

Integrative Review of the Relationship Between Mindfulness-Based Parenting Interventions and Depression Symptoms in Parents

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Q6

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ABSTRACT

Objective: To synthesize the research findings about the relationship between mindfulness-based parenting interventions and symptoms of depression in parents.

Data Sources: The terms *mindfulness*, *parent* or *mother*, and *depression* were used to search PubMed, the Cumulative Index for Nursing and Allied Health Literature (CINAHL), Scopus, and OVID databases. A limitation was not set for date of publication. Q1

Study Selection: The database searches resulted in 198 articles for abstract review, 7 of which remained after the application of inclusion and exclusion criteria. Three randomized controlled trials and four descriptive studies were included in the review. Three studies included mothers as the only participants; the other studies included a small to moderate percentage of fathers.

Data Extraction: Studies were reviewed for findings relevant to the relationship between mindfulness-based parenting interventions and symptoms of depression in parents according to their respective research designs.

Data Synthesis: Analysis of the randomized controlled trials showed that mindfulness-based parenting interventions had significant positive treatment effects on symptoms of depression. Analysis of the descriptive studies showed significant inverse associations between mindfulness and depression scores. Although findings were consistent across the studies, the studies varied significantly in participant characteristics, intervention frequency and duration, and measurement tools.

Conclusion: Further research is recommended with regard to the use of mindfulness-based parenting interventions to influence symptoms of depression in diverse populations. Samples of parents with culturally, economically, or racially diverse backgrounds have not been well-studied in relation to mindfulness-based parenting. Consistent use of frameworks, intervention types, and measurement tools across studies will strengthen the body of evidence.

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Depression affects an estimated 350 million people worldwide and occurs in individuals of all ages (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012). Currently the fourth leading cause of disability globally, depression is expected to become the second leading cause of disability by 2020 (Kessler & Bromet, 2013). Depression is common in women who are mothers, and it is estimated that 10% to 40% of mothers experience depression while raising young children (Kessler & Bromet, 2013). Overall, depression puts parents at risk for low parental functioning through limited communication, decreased bonding, and negative emotional affect (Borelli, Luthar, & Suchman, 2010; Holbrook

& Kaltenbach, 2012; Suchman, McMahon, Slade, & Luthar, 2005). A diagnosis of depression in a parent is recognized as a clear predictor of a child's developmental behaviors and the child's long-term mental health (Kerker et al., 2016; McCue Horwitz, Briggs-Gowan, Storfer-Isser, & Carter, 2007). Therefore, it is essential that effective interventions to treat depression are investigated. Q4

Management of depression typically includes pharmacotherapy, psychotherapy, or a combination of both treatments. Treatment is often focused on symptom management with little therapeutic integration into family systems and Q2 Q3

Symptoms of depression in parents affect the health and well-being of the entire family.

life experiences. To provide holistic treatment of depression, some mental health practitioners have implemented mindfulness programs specifically targeted toward parents (Donegan, 2015). Mindfulness practice encompasses “improved self-observation that promotes better coping skills” (Townshend, Jordan, Stephenson, & Tsey, 2016, p. 185). Mindfulness interventions take several forms in published research, and the most empirically tested are mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT). Mindfulness interventions in the general population were as effective as anti-depressant medication and were effective to prevent recurrence of depression and reduce symptoms of depression (Hofmann, Sawyer, Witt, & Oh, 2010; Kuyken et al., 2008, 2016).

Mindfulness-based parenting (MBP) approaches can be implemented with parents to improve a variety of outcomes for the entire family (Duncan, Coatsworth, & Greenberg, 2009). Although MBP can lead to a mentally and physically healthier parent, the primary purpose is to improve the relationship between the parent and the child. Duncan et al. (2009) conceptualized MBP to include five basic tenets: listening with full attention, nonjudgmental acceptance of self and child, emotional awareness of self and child, self-regulation, and compassion for self and child.

In consideration of the potential effects for parents, MBP is poised to be a useful tool to address depression. Nurses are known to practice and teach mindfulness strategies targeted toward a variety of populations from schoolchildren to older adults (Pipe et al., 2009). Thus, the aim of this integrative review was to synthesize extant research findings about the relationship between MBP and symptoms of depression by answering the following questions: What research exists regarding MBP interventions and symptoms of depression in parents? What are the effects of MBP interventions on symptoms of depression in parents? What mechanisms within MBP interventions affect symptoms of depression in parents?

Methods

Data Sources

The process outlined by Whitemore and Knaf (2005) was used to answer the research

questions and organize the results. Published research studies in which researchers addressed MBP interventions and symptoms of depression in parents were identified, and their findings were synthesized according to their respective research designs. The terms *mindfulness*, *parent* or *mother*, and *depression* were used to search PubMed, the Cumulative Index for Nursing and Allied Health Literature (CINAHL), Scopus, and PsycInfo/OVID databases; publication dates were not restricted. To limit the results to the intersection of mindfulness and parenting specifically, the following terms were excluded with the Boolean operator NOT: *childbirth*, *prenatal*, and *adolescent*. Duplicates were removed across the databases.

Study Selection

The initial search resulted in the location of 198 articles, and articles were retained if they met the following inclusion criteria: use of a mindfulness intervention with parents; use of a tool to evaluate symptoms of parental depression; and publication in a peer-reviewed, English-language journal. Studies were excluded if there were no inclusionary criteria present or if they were solely qualitative, a program description, or a review article that did not examine the relationship between MBP intervention and depression outcomes. The selection of articles, from the initial search and through the application of inclusion and exclusion criteria, is portrayed in Figure 1. Seven articles met inclusion criteria: three randomized controlled trials (RCTs) and four descriptive cross-sectional studies. A detailed description of the studies categorized according to their research designs is provided in Supplemental Table S1.

Quality was assessed for the seven studies with the use of the critical appraisal tools from the Joanna Briggs Institute (JBI; 2017). The tools included 8 to 13 items on which to evaluate the quality of a study according to research design. To critique the experimental studies, I used the JBI Critical Appraisal Checklist for RCTs. The tool consists of 13 items regarding methodology, baseline characteristics, outcome measures, and the validity and reliability of the statistical analysis, with possible scores ranging from 0 to 13. The total quality score is additive of all affirmative answers to the 13 items. To critique the descriptive studies, I used the JBI Critical Appraisal Checklist for cross-sectional studies. This tool consists of eight items regarding sample selection, measurement validity, confounding factors,

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