of online programs.

Keywords: mindfulness; arts-based; adolescent parenting; online group work

5.1 Introduction

There is robust literature in the area of adolescent pregnancy and parenting, including maternal and child outcomes, that has been developed over several decades (Riva Crugnola & Ierardi, 2022; SmithBattle et al., 2017b). For instance, we know that adolescent mothers are at high risk of stress and mental health challenges due to economic instability, inadequate access to services, educational challenges, and exposure to traumatic experiences (Smiley et al., 2021). In Ontario, Canada, adolescent mothers are two to four times more likely to have one or more psychiatric problems when compared to older mothers including anxiety, conduct, attention-deficit/hyperactivity and oppositional disorders (Lieshout et al., 2020). Adverse childhood experiences compounded by the stress of parenting, economic hardship, exposure to violence, and stigma associated with early childbearing, predisposes adolescent mothers to depression and other posttraumatic symptoms (Tebb & Brindis, 2022). Additionally, because adolescent mothers often have insecure attachment histories, they are more likely to adopt unhealthy parenting styles and spend less time in positive engagement with their children (Riva Crugnola & Ierardi, 2022). The cognitive and emotional unpreparedness associated with early and unplanned pregnancies often make it challenging for adolescent mothers to be responsive and sensitive to their children's needs (Biro et al., 2015, 2017).

Not surprisingly, the COVID-19 pandemic exasperated many of the issues faced by adolescent mothers and placed a disproportionate burden on them as they balanced health and wellness with multiple other responsibilities including parenting, education, and employment. Some authors reported that a large percentage of parents experienced worsening mental health for themselves and worsening behavioral health for their children during the pandemic (Patrick et al., 2020). Importantly, researchers found that the restrictions put in place during the pandemic

may have been especially difficult for adolescents who heavily rely on their peer connections for emotional support (Magson et al., 2021).

Group Work with Adolescent Mothers

Researchers who have investigated the protective factors associated with adolescent mothering have shown that social support is an important contributor to the development of resilience and positive maternal identity for adolescent mothers (Andrade et al., 2022). However, adolescent mothers often receive less social support from friends and family members than their non-parenting peers (Angley et al., 2015). Discrimination coupled with poor social support is consistently linked to depression and increased stress and social isolation among adolescent parents (SmithBattle, 2020). Social group work can create social support for participants, which is associated with improvement in depressive symptoms for adolescent mothers (Muzik et al., 2016). Social support also increases parenting competence by providing encouragement and resources (Leahy-Warren et al., 2012). Participating in group-based interventions builds on protective factors of social inclusion and social connectedness (McDonald et al., 2009). Not only have researchers provided clear evidence for the importance of external maternal support during times of parenting stress, but the quality of a mother's internal capacities, such as self-awareness and emotion regulation, has also been found to be significantly linked to unhealthy parenting (Snyder et al., 2012). Hence, this points to the potential importance of social group work for this population.

Despite high levels of distress and depression among adolescent mother populations, these moms rarely seek mental health services (SmithBattle, 2020). Even when adolescent mothers can access services, they often do not do so due to the shame and judgment they receive from professionals and others, leading them to avoid accessing services and/or going out in

public (Owens, n.d.). Given that social support and social capital are constructs often linked with improved outcomes for adolescent mothers (Anglely et al., 2015), it may be important for service providers to consider offering online services, which could be accessible and potentially improve psychosocial outcomes for adolescent mothers (Nolan et al., 2021). A range of interventions are being used to promote the well-being of teenage parents and their children. Although, many of these programs provide intensive one-on-one support, researchers suggested that different kinds of models can promote positive outcomes for expectant and parenting teens (Harding, Zief, et al., 2020). For example, Barlow et al. (2011) examined the effectiveness of individual and group-based parenting programs in improving psychosocial outcomes for teenage parents. They found that teenage parents often prefer intervention groups, which are effective in improving parents' responsiveness to their children and overall parent-child interactions (SmithBattle et al., 2017).

The use of group-based interventions for adolescent mothers also has advantages in providing support to young parents that are not possible in individual interventions, such as peer learning and the development of friendships (Ellis-Sloan, 2015). Adolescent mothers appreciate having the opportunity to discuss common experiences with other mothers, and to have their perceptions affirmed by their peers (Strange et al., 2019). Authors have reported high levels of retention and acceptability when studying the benefits of group based interventions with adolescent mothers (Jersky et al., 2016). The evaluation of other group-based interventions for adolescent mothers have also shown increases in parental self-efficacy and reductions in stress and family conflict. (Dickinson & Joe, 2010). However, while the potential role of the group process in interventions has been acknowledged, very few researchers have studied its impact on program experiences and outcomes (Barlow et al., 2011).

5.11 Mindfulness and Parenting

A growing number of authors have advocated for the effectiveness of mindfulness-based interventions (MBIs) for improving psychological functioning, reducing human suffering, and increasing quality of life in both adult and child populations (Kriakous et al., 2021). Most researchers describe mindfulness as the process of achieving embodied awareness by focusing on the present moment and observing one's thoughts and feelings in a patient and nonjudgmental way, relinquishing any preconceived notions about the past or the future (Crane et al., 2017). This process of "quieting the mind" is achieved by becoming an active observer of the thoughts and emotional experiences elicited by external stressors (Walsh & Shapiro, 2006). Among numerous other benefits, mindfulness practice can help develop positive behavioral traits such as a non-judgmental attitude, which is the strongest predictor of lower levels of stress, anxiety and depression (Alvarado-García et al., 2022).

With the surge of interest in mindfulness has come an interest in the application of mindfulness to parenting (Kil & Antonacci, 2020). Although there are different types of MBIs for parents, the content of the programs are similar (Townshend et al., 2014). Parenting MBIs often emphasize being responsive to children's emotions, emotional awareness and regulation, the acceptance of daily stressors, and unconditional acceptance of children's needs (Rayan & Ahmad, 2016), which can decrease stress, improve parental well-being, and foster positive parent-child interactions (Whittingham, 2016). Given these findings and the fact that most MBIs are offered in group format, mindfulness may be one way to support adolescent parents in developing the skills necessary to cope better with parenting.

The Holistic Arts-Based Program (HAP) teaches mindfulness using arts-based methods to offer a more holistic engaging approach to intervention. Also, a social group work approach is

used to facilitate activities for the purposes of developing resilience, well-being, group cohesion, mutual aid, and normalization. We found in previous research that participating in HAP can have numerous benefits for marginalized young people including stress reduction, emotion regulation, improved coping skills, confidence, self-esteem, and the ability to focus (Coholic, 2020).

Specifically with teenagers experiencing mental health challenges and other life stressors, we found that the strengths and arts-based nature of HAP helped them to form connections in the group and to express themselves. Self-awareness and coping skills were developed and their thinking was described as more flexible (Coholic, 2010) Also, parent assessments of behaviors indicated significant improvements in social competence and both internalizing/externalizing behaviors (Coholic, 2020). We have always experienced low attrition rates and high engagement from youth participants, who often express wanting to continue their participation after the program ends. Therefore, we believed that HAP would be suitable for adolescent mothers to learn positive coping strategies and connect with other mothers in an enjoyable and engaging way. However, due to restrictions for in-person services caused by the COVID-19 pandemic, we decided to try facilitating HAP online.

5.12 Online Group Interventions

With the onset of COVID-19, online group interventions have become more prevalent (Skolnik & Skolnik, 2022). Although this is an emergent area of practice and research, there is some evidence regarding the use of online platforms for therapeutic and mutual-aid groups (Cypers & Lopez, 2021). Also, researchers have highlighted the importance of using technology when delivering parenting programs due to the potential to reach more individuals and be more sustainable over time (McGoron & Ondersma, 2015). Online support can provide a wide range

of services to vulnerable populations including emotional support and access to resources (O'Connell, 2020). Also, some have argued that online programs could potentially decrease dropout rates because they are equally accessible/cost-effective and may reduce the stigma related to attending in-person programs (Banbury et al., 2018).

Regarding the adolescent mothering population, Simpson et al. (2021) tested the feasibility and acceptability of a phone-based, peer-to-peer support group intervention for adolescent pregnant women aged 15-24 years living with HIV in Zambia. They found that the intervention was both acceptable and feasible, while also possessing the potential to overcome existing barriers to psychosocial support for this population. Similarly, an internet-based intervention for low-income, adolescent, African American mothers found that it was an effective intervention when it came to providing social support and improving self-esteem (Hudson et al., 2012). The provision of support and the sense of community often created by online groups can have a positive impact, especially for families residing in disconnected communities or who are geographically separated (Nolan et al., 2021).

As part of the first author's doctoral research, HAP was offered to adolescent mothers aged 16 to 22 years old in partnership with a local agency that provides free education and support services to pregnant and parenting adolescents. Building on previous research results (Coholic, 2020; Coholic et al., 2016), the goal of the first author's research was to explore the feasibility, suitability, and benefits of HAP in enhancing the parenting experiences of adolescent mothers. However, just prior to beginning facilitation of HAP, the COVID-19 pandemic necessitated a move to online programming. The purpose of this paper is to discuss this process and our challenging group practice experiences.

5.2 HAP Intervention

HAP is a 12-week psychoeducational group program offering weekly 2-hour sessions. It is published in its entirety in (Coholic, 2019). The goals of the strengths-based program include teaching mindfulness skills and concepts in accessible ways, improving self-awareness and expression of feelings and thoughts, and developing self-compassion and empathy. Each group session begins with a short experiential activity aimed at engaging the participants. This is followed by arts-based mindfulness activities focused on a specific goal such as developing attention or building group cohesion, a break, more arts-based mindfulness activities, and a closing exercise. The arts-based activities include drawing, painting, making collages, using music, Tai Chi movements, sculpting with clay, and creative writing. Each session has a theme focusing on skill development areas such as improving listening skills, identifying feelings, and reframing negative self-perceptions. The facilitator's role is to engage the participants in activities, teach skills, provide positive reinforcement, and encourage discussion about the participants' artwork. It is usually through the group discussion that participants further develop their self-awareness, self-esteem, and other aspects of their resilience.

One example of a HAP activity is, We Are All Connected. The goal of this activity is to build group cohesion and belonging. Participants decorate wooden clothespins in a way that represents themselves. In doing so, the participants learn something about the other group members and group cohesion starts to form. After sharing their clothespins with the group, each participant clips their clothespin to a string in the room, where it stays for the duration of the program. This signifies that although the members are diverse, they are also connected in the group. The HAP program takes a group work approach to facilitating mindfulness because the benefits of group work, such as normalization, are very relevant for marginalized youth (Coholic

et al., 2016). For example, the group format supports the development of interpersonal skills and the alleviation of social isolation (Coholic, 2010). For this reason, facilitators of HAP purposefully build mutual aid and a sense of group belonging by encouraging group members to support one another during activities, and by creating connections between group members through their artwork. Through the process of mutual aid, group members learn how to help others, solve problems, share personal narratives, and manage difficult emotions (Mogro-Wilson et al., 2015). It is through the mutual experiencing of ideas and emotions that group members realize they are not alone in their experiences (Sarkadi et al., 2018).

The first author co-facilitated HAP for several years, and therefore, was very familiar with the program activities and structure, as well as the activity goals and program objectives. The program manager from the collaborating agency supported the facilitation of the program and attended each session. The program manager was very experienced in group facilitation and had existing relationships with all but one of the participants.

5.21 Online Delivery of HAP

The recruitment of participants occurred with the support of the collaborating agency, who distributed information about HAP to the young mothers registered with their teen mom program. A program flyer was also shared with relevant community organizations such as an Early Years Center, public health, the local hospital, and the child welfare agency, and on social media platforms. The program was offered free of charge and participants were given honorariums for attending.

Prior to commencing the program, the first author conducted a phone interview with all seven interested participants. She checked to make sure the participants met the inclusion

criteria, that is, they had to have care of their children and be between 16 and 22 years old. During the initial interviews, safety and ethical issues were addressed. For example, participants were informed that they would be receiving headsets and they were encouraged to wear them during group so that other family members would not overhear group discussions. Participants were also provided with a description of the study, and informed consent documentation. During the interview, information was provided about the video-conferencing platform to familiarize them with the software and mitigate any potential technology-related problems. Discussions took place with each participant about their accessibility to Wi-Fi and electronic devices. All but one mother indicated that they had access to internet service. All of the mothers indicated that they would be using their smartphones to participate in the group, however, one mother indicated that her attendance would be dependent on whether the family phone was available to her.

The participants were also asked about their interest in the group, why they wanted to participate, and what they hoped to gain. These questions were asked to ensure the program was relevant to the participants, and to help reduce attrition rates. When the mothers were asked what had motivated them to participate in the program, some of the responses included wanting to do something for themselves, to make friends, and to find ways to positively cope with the stress of parenting and the effects of past trauma and adversity.

We started with seven adolescent moms. Prior to commencement of HAP, each participant received an art kit containing the art supplies needed to complete the program activities as well as headsets. The kit included items such as paints, brushes, clay, beads, jars, journals, and snacks for mindful eating activities. The kits were distributed to the participants by the collaborating agency, and by a school social worker. Weekly reminders were sent to the participants and an electronic invitation was sent to all the participants with a link to an online

meeting room every week. The Doxy.me software package was used to deliver the program because it is PHIPA and PIPEDA compliant. The software allowed participants to verbally communicate with each other as a group and through typed comments in the chat box.

The program structure remained almost the same for online delivery, although some adaptations were made for online facilitation after the program commenced. We quickly learned in the first session that the pace and set-up of the session would need to be adjusted due to the number of distractions experienced by the mothers. The program was offered synchronously once a week, however, to make it more suitable for online delivery, each session was shortened from 2 hours to 90 minutes with a 15-minute break. This decision was made collaboratively between the facilitators and moms as a way of making participation more manageable for them. The time and date of the program was chosen collaboratively with the moms as well. The program was offered later in the evening to allow participants the necessary time to feed their children dinner and to get them settled before the groupwork started. Also, the number of activities completed during each session was reduced, as they were taking longer to complete online than when done in-person.

5.3 Discussion

We experienced challenges from the onset. Four of the seven participants attended the first session. In this first session, we attempted to establish collaborative group rules, however, these were primarily developed by the facilitators, as there was minimal participation by the participants when asked for their input. Minimal participation was also experienced during the activities. We then experienced significant attrition with five mothers dropping out of the intervention. As a result, we were not able to conduct a formal evaluation due to an inability to connect with any of the moms despite repeated attempts, but informal feedback was collected

from the partnering agency and our observations were documented in writing at the end of each session. Based on these experiences, and experiences that followed when we were able to facilitate HAP in-person, we believe that significant challenges with respect to technology, parenting, and home and family life, contributed to the high attrition, and we discuss these next.

5.31 Challenges with Technology

Access to reliable Wi-Fi created disruptions, as participants would sometimes lose connectivity and try to rejoin. Unstable internet connections often made it challenging to have group discussions. Importantly, another barrier was access to electronic devices. All the mothers used their mobile devices to attend group. Due to the limited screen size, the mothers could not see everyone in the group at the same time. This made it challenging to connect with others and develop cohesiveness within the group. The one participant who stated she would walk to her mother's home to use her internet, withdrew from the program without attending. Efforts were made to reengage her, however, she did not respond. These challenges demonstrated the inequality in access to the Internet (and computer hardware) between people of low and high socio-economic status, often referred to as the digital divide (Cornejo Müller et al., 2020).

5.32 Challenges due to Parenting

All of the mothers were caring for their children during group, and they were often required to tend to their needs over participating in the activities. On a few occasions, the children would grab the electronic devices and exit the session. The mother would then have to log back in. The children also demanded their mother's attention, making it difficult to teach mindfulness and complete activities as a group. One of the mothers who was parenting five

children had to leave the second session after only 10 minutes due to her children's behaviors. Also, mothers left sessions to change diapers or feed their babies making it difficult for them to engage in activities as their hands were full. Attempts were made by one mother to engage her oldest daughter (age 3 years) in the activities, however, she would only stay engaged for a short period of time. Older children were very curious about the video call and wanted to engage with the facilitators making it difficult to hold discussions as everyone's attention was focused on the child(ren).

5.33 Challenges Related to Home and Extended Family

The stay-at-home orders compounded the many distractions experienced by the participants. Many of the participants found themselves in crowded homes with limited space and privacy. Particularly, a lack of childcare due to school and daycare closures may have further complicated their attempts to engage in the program. Background noise from televisions, toys, children, dogs, and other family members often drowned out the group and the participants' voices when they unmuted themselves. Often other family members would be seen in the background which may have made it uncomfortable for group members to share their thoughts or feelings. One participant stated that she was caring for her younger siblings in addition to her newborn baby, so she did not have much privacy in her home. Participants also expressed having limited space to complete the arts-based activities.

Despite the low and inconsistent attendance, the program continued to be offered weekly for six months with the hope that moms would reengage. Over the course of those six months, only two participants continued to attend but inconsistently. Continued efforts were made to try and reengage the participants. For example, due to the busy schedules of some of the mothers, a

second program timeslot was offered on Saturday afternoons. Although several of the participants indicated that they would attend the Saturday group, only one mom attended one Saturday session. Despite weekly reminders and invitations being sent to all the mothers, we were unable to reengage the other five participants. The two participants who were able to attend, participated in six sessions in total.

We believe that the challenges described above made it too difficult to engage with HAP online. In HAP, participants are encouraged to engage in a meaningful way with the activities and each other, and clearly, these goals were not achievable given the mothers' lack of technology, privacy, and time. Indeed, several of the mothers who registered for the online group expressed an interest in attending a future group in an in-person format. In fact, in September of 2021, when we were able to offer HAP in-person, the retention rates were high, and attendance was consistent. All five of the mothers who began the program completed it. Most of the participants had to walk or take multiple buses with their young children to get to group but they still managed to attend consistently. It is important to note that the partnering agency provided child-care on site while the mothers attended HAP.

Also, the partnering agency confirmed that the lack of attendance was not due to a lack of interest. The staff explained that the mothers were interested in HAP but found it too difficult to participate online. In fact, they also reported a low level of engagement across other programs they offered online. They thought that the adolescent mothers may be experiencing zoom fatigue from attending programs, school, and other appointments online. This is consistent with recent research around zoom fatigue which shows that when people use technology for school, work, and other aspects of their lives, they are less likely to log back on for emotional support or services (Cypers & Lopez, 2021).

Moreover, for the two mothers who were able to engage online with HAP, we noted that they had meaningful conversations about their lives and the challenges associated with early parenting. They discussed their experiences of having to overcome adversity and the challenges of finding time for self-care and positive coping strategies. One mother experienced a significant loss during the program and participating in the arts-based activities helped her express her feelings. While discussing the concepts of mindfulness, self-awareness, and the importance of being non-judgemental, both mothers were observed to be listening attentively and were open to finding opportunities where they could apply the concepts taught in the program over the course of the week. The mothers also engaged positively with their children during the sessions and allowed them to play with the clay or paint alongside themselves during the activities. Lastly, because the mothers were in their homes over the course of the program activities, we were able to find opportunities to apply the concepts in the present moment and help them navigate some of the challenges associated with applying mindfulness practices to their parenting. We note that these two mothers had been involved with the partnering agency for a long time. It is possible that their relationships with staff and their appreciation for ongoing support influenced their commitment and motivation to attend the online program.

Although there are some promising results in the literature reported for online group work as described earlier in this paper, the delivery of online programs has not been without its challenges, which we shared. For instance, Hung et al. (2021) found that participants are less likely to interact with one another when using online platforms and, as a result, group dynamics are constrained. They suggested social media channels and video-conferencing applications are more suitable for groups that have already been established. Had there been an opportunity for the adolescent mothers to meet as a group in-person prior to the commencement of HAP online

delivery, perhaps that would have improved engagement and attendance. Also, there are challenges to developing group cohesion when delivering programs online. In one study, researchers found significant differences between online and in-person groups when it came to scales measuring group cohesion in that the online group did not feel as connected to group members as those in the in-person group (Lopez et al., 2020).

Given the risks associated with adolescent mothering and the social isolation created by the COVID-19 pandemic, we felt it was important to attempt to deliver HAP online and to relentlessly navigate the resulting challenges as they arose. When considering the social inequalities experienced by adolescent mothers, it is not surprising that we saw high rates of attrition and inconsistent attendance. Issues such as lower socio-economic status and limited supports are barriers to accessing in-person services for adolescent mothers (Heaman et al., 2015), and these issues also impacted the feasibility of delivering HAP online. Interventions for adolescent mothers require support at the individual, interpersonal, organizational, and policy levels (Garney et al., 2019). This is especially true for online programs. Building the capacities of partner organizations to deliver these interventions with technical support and training is an important consideration (House et al., 2017). In the absence of appropriate policies and pertinent supports, social inequalities experienced by marginalized groups will continue to impact their participation and engagement (Devkota, 2021). Further research is needed to fully understand how online programs can be adapted and resources can be provided so that programs can be more effective for marginalized populations, and how organizations can leverage technology and other supports such as child care to meet the mental health needs of adolescent mothers (King et al., 2021).

5.4 Conclusion

Adolescent mothers can experience many barriers when seeking to access services and these barriers can prevent them from doing so especially if programs are offered online. Due to a lack of funding, it was not possible for us to offer child-care or computers/tablets to the participants. It would be interesting to know if access to these resources would have improved engagement, however, even with these resources, access to reliable internet would have been a challenge. Therefore, while online group work can be successful for many reasons, group workers must evaluate the feasibility of a program for marginalized populations such as adolescent mothers who often lack the required resources (and suitable environments) to enable engagement with online platforms. Certainly, the COVID-pandemic added additional challenges such as crowded households to an already inequitable situation. While online services and supports can be useful for many, we need to consider how social inequalities severely disadvantage some populations who are especially in need of group-based services and supports.

6. Exploring the Feasibility and Benefits of an Arts-Based Mindfulness Group Program for
Adolescent Mothers

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Abstract

The aim of our research was to explore the feasibility and benefits of an arts-based mindfulness intervention with adolescent mothers. Adolescent mothers are more vulnerable to parenting stress due to their age and life circumstances. Maternal internal capacities to manage adverse feelings, and perceived social support, are protective factors for maternal and child outcomes. We discuss the experiences of nine adolescent mothers who attended a 12-week arts-based mindfulness program. We utilized a qualitative approach that included group discussions, semi-structured interviews, and arts-based methods. Participants were asked about their experiences in the program and their ability to apply mindfulness to their day-to-day parenting. Inductive thematic analysis led to the development of themes relating to (a) connections with others, (b) new ways of coping, and (c) improved awareness. We discuss how arts-based mindfulness group methods may be an effective way to engage adolescent mothers in interventions that help them develop supportive relationships, positive coping strategies, and improved awareness of themselves and their children.

Keywords: mindfulness; arts-based, adolescent mothers; group work, parenting

6.1 Introduction

Early motherhood can be a challenging time for all mothers due to the overwhelming demands of caring for an infant; this is especially true for adolescent mothers who have unique challenges and experiences adjusting to motherhood (Gbogbo, 2020). Adolescent mothers' experiences with the stresses of early motherhood often conflict with the developmental demands of adolescence (Flaherty & Sadler, 2022). Thus, adolescent mothers are typically described as a vulnerable and at-risk group, and adolescent childbearing is considered a major public health issue due to the range of health related problems associated with it (Gbogbo, 2020). Despite declines in adolescent pregnancy over the past three decades, Rotz et al., (2022) indicated that many adolescents still become mothers before the age of 20 years, and when compared to older mothers they are more likely to have poor neonatal outcomes (Rotz et al., 2022). Globally, an estimated 12.8 million annual births are to adolescent females aged 15 to 19 years old (*World Health Statistics 2019*, n.d.). Disproportionately high rates of pregnancy among disadvantaged youth (Dumas et al., 2018), and adverse maternal and child outcomes (Eastman et al., 2019), make adolescent parenting a systemic problem that requires attention (Kgosiemang & Motzafi-Haller, 2021).

Although early childhood interventions and youth development programs can lower teenage pregnancy rates, there is a lack of evidence regarding specific interventions for adolescent parents that could improve parent functioning and child outcomes (SmithBattle & Freed, 2016). The majority of researchers in this area have focused on correlates of teenage pregnancy and negative outcomes such as lower educational attainment, lower incomes, and higher rates of child maltreatment (Lee et al., 2021; SmithBattle et al., 2017). Some have highlighted that adolescent mothers experience higher levels of psychological distress (Recto &

Champion, 2020), because of their life circumstances and vulnerabilities to isolation and decreased social support (Tirgari et al., 2020). Social support is an important protective factor (Erfina et al., 2019) that helps decrease depression among adolescent mothers (Ayamolowo et al., 2019).

The sociodemographic characteristics of adolescent mothers, as well as maternal interactive behavior, have been found to contribute to their children's developmental outcomes (Firk et al., 2018). The risk factors inherent in early motherhood significantly affect a mothers' responsiveness to their child, and their parenting methods (Riva Crugnola et al., 2018). For example, some have found that adolescent mothers are more likely than adult mothers to display more task-related behaviors such as cleaning and feeding, and to display less affectionate behavior (Coelho et al., 2021). Authors who analyzed the interactions between mothers and their children also found that adolescent mothers were less supportive and more detached and instructive than adult mothers, even when a number of important demographic characteristics were controlled (Berlin et al., 2011). Adolescent mothers can also be more likely to adopt harsher parenting strategies and use physical discipline when compared to adult mothers (Lewin et al., 2013). Given the risks associated with adolescent mothering and the impact on their children's developmental functioning, it is imperative that intervention programs are implemented to support adolescent mothers in better understanding their feelings so they can in turn be more responsive to the needs of their children (McHugh et al., 2017). To this end, mindfulness-based interventions (MBIs) are emerging as beneficial interventions for improving parenting.

6.11 Mindfulness and Parenting

Given both their proven effectiveness with other vulnerable youth (Blum et al., 2021; Cohen et al., 2021) and parenting populations (Boekhorst et al., 2020; Wang et al., 2022), MBIs have potential to be helpful in enhancing the psychological well-being and parenting behaviors of adolescent mothers. A growing body of evidence supports the efficacy of mindful parenting as an effective intervention for the development of parenting skills and reduction of parental stress (Kakhki et al., 2022). However, we lack knowledge regarding the benefits of MBIs with the adolescent parenting population, and to the best of our knowledge, MBIs have not been previously explored with this population in the scholarly literature.

Mindful parenting is described as paying attention to your child and the ability to parent intentionally and non-judgmentally (Kabat-Zinn & Kabat-Zinn, 1997). Mindfulness parenting interventions are increasingly being used to help parenting problems, prevent chronic parenting stress, and to break the cycle of dysfunctional parenting behaviors (Bögels et al., 2010). Teaching interpersonal mindfulness practices to parents has been proven to promote secure attachments between parents and their children, and improve parent–child interactions (Coatsworth et al., 2015). Also, researchers found a direct and inverse relationship between mindfulness and depression symptoms (Alexander, 2018). This suggests that increasing non-judgmental attention towards self and child can significantly improve depressive systems among parents.

Mindful parenting interventions have been widely used with a variety of populations (Shorey & Ng, 2021). Some mindful parenting programs aim to educate parents generally, while others have targeted parents of children diagnosed with psychosocial difficulties, developmental delays, and chronic or terminal medical conditions (Kil & Antonacci, 2020). Researchers have

demonstrated the effectiveness of mindfulness training with parents of high needs children (Petcharat & Liehr, 2017), for example, children with behaviour disorder, ADHD (Bunker Murdock, 2018), and autism (Wang et al., 2022). Mindful parenting programs tend to draw from either mindfulness-based (e.g., mindfulness-based stress reductions) or mindfulness oriented (e.g., dialectical behavioral therapy) approaches (Townshend et al., 2016). Although, mindful parenting programs differ in their approach, they are similar in their aim to integrate mindfulness-based practices and concepts into parenting. Mindful parenting programs commonly teach parents to be responsive to their child(ren), to regulate emotion, and to accept their children without judgement (Townshend et al., 2016).

6.12 Mindfulness and Vulnerable Youth

Researchers have also highlighted the importance of mindfulness as a protective factor for other vulnerable youth populations (Kohut & Saltzman, 2021), for example, MBIs were proven effective for decreasing perceived stress and psychological distress among adolescents who experienced mental health challenges (Shetty et al., 2020). Researchers supporting MBIs as a promising intervention for adolescents described its usefulness with an array of mental health conditions including emotional disorders (Tang & Lee, 2021), behavioral disorders (Roux & Philippot, 2020), and substance abuse disorders (Kostova et al., 2019). Researchers have also shown MBIs were successful in reducing impulsivity and externalizing symptomatology (Roux & Philippot, 2020), as well as improving depressive symptoms (Gómez-Odriozola & Calvete, 2021).

In our previous work, we have explored the benefits of teaching mindfulness by way of arts-based methods with youth. We found that children and youth who participated in our arts-

based mindfulness program experienced improvements in their self-awareness, coping skills, peer and familial relationships, and ability to focus (Coholic, 2020). Also, we experienced high acceptability and retention rates. The use of arts-based methods makes the program suitable for marginalized/vulnerable populations because the activities are engaging and foster creativity and enjoyment (Coholic, 2019). Similarly, others using arts-based methods with adolescent mothers experienced high levels of retention and program acceptability (Oystrick et al., 2023). This is important, as many authors have reported difficulties in recruiting and keeping adolescent mothers engaged in programming (Owens, n.d.; SmithBattle, 2020).

Thus, based on our previous work, the need for beneficial programming for adolescent mothers, and the lack of exploration of MBIs with this population, the first author, as part of her doctoral research study, explored facilitating our arts-based mindfulness program with adolescent mothers. We were interested in understanding: (1) Are arts-based mindfulness interventions suitable, feasible, and beneficial for adolescent mothers, and if so, how? (2) How do adolescent mothers understand mindfulness? and (3) How do adolescent mothers apply mindfulness in their day-to-day parenting (if at all)?

6.2 Methodology

6.21 Participants

Following approval from the institutional ethics board (see Appendix B), we recruited participants through a local community-based program for teen mothers that offers free nutritional support and prenatal/parenting education to pregnant and parenting teens ages 16-21 years old. The organization is centrally located in a high-priority neighborhood. There are approximately 40 adolescent mothers registered with their program. A strategic sampling approach was used to recruit participants theoretically meaningful to the focus of the research.

For example, the program manager of the teen mom program reached out directly to mothers who she felt needed the support. These included mothers who had limited personal supports and who were stressed at the time of the study. Also, a recruitment flyer was sent electronically to all the mothers registered with their teen mom program and recruitment posters were posted on their social media sites. A program flyer was also shared with other relevant community organizations such as an Early Years Center, public health, the local hospital, and child welfare agency, and on social media platforms, however, no participants outside of the teen mom program were recruited. The program was offered free of charge and participants were given a \$25 grocery store gift card at four timepoints during the study. Interested participants were asked to contact the first author by phone to assess their interest in attending, to obtain informed consent (see Appendix C), and to explain the program structure.

The eligibility criterion included any mother between the ages of 16-22 years old who was interested in participating, and who had care of their child at the time of the study. The participants were mothers between the ages of 18-22 years (average age was 20.1 years). In total, nine mothers completed the program. However, we were unable to collect post-program data from three mothers. Seven of the mothers were parenting one child, and two of the mothers were parenting two children. During the program, two of the mothers became pregnant with their second child, and one mother gave birth to her second child. The participants shared similar characteristics in terms of their socioecological context including living in low-income housing, poor educational attainment (they had not completed high school), and challenging relationship status (they were single mothers).

6.22 Research Design

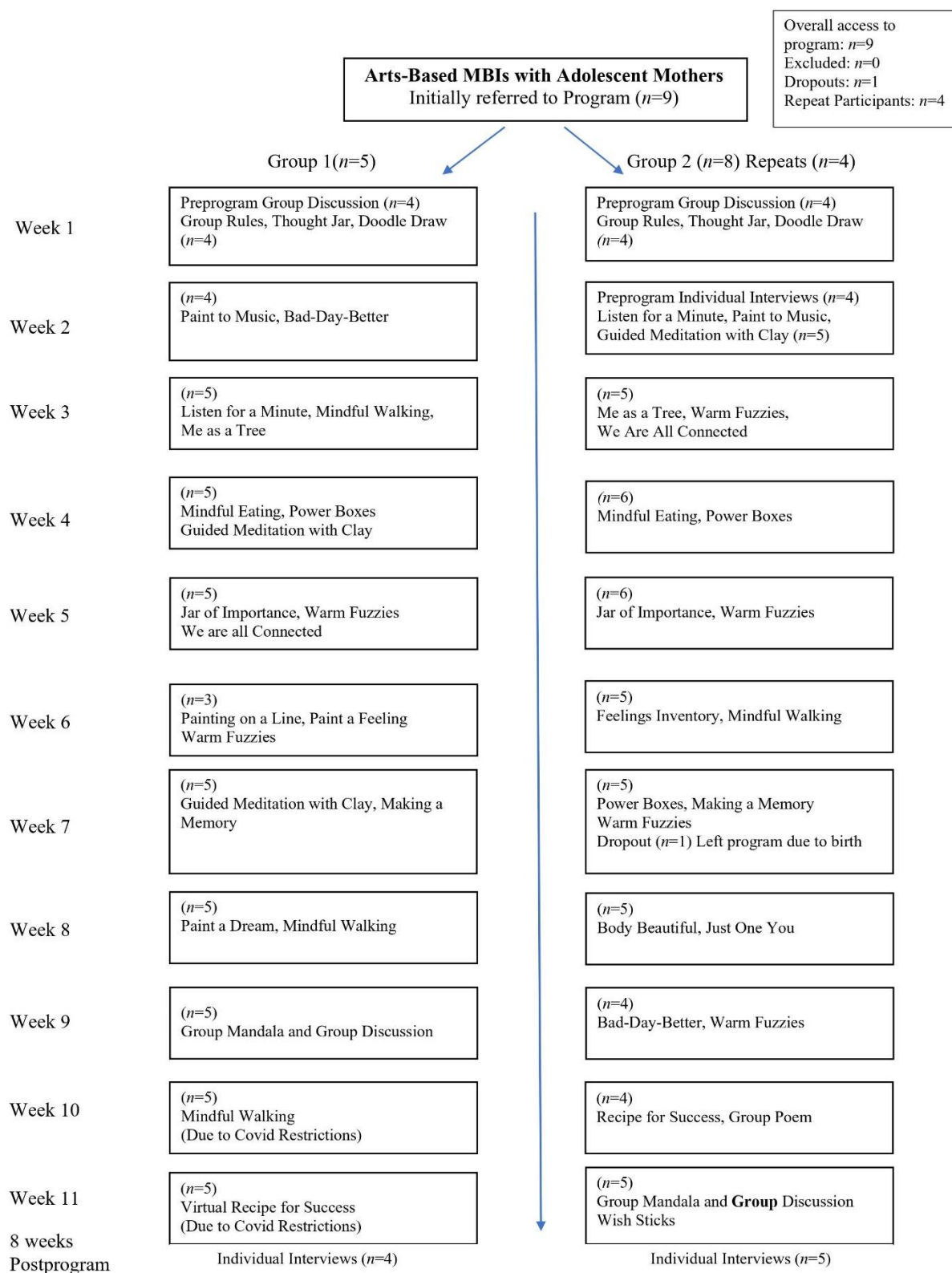
Our work is a qualitative research study conducted from a social constructivism epistemological perspective. The theories of social ecology and resilience were applied as frameworks to guide the method of inquiry and to help make sense of the complex social phenomenon of adolescent parenting. The theoretical underpinnings of this research paradigm are aligned with our own worldviews, which hold that individuals construct knowledge based on their experiences and interactions with their environment. Our goal was to gain a deeper understanding of adolescent parenting and its complexity through the unique context and perspectives of adolescent mothers in our community. Given the lack of knowledge regarding MBIs with adolescent mothers, we aimed to explore the potential benefits of learning mindfulness as perceived and interpreted by the participants, and their experiences in the program while recognizing the societal, cultural, and historical influences on their lives. Also, given the small number of adolescent mothers in our community, and the reality that we had never tested our arts-based MBI with this population, a qualitative approach was well suited to achieve the aims of this study. Exploring the suitability and benefits of an arts-based mindfulness intervention for adolescent mothers cannot be done without acquiring a deep appreciation for the personal, familial, environmental, and structural factors that influence their parenting. A qualitative approach allowed for a flexible and sensitive approach.

6.23 Procedures

The Holistic Arts-Based Program is a 12-week psychoeducational group program that is published in its entirety in Coholic (2010). Two different groups were delivered. Five mothers participated in the first group, and eight mothers participated in the second group. Four mothers

participated in the program twice (see Figure 2 for a flowchart). The program was offered once a week with three-hour weekly sessions (this included a 30-minute dinner break). Although the program is normally 12-weeks long, it was offered for 11-weeks due to the availability of the collaborating agency. Also, the collaborating agency originally suggested we run the program for 8-weeks because in their experience it is challenging to engage adolescent mothers for longer periods of time, however, all of the participants wanted to extend the program for as long as possible. Child minding was offered on site at the collaborating agency. During the first group, the children remained in the same room as the mothers while being supervised by staff of the agency. This was due to COVID-19 policies that restricted access to the daycare. During the second group under different COVID-19 restrictions, the children were supervised in a different room while their mothers participated in the program. Having the children in a separate room made it easier to facilitate the activities and the mothers were able to engage in the activities without distractions from their children.

Figure 2: Weekly program activities and attendance



The goals of the program included teaching mindfulness skills and concepts in accessible ways, improving self-awareness and expression of feelings and thoughts, and developing self-compassion and empathy. Each group session began with the facilitators, mothers, and children sharing a warm meal together. During the meal the mothers participated in a short experiential activity aimed at engaging them. This was followed by arts-based mindfulness activities that focused on a theme such as developing attention or building group cohesion. Each session ended with a closing exercise during which time the mothers could express what they liked/did not like about the group, and any other thoughts they had about the session. The arts-based activities included drawing, painting, using music, sculpting with clay, and creative writing. Each session had a theme that focused on skill development areas such as improving listening skills, identifying feelings, and reframing negative self-perceptions. The facilitator's role was to engage the participants in activities, teach skills, provide positive reinforcement, and encourage discussion surrounding the participants' artwork.

One example of an activity is called, Me as a Tree (Coholic, 2019). The goal of this activity is to develop self-awareness and learn about other group members. Each participant is asked to draw (or construct) themselves as a tree. Participants are then asked to share their creations with the group. The facilitators point out similarities and differences among the trees, which provides an opportunity to both promote diversity and make connections among group members. It is often through the discussion of the artwork that participants further develop their self-awareness, self-esteem, and other aspects of their resilience. Figure 3 depicts a tree created by one of the mothers using leaves, a feather, and birch bark. When she described her tree, she shared that she layered her leaves because she has "a lot going on" and her life is "chaotic." The "nice" leaves were placed at the bottom underneath other leaves because she said people will not

see her good qualities unless they really get to know her. The feather represents her transition to independence and the birch bark represents how easily things can peel apart in her life. The branch represents her efforts in trying to hold everything together. As can be seen in this example, the arts-based activities enabled participants to share interesting aspects of themselves that often went beyond sharing superficial characteristics, feelings, and thoughts.

To ensure program fidelity and to build capacity within the teen mom program, the groups were facilitated by the first author who was trained in the program and previously facilitated the program with marginalized young people for 10 years. The co-facilitator was the program manager of the teen mom program. Staff from the teen mom program assisted with the child minding.

Figure 3: *Me as a Tree Activity*



6.24 Data Collection

Qualitative data collection occurred at three timepoints during the research process.

During the first session the mothers participated in a group discussion about their experiences (both challenges and strengths) as adolescent mothers and how they coped with parenting. This discussion was facilitated by the first author. We also explored the mothers' knowledge of mindfulness and self-awareness, and their motivations for participating in the program. The second qualitative data collection timepoint occurred during the last program session. A group discussion guided by the first author, aimed to explore the mothers' experiences in the program as well as their perceived benefits of applying mindfulness to their parenting (if any). An arts-based activity was used to help the participants to express themselves and to foster group dialogue; they were encouraged to create a group mandala that was reflective of their experience in the program and what they learned (see figure 4). The creation of mandalas has been found to be useful in supporting self-awareness and in fostering meaningful self-reflection in a nonthreatening manner (Potash et al., 2016).

Figure 4: Group mandalas created by group 1 and 2



The third timepoint involved semi-structured individual interviews that were held approximately eight weeks after the program ended; these interviews were facilitated by the first

author. The participants were invited to share what they learned in the program, what they liked/did not like, and to what extent they continued to use mindfulness in their daily lives. The interviews offered the participants an opportunity to provide a contextual account of their experiences as young mothers, and a meaningful understanding of their social realities. Six of the nine mothers participated in these interviews. Field notes were also written by the first author after every session to capture relevant data during group sessions. For example, the notes reflected the participants' interactions from week to week, their level of engagement in the activities, and as much as possible, documented meaningful conversations or comments made by the participants that helped to answer the research questions. Pictures of artwork were also taken, and a schedule of the activities was kept.

6.25 Qualitative Analysis

All of the semi-structured interviews and group discussions were audio recorded and transcribed verbatim (by the first author) for the purpose of analysis. The field notes taken after group sessions were also included in the analysis. Originally, an inductive thematic analysis (TA) process was used following Braun and Clarke's (2014) description. Since Braun and Clarke (2021) refined their TA approach since we began this study, we reviewed their new guidelines for the process of TA and revisited the dataset to reflect on whether changes needed to be made to the analysis. Some changes were made to code labels and theme names based on their current recommendations. Inductive thematic analysis is a process of coding the data without trying to fit them into pre-existing sets of categories or the researcher's preconceptions (Clarke & Braun, 2017). Rather, the themes that are identified are strongly linked to the data themselves. It is described as a descriptive method that allows flexibility and interpretation when analyzing the

data through six phases. The analysis was conducted by the first author who consulted with the second author throughout. The process began with an immersion into the data through transcribing the interviews and then reading and re-reading the transcripts. Reflection was also used throughout this phase to start marking ideas for coding. Second, initial codes were produced from the data. Codes represented data that was interesting and meaningful to understanding the participant's experience. In phase 3, the codes were organized into themes and consideration was given to how some codes may be combined to create broader themes. In phase 4, the themes were reviewed and refined to ensure there is enough data to support them, and that the data within the themes cohered together meaningfully. In phase 5, when we were satisfied with the thematic map of the data, we defined and further refined the themes presented in the analysis. Defining and refining refers to capturing what each theme is about and what aspects of the data each theme captures. Lastly, a clear and concise account of what the themes mean in relation to the participants' stories was provided using sufficient evidence to support the analytic points.

To ensure meaningful and useful results, Braun and Clarke's (2006) 15- point checklist was applied throughout the six-phase thematic analysis process. In this checklist, Braun and Clarke offered considerations with respect to the transcription, the coding of the data, the analysis, the allocation of time, and the written report. Also, the process of critical reflection was used to ensure dependability throughout this study by making transparent how the experiences and worldviews of the first author might shape the interpretations of the findings. For example, written reflection was used by the first author to consider how her previous work with adolescent mothers in child welfare shaped her perceptions of the internal capacities of adolescent mothers, and to ensure that she did not approach this research with the assumption that these mothers were not already being sensitive and responsive to their children prior to starting the program.

Although an in-depth discussion about researcher reflexivity is outside the scope of this paper, it was discussed in greater depth in the thesis documents and reflected upon throughout the analysis.

6.3 Results

The analysis yielded three major themes that are illustrated in Figure 5. The first theme Connections with Others describes why the mothers were motivated to participate, and what they liked most about participating in the program. All of the mothers were initially motivated by the opportunity to socialize. They spoke about their need to get out of the house. For example, one mother indicated she wanted to participate, “just to be social and to connect with other moms.” One mother expressed her frustration with being a stay-at-home mother:

To be honest, if I stay in my house any longer than I already do, I’m going to go crazy.

It’s nice sometimes to feel that you are not only a mom. Especially when you are a stay-at-home mom. You are just a mom all the time, and when your partner comes home you have to cook for them or clean up. You are always taking care of someone else, not yourself.

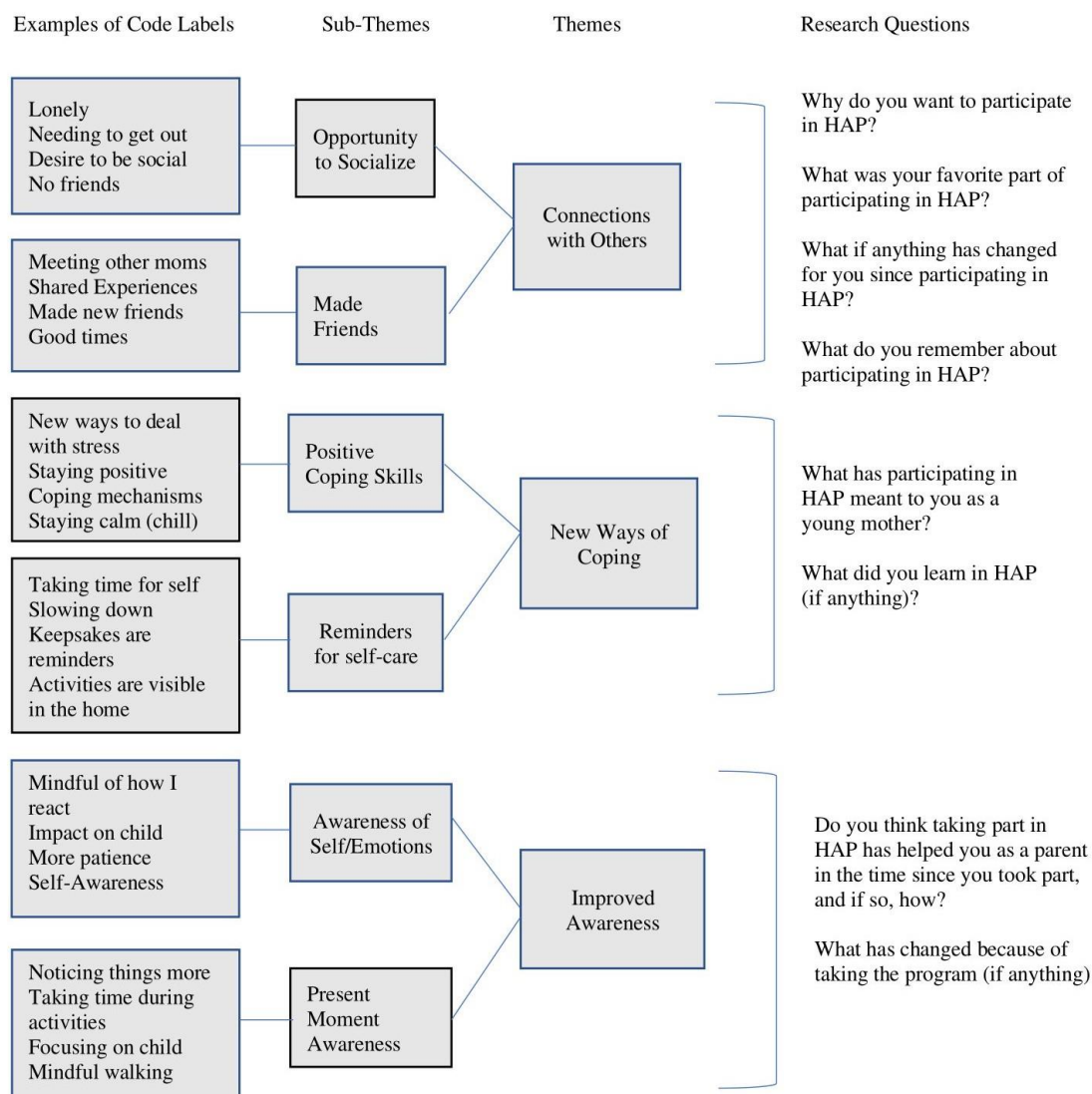
The mothers spoke about feeling isolated because they did not have friends or opportunities to socialize. They also stated that the COVID-19 pandemic exasperated feelings of loneliness because they were not able to attend programming during pandemic restrictions. Another mother indicated that it had been over a month since she last left her house to meet with other people. One mom added that she was also attending the program to “de-stress”, and another mother said she was motivated by learning positive coping strategies.

When asked what they liked most about the program, the mothers stated that while they enjoyed the activities, they appreciated the opportunity to connect with other mothers. For

example, one mother stated, “I like how it’s a social setting, but I also like how we worked as a group to do some things. I like working in groups. It’s fun.” It was also important for the mothers to meet other mothers that they could relate to, and who could understand what they were going through. One mother stated the following when discussing what she liked most about HAP:

I think my favorite part was being able to be with the other moms and being able to talk with the other moms so they could relate to what was going on with me. Being able to have someone understand what I’m going through.

Similarly, another mother stated that she appreciated being with mothers who “were all in the same situation at one point or another.” All the mothers stated that they made friends by participating in the group, and many of them continued to spend time together after the group ended. The importance of connecting with others was also evident in the creation of the group mandalas. Words such as “connection, relationships, friendships, group, and support,” were added to the mandalas by the mothers. One mother stated that her piece of the mandala represented “connection with people.” Another mother said her picture represented that she could “still have some trust in people.” When the mothers were asked to reflect on their experience and what they remember from participating in HAP, several responses included, “our conversations”, the “good laughs”, and “being together.” When asked if anything has changed for them since participating in HAP, several of the mothers stated, “I made friends.”

Figure 5: Diagrammatic representation of results

Two themes were developed with respect to the mother’s perceived benefits of the program on their parenting. The themes were New Ways of Coping and Improved Awareness. With respect to New Ways of Coping, the mothers indicated that participating in the program taught them how to cope with their issues “in other ways.” One mother stated that the activities “help with stress levels and staying calm.” Another mother stated that she continues to use her

Thought Jar (a program activity) when the “room is spinning” and she has a lot on her mind. She stated that practicing mindfulness was “relaxing and it helps to use it as a distraction.” Another mother stated that the program taught her new ways to “deal with stress.” The mothers not only expressed learning how to cope more positively with stress, but they also said that participating in the program was “something positive.” One mother stated that participating in HAP helped her to think positively and they enjoyed having time for themselves each week. For example, one mother stated, “it gave me motivation just knowing I was going out to participate in something” and another stated it gave her “something to look forward to.” Also, the art they created became reminders that they needed to take “better care” of themselves as demonstrated in the following example:

I think just like having the idea of being a mindful parent and having those ideas for coping mechanisms to help on a day that I’m really struggling. Because I’m a stay-at-home mom and it can be really frustrating staying at home every day, all day. But I have that frame of the mindful mom as a reminder, and sometimes I really do just look at it as a reminder that sometimes I just have to stay calm. It’s hard.

This same mother stated that the keepsakes reminded her at the end of the day to do something for herself such as taking a hot bath. The mothers acknowledged that being mindful all the time is challenging especially when they are busy. For example, during one of the program sessions, one of mothers stated, “it’s hard to integrate mindfulness into my daily life all the time, but I’m using it as a coping strategy.”

Regarding the theme Improved Awareness, when asked how mindfulness impacted their parenting, the mothers said it helped them with “staying calm,” “noticing things,” and “taking time.” For example, one mother stated that she takes more time to notice things when out with

her son. She described how she used to “just go for a walk” but now she takes time to notice her surroundings. She stated, “I just stop and examine what is around us, and I will point things out. Because he [her son] is still learning. So, it’s really easy to be mindful outside after taking this group.” Similarly, another mother stated that when she is out with her daughter, she tries to focus more on having fun and not rushing through activities. She said, “I try to enjoy her more instead of being so strict about the next thing and the routine.” It was evident in speaking with this mother that she was trying to shift her attention from the tasks of parenting to enjoying time with her daughter.

Another mother stated that she applied a lot of the mindfulness techniques to her parenting, and she is now “more mindful of a lot of things.” She elaborated by stating the following:

Especially right after a session, I find it was a lot easier for me to be in tune with what I’m thinking, or what I’m feeling, and how I am reacting toward my daughter. Because it can be, not a reality check, but a little kick in the butt, like hey, be aware.

One mother stated her Jar of Importance (a group activity) reminded her to be grateful for the things she has. She said, “it helps me remember the things that I am grateful for before the things that are putting me down.” Another mother also stated that the keepsakes from the program remind her that she “can be aware.” She explained:

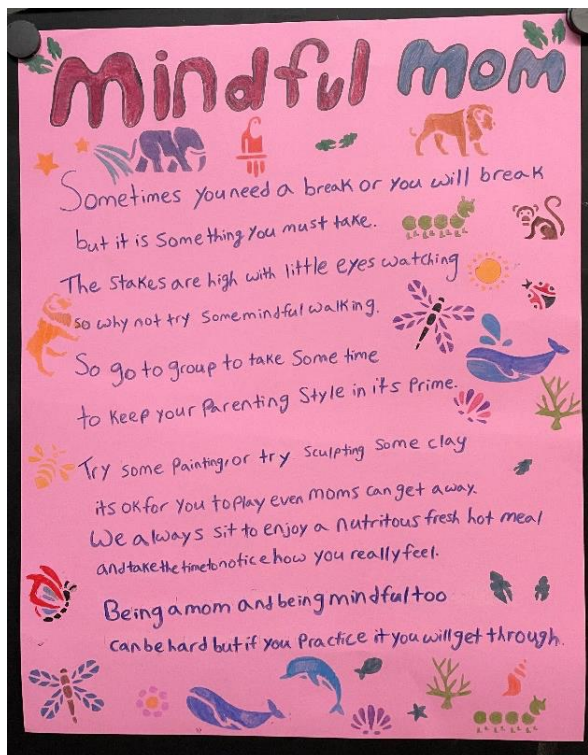
I always think, wait now, I have to take a moment, breathe, and let my mind, soul, and body connect, and think you’re a mom, you have a big responsibility, and they need you.

They will react the way you react. Monkey see, monkey do.

The themes of New Ways of Coping and Improved Awareness were also evident in the group poem the mothers created (see Figure 6). The mothers wrote this poem in session 10 as a

reflection of their program experience. It acknowledged the importance of “taking a break” and to “notice how you feel.” The poem also mentioned that being mindful and being a mother can be difficult but if you practice “it will get you through.”

Figure 6: Group poem created by group 2



6.4 Discussion

First, the group-based structure of the program was appealing to the adolescent mothers, all of whom expressed feeling socially isolated at the time of intake. Their desire to socialize and “get out of the house” was a motivating factor in their decision to participate. Consistent with previous research (Anglely et al., 2015), these mothers stated that they did not receive a lot of social support from friends and family members. One of the barriers to social support for adolescent mothers is the multiple responsibilities that they are trying to manage, in addition to the stigma they experience from community members (SmithBattle, 2020). Similarly, the

mothers in this study all stated that their greatest challenge was trying to “balance” school, work, parenting, and housekeeping. They stated that their responsibilities impacted their ability to spend time with others and take care of themselves. They also stated that they are less likely to seek support for fear of judgment. Along these same lines, they appreciated the opportunity to connect with mothers of similar backgrounds and experiences. Although, many programs for adolescent mothers provide intensive one-on-one support (Harding, Knab, et al., 2020), the benefits of group-based interventions appear to be an important consideration in the development of programming for adolescent mothers.

Indeed, researchers found that adolescent mothers prefer group-based interventions (Barlow et al., 2016). Group interventions offer the opportunity for peer to peer learning and the development of friendships (Ellis-Sloan, 2015). The group-based activities promote a sense of belonging, cultivate a sense of competence, and enable the collective resourcefulness of the group to solve problems through mutual aid (Malekoff, 2014). The participants in this study appreciated the accepting and empathetic group climate where they could share their experiences with others with similar backgrounds. This is an example of how group work provides opportunities for normalization that lessen feelings of isolation and encourages participants to explore their strengths, values, and coping mechanisms with the support of others (Visser & du Plessis, 2015).

Moreover, the strengths-based approach to group work affirmed the mother’s positive attributes while challenging negative stereotypes. It was important to the mothers in this study that they be viewed as good mothers. This was evident when they included the words “all mothers are good mothers” in the group norms. Youth friendly and non-stigmatizing interventions can capitalize on the strengths and resilience of adolescent parents, while

recognizing the social inequalities that impact their development. For example, the mothers expressed that becoming a mother renewed their commitment to improving their life circumstances, so they could provide their children with a “better life” than they had. Other qualitative researchers have also found that young mothers experience great meaning and purpose in their lives after becoming mothers, and there is much to gain by taking a strengths-based approach with this population (“From Distress to Flourishing,” 2020).

Second, all the participants expressed that they enjoyed the program and there was nothing they disliked. In fact, all of the mothers stated that they wished the program was longer. Although many researchers reported that adolescent parents were hard to engage in programming (McDonald et al., 2009), we did not experience attrition. Only one of the nine mothers did not complete the program due to the birth of her second child. These findings are consistent with previously reported results (Coholic, 2010; Coholic 2020), and previous arts-based studies that showed high levels of retention and acceptability (SmithBattle et al., 2017; Strange et al., 2019). The use of art enabled participants to react to, and build upon, responses by other group members, and encouraged the participants to discuss both the shared and divergent meanings of their experiences in the program and as parents (Vaart et al., 2018). For example, the use of a group Mandala provided deeper insight into what the participants experienced during their time in the program. In the post-program interview, one mother stated that she had not attended programming since the group ended. When asked how the program was different from other programs she attended, she stated “there’s a lot of safety and education sessions and slides that they [other programs] present, and as much as that is important, it is not something fun for me and baby to do.” Similarly, we have found that arts-based methods were useful in supporting young people with the expression of thoughts and feelings in an enjoyable manner (author

citation). Also, facilitating mindfulness practices and concepts through arts-based methods enables them to experience the benefits of learning mindfulness (e.g., learning to focus on their feelings and thoughts without judging these experiences) in accessible and relevant ways.

Furthermore, the art creations become keepsakes that they brought home. Importantly, the keepsakes reinforced and reminded the mothers to continue to use the activities they learned in group, which they reported they did. Thus, the keepsakes became important to coping and they acted as reminders of the skills they were taught in the program. Several mothers stated that they kept their creations in visible places in their homes. Also, many of them hung the Group Poem and paintings on their walls. When one mother was asked if she still had the artwork she created in group, she responded “I kept everything.” These findings were similar to an arts-based study conducted by Smithbattle et al. (2017) in which participants expressed increased self-awareness of their feelings and strengths from making bracelets and decorating jewelry boxes, which became important keepsakes. The importance of keepsakes became evident early in the program, therefore, the facilitators encouraged the mothers to take their creations home each week. Also, activities normally done on paper were created on canvasses and other materials so they could be hung up.

Third, learning mindfulness appeared to be a beneficial way for the mothers to cope with the stresses of parenting. They learned to be more aware of the present moment which helped them focus on their child. For example, the mothers in this study described moments of being more aware of themselves, their surroundings, and their children. Two mothers in this study described “slowing down” and focusing on their children and the activities they were doing. Specifically, one of the mothers stated she is focusing on enjoying her daughter more instead of being so concerned about the “next thing.” They also learned to be more aware of their emotions

and how they are responding to stress. One mother described being more aware of her emotions and how she thinks about her behavior and the impact on her child, while another described herself as being “more patient” with her son. These findings are promising. As stated previously, adolescent mothers tend to focus on the task-related responsibilities of parenting and much less on the parent-child interaction. Also, the quality of a mother’s internal capacities, such as self-awareness and emotion regulation, are significantly linked to unhealthy parenting practices (Snyder et al., 2012). Our findings are consistent with research that supports MBIs as a viable intervention for highly stressed parents, as a way to decrease stress and foster positive parent-child interactions (Chaplin et al., 2021; Whittingham, 2016).

Furthermore, the mindfulness concepts of self-acceptance and non-judgement were appreciated by the mothers in this study. They described the environment as “safe” and “judgement free”, and they felt comfortable seeking advice, sharing, and relating with others. As stated previously, adolescent mothers are less likely to seek support for fear of judgement. This was true for our participants as well. During the pre-group discussion the mothers shared that they don’t tell others when they feel overwhelmed because people often respond with comments such as “isn’t this what you wanted.” They went on to say that when “older” mothers feel overwhelmed, they are offered support but when adolescent mothers are overwhelmed, they are blamed for choosing to become mothers. Participating in a program that encouraged self-acceptance and non-judgment gave them permission to share their feelings. As stated by one mother, “I learned that it’s okay to feel my feelings. It made me realize that it is okay to not be okay.” Another mother stated that she learned that “it’s okay to start talking to people about what’s going on. Obviously, other people might have their judgements, but it’s their judgement.” Additionally, because mindfulness does not involve the removal of, or avoidance of, stressful

stimuli, it encourages the attitude of acceptance. This is an important skill for adolescent mothers who often face numerous stressors related to social injustices (Corcoran, 2016). For adolescent mothers, their social realities are not easily changed or avoided.

6.5 Limitations and Directions for Future Research

The growing concern for adolescent mothers' mental health has led researchers to test approaches that may be effective in reducing psychological distress (Kinser & Masho, 2015; SmithBattle et al., 2017). We explored an innovative approach to supporting adolescent mothers by examining the feasibility and benefits of an arts-based mindfulness group program. The study is small and exploratory but given the findings, we believe there is rationale for further studies examining the use of arts-based mindfulness group program with adolescent mothers. Regarding limitations, the sample size was small and included participants who were already accessing services from the collaborating agency. Although the program was promoted widely, there are a limited number of parenting adolescents in our community, thus, the sample size reflects the small population of adolescent mothers and the challenges in recruiting them. To some degree, the participants in this study relied on the collaborating agency and the support services they offered. This may have encouraged their participation or influenced their responses to post-program questions. Additionally, the first author facilitated the program and collected the data, and although the participants were encouraged to respond openly and honestly, this may have influenced the mothers to respond favorably during the interviews. However, her experience with the group meant that the mothers were comfortable sharing their experiences as adolescent mothers and other aspects of their lives.

Additionally, restrictions related to the COVID-19 pandemic meant that we were not able to separate the children from their mothers, which impacted our ability to complete all of the program activities. Distractions from children sometimes interfered with the mothers' ability to engage fully, which may have impacted their capacity to learn all they could have learned in the program. Due to the nature of the group, the numerous distractions, and their feedback, adolescent mothers might benefit from longer programs and more time to learn mindfulness-based practices and concepts.

As noted previously, adolescent mothers are historically difficult to engage and retain in programming, however, our program engaged these mothers with consistent attendance over 11-weeks. While there were some challenges to providing childcare, the provision of childcare was an important factor in the mother's experience of the program. The three mothers who repeated the program were asked if there were any differences in how they experienced the two different groups, and they unanimously stated that they were able to focus more on themselves and the program activities when their children were cared for in another room. However, we compared the responses between the mothers that took the program once and the mothers who took the program twice and there was not a noticeable difference in their responses and their understanding of mindfulness.

In future studies, we would like to better measure change over time, and include some quantitative measures of present-moment awareness, nonreactivity, and nonjudgement. It would be interesting to compare our program with an arts-based program that does not include mindfulness. This would enable us to better learn to what extent the mindfulness teachings and practices contribute to positive outcomes and experiences. As noted earlier, participants were interviewed eight weeks after the program ended, rather than at six months, to ensure they could

be located. Our findings appear to support the use of arts-based MBIs as a suitable way to help adolescent mothers build their social support network, develop positive ways of coping, and improve their awareness. Considering the numerous studies that have demonstrated the long-term negative effects of adolescent motherhood, providing meaningful supports may help remedy the negative consequences of adolescent parenting for both mothers and their children. Programs could also support the development of adolescent parent care models that go beyond a focus on physical health and parenting skills to a more holistic assessment and intervention approach. To the best of our knowledge, this is the first time that arts-based mindfulness methods have been researched with adolescent mothers. Our results are promising and warrant further investigation regarding our understanding about the benefits of arts-based mindfulness programming for adolescent mothers.

7. Discussion

7.1 Chapter Overview

My study explored the feasibility, suitability, and benefits of an arts-based mindfulness intervention (HAP) for adolescent mothers. I was interested in understanding: (1) Are arts-based mindfulness interventions suitable, feasible, and beneficial for adolescent mothers, and if so, how? (2) How do adolescent mothers understand mindfulness? and (3) How do adolescent mothers apply mindfulness in their parenting (if at all)? The project took three approaches to answering the research questions: a scoping review of the literature relating to the use of arts-based and mindfulness-based interventions (MBIs) with this population; the delivery of HAP to adolescent mothers online; and the delivery of HAP to adolescent mothers in-person. The online and in-person delivery of HAP was conducted in collaboration with Better Beginnings Better Futures, an organization that provides free support services to pregnant and parenting adolescents. I provide in this chapter, a summary of the key findings related to the scoping review, the online delivery of HAP, and the in-person delivery of HAP. I will draw from these findings to answer the research questions and discuss the value and contributions thereof. Implications and recommendations for research and practice will also be discussed.

7.2 Summary of Key Findings

As stated above, the research process began with a scoping review that aimed to better understand how arts-based methods and MBIs have been studied in the adolescent parenting population. The scoping review followed the five-stage framework developed by Arksey and O'Malley (2005). The research questions that guided the scoping review were: (1) How have MBIs been studied in the adolescent parenting population? (2) How have arts-based methods

been studied in the adolescent parenting population? and (3) What are the key findings from these studies? The search did not yield any previous studies that explored MBIs or arts-based MBIs with adolescent parents, however, it did yield 10 studies that used arts-based methods as a component of their research interventions. While the studies varied in their approaches, there were similarities regarding how the participants experienced the arts-based interventions. For example, many authors reported high engagement and socialization among the participants, who described the groups as “fun” (Abad & Williams, 2006; Courtney & Nowakowski-Sims, 2019; De La Rey & Parekh, 1996). They also reported that the use of art activities provided an opportunity for participants to share about themselves (Ellis-Sloan, 2015; Strange et al., 2019). Other positive impacts included improved maternal mental health, and reduced symptoms of anxiety and depression (McDonald et al., 2009; SmithBattle et al., 2017). These studies demonstrated the benefits and effectiveness of group-based interventions in encouraging relationships and reducing isolation for adolescent mothers (Abad & Williams, 2006; De La Rey & Parekh, 1996; Jersky et al., 2016; McDonald et al., 2009; Oswald et al., 2009). Therefore, the scoping review provided insights into the suitability and benefits of arts-based programs for adolescent mothers. The findings also provided me with a better understanding of what evidence currently exists to inform the development of beneficial interventions for this population. To the best of my knowledge, MBIs had not yet been explored with adolescent mothers in the scholarly literature, making my research novel in its approach.

After the completion of the scoping review, I sought to better understand if arts-based MBIs would be a feasible, suitable, and beneficial intervention for adolescent mothers. Due to COVID-19 restrictions on the delivery of in-person programming, I first attempted to deliver HAP to this population online. Seven participants were recruited for the study, however, only

two mothers continued to participate beyond the first two sessions. Challenges with respect to technology, parenting, and family life significantly influenced the feasibility of offering HAP online. While other researchers found online and internet-based interventions to be an effective way to overcome barriers to psychosocial support for adolescent mothers (Hudson et al., 2012; Simpson et al., 2021), I experienced low and inconsistent attendance over the course of six months. However, this was not due to a lack of interest. Although I was not able to conduct a formal evaluation with the two participant mothers, I was informed by the collaborating agency that they enjoyed the program and wanted to attend. Their home life circumstances during the pandemic and the social inequalities experienced by this population made it difficult for them to engage in the online activities and with each other in meaningful ways. Although there are some promising results in the literature, online programs need to be adapted for marginalized populations, and where possible, childcare and technological support should be provided to enable participation.

Lastly, once the COVID-19 restrictions were lifted, I was able to deliver HAP to adolescent mothers in-person. The program was offered twice, with five participants in the first group and eight participants in the second group. Unlike with the online group, we did not experience attrition, but had high engagement and consistent attendance. Four of the mothers who participated in the first group requested to take the program again. The mothers stated that they enjoyed the group and that they were grateful to have the opportunity to socialize with other mothers with similar lived experiences in a space that was “safe” and “judgement free.” The mothers shared similar life circumstances and barriers to self-care. They also shared similar experiences of judgement and discrimination as adolescent mothers. Qualitative data collection methods included pre-program group discussions and individual semi-structured post-program

interviews. An arts-based activity was also completed in the last session of the program. The participants were invited to depict their experiences of participating in HAP as adolescent mothers by creating a group mandala.

An inductive thematic analysis process was used following Braun and Clarke's (2014) description. The thematic analysis of semi-structured private interviews, group discussions, and field notes yielded three broad themes: (1) connections with others, (2) new ways of coping, and (3) improved awareness. These themes reflected what the mothers enjoyed most about the program and how they believed they benefitted from the program as adolescent mothers. The participants developed strong connections with one another, and they valued the "good times" spent talking, laughing, and creating art. The mothers understood mindfulness as a way to cope with the stresses of parenting. They stated that they appreciated having new ways to cope with stress and how the keepsakes they created in the program were reminders to stop and to take time for themselves. They also understood mindfulness as a new way to interact with their children. They learned to apply mindfulness to their daily parenting by taking time to notice their surroundings and to focus on their children rather than on the next task. Some mothers also stated that they understood from learning mindfulness that it is okay to have bad days and that this doesn't make them a "bad mother". Lastly, they described an improved sense of awareness that helped them recognize their emotions and come back to the present moment. The group-based model was also appealing to the mothers, all of whom stated that they had been feeling socially isolated prior to intake. These findings are discussed in greater detail below.

7.21 Arts-Based MBIs are Feasible, Suitable, and Beneficial for Adolescent Mothers

Until recently, the focus of parenting intervention research has been mostly on establishing effectiveness rather than on giving consideration to the factors that might impact the implementation and delivery of programs (Troy et al., 2018). Understanding whether it is possible to deliver a program and whether that program is suitable and feasible for the intended population is critical to successfully engaging vulnerable and “high-risk” mothers, who are often reluctant to access services even when those are readily available (Muzik et al., 2015). This is especially true for adolescent mothers, who experience stigma from family, peers, and institutions such as schools and health facilities (Tinago et al., 2021), as well as through structural disadvantages (Owens, n.d.). For programs to be engaging for pregnant and parenting adolescent mothers, they must give attention to the unique contexts of, and stressors in, those mothers’ lives and consider the barriers the women have to seeking help (Kan et al., 2021).

As stated in the first chapter, applying an ecological systems framework allowed me to better understand the effects of multiple levels of influence on the experiences and outcomes of the participants. Ecological systems theory focuses on the importance of interactions within and between life contexts (Hong et al., 2012), and acknowledges that development and behaviour are influenced by a range of factors, from individual experiences and attitudes to socioeconomic status. Using an ecological systems lens can help program planners and service providers to identify and develop strategies for successful interventions (Raneri & Wiemann, 2007). Therefore, the conclusions I have drawn with respect to the feasibility, suitability, and benefits of arts-based mindfulness interventions consider the holistic environment and needs of adolescent mothers.

7.22 Program Implementation and Feasibility

The findings from this study suggest that HAP is a feasible intervention for adolescent mothers. Unlike many other researchers, I did not experience high attrition or poor attendance in this study. In fact, all the mothers stated that they wished it would last longer, and one mother suggested that it be offered all year round. Offering the program in partnership with a community organization that already offered services to adolescent mothers, certainly contributed to this success. This approach allowed adolescent mothers who had existing relationships with the organization to come together to learn about mindfulness in an environment that was already familiar to them. Conducting this research in a space that was already accessible and familiar to the adolescent mothers reduced some of the many barriers they face when trying to access mental health care and other services. This partnership also enabled the participants to access free childcare on site while they were participating in the program. The benefits of community partnerships and collaborative approaches is discussed further in the recommendations section of this chapter.

Additionally, some mothers acknowledged that the warm meals, bus tickets, and grocery store gift cards were incentives to attend. The mothers in this group also stated that their greatest challenge was juggling many responsibilities, and therefore, there were several things competing for their time and attention. This was illustrated when, while completing the “Me as a Tree” activity (described in Chapter 4), one of the mothers tore all the leaves apart and placed them on different parts of the paper. When I asked what that represented, she said that she felt like she was being torn in a bunch of different directions and she had a lot going on (see Figure 7 below). The partnership I developed with the Baby’s Breath program helped to overcome some of the impediments to recruitment of adolescent parents including the stigma of seeking services,

transportation, and childcare needs (Danielson, 2020). The mothers were also able to connect with their workers and take-home resources such as food, clothing, and other supplies at the end of each group meeting. These factors improved the mothers' ability, and increased their motivation, to attend the program sessions consistently from week to week. In contrast, when we attempted to deliver HAP virtually, we were not able to provide childcare, technology, or Wi-Fi. Thus, for these and other reasons, we did not find the online delivery of HAP suitable or feasible for this population.

Figure 7: *Me as a tree activity*



Some adaptations to the program structure were made to improve feasibility and suitability. For example, rather than offering a 15-minute break halfway through the program, we started by enjoying a meal together with the participants' children. During this time, we took part in an ice breaker activity that taught a mindfulness skill or concept. The mothers enjoyed this part of the group and would often ask what we were having for dinner, and what game we were going to play the next week. When dinner was over, we transitioned to the activity room, where we engaged in arts-based mindfulness activities. The 2-hour sessions were extended to 3-hours due to the length of time it took to complete activities. The 3-hour session included a 30-minute dinner. For instance, in between activities, the mothers would often have to check on their

children, change their diapers, or comfort them. When doing activities outside (e.g., mindful walking), we brought the children with us, which allowed the mothers to practice mindfulness skills while in a parenting role. The adaptations to the program structure were small, but they allowed for a better flow of program activities, and the changes met the needs of the mothers and their children.

The group-based structure was also suitable and relevant in that the participants were eager to socialize and connect with other mothers. They looked forward to attending the program, having conversations, and sharing experiences. The mothers would often talk freely and vent with one another during activities, and in doing so they found commonalities within the group. In Week 5 of my field notes, I wrote: *Tonight, the moms asked when the program was going to end. They said they like coming to group, and they would like to keep coming because it's a great way to spend time with other moms and have fun.* In Week 7, I documented my observation regarding the development of group cohesion: *They are forming relationships, supporting one another, and sharing resources. It's nice to see.* These observations were consistent with findings from the scoping review that demonstrated that group-based programming is a beneficial way to support adolescent mothers because it provides opportunities to reduce isolation, form friendships, and facilitate peer learning (Ellis-Sloan, 2015; Jersky et al., 2016; SmithBattle et al., 2017). Group-based programming that offers social support and social inclusion is also engaging to socially marginalized populations where individual approaches or traditional teaching interventions are not (McDonald et al., 2009).

7.23 Program Activities and Suitability

To assess its suitability, the mothers were asked during the post-program interview whether there was anything they would change about the program, or if there was anything we could do differently to make the program more suitable for adolescent mothers. All the mothers indicated that they found the program enjoyable. When asked if they had any other recommendations regarding content, one mother suggested that there be activities the mothers could do with the older children, so they were interacting with them at some point during the program. However, the mothers stated that they found the activities fun and they liked learning about mindfulness. The mothers were also asked if they found anything challenging about the program, but they did not identify any challenges. One mother indicated that she initially found it hard to “open up” to others, but that it got easier as the group progressed.

Similar to the researchers whose studies were examined in the scoping review, I noted that the interactive arts-based activities coupled with small group discussions helped the mothers find their voices and provided opportunities for them to share about themselves (McDonald et al., 2009; Strange et al., 2019). I documented many instances in my field notes when the arts-based activities facilitated meaningful discussion among the group members. The most memorable was when we created our power boxes. During this activity, group members were encouraged to decorate their own power boxes while a discussion was facilitated about what people control and do not control in their lives, what brings them power and energy, and what types of things take their power away (Coholic, 2010). The mothers discussed how their children gave them power and strength. When asked to elaborate, they described how their motivation to keep going and to finish school came from their children. They said when they were tired and want to give up, they look at their children and they keep doing their homework so they can

graduate one day. They also spoke about how their pregnancies had stopped them from engaging in high-risk behaviours, stating that their children had “saved” their lives.

While low educational attainment and high dropout rates are well documented in the literature (Watson & Vogel, 2017), there is limited discussion of the strengths and resilience of young mothers who aspire to improve their lives and be good parents. In the context of social and economic inequalities, mothering offers an opportunity for a better future, resulting in many mothers returning to school and developing healthy habits (SmithBattle & Freed, 2016). In this sense, becoming a mother can be a turning point in the life of an adolescent, and therefore, programs that focus on strengths can help adolescent mothers experience positive outcomes (Ricks, 2015). Contrary to negative stereotypes, my research also contributes to a small but important body of literature that reveals adolescent mothers have a desire to be good parents and want to provide positive futures for themselves and their children (Sadler et al., 2007).

The experiential nature of the activities also allowed the mothers to experience the effects of using mindfulness in the moment. It was not uncommon for one or more of the mothers to attend group feeling stressed and overwhelmed. During these times, we would go for a mindful walk outside, practice focused breathing, or use a guided meditation. During one group, several of the mothers indicated that they were having a bad day, so I suggested we do the activity “Bad Day Better.” This activity encourages group members to paint what a “bad day” looks like on the left side of an 8x10 paper, which is folded in half and then reopened. Next, the group members are asked to decorate the right side to turn it into a “good day” (see Figure 8 below). This activity allows for a discussion about how people can make their bad days better depending on what they choose to focus on (Coholic, 2010). On the left side of Figure 8, the mother described being in her home and feeling overwhelmed because it’s a mess and chaotic, and she can’t get everything

done. On the right side, she is outside playing with her daughter in the yard instead of worrying about the state of her house. Another mother was very frustrated because she had been denied a subsidy for daycare, which meant she could not return to school. She was also homeless due to a house fire and had lost all of her belongings. This initiated a discussion among the mothers about the challenges of trying to better their lives. At the end of the activity, the mother stated that the activity was very “appropriate” for her because she was having a “really bad day.” I documented in my field notes that she seemed noticeably happier when she left group.

Figure 8: *Bad day better activity*



Previous researchers have demonstrated that adolescent mothers experience higher levels of psychological distress than older mothers due to past experiences of adversity, the stresses of parenting, economic hardship, and limited supports (Mollborn & Morningstar, 2009). Mindfulness skills such as emotional regulation, acceptance, and present-moment awareness that were taught in the program were very relevant to the needs of the mothers, whose experiences of stress were often chronic. The arts-based activities were helpful in facilitating difficult but meaningful conversations about their lives. These observations support the argument that arts-

based approaches to teaching mindfulness are relevant, suitable, and meaningful ways to engage adolescent mothers.

7.24 Program Outcomes and Benefits

The mothers in this study experienced several benefits from participating in HAP, some of which were discussed above. For example, the mothers benefitted in terms of relationships and making *connections with others*. They gained friends and had the opportunity to socialize with other moms who had similar experiences. The normalization of their experiences fostered acceptance and a feeling of safety in knowing they could talk freely, without judgement. The opportunity to socialize was important to the adolescent mothers. During pre-group discussions, the mothers stated that they had few or no friends and rarely got out of their homes, so “getting out” and “being social” was their motivation for participating. The group-based nature of the program not only provided opportunities for them to socialize and receive social support but fostered friendship and the development of social capital outside of the group.

Social support is an important protective factor for adolescent mothers and has been shown to increase parenting competence by providing encouragement and resources (Angle et al., 2015). Social support and social capital can lead to improved psychosocial outcomes for adolescent mothers and their children (Brown et al., 2012; Nolan et al., 2018). Social support and trust of people in one’s immediate environment can also lead to a sense of belonging and improved quality of life (Andrade et al., 2022). This was observed when the mothers would exchange resources, offer each other rides, babysit each other’s children, and even provide each other with safe places to stay. One mother stated that the group “saved” her life. She described living in an abusive environment, and after getting to know one of the other mothers in the group, she moved into that mother’s home until she could secure housing of her own. The

mother who welcomed her in stated that being in the group showed her that she could trust people again. She said that prior to participating in the group, she would never have allowed someone to move into her home.

The mothers also benefitted from learning *new ways to cope* with stress. They understood mindfulness as a way to cope and a component of self-care. When asked what it meant to them as young mothers to participate in HAP, they stated that it meant an opportunity to learn more positive ways to “deal” with their lives. They also equated this to finding more time for self-care and acknowledging that self-care was important. While self-care had not been a priority for these mothers prior to their participation in the group, they were making more of an effort to find times to “slow down” and take care of themselves. Although it was not explicitly stated, I sensed that the mothers perceived these new ways of coping as an opportunity to be the best mothers they could be to their children. While the mindfulness skills they learned in group provided new ways of coping, the arts-based activities used to teach the concepts ended up being reminders of what they learned in the program. All of the mothers kept their creations and said that they put them in visible places around their homes. Again, these findings affirm the benefits of a strengths-based approach to intervention. The development of positive coping strategies contributes to the mothers’ resilience and ability to overcome life’s challenges. While coping strategies alone cannot eliminate the stress that is often perpetuated by the structural inequalities they experience, coping is an important part of responding to those structural inequalities, and choosing to respond in positive ways can give adolescent mothers a sense of agency (Hutchinson, 2019).

The mothers also benefitted from *increased awareness*. The mothers applied mindfulness to their parenting by using self- and present-moment awareness. They spoke about being more aware of their emotions and their surroundings, and about recognizing the impact of their

emotional reactions on their children. Some made efforts to use present-moment awareness to focus on their children rather than on task-related responsibilities. One mother described being more patient with her son. These findings are promising, as previous studies have shown that adolescent mothers are exposed to multiple stressors that decrease their capacity for sensitive parenting (Firk et al., 2021). Sensitive parenting, which involves being able to identify a child's needs and responding adequately to them, has been identified as a protective factor for child development (Medina et al., 2022) and has been shown to promote secure and stable attachment formation (Lounds et al., 2005). Although mindful parenting is a relatively new concept, studies of mindful parenting interventions demonstrate a range of effects, including improvements in parent anger management and negative affective behavior exhibited toward youth, as well as reductions in disagreements (Duncan et al., 2015). Mindfulness in parents is also associated with a number of positive family characteristics such as positive parenting behaviour, fewer internalizing and externalizing difficulties in children, and positive parent-child relationships (Kil et al., 2022). The results from the scoping review led us to suggest that my study is the first to explore an MBI with adolescent mothers. The findings from the delivery of the in-person group indicate that arts-based MBIs can be a potentially helpful way to teach adolescent mothers how to be sensitive in their parenting by increasing their capacities for emotional awareness and present parenting.

7.3 Implications of Research Findings

The findings provide a small but promising evidence base that arts-based mindfulness methods are a suitable, feasible, and beneficial way to support adolescent mothers. First, the findings confirm the use of arts-based mindfulness group work as a suitable holistic approach for working with young mothers. Also, we are making new contributions to the literature that have

important implications for programs aimed at supporting the well-being of adolescent mothers. Specifically, the findings suggest that programs that are engaging and teach mindfulness skills can be an effective way for adolescent mothers to respond to, and cope with, parenting stress. Furthermore, the recommendations made below can help to increase the feasibility and suitability of existing programs and can inform the development of new programs and services aimed at improving positive outcomes for adolescent mothers and their children. Given the negative consequences associated with adolescent parenting for both mothers and their children, programs that can engage and retain adolescent mothers over time are needed. While health and education programs have some positive effects, they tend to produce low engagement and high attrition rates and have a narrow focus on the development of parenting skills. Interventions that can help adolescent mothers to improve their self-awareness and maternal sensitivity could have a significant impact on the quality of relationship they have with their children and help them better cope with the stresses associated with early parenthood.

7.31 Recommendations for Research and Practice

The relationship between adolescent motherhood and mental health is complex. Several researchers have examined the correlates of mental health symptoms among adolescent mothers (Gavin et al., 2011). Mental health issues can be both antecedents and contributing factors to teenage pregnancy or pregnancy itself can result in poor mental health for adolescents (Tebb & Brindis, 2022). Numerous factors have been strongly and independently associated with adverse mental health outcomes for adolescent mothers (SmithBattle & Freed, 2016), including a history of child abuse (Moioli et al., 2021), intimate partner violence (Kan et al., 2021), limited social supports (Egan et al., 2020), and poverty (Lee et al., 2021) . Although adolescent mothers

represent a heterogeneous group, with some mothers not being exposed to these risk factors, there is a strong association between adverse childhood experiences, adolescent pregnancy, and long-term psychosocial outcomes (Firk et al., 2021). These are just a few of the stressors contributing to the psychological distress of young mothers, who often deal with complex life challenges (Hodgkinson et al., 2014). Due to the sensitive nature of these experiences, program providers must be flexible and thoughtful in their program implementation (Harding, Zief, et al., 2020). The following recommendations for research and practice with adolescent mothers are based on the findings from this research study and on existing evidence in the literature.

7.32 Holistic and Creative Approaches

Despite the potentially negative impact of psychological distress on an adolescent mother's ability to care for her child, few adolescent mothers are referred for diagnostic evaluation or seek treatment on their own (Logsdon et al., 2009). To date, most programs have focused on the perinatal health of the adolescent and her infant or on enhancing parenting skills. These programs neither include a mental health component nor are they integrated into other health care settings to make them more accessible (LePlatte et al., 2012). In fact, there are very few organizations that provide holistic care to adolescent mothers, despite an abundance of evidence that indicates the need for attention to adolescent mothers' mental health in pre- and post-natal health care programs (Agnafors et al., 2019).

While some home visiting models and school-based approaches have shown some positive outcomes, more work is needed to develop comprehensive approaches that integrate mental health into an intervention. Hospital or clinic-based intervention models such as adolescent parent housing/resource centres and community health centres (e.g., the Children's

Hospital of Eastern Ontario/St. Mary's Home in Ottawa) that have proved to be successful with this population have seen such success because of their ability to allocate specialized resources in places where a mother and child can receive holistic care together (Squires et al., 2002). This model was founded on the belief that the social determinants of health for both the adolescent parent and the child can be addressed at the same place. Health inequalities may therefore be reduced by facilitating interventions, such as triaging needs, connecting patients with targeted resources, and using a multidisciplinary team approach (Thompson, 2016). At the community level, and particularly for those who live beyond specialized urban centres, there is a dire need for a collaborative support network of professionals and agencies capable of working together with a multi/transdisciplinary approach to support adolescent parents beyond the expertise of health care practitioners (Ford-Jones et al., 2008). Doing so can actively mitigate risk and improve outcomes in education, employment, health care, and repeat pregnancies.

Adolescent parenting is multifaceted, and therefore, research and practice addressing this population must be holistic and creative (Ricks, 2015). The Holistic Arts-based Program, which was the focus of this research study, combines Mindfulness teachings, art therapy elements, and social work group practices. The program offers a more holistic approach to healing and uses flexible and creative methods that fit the participants' needs. The program design allows for a connection between mindfulness and participants' own spiritual/cultural beliefs and practices, which may in turn help them make meaning of their life situations (Gause & Coholic, 2010). Interventions programs such as these, which have the potential to help adolescent mothers develop coping skills, and improve the mother-child interactions, should be explored. Offering these programs onsite in places where adolescent mothers are already accessing services can help make them available to many who might otherwise never have access to them (Mayers et al.,

2008). For example, one of the studies included in the scoping review evaluated the usefulness of an arts-based program in improving access to pediatric care for young Indigenous parents by offering the arts-based program in the community health care centre. Participants reported increased confidence, and ability to cope with life stresses, and an increase in positive feelings that emerged through interactions with group activities and from their social connections with other mothers (Jersky et al., 2016).

The use of creative-arts based methods is also an effective way to engage young people in the practice of mindfulness, which teaches the foundational skills they need to be successful in life (Coholic, 2010). Traditional education-based programs should consider integrating arts-based methods where possible. As seen from the scoping review, those studies that included arts-based methods either on their own or in addition to parenting education programs had high rates of retention and participant satisfaction. Arts-based research methods are becoming increasingly popular, and are being used by researchers outside the fine arts as a way of increasing the level of engagement among their research participants (Coholic, 2020). Additionally, arts-based research is growing in various disciplines including education, nursing, other health sciences, and social sciences. Researchers must cross traditional boundaries to create new knowledge and new forms of knowledge translation and exchange (Boydell et al., 2016; Brearley, 2008).

7.33 Strength-Based Group Programming

Evidence from the scoping review and from the in-person delivery of HAP suggests that peer support is integral to the success of programs for adolescent parents, who are often isolated and have limited supports (Strange et al., 2019). The literature also offers substantial evidence that having the opportunity to connect with other mothers fosters confidence and a feeling of reassurance among adolescent mothers (Angley et al., 2015). When possible, researchers and

program providers working with adolescent mothers should offer strength-based group programs that can improve the mothers' support mechanisms and reduce social isolation. Taking a strengths-based approach can also help mitigate the stigma and discrimination often experienced by this population (SmithBattle et al., 2017). In practice, it provides opportunities for adolescent mothers to identify and practice their strengths (Ricks, 2015). In the context of group work, it provides opportunities for adolescent mothers to have their strengths affirmed by their peers, especially if the activities are designed to encourage group members to say positive things to each other. This is particularly important for those adolescent mothers who have had adverse childhood experiences. As one of the mothers in this study stated, "it's a lot easier to believe good things about yourself when you have someone reassuring you."

Strength-based research can also help map resources that are effective or available to support specific challenges associated with early motherhood, and can support the need for more social investments in strength-based programs and policies (Hutchinson, 2019). There is a need to explore the experiences of adolescent motherhood through a strength-based lens. Additionally, using qualitative methods can help contextualize the findings in the quantitative literature by providing a more nuanced picture of the complex experience of adolescent motherhood (Ellis-Sloan, 2019). While quantitative research has demonstrated an association between adolescent parenting and poor outcomes and poor life choices, it has not explained the nature and cause of those outcomes and choices (Owens, n.d.).

A strength-based approach must also exist at different levels of an ecological framework and cannot ignore the root cause of psychological distress for adolescent mothers (Conn et al., 2018; Tebb & Brindis, 2022). Professional training for providers working with adolescent parents is needed to change the culture of stigma and shame around early parenthood, and to

create youth-friendly services that are non-stigmatizing and developmentally appropriate (Harding, Knab, et al., 2020). Stigma must also be addressed at both the practice and policy levels. Practice methods need to be supported by a policy framework that recognizes adolescent parenting as the result of structural inequalities and not of poor life choices or as an intergenerational occurrence (Hadley, 2017; Owens, n.d.).

7.34 Community Partnerships and Collaborations

Researchers have found that several key factors contribute to the recruitment and continued engagement of adolescent parents. For example, pre-engagement work is seen as crucial to building relationships with potential participants. Research indicates that pre-engagement work is essential to recruiting hard-to-reach individuals into services (McGeechan et al., 2018), and relationships between adolescent parents and staff are instrumental in successful participant retention (Egan et al., 2020). Partnering with community organizations that are already offering programs to adolescent mothers, and where adolescent mothers have relationships with trusted professionals, may reduce the fear of stigma and support the viability and sustainability of programs for this population (Harding et al., 2020). Speaking about adolescents, LePlatte et al. (2012) stated that “mental health care for this vulnerable group, particularly those who parent, must be widely advertised, easily accessible and contain comprehensive services delivered in familiar settings such as primary care” (p. 40). Given the multifaced needs of adolescent mothers, no one organization can likely meet all those needs on its own (Harding et al., 2020). Community-academic collaborative research projects can also help build a community’s capacity to promote positive outcomes for adolescent parents and their children (Lesser et al., 2005), and can make this hard-to-reach population more accessible. For

example, community partnerships could support researchers in accessing adolescent fathers, who have been largely absent from the research literature (Owens, n.d.). To some extent, this research project was successful because of the strength of the relationships between the researchers and the collaborating agency, and between the collaborating agency and its program participants.

Last, researchers need to continue to explore innovative approaches to reaching adolescent parents where in-person services are not readily available. Working in partnership with other organizations may help to address the barriers to the online delivery of parenting programs for this population through the sharing of resources and supports. While this is an emergent area of interest, and the digital divide remains great, there is potential to use social media and online social networks as mechanisms for social support and connections for adolescent parents (Conn et al., 2018). To that end, more evaluations of programs are needed to determine which programs are feasible, suitable, and beneficial for adolescent parents. Replicating these programs will promote positive outcomes for more adolescent parents and their children.

7.4 Directions for Future Research

There is limited research on what works to support adolescent mothers and how to successfully implement programs to serve them (Harding et al., 2020). My research study offers promising findings regarding the suitability, feasibility, and benefits of using arts-based mindfulness methods with adolescent mothers. Given these findings, future researchers should continue to study arts-based mindfulness methods in a larger population of adolescent mothers. Researchers could replicate this study using a control group in which participants received arts-based methods without the mindfulness teaching. This would provide greater knowledge about

the extent to which the outcomes are related to mindfulness-based practices and concepts. While qualitative measures are most suitable for this population, it would be interesting to measure the extent to which the internal process of mindfulness could be extended to the interpersonal interactions taking place during parenting. Referring to Duncan et al.'s (2009) model of mindful parenting, it would be interesting to measure the dimensions of nonjudgmental acceptance of self and child, and compassion for self and children, and compare them to the dimensions of listening with full attention, emotional awareness of self and child, and self-regulation in the parenting relationship. The practice of nonjudgmental acceptance of self and self-compassion, may be harder for adolescent parents to achieve and sustain over time given their experiences of stigma and discrimination. Last, researchers could explore the benefits of offering arts-based MBIs to pregnant adolescents to encourage sensitive and responsive parenting and potentially to improve parent-child interactions from their child's birth. The impact on attachment should also be explored. Although doing so was not within the scope of this study, it would also be beneficial to track adolescent parents longitudinally to gain better insight into their ability to use mindfulness skills over time.

7.5 Limitations of Research Findings

There are several limitations described in each of the three papers presented in this thesis. However, I will provide an overview of the limitations to conclude this chapter. First, this area of inquiry is an emergent field, therefore, the data set included in the scoping review was heterogeneous. The studies were mostly qualitative, and the overall sample size was small. I was only able to include publications with titles and abstracts in English, which may have resulted in the omission of some relevant publications from other countries. Due largely to the restrictions

imposed by the COVID-19 pandemic, we also were unable to conduct consultations with stakeholders, which is an optional but optimal part of the scoping review process.

Second, we encountered several challenges to the delivery of HAP online. Due to a lack of funding, it was not possible for us to offer childcare or computers/tablets to the participants, which resulted in poor and inconsistent attendance. The COVID pandemic added new challenges such as crowded households to an already inequitable situation. Despite efforts to engage the participants, formal evaluation was not possible. Therefore, the conclusions drawn in this study are based solely on my observations and consultations with my co-facilitator from Better Beginnings Better Futures.

Last, our exploration of the feasibility and benefits of arts-based mindfulness methods with adolescent mothers was small and exploratory. The sample included participants already accessing services from Better Beginnings Better Futures. The participants relied heavily on these services, which may have encouraged their participation and influenced their responses. Post-group interviews were held 8-weeks after the program, however, in future studies, I would like to better measure change over time, and include quantitative measures of mindfulness in the parenting context.

7.6 Conclusion

The phenomenon of adolescent motherhood is a major concern for many countries around the world. Even though several preventative and educative mechanisms exist, teenage mothering continues to be a public health concern (Mukuna & Aloka, 2021). Future research is needed to improve feasibility and further examine the effectiveness of programs designed to support positive outcomes for adolescent mothers. Through my research I have provided a small but important knowledge base for arts-based MBIs as feasible, suitable, and beneficial for

adolescent mothers. Also, I highlighted the importance of taking a strength-based group work approach to intervention with adolescent mothers to encourage relationships and reduce social isolation. Policies and programs should invest in early parenting programs that focus on the development of strengths and positive coping mechanisms to give adolescent mothers the social support and skills they need to cope with the stresses of parenting and the stigma and social inequalities they often experience as young parents.

8. Conclusion

In this chapter, I provide a summary of the conclusions that I have made over the course of my research. I also describe some of the reflections I documented throughout my research process. I describe these reflections in the context of lessons learned and new perspectives developed. My reflective narrative also provides insight into how I navigated the complexities of conducting research with adolescent mothers and some of my thoughts about this process.

8.1 Concluding Thoughts

I have come to several conclusions from my novel research exploring the feasibility, suitability, and benefits of an arts-based mindfulness intervention for adolescent mothers. First, I have concluded that adolescent mothers can benefit from arts-based mindfulness group programs by learning new ways to cope and by improving their present moment awareness. More specifically, arts-based MBIs have the potential for improving the internal maternal capacities of adolescent mothers to cope with parenting stress. Additionally, mindfulness skills of acceptance, emotion regulation, self-awareness and non-judgment can encourage the development of sensitive and responsive parenting for adolescent mothers.

Second, arts-based MBIs are a feasible and suitable way to engage adolescent mothers in programming, especially if they are offered in a way that addresses some of the social inequalities and barriers to service experienced by this population. Also, I have concluded that teaching mindfulness concepts using arts-based methods is an effective way to engage and retain adolescent mothers in programming. Moreover, if offered in collaboration with other services and supports, arts-based mindfulness programs can contribute to the development of holistic care models that better meet the needs of adolescent mothers and their children. In contrast, I

concluded that offering arts-based MBIs online was not a feasible and suitable way to engage adolescent mothers in programming, and that more work is needed to address the technological and social barriers the participants in my study experienced when trying to participate in HAP online.

Some of my conclusions align with those of other researchers who found that group-based programs are an effective way to support the development of relationships and reduce the social isolation often experienced by adolescent mothers. Based on the findings of my scoping review, and the delivery of HAP in person, I also confirmed the use of arts-based methods as an enjoyable and effective way for adolescent mothers to express themselves and share experiences. Like other researchers who utilized arts-based methods, I experienced high engagement and low attrition due to the fun and enjoyable nature of the program. This is an important finding and conclusion given the historical challenges in trying to recruit adolescent mothers in research and programming.

Finally, I have concluded that the potential benefits of delivering MBIs to adolescent mothers deserves more attention. My research provides a small but promising knowledge base for the potential benefits of teaching mindfulness to adolescent mothers. Mindful parenting is an emergent area of interest, and it is only as I write the conclusion for this dissertation, that I am learning about other researchers who are exploring the use of MBIs with young mothers. To the best of my knowledge, my study is the first study that explored arts-based MBIs with this population. I hope that my research will encourage other researchers to study arts-based MBIs with pregnant and parenting adolescents to further develop our understanding of the benefits of arts-based MBIs and to build on the small body of literature that focuses on strengths and positive outcomes for this vulnerable group.

8.2 Research Reflections

When I began this research journey, I never anticipated how meaningful this experience would be for me. What started as an exciting research idea turned into one of the most rewarding experiences of my career, and I find it hard to truly convey in words the impact that I believe this program has had on the mothers who participated. The laughs and good times they shared, the friendships that they formed, and the sense of belonging that developed among the groups, became my motivation to persevere through the challenges and ultimately finish this work. The following are some reflections that I journaled and lessons that I learned along the way.

Facilitating groups for adolescent mothers was more challenging than I anticipated, and as such, I have grown considerably as a researcher and group facilitator. I better understand the extent to which researchers require patience and persistence in their efforts to recruit “hard to reach” populations. I have also learned just how important relationships are in engaging and retaining adolescent mothers in programming. I knew from what I read in the literature that the success of my research, and the mother’s willingness to share, would depend on my ability to develop positive relationships with them and earn their trust. This required a great deal of personal commitment, especially because I was working with mothers, who by way of their life circumstances, were more guarded and less trusting of others. I had to be intentional about developing positive relationships with my participants and prioritize my research over other things in my life. I demonstrated my commitment to them by always showing up, and over the course of two years, never missed a group. Above all else, I followed through on my word. This led to effective engagement and collaboration with my participants.

I also learned that conducting qualitative research with vulnerable populations can take an emotional toll on the researcher. I remember Dr. MacEwan, one of my committee members,

asking me at my comprehensive exam, if I had given thought to how I would cope with hearing the personal narratives of my participants. In hindsight, I was dismissive in my response to her question by stating that my experiences in child welfare had adequately prepared me for anything that I might encounter. I was wrong. Experiences of trauma, loss, and hardship were common themes in our group discussions, and there were nights when I left group impacted by their stories. I also felt a genuine desire to help them through their challenging life situations, however, I recognized that doing so would have blurred the researcher and participant roles. I often felt guilt driving past the mothers as they walked to catch their buses downtown, sometimes in the rain and snow, pushing strollers, and carrying bags. I believe that my strong desire to help was connected to my professional experiences as a child protection worker, and my personal experiences as a mother of two adolescent girls. This is something that I reflected on often. It was through this reflection that I came to really appreciate the challenges of balancing proximity and distance in research with vulnerable participants. I also came to really understand the value of reflexive journaling and the benefits of co-facilitation in group work.

My most significant area of growth was learning how to be more flexible in my approach. To do this I had to reflect on my expectations and accept that I might not accomplish every task. As someone who tends to over plan, and who want things to always go as planned, I had to learn to take things in stride and accept the things I could not control, which ironically, is a lesson mindfulness practice teaches us. This was critical to ensuring that I was not imposing unrealistic standards or goals on my participants. Ironically, as I was teaching the concepts of acceptance and letting go, I too had to work hard at applying them to my experiences as a group facilitator. In week-6 of the first group, I wrote the following in an email to Dr. Coholic, my supervisor for this research: “this is honestly the most challenging group I’ve every facilitated, but also the

most rewarding. A lesson in letting go for me as well.” I remember her telling me before I began, that qualitative research in the real world can be messy, and now I understand what she meant. Despite the messiness, however, I am glad that I took a qualitative approach as it helped me to better understand the phenomena of adolescent motherhood from the perspective of my participants. I also believe that by taking a qualitative approach I was able to highlight the strengths of my participants and challenge some of the negative stereotypes often associated with adolescent motherhood; a strengths-based approach consistent with my social work perspective.

Lastly, this experience strengthened my belief that sometimes the process is more rewarding than the outcome. I am grateful that through my research I could give these mothers an opportunity to participate in something positive. For many, participating in the HAP program was their first attempt at doing something for themselves since becoming mothers. Many of the programs they had participated in previously focused on how their children were doing but not on how they were doing. I am proud that by offering the HAP program I could provide them with the opportunity to focus on themselves and their needs. For me, this journey became less about achieving my doctorate and more about offering something meaningful to people who needed it. With that said, I would like to conclude with a quote from one of my participants. When asked if she felt that more services were needed to meet the mental health needs of adolescent mothers she stated, “yes, especially since everyone asks me how the baby is doing, but not me. Not that I want everyone to always ask, ‘how are you?’, but it would be nice once and a while.”

9. References

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10. Appendices

Appendix A: Duncan's model of mindful parenting

Mindful parenting dimensions	Effective parenting behaviours promoted through this practice	Parenting behaviours decreased through this practice
Listening with full attention	-Correctly discern child's behavioural cues -Accurately perceive child's verbal communication	-Reduced use and influence of cognitive constructions and expectations -Reduction in self-directed concerns
Nonjudgmental acceptance of self and child	-Healthy balance between child-oriented, parent-oriented, and relationship-orientated goals -Sense of parenting self-efficacy -Appreciation of child's traits	-Fewer unrealistic expectations of child's attributes
Emotional awareness of self and child	-Responsiveness to child's needs and emotions -Greater accuracy in responsibility attributions	-Less dismissing of child's emotions -Less discipline from parent's strong negative emotion -Less overreactive discipline
Self-regulation in the parenting relationship	-Emotion regulation in the parenting context -Parenting in accordance with goals and values	-Less dependence on child's emotions -Less negative affect displayed in the parent-child relationship
Compassion for self and child	-Positive affection in the parent-child relationship -More forgiving view of own parenting efforts	-Less self-blame when parenting goals are not achieved

Note. "A Model of Mindful Parenting: Implications for Parent-Child Relationships and Prevention Research," by L. G. Duncan, J. D. Coatsworth, & M. T. Greenberg, M. T., 2009, *Clinical Child and Family Psychology Review*, 12(3), 259.

Appendix B: Research Ethics Board Approval Letter**APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS**

Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New <input checked="" type="checkbox"/> / Modifications to project / Time extension
--

Name of Principal Investigator and school/department	Vivian Oystrick, Human Studies, Diana Coholic supervisor
Title of Project	Exploring the feasibility and effectiveness of arts-based mindfulness methods in enhancing the parenting experiences of adolescent mothers
REB file number	6020703
Date of original approval of project	Sept. 28, 2020
Date of approval of project modifications or extension (if applicable)	
Final/Interim report due on: <i>(You may request an extension)</i>	Sept. 28 th , 2021
Conditions placed on project	To resume face-to-face groups will require completion of the LU Research Resumption process and resubmission to the REB as a modification request

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research

complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

A handwritten signature in blue ink that reads "Rosanna Langer". The signature is written in a cursive, flowing style.

Rosanna Langer, PHD, Chair, *Laurentian University Research Ethics Board*

Appendix C: Participant consent form



Consent Form for Participants

Study Title: Exploring the Feasibility and Effectiveness of an Arts-Based Mindfulness Program in Enhancing the Parenting Experiences of Adolescent Mothers

Student Researcher: Vivian Oystrick: vx_oystrick@laurentian.ca

Supervisor: Dr. Diana Coholic: 675-1151 (5053) or dcoholic@laurentian.ca

We are interested to know how helpful our arts-based mindfulness group program is for young mothers. HAP (Holistic Arts-Based Program) is a strengths-based program to develop mindfulness skills and resilience. The goals of HAP include learning mindfulness, improving self-awareness, developing self-compassion and empathy, and building strengths. If you agree to take part in this program, you will:

- Come to 8-10 meetings of the arts-based group program (every week, you will take part in a 2-hour group session for 8-10 weeks in total). The group will be held in person at Better Beginnings Better Futures.
- Meet with me on the first night of the program to fill out 2 short surveys that will help us understand how mindful you are. We will ask you to do these surveys 2 more times. Immediately after the last group session and 12 weeks after the program ends. By doing these tests at 3 different times, we can see if there are any changes over time. During the initial meeting, I would like to talk to you about your experiences of parenting and your experiences with services as a young parent. You may refuse to answer any questions you are not comfortable with.
- I will want to meet with you again, 12-weeks after the program ends, to talk with you about your experience in our program and if the program has helped you as a parent. You can tell us what things you liked about the program, and what things you didn't like, which will help us make the program better for other young moms.

During the last session of the program, you will have a chance to participate in a group art activity with other group members that reflects your experiences and what you learned in the group program. This artwork will not reveal who you are but will share your stories about the group experience. I will share pictures of this arts-based creation when I present this project to others so that they can understand our work, which is why it's important that no identifying information be included in the group creation.

We hope that by taking part in our program, it will help you to learn how to focus better, to learn about yourself, to feel better about yourself, and to cope better with the day-to-day stresses of parenting.

Taking part in the group is your decision and no one is forcing you to be involved. Taking part in this group or deciding not to take part in this group, will have no influence on other services you may be receiving from Better Beginnings Better Futures. Your involvement in HAP does not replace other services you might be involved in. If you decide to be part of the program, and then later change your mind, then you can stop coming. If you stop coming, we will keep the information we already collected. There are no consequences to you if you have been referred to HAP and decide you don't want to attend.

We will record our one-on-one conversations with you on a digital recorder so that we can learn about your experience and how to improve our program. All of the information that we collect will be kept confidential (that means that only my supervisor and I can see and listen to it). Everything will be locked up when not in use and the information will be destroyed after 7 years. When we tell people about our work with you, we will never give anyone information so that they would know who you are. We will remove any information that may allow you to be identified. Please initial here if you agree to this: _____

Please note that information collected for the purpose of this research study will be kept secure and confidential. However, there are some specific cases in which your confidentiality cannot be protected: (a) if you intend to harm yourself; (b) if you intend to harm someone else; (c) if there is reasonable suspicion that a child up to the age of 16 years old is at risk of neglect, abuse, or witnessing parental violence, we are required by law to report this to the Children's Aid Society immediately. While we ask all participants in the group to respect each other's privacy and to not share anyone's personal information or experiences, we can't guarantee confidentiality.

There is the potential that participating in the individuals interviews or in the arts-based mindfulness group work can lead to feelings of discomfort or bring up emotions that are stressful for you. At any time during the research or group process you can choose not to answer questions that you are not comfortable answering, and you can choose not to participate in activities you are not comfortable engaging. The group facilitator will also provide participants with a list of community that are available to you should you feel distressed from your participation in group. However, our experience has been that participating in arts-based mindfulness group programs can be a fun and non-threatening way to foster self-reflection.

You will be reimbursed for your time and travel. A \$25 gift card will be provided at the beginning of the program and another \$25 gift card will be provided at the half-way point in the program and another at the end of the program. You will also receive a \$25 card for meeting with me 12 weeks after the program ends. Bus tickets will be provided to get to and from the program and free childcare will be provided on-site at BBBF.

If you have any questions at any time, you can reach Vivian at vx_oystnick@laurentian.ca or my supervisor, Dr. Diana Coholic, at dcoholic@laurentian.ca or 705-675-1151, 5053.

If anyone has any questions about the ethics of this research, you can contact the **Research Ethics Officer**, at **Laurentian University Research Office**, telephone: **705-675-1151 extension 3213 or 2436 or toll free at 1-800-461-4030 or email ethics@laurentian.ca**.

By signing this form, you agree to take part in our program and you're letting us know that you understand everything on this form. You will get a copy of this form that you can keep.

Participant's Signature:

Date: