Mindfulness For Parents of Children with Special Healthcare Needs

Laura J. McDermott, MN, MA, RN, LMFT, DNP Student
University of Missouri, Sinclair School of Nursing

INTRODUCTION

- One in five families in the United States has a child with special healthcare needs (CSHCN).4
- Children with medical complexity (CMC) are the 1% of children with the most complex conditions and needs.5
- Parents of children with chronic conditions requiring additional supports, such as CSHCN and CMC, have a 500% increased risk of struggling with mental health difficulties over parents of healthy children.6
- Mindfulness mitigates parenting stress in parents of children with a wide range of healthcare concerns.7-9

PURPOSE STATEMENT

This quality improvement (QI) project assessed the efficacy of an intervention including mindfulness practice in the form of a weekly mindfulness group for parents of CSHCN and CMC.

PICOT

In parents of CSHCN and CMC (P), does the introduction of mindfulness practices during a weekly parent support group (I) compared to pre-group stress levels (C) affect the stress level of parents (O) over a 6-week period (T)?

OBJECTIVES

1. A 10% decrease in parenting stress, as reported on the Parental Stress Scale (PSS), an 18-item survey used to assess stress of parents, demographic questions, and Likert-style question regarding the use of mindfulness.

METHODS

Design: Pre-and-post intervention surveys completed.

Intervention: A weekly 90-minute parent support group, with mindfulness incorporated, for six consecutive weeks.

Tools:
- Parental Stress Scale (PSS), an 18-item survey used to assess stress of parents, demographic questions, and Likert-style questions regarding the use of mindfulness.
- Open-ended questions were included to gain additional feedback from participants.

Setting: Groups were offered in two formats: in person in an outpatient mental health clinic and virtually via Zoom.

Sample: Convenience sample of parents meeting inclusionary criteria (n = 11).

Inclusionary Criteria: Parents of CSHCN or CMC, who have children living at home.

Exclusionary Criteria: Parents who were not primary caregivers, whose children were not CSHCN or CMC, or those whose children were no longer living at home.

Data Collection and Analysis: Data collection via electronic surveys pre- and post-intervention.
- Minimum sample size for a fully-powered study was 35 based on Gpower3, with a confidence interval of 95% and a 5% margin of error.9 With a sample size of 11, this study was not fully-powered.
- Ordinal level data was analyzed using the Wilcoxon Signed-Rank Test.
- Ratio-level data was analyzed using the paired t-test.
- Descriptive statistics were used to provide a synopsis of the sample.

IBM SPSS version 29 was used for statistical analysis.

Statistical significance was p = 0.05.

RESULTS OF PARENTAL STRESS SCALE SCORES

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Negative Parenting Experiences</th>
<th>Positive Parenting Experiences</th>
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<tbody>
<tr>
<td></td>
<td>Mean (n = 11)</td>
<td>Mean (n = 11)</td>
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<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
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<tr>
<td>I sometimes worry whether I am doing enough for my children.</td>
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<tr>
<td>I feel overwhelmed by the responsibility of being a parent.</td>
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<tr>
<td>Having children leaves little time and flexibility in my life.</td>
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<tr>
<td>Having children has been less stressful to me.</td>
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<tr>
<td>I think of the way my children might change the way I respond to stressful situations.</td>
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<tr>
<td>Having children gives me a more certain and optimistic view for the future.</td>
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<tr>
<td>I know how to be a more nurturant and responsive parent.</td>
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<td>Having children means more responsibility for my future.</td>
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</table>

Note:Narrative data from all PSS scores from participants pre- and post-intervention.

- Individual PSS questions were analyzed using the Wilcoxon Signed-Rank Test with Vargha and Delaney (4) used to calculate effect sizes (ES) of small (0.56), medium (0.64), and large (0.71).
- Only one question had statistically significant improvement in the score (“If I had it to do over again, I might decide not to have children” (p = 0.46), but did not show a clinically significant effect size (I = 0.32).
- While not statistically significant, ten questions had a large effect size (p > 0.05, I ≥ 0.71).
- A larger sample size is likely needed to show increased statistical significance.

OVERALL MINDFULNESS USAGE

INDIVIDUAL MINDFULNESS USAGE

CONCLUSIONS

Objective 1: There was a 10% decrease in the pre-and post-intervention PSS overall group scores.

Objective 2: There was a 16.4% of participants reported intending to use mindfulness on a daily basis.

CONCLUSION

While not an objective of the study, it should be noted that there was a very large, statistically significant increase in the overall use of mindfulness in participants between baseline and post-intervention (p = 0.007, d = 1.73).

Stakeholder Recommendations: Incorporating parents support groups should be considered as a valuable service to offer parents of CSHCN and CMC.

REFERENCES


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