
1.3 MINDFULNESS APPROACHES FOR YOUTH EXPERIENCING HOMELESSNESS

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INTRODUCTION

Mindfulness involves bringing attention to what is happening within us and around us in moment-to-moment experiences, without labelling experiences as good versus bad, and refraining from reviewing the past or planning for the future (Kabat-Zinn, 1994). Mindfulness practice is found to be an effective approach for improving well-being among adults, with increasing support for its use in enhancing regulatory capacities among vulnerable youth populations. The approach originated from Eastern culture and Buddhist traditions. More recently, practitioners and researchers have integrated Buddhist meditative practices into Western society to foster mindfulness and address individuals' physical and mental health needs (Kabat-Zinn, 1982; Linehan, 1993). Common mindfulness practices include meditation, yoga, and relaxation and visualization exercises. Although less studied, these practices have proven beneficial in reducing stress and improving self-awareness, anxiety, and emotional and behavioural reactivity among youth experiencing homelessness.

Pilot studies that examine whether mindfulness intervention is possible in shelter settings and is acceptable to young people experiencing homelessness generally find that youth will attend mindfulness training and that those who do may experience important benefits (Bender et al., 2015; Grabbe, Nguy, & Higgins, 2012). This chapter begins by describing the general objectives and components of mindfulness-based practice. It then discusses how mindfulness-based programs have been implemented with youth experiencing homelessness and what the outcomes have been. The chapter concludes with key strategies for practitioners to consider in their work with youth accessing homeless services.

CONTEXT & EVIDENCE

In Western society, mindfulness practice has grown largely from cognitive-behavioural work. Cognitive-behavioural approaches train people to identify their automatic thinking patterns and then challenge them. As individuals change their negative automatic thoughts, their emotions and behaviours are improved, thereby promoting more adaptive functioning and improved well-being. As seen in Table 1.3-1, mindfulness-based practices similarly emphasize the recognition of thoughts and our reactions to them, but the approach diverges from traditional cognitive-behavioural approaches in several ways. Rather than evaluating one’s thoughts, mindfulness encourages the person to observe these thoughts non-judgementally, with a focus on acceptance or acknowledgement rather than on changing those thoughts. Because this approach can be new and challenging, it is recommended that practitioners who facilitate mindfulness work engage in the practice themselves to truly understand it.

TABLE 1.3-1: DIFFERENCES BETWEEN COGNITIVE-BEHAVIOURAL WORK & MINDFULNESS PRACTICE

CONSTRUCT	COGNITIVE-BEHAVIOURAL WORK	MINDFULNESS PRACTICE
Judgement vs. observation	Evaluate and judge thinking patterns as negative vs. positive or unrealistic vs. realistic.	Observe what is going on internally and externally without criticism.
Change vs. acceptance	Change thinking patterns or behaviours.	Become aware of what is happening in a given moment without clinging to thoughts or feelings.
Observer vs. participant	Does not require provider to engage in own cognitive-behavioural work.	Requires provider to practise mindfulness to fully understand its meaning.

Mindfulness-based practice has been implemented in various settings with many different populations. It has been introduced in hospitals, schools, and community mental health centres, among other settings. Within these settings, mindfulness has been successful in addressing many behavioural and physical health problems. Practising mindfulness has been shown to reduce chronic pain (Kabat-Zinn, 1982; Randolph, Caldera, Tacone, & Greak, 1999), mood disorders (Teasdale et al., 2000), substance relapse (Bowen et al., 2009), stress (Tang et al., 2007; Williams, Kolar, Reger, & Pearson, 2001), and

interpersonal concerns (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007; Wachs & Cordova, 2007). Mindfulness has also been associated with improvements in medical problems (Specia, Carlson, Goodey, & Angen, 2000).

MINDFULNESS OBJECTIVES, COMPONENTS, & APPROACHES

Often, the objective of mindfulness practice includes engaging in a form of mental training that helps people increase their ability to intentionally direct their attention to current experiences without critically evaluating them or becoming attached to them. For example, when people experience stress or negative feelings, they often get stuck in these thoughts and feelings, ruminating about the problem or not being able to let go of the negative feelings. The objective of mindfulness is to develop skills to be aware of these thoughts, feelings, and sensations without getting stuck in them.

Several components associated with mindful practice may explain how this approach can promote positive health and well-being. Reviews of mindfulness (e.g., Baer, 2003) have identified common elements of the practice that may be particularly responsible for reducing stress and improving coping, and that thus contribute to adaptive change in a person's life. As seen in Table 1.3-2, these components include mindful practice, acceptance, cognitive control, self-regulation, and relaxation, among others. For example, learning to accept both pleasant and unpleasant experiences has the potential to promote less reactive behavioural responses over time (Baer, 2003). Engaging in various mindfulness strategies may also induce relaxation. Although relaxation effects are not the primary focus of mindfulness practice, relaxation undoubtedly has beneficial effects in helping the mind and body reset.

TABLE 1.3-2: COMPONENTS OF MINDFULNESS

COMPONENT	DESCRIPTION
Mindful practice	Paying attention to present-moment experiences
Acceptance	Bringing awareness to experiences without judgement
Cognitive control	Directing thoughts and actions with intent
Self-regulation	Modulating thoughts and behaviours
Relaxation	Reducing physical and mental arousal

Several strategies and activities have been developed to increase mindfulness. They can be implemented as stand-alone exercises, integrated into existing programming, or sequenced together in a more intensive mindfulness program. Each strategy and a brief description is provided in Table 3-3.

TABLE 3-3: STRATEGIES FOR CULTIVATING MINDFULNESS

MINDFULNESS STRATEGIES	DESCRIPTION
Meditation	An inner state of concentrated focus on an object to increase awareness of present-moment experience
Yoga	A discipline that involves controlled breathing, specified body positions, and meditation
Deep breathing	A breath exercise in which a person focuses on deep, slow breathing
Body scan	A full-body exercise that brings awareness to sensations that occur throughout the body
Visualization	A mental exercise in which a person recreates a sensory experience by imagining an object, action, or outcome
Loving kindness	A strategy to cultivate compassion by bringing attention to positive attitudes toward self and others
Daily informal practice	A strategy that brings awareness to immediate experience and daily tasks (without having to carve out special time for it)

To understand how formal mindfulness practice may look, consider this description of meditation. In sitting meditation, participants may be instructed to sit in a relaxed but upright position with their eyes closed or to direct their attention to an object of focus. The foundation of mindfulness practice is generally directed to the person’s breath. Therefore, the person may be asked to focus on breathing—not to change how the person is breathing, but to simply pay attention to the breath as it enters and leaves the body. When the mind wanders to either internal stimuli (e.g., thoughts, feelings, sensations) or external stimuli (e.g., sights, sounds, smells), the person is instructed to note and accept these experiences, but to bring attention back to the focus of observation (e.g., breath). The person is encouraged to do this without thinking and striving to conceptualize this process or take action (Gunaratana, 2011).

Mindfulness practice can also be integrated into one's life informally. In this case, individuals may be instructed to attend mindfully to day-to-day tasks and experiences. For example, one may be asked to bring awareness to the act of eating breakfast. The person may be instructed to attend to the texture, taste, and smell of the food and to do so non-judgementally (e.g., not labelling the food as tasting good or bad). Again, when the mind wanders to thoughts or feelings away from the food or act of eating, the person is instructed to bring attention back to the present moment. Such informal practice can be translated to various domains of a person's life.

IMPLEMENTATION CONSIDERATIONS

Mindfulness is relatively new as an intervention approach with youth who are experiencing homelessness. A small body of research has examined mindfulness with youth and adults experiencing homelessness (Bender et al., in press; Grabbe et al., 2012; Maddock, Hevey, & Eidenmueller, 2017; Schussel & Miller, 2013; Viafora, Mathiesen, & Unsworth, 2015). These pilot studies typically involve adapting established manualized mindfulness interventions to individuals experiencing homelessness and testing that adaptation with small samples of people seeking homeless services (often shelter services). As such, most of what we know about mindfulness with youth who are experiencing homelessness describes the types of programs provided, whether these programs can attract and retain people experiencing homelessness, whether those who participate change over time in key ways, and how people respond to participating.

Generally, we find mindfulness-based approaches are being provided in a variety of homeless service settings and has been fairly well received by young people. While most often provided in shelter settings, mindfulness approaches have also been used in drop-in centres, transitional housing, and through school-based services. Most often these interventions require sustained engagement with young people, as they are typically offered through eight weekly group sessions, but some programs provided mindfulness training for longer periods (16 weeks) and some condensed training to only a few days. The models provided vary from having a very therapeutic focus to incorporating a training or didactic approach to building mindfulness skills. This suggests some flexibility in both the space and time frame needed to engage young people in mindfulness training and practice. Across these settings and formats, youth appeared interested and engaged in learning about mindfulness and how to apply it to their lives (Bender et al., in press; Grabbe et al., 2012; Schussel & Miller, 2013; Viafora, Mathiesen, & Unsworth, 2015).

Despite the early stage of research, the existing evidence is promising. Mindfulness has been associated with important benefits for youth experiencing homelessness. Mindfulness practice demonstrates promise in reducing symptoms of depression, anxiety, and impulsivity (Grabbe et al., 2012; Maddock et al., 2017; Schussel & Miller, 2013). In addition, it has been shown to increase spirituality and resilience (Grabbe et al., 2012), and to improve personal and emotional well-being, relationships with others, and positive expectations about the future (Schussel & Miller, 2013; Viafora et al., 2015). Youth experiencing homelessness who have received interventions that incorporate mindfulness training also show improvements in the ability to detect risky interactions and situations (Bender et al., in press). Strategies associated with attaining these outcomes in this hard-to-reach population focus on increased awareness and acceptance, and on improved coping and self-regulation.

Specific examples from the field demonstrate how mindfulness is being implemented and tested across homeless service settings. Among adults experiencing homelessness, mindfulness has been piloted as a clinical intervention (Maddock et al., 2017) in a short-term emergency shelter where adults experiencing homelessness were engaged in an eight-week mindfulness-based program with each session lasting two hours. The sessions followed a standard mindfulness-based stress reduction protocol, which included mindfulness meditation with attention focused on the breath, body scans, awareness training using yoga poses, and practising mindfulness in the context of stressful interactions and situations with others. These mindfulness skills helped adults who were homeless cope with and handle their mental health and addiction challenges, which in turn contributed to increases in more action-oriented coping strategies such as acknowledgement and acceptance of their thoughts and feelings rather than using avoidant coping strategies. Furthermore, participants described being more centred, which reduced ruminating about their past or worrying about their future. Over the eight-week period, participants reported significant reductions in mental health symptoms, including anxiety, depression, and impulsivity (Maddock et al., 2017).

Similarly, among youth aged 18–21, mindfulness meditation has been piloted to address mental health and substance abuse in a youth service organization that offered drop-in, emergency, and long-stay transitional housing (Grabbe et al., 2012). In this pilot, youth participated in a manualized eight-session Youth Education in Spiritual Self-Schema program that used mindfulness meditation to teach participants to pay attention neutrally to what was happening in the moment, using their breath as the primary object

of focus. Participants learned strategies based in Buddhist philosophy and in cognitive and dialectical behaviour therapy (DBT) approaches. The ultimate goal was to help youth shift from automatic self-schemas (i.e., reactions to stress that trigger low self-esteem and drug cravings) to “spiritual” schemas that promoted positive behaviour and abstinence from drug use, delinquency, and self-harm behaviours. Central to the cognitive component of this program was asking youth to identify negative automatic responses to situations, stop them, and then replace them with alternative ways of thinking. Mindfulness practice involved formal meditation to draw attention back to spirituality during high-stress situations. As such, mindfulness was used to help youth direct their attention under stressful conditions and self-regulate their emotions. Youth who participated in the program demonstrated longer-term improvements in spirituality, resilience, and mental well-being, as well as reductions in psychological symptoms (Grabbe et al., 2012).

Others have integrated mindfulness practice with traditional therapeutic approaches in shelters serving young people aged 18–24 (Schussel & Miller, 2013). Schussel and Miller integrated a mindfulness practice component derived from Tibetan Buddhism with traditional interpersonal therapy in 16 group sessions. In some traditions, sound is used to assist with meditation and relaxation. In this study, mindfulness was introduced for the first 20 to 30 minutes of a 1.5- to 2-hour group, in which a Tibetan singing bowl was used to help youth practise using the tones for focus and relaxation, followed by rhythmic breathing with counting. The facilitators then led youth through a visualization exercise that involved imagining their best selves and all of their positive qualities before joining with the rest of the group, where they were asked to project loving kindness to others in the group. After completing these exercises, youth reported greater clarity and feeling calm and relaxed, which in turn allowed them to better engage in the therapeutic group discussions that focused on self-efficacy. At the completion of the program, youth reported reductions in depression and anxiety, as well as positive changes in their sense of well-being and understanding of themselves. For practitioners interested in integrating mindfulness into their practice, this study provides preliminary support that incorporating mindfulness-based strategies into an existing group structure may be one way to orient youth to the treatment setting and help maximize engagement and the effects of the therapeutic time together.

In educational settings, mindfulness has also been used to improve emotional well-being among youth facing homelessness (Viafora et al., 2015). In developing an eight-week mindfulness-based course in a middle school serving students experiencing homelessness,

researchers combined materials from two existing mindfulness interventions for children: Planting Seeds (Nhat Hanh, 2011) and Still Quiet Place (Saltzman, 2008). Students met weekly for 45 minutes in the classroom and engaged in mindful listening and eating exercises, guided breathing, and brief discussions about continued practice of these skills between sessions. Students were taught to apply these new skills to many different experiences. For example, students could use mindfulness while taking a test, when managing emotions, or during interactions with others. Through participation in this program, students learned awareness skills to help them manage anger, sadness, and impulsivity, and they described feeling a greater sense of emotional well-being as they continued in their mindfulness practice (Viafora et al., 2015).

With a skills training approach as opposed to a clinical focus, mindfulness has been used in a youth shelter setting to train youth experiencing homelessness to better attend to risks in their environment and interactions with others (Bender et al., in press). Youth experiencing homelessness are a particularly vulnerable population because they are at an increased risk for victimization by strangers as well as acquaintances. While this vulnerability is likely due to dangerous living situations and few resources to avoid such circumstances, it may also be due, in part, to previous trauma that makes it more difficult for youth to pick up on risk cues and avoid dangerous situations. Offered in an intensive three-day skills training course, Safety Awareness for Empowerment (SAFE) trains youth to direct their attention to internal feelings and thoughts, interpersonal interactions, and environmental cues that may indicate they are in a dangerous or risky situation, and then helps them problem solve ways to get out of those situations, act assertively, and seek help. SAFE uses interactive activities, group discussions, and role plays of case scenarios to help youth apply basic mindful attention training to situations they are likely to face while homeless. Youth randomly assigned to the SAFE intervention were significantly more likely than those who received shelter services as usual to identify risk cues in scenarios depicting youth at risk (Bender et al., in press).

Clearly, mindfulness-based approaches are beginning to be used in a variety of settings serving youth experiencing homelessness, with diverse formats and aims, including clinical treatment approaches and preventative skills training. Despite promising preliminary findings, rigorous research is still needed to determine more confidently that mindfulness interventions are responsible for these positive outcomes among those experiencing homelessness, to explain how or why these benefits occur, and to increase our understanding of who is most likely to benefit from the approach.

KEY STRATEGIES FOR PRACTITIONERS

Mindfulness may be a strong fit for young people experiencing homelessness. These youth have elevated rates of trauma, anxiety, depression, and substance use. As they often have few resources, they may live in shelters, which are often temporary and hectic, and which may create added stress. Mindfulness may cultivate a sense of privacy and control (Grabbe et al., 2012) while offering a tool for self-regulation and coping in these stressful environments. Furthermore, for a group that typically has difficulty accessing intensive and ongoing mental health services, mindfulness may offer simple self-care skills that allow youth to manage their reactions to their chaotic living situations.

CHALLENGES

Despite these potential benefits, certain challenges are likely to be encountered when implementing mindfulness with young people experiencing homelessness. Practitioners are likely to find youth irregularly attend mindfulness groups and/or drop out of mindfulness training early. For example, in Grabbe et al.'s (2012) study of youth in shelter services, only 55% of participants attended four or more sessions of an eight-session program. This low attendance may have been due to the challenge of engaging young people in structured programming. Youth, whether due to past experiences or to disconnection from traditional institutions, may not be accustomed to staying focused in structured groups, and may thus appear distractible or interrupt facilitators (Grabbe et al., 2012).

RECOMMENDATIONS

Because qualitative research suggests the mindfulness-based interventions are well received by youth experiencing homelessness, who find it to be calming, relaxing, and accessible, intermittent attendance may be likely due to instability, unpredictable stressors, and transience experienced by this population. Youth who are in more stable situations, such as transitional housing, demonstrate interest in attending mindfulness training over several weeks and even volunteer to co-lead such interventions (Grabbe et al., 2012), suggesting that this approach could be particularly well targeted to youth in transitional housing who can overcome some of the obstacles to regular attendance. On the other hand, mindfulness may be a practice that can be cultivated even after having missed sessions. Thus, less structured programs that allow

for rolling enrollment may be a strategy for engaging more transient or less stable youth with some benefit. Moreover, some of the distractibility youth experience may highlight the exact skills that mindfulness aims to cultivate by helping youth recognize their distraction and direct their attention in the moment. Doing so requires that facilitators have patience and build rapport to help youth work through distractions, use them as examples, and maintain engagement. It also requires practice on the part of youth participants (Bender et al., 2015).

SUGGESTED ADAPTATIONS

Although mindfulness seems to be a good fit for reaching and serving youth who are homeless, mainstream mindfulness programs are often adapted to help them better engage. Such adaptations attempt to overcome some of the challenges mentioned above and suggest key strategies to integrating mindfulness in homeless service settings. Table 1.3-4 lists key adaptation strategies and the rationale for incorporating these adaptations to address the specific needs of youth experiencing homelessness.

TABLE 1.3-4: SUGGESTED ADAPTATIONS TO MINDFULNESS INTERVENTIONS WITH YOUTH EXPERIENCING HOMELESSNESS

SUGGESTED ADAPTATION	RATIONALE
Make attendance convenient.	Accelerating the timing of the program to offer sessions more intensively over a briefer period of time or permitting rolling enrollment will allow more transient or mobile young people to engage in mindfulness programming.
Provide opportunities to practise.	Including role plays in the group and allowing time to practise new skills between sessions will help young people realize the relevance of these skills and apply them in challenging and chaotic environments.
Involve peer co-facilitators.	Peers who have graduated from the mindfulness program may serve as ideal co-facilitators with adult service providers because they can help youth apply material learned to realistic situations and demonstrate the utility of such skills.
Do not pathologize.	Youth rarely identify with traditional diagnostic or pathological frameworks; changing language to instead normalize common symptoms and struggles can introduce mindfulness as a way to navigate experiences.

TRAINING & RESOURCES

Practitioners or service providers who are interested in incorporating mindfulness into their work with young people experiencing homelessness have several options for increasing their knowledge and skills in this approach. Some providers may have the resources and interest to become formally trained in specific mindfulness interventions. Several structured evidence-based interventions exist. One of the most well-known mindfulness-based interventions is mindfulness-based stress reduction (MBSR), developed by Jon Kabat-Zinn (1982). Originally created for use in medical settings for populations with chronic pain and stress-related conditions, MBSR involves eight to 10 weeks of group sessions focused on building meditation skills; mindful breathing; and observation of thoughts, feelings, and emotions without judgement. MBSR is available, at a cost, through the Mindfulness-Based Stress Reduction Professional Training Institute in San Diego, California. A second structured intervention is mindfulness-based cognitive therapy (MBCT; Teasdale, Segal, & Williams, 1995), which adds cognitive components to mindful practice and focuses on preventing relapse of depressive symptoms. The intervention teaches individuals to step back or detach from their thoughts, emotions, and sensations and become aware that these elements are not permanent or factual. This approach can help with cognitive processes such as rumination or catastrophizing where individuals may get stuck in obsessive and dysfunctional thinking patterns. The step-by-step process of teaching mindfulness has been described in the book *Mindfulness-Based Cognitive Therapy for Depression* (Segal, Williams, & Teasdale, 2012) that many practitioners may find useful. Mindfulness training has also been incorporated into established therapies such as dialectical behaviour therapy (Linehan, 1993) and acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999), which also provide formal training to practitioners.

For many service providers, limited resources for extensive training combined with shorter service interactions with young people who are homeless make structured mindfulness interventions less feasible. In these cases, service providers may access additional reading material and downloadable exercises to help them integrate mindfulness approaches into their current agency roles. Service providers can learn more about the philosophy and theory guiding mindfulness practice in the books *Wherever You Go There You Are: Mindfulness Meditation in Everyday Life* by Jon Kabat-Zinn (1994) and *Mindfulness in Plain English* by Bhante Gunaratana (2011). They can also access specific mindfulness tools, such as meditation practices and breathing exercises, at www.freemindfulness.org/ or marc.ucla.edu/mindful-meditations. Such tools can be incorporated into existing skills groups or individual case management meetings with youth within the context of usual services.

CONCLUSION

Despite emerging evidence supporting the positive effects of mindfulness-based practices with youth who are experiencing homelessness, this intervention can benefit from further exploration. As practitioners continue to implement mindfulness practices in homeless service settings, continued evaluation is necessary. Assessing who engages in such practices, how they experience the approach, what suggestions they have for improvements, and what benefits are associated with participation is critical to developing evidence-based interventions for this important group of young people.

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