Implementing a mindfulness-based peer support curriculum with the reentry population in Solano County, CA: Lessons Learned

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Introduction

Past studies show that mindfulness, or the practice of cultivating inner resources to manage stress, pain, and illness, is a promising tool for incarcerated populations to improve health outcomes (1-4). Few studies have looked at the impact it can have in improving health outcomes among the reentry population. The goal of this study was to implement a mindfulness-based peer support curriculum through two community-based organizations serving the reentry population in Solano County: the Transitions Clinic and House of Acts Substance Abuse treatment center. This 10-course curriculum was derived in part from the Prison Mindfulness Institute program (5) and was implemented through an academic-clinical partnership between Touro University California and the Transitions Clinic.

Objectives

This project aims to:

1. Reduce stress as measured by the Perceived Stress Scale and qualitative feedback forms following participation in the mindfulness-based peer support curriculum.
2. Explore the barriers of developing a mindfulness-based peer support curriculum with the re-entry population in Solano County.
3. Build community between the reentry population and community health organizations in Solano County
4. Create a space of understanding, peace, and acceptance for reentry individuals and foster mentorship

Methods

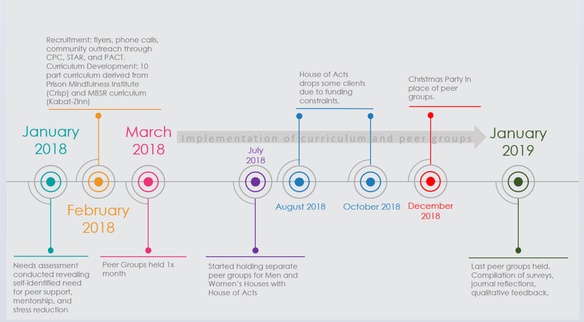
Community Organizations:

- The Transitions Clinic at La Clinica de la Raza in North Vallejo is part of the larger Transitions Clinic Network providing primary care to formerly incarcerated individuals suffering from chronic disease.
- The House of Acts Substance Abuse treatment center is a sober living program serving formerly incarcerated men and women who suffer from substance abuse disorder.

We offered snacks and raffle prizes as incentives at both locations.

Evaluation Methods: Qualitative feedback surveys were administered after every peer group. Journaling done by the first author was also conducted following each group. Perceived Stress Scales (6) were used to assess baseline stress levels of the reentry population at these two locations.

Implementation Timeline

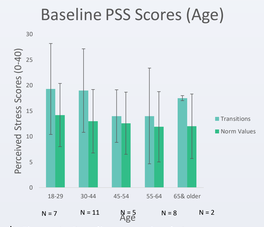


Curriculum Development

Themes:	Peer Group Framework:
Nutrition	5 minutes: Raffle prizes, food, introductions
Mindful Communication	5 minutes: Check-in, ground rules, pledge of confidentiality
Technology	10 minutes: gentle stretching, guided mindful movement
Meditation	20 minutes: guided meditation
Personal Fitness	5 minutes: Reflections and feedback
Trauma	15 minutes: short talk on theme of the month
Self-love	30 minutes: Group discussion
Empathy	5 minutes: Final Check-in, raffle prize

*Themes were identified by participants during the first group meeting

Preliminary Results



▲ Figure 1. Baseline perceived stress scores.

Table 1. Participant attendance

	Total	Transitions Clinic	House of Acts Men's House	House of Acts Women's house
# of Groups	26	10	10	6
Average # of Groups Attended	2.54 (0.27)	2.2 (0.65)	3.0 (0.41)	1.7 (0.24)
# of Clients Reached	55	10	31	14

Successes

Stress reduction

> *"My mind was calm and I felt less self-conscious and reassured."*

After individual group sessions, participants reported feeling more calm and supported. At the House of Acts, clients requested more frequent sessions (twice per month, once per week)

> *"I really needed to get out of my head today and this was great."*

Community Building

Outreach through a CHW was invaluable in building trust between the clients, the clinic, House of Acts, and the support groups. Holding groups at both the clinic and at House of Acts was an effective way of connecting two community organizations. Though recruitment was low at the Transitions Clinic, we were able to connect our two consistent attendees as mentors with other Transitions clinic clients outside of the group.

▲ Transitions Peer Group Christmas party..

Challenges

Recruitment: Barriers included: lack of regular contact with potential clients, separation of group venue from medical appointment office, contacting potential clients between medical appointments, structural barriers (i.e. transportation, housing, etc).

Curriculum Development: Due to issues surrounding recruitment, retention, and differing start points, groups were modified to center around a theme with discussion and review of mindful techniques from previous sessions.

Data Collection: Reconnecting with clients proved difficult as most phone numbers and addresses were no longer current. At the Transitions Clinic, with clients entering the curriculum at different stages and not consistently returning, any stress scores reported could not be used as an indicator of the curriculum or peer support

Lessons Learned

- Building relationships with other community organizations frequently utilized by reentry can be important resources for future outreach. This includes touchpoints such as local parishes, the county workforce development board, or community centers that do not directly target reentry, but are organizations that often support individuals as they reenter communities.
- Working with a community-based organization like House of Acts that provides housing and a pre-established schedule made it easier to implement a multi-part curriculum.
- Because of exposure during incarceration to mindfulness we found acceptance and desire for these tools during reentry. The familiarity with mindfulness created a knowledge base that connected well with the intention of the curriculum and was generally well received.
- Outcomes of individual group sessions lack longitudinal data due to issues around retention. We can explore process evaluation methods that assess individual sessions as well as 10 month curriculum to understand impact on health and well-being.

A multitude of structural barriers made accessing this population without a frequently trafficked central location difficult. Regardless of the challenges, the framework set down by community-based organizations can be a useful infrastructure in implementing a curriculum of this kind.

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