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An Innovative Approach to Preventing Depression: Examining the Experiences of Mothers and Daughters Who Participate in the Cities Mother-Daughter Project

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An Innovative Approach to Preventing Depression: Examining the Experiences of Mothers and

Daughters Who Participate in the Cities Mother-Daughter Project

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VITA

The author was born in the Bronx, New York, on April 7, 1988. She graduated from

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INTRODUCTION

African-American girls living in urban poverty are at an increased risk for developing

depression due to a wide variety of factors that include chronic poverty, stressful life events,

exposure to violence, and ineffective coping strategies (Barreto & McManus, 1997; Freeman,

Mokros, & Pozanski, 1993; Hammack, Robinson, Crawford. & Li, 2004). Despite being at an

increased risk for developing depression, African-American girls who live in the context of

urban poverty are less like to receive mental health services when compared to their European

American peers (Grant et al., 2004; Keenan, Hipwell, Hinze, Babinski, 2009). To address the

need for depression prevention programs aimed at African-American girls living in the context

of urban poverty, the Cities Mother- Daughter Project was created. Results of an initial study

looking at the feasibility and acceptability of the intervention found that group participants had

favorable attitudes toward the project (Duffy, Brown, Katsonga-Phiri, Bouris, Grant, Keenan,

2016). However, there are currently no studies that describe the experiences of individuals who

participated in the intervention. As a result, there is a need to examine the experiences of

individuals in the Cities Mother-Daughter Project in order to further examine the impact,

feasibility, and acceptability of the intervention.

Understanding Depression

The American Psychiatric Association defines major depressive disorder as a mood

disorder characterized by a depressed mood or a loss of interest in desirable activities lasting

more than two weeks. In order to meet criteria for major depressive disorder an individual must

experience at least five of the following nine symptoms: a depressed mood all day nearly every

day, diminished interest in activities of daily living, significant weight loss or gain, insomnia and

hypersomnia, a drastic change in activity level characterized by psychomotor agitation or

retardation, fatigue or loss of energy, excessive feelings of inappropriate guilt or worthlessness, diminished concentration, and thoughts of death or suicide. Symptoms of depression must be accompanied by social, occupational, and/or educational impairment. Lastly, symptoms of depression must not be a result of grief or substance abuse, and an individual must not meet criteria for a mixed depressive episode, in which the individual experiences symptoms of depression and mania (American Psychiatric Association, 2013).

Depressive disorders are the most common mental health disorders among adolescents. It has been estimated that the prevalence of depression among adolescents ranges from 14-20% (Feng et al., 2009; Keenan, Hipwell, 2005). As a result, depression has been characterized as a critical health concern during the developmental period of adolescence (Hammack et al., 2004). The prevalence of depression among African-American youth has been reported to be high and it has been found that African-American adolescents report experiencing higher rates of depressed mood than their European-American counterparts (Hammack et al., 2004). Adolescents who meet criteria for depression, experience higher levels of social withdrawal, irritability, anger, sensitivity to rejection, somatic complaints, vocal outburst, and crying. In addition, adolescents diagnosed with depression have more difficulty concentrating in school and regulating their emotions (Feng et al., 2009). Adolescents who experience an episode of depression are at an increased risk for a wide variety of negative outcomes that include school problems, teenage pregnancy, truancy, other comorbid mental disorders, substance abuse, suicide, and decreased access to resources that promote healthy coping strategies (Cardemil et al., 2007; Hammack et al., 2004; Kessler, Zhao, Blazer, Swartz, 1997).

In addition to the negative symptoms and outcomes associated with depression during adolescence, there is a growing body of research that suggest symptoms of depression during

adolescence are stable over time and predictive of depression during adulthood. Adolescents who experience an episode of depression are 40% more likely to experience another episode within two years and 70% more likely to experience another episode within five years (Favre et al., 2009). In order to effectively prevent the pervasive effects of depression, factors that put individuals at an increased risk for depression must be targeted through preventative interventions. Additionally, the experiences of individuals who participate in preventative interventions must be examined in order to gage whether the factors that put individuals at an increased risk for depression are adequately addressed.

Gender and Depression

When compared to their male counterparts, adolescent girls are at an increased risk for experiencing early symptoms of depression and receiving a diagnosis of a depressive disorder (Cardemil et al., 2007; Grant et al., 2004; Keenan et al., 2008; Kovacs, Delvin, Pollock, Richards, Mukerji, 1997; McCauley et al., 1993). Not only are adolescent girls at an increased risk for depression, depressive disorders are among the most common disorders for adult women between the ages of 15 and 44 (Keenan et al., 2008). Given the early emergence of depressive symptoms in adolescent girls, the prevention of depression is important, specifically among those at an increased risk for depression.

Adolescent girls experience higher rates, and longer, and more severe episodes of depression when compared to their male peers, putting them at an increased risk for future episodes of depression throughout adolescence and into adulthood (Cardemil et al.,2007; Grant et al., 2004; Keenan et al., 2008; Kovacs et al, 1997; McCauley et al., 1993). Sex differences in depression emerge during adolescence and are found among different ethnic groups, and in both high risk and community samples (Keenan & Hipwell, 2005). In a study that looked at

depressive symptoms among girls, it was found that participants who reported one or more symptoms of depression at nine years old continued to report symptoms of depression at the ages of ten and eleven. Symptoms of depression between the ages of nine and eleven were predictive of depressive disorders two years later (Keenan et al., 2008).

Several explanations for the gender differences found in rates of depression have been proposed. For example, due to gender norms, girls are socialized to be sensitive to the needs of others, invest time with their loved ones, and base their self-esteem on their relationships with others (Grant et al., 2004). As a result, adolescent girls are more likely to report being distressed by the stressors of individuals with whom they have significant relationships. African-American girls may be at an increased risk for negative interpersonal stressors, given values of the African-American community that stress the importance of interpersonal connectedness at the community level (Grant et al., 2004).

Differences in coping have also been shown to put girls at an increased risk for depression. Girls are more likely to use ruminative coping strategies that maintain and exacerbate depressive symptoms. In a study that sought to explore gender differences in African-American youth living in urban poverty, African-American girls reported higher rates of depression and ruminative coping (Grant et al., 2004). There is research that suggests adolescent girls can learn the coping skills needed to effectively regulate their emotions during childhood, which may prevent early symptoms of depression (Feng et al., 2009). Given the rates of depression among African-American girls who live in poverty, in addition to the factors that put them at an increased risk for experiencing ongoing symptoms of depression, there is a need for an intervention aimed at preventing depression in this population. Additionally, given the subjective experiences of African-American youth diagnosed with depression it is crucial to examine the

experiences of African-American girls who participate in interventions aimed at preventing depression in order to meet the needs of this population.

Risk Factors for Developing Depression for African-American Girls

African-American girls living in urban poverty are more likely to develop depression and less likely to receive mental health services than European-American girls (Grant et al., 2004; Keenan, Hipwell, Hinze, Babinski, 2009). Poverty, stressful life events, and differences in coping put African-American children and adolescents living in urban poverty at an increased risk for developing depression (Barreto & McManus, 1997; Freeman, Mokros, & Pozanski, 1993; Garber, 2006; Hammack, Robinson, Crawford. Li, 2004). Additionally, African-American youth and their caregivers have been found to be less knowledgeable about treatments specific to depression, which is predictive of a decreased willingness to seek out services (Chandra et al., 2009). As a result, African-American youth are at greater risk for the negative outcomes that have been associated with depression (Pastor et al., 2004).

Barriers to Service

African-American children and adolescents who live in persistent poverty also experience significant socio-economic disparities that make it difficult for them to access adequate mental health services. Access to mental health services for African-American youth who live in poverty is very often limited and services are often of poor quality (Cardemil, Reivich, Seligman, 2002). In addition, African-American families report several barriers to accessing mental health services that include mistrust of mental health care providers and lack of financial resources (Thompson, Bazile, Akbar, 2004). Youth who live in chronic poverty are more likely to experience stressful life events, neighborhood violence, poor living conditions, and a lack of community resources, all of which put them at a greater risk for psychological

distress, specifically symptoms of depression (Cardemil et al.,2007; Grant et al., 2004; McLeod, Nonnemaker, 2000). Poverty has become concentrated in urban neighborhoods that are very often predominately occupied by African-Americans, consequently African-American children and adolescents are at an increased risk for experiencing the negative outcomes of poverty, which very often include a series of stressful life events (McLeod, Nonnemaker, 2000; McLoyd, 1998).

During the developmental period of adolescence, exposure to stressful life events increases. As a result, effective coping strategies become increasingly important (Gaylord-Harden et al., 2008). Coping has been defined as the "conscious, volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful life events or circumstances" (Compas, Connor, Saltzman, Thomsen, Wadsworth, 2001). The use of active coping strategies such as distraction and support-seeking have been found to be associated with positive outcomes for youth (Gaylord-Harden., Gipson, Mance, Grant, 2008). Ineffective coping strategies such as poor problem solving and rumination have been shown to exacerbate symptoms of depression (David-Fedon & Kaslow, 2008). As a result of limited access to mental health care, high rates for depression, and the need for effective coping strategies, there is an increasing need for depression prevention programs targeted at vulnerable populations; specifically, African-American girls living in urban poverty. There is also a need to provide opportunities for individuals who participate in these interventions to share their experiences given the negative risk factors associated depression.

Experiences of African-American Youth with Depression

In order to effectively examine the experiences of African-American girls who participate in a depression prevention program, is important to first understand the unique experiences of

African-American youth with depression. Qualitative methods have been used to examine

depression in African-American inner city youth. In order to examine the cultural variances and

psychosocial influences on the presentation of depression in African-American youth a

qualitative study using phenomenological methodology (Ofonedu, Percy, Harris-Brit, Belcher,

2012) examined the subjective experiences of depression in inner city African-American Youth.

The study consisted of ten African-American adolescents who met diagnostic criteria for

depression. When describing their experiences with depression African-American youth used

metaphors and other descriptive language such as "being dead while still alive." They also

attributed their depression to negative life events and experiences at home, school, and within the

community. Adolescents shared that feeling criticized and intimidated at school and within the

community, as well as high levels of violent crimes in their neighbored led to feelings of

depression. Youth in the study described changes to their sense of self and struggles to preserve

their sense of self when discussing their experiences with depression. When sharing how they

coped with depression, youth in the study shared that they found anger, self-initiated withdrawal,

isolation, and aggression helpful in coping with depression. Lastly, adolescents shared what they

did to heal their depression and described their fear of relapsing. Adolescents noted that

additional support from their family, friends, and teachers was beneficial. They described

professional helpers as supportive, but highlighted the need for autonomy when coping with

depression. As a result, researchers recommended that mental health professionals encourage a

stronger sense of connectedness among family members, peers, and the community. Based on

themes that emerged from the experiences of inner city African-American youth living with

depression it was suggested that prevention and intervention strategies for depression should

consider the psychological impact of depression using contextual examples and individual

coping styles. Given the unique experiences described by African-American youth in the study it may beneficial to explore the experiences of youth who participate in recommended interventions, in order to assess whether they address the needs expressed by youth in prior research.

In another qualitative study examining the experiences of African-American adolescents who met criteria for depression (Breland-Noble, Buriss, Poole, 2011) adolescents were unable to label their symptoms of depression, were hesitant to label their peers as depressed, and identified significant gender differences in the manifestation of depression, with girls favoring internalizing behaviors. Findings of the study suggest that it is important to develop intervention programs that are culturally specific. The subjective experiences of African-American youth living with depression suggest that it is crucial to continue to examine how African-American youth experience depression interventions.

Coping with Depression

In order to cope with chronic stressors, African-American youth living in urban poverty may benefit from developing active coping strategies as a means of combating the effects of chronic poverty (Gaylord-Harden et al., 2008). However, research suggests that in the context of urban poverty youth may not benefit from being taught active coping skills, unless the skills are supported by a relationship with a caring and supportive adult (Grant et al., 2009). Furthermore, as a result of the various stressors associated with living in urban poverty, adults who live in chronic poverty are at an increased risk for anxiety, depression, and other mental health concerns, which makes it difficult for them to attend to the emotional needs of youth living in similar conditions (McLeod, Nonnemaker, 2000). Additionally, the effects of chronic poverty coupled with stressful life events make it less likely for youth to form positive relationships with

adults (McLeod, Nonnemakeer, 2000). Therefore, it is critical to provide these youth with the opportunity to strengthen positive relationships with caring and supportive adults in the context of the parent-child relationship.

The parent-child relationship has been identified as a protective factor for emotional difficulties during adolescence. Higher parental attachment has been associated with lower rates of internalizing symptoms during adolescence (Gaylord-Harden, Taylor, Campbell, Kesselring, Grant, 2009). In a recent study that sought to examine the association between maternal attachment and depressive symptoms in adolescents living in urban poverty, it was concluded that maternal attachment was a strong predictor of positive coping strategies for adolescents between the ages of ten and sixteen living in urban poverty (Gaylord-Harden et al., 2009). In a qualitative study that explored the relationship between mothers and their adult daughters, participants discussed the importance of emotional support in the context of their relationship. Daughters highlighted the importance of receiving emotional support from their mothers throughout various stages of their development (Bojczyk, Lehan, McWey, Melson, Kaufman, 2011). These findings support teaching coping strategies intended to prevent depression in the context of the mother daughter relationship. Qualitative findings also support the need for exploring the experiences of mother and daughters who participate in interventions aimed at teaching coping strategies in the context of the mother daughter relationship, in order to fully understand the benefits of teaching skills within this context.

Depression Prevention Programs

There is a growing body of research focused on the prevention of depression in youth (Garber, 2008; Stice, Shaw, Bohon, Marti, Rohde, 2009). Some depression prevention programs have been found to significantly reduce the risk of developing depressive symptoms among

youth (Compas, 2009; Garber et al., 2009; Horowitz & Garber, 2006). Despite the needs of African-American youth living in urban poverty, research focused on preventing depression has primarily focused on middle-class Caucasian children (Cardemil et al., 2002; Cardemil et al.,2007) and there are no studies that examine the experiences of individuals who participant in these interventions. Given their risk, researchers have identified the need to develop depression prevention programs that are effective for low income ethnic minority youth (Saulsberry, Corden, Taylor-Crawford, Johnson, Froemel, Van Voorhees, 2013). Existing depression prevention programs have not been found to be consistently efficacious for this population (Garber, 2008). For example, The Penn Resiliency Program (PRP) is a well-established depression prevention program that was tailored and administered to low income ethnic minority children. The program sought to teach African-American and Latino middle school students at risk for depression, cognitive and social problem solving skills. A study looking at the outcomes of this prevention program found that there were no positive benefits for African-American children who received the intervention (Cardemil et al., 2002; Cardemil et al., 2007). Limited research specific to depression prevention programs for ethnic minority youth support the need for more programs specific to the prevention of depression in ethnic minority youth, specifically those who live in chronic poverty.

Existing depression prevention programs are based on theoretical approaches to the prevention of depression that may not be effective for African- American girls who live in urban poverty. For instance, it has been suggested that effectively treating symptoms of anxiety during childhood can prevent depression during adulthood (Flannery-Schroeder, 2006), however there is research that concludes that early depressive symptoms are predictive of depressive disorders in African-American girls, not early symptoms of anxiety (Keenan et al., 2009). In a study that

sought to treat depression by focusing on self-regulatory responses to negative emotion that have been found to be maladaptive for individuals with depression, Kovacs (2006) found that helping children become more skilled in regulating their emotions successfully treats depression (Kovacs, 2006). There is research that suggest that the inhibition of negative emotion is associated with depressive symptoms in African- American girls (Keenan, Hipwell, Hinze, & Babinski, 2009).

A meta-analytic review (Stice et al., 2009) of thirty-two depression prevention programs for children and adolescents found that prevention programs targeted at youth, at an increased risk for developing depression, were more efficacious than universal depression prevention programs post treatment and at follow-up. As a result of these findings, Stice and colleagues suggest that the development of universal depression prevention programs be discontinued and called for prevention programs that target youth at greater risk for developing depression. Depression prevention programs with samples containing more youth from ethnic minority groups were found to be more efficacious, given that ethnic minority youth are at an increased risk for depression and preventative effects are typically larger for high risk samples. However, the meta-analysis only included two studies that specifically looked at the effects of depression prevention programs for ethnic minority youth. One study sample consisted of Chinese adolescents (Yu & Seligman, 2002), and results of the study showed that Chinese youth who participated in a depression prevention program, showed significantly fewer depressive symptoms at a three and six month follow up when compared to their peers who did not participate in the group intervention. The previously mentioned Cardemil et al., 2007 study included Latino and African-American middle school children, and found that the prevention program was not effective for African-American participants. Furthermore, the meta-analysis

failed to identity the ethnic minority groups included in their analyses, and the heterogeneity of ethnic minority groups makes it difficult to generalize findings to specific ethnic minority populations. In addition, the meta-analysis did not examine the effects of socio-economic status despite research that suggests ethnic minority youth who live in chronic poverty are at an increased risk for depression. Research is needed on depression prevention programs that seek to prevent depression in low-income ethnic minority populations.

The meta-analytic review also concluded that depression prevention programs that were delivered to samples that contained more female participants were found to be more effective post intervention and at follow up. It was suggested that prevention programs delivered in female-only groups may be more efficacious as a result of evidence that suggests that adolescent girls are more likely to discuss issues that influence their mood when in female-only groups (Stice et al., 2009). In addition, shorter prevention programs were found to be significantly more effective than programs delivered over longer periods of time (Stice et al., 2009). These findings support the need for time limited depression prevention programs, targeted at girls who are at risk for developing depression. Other than the Cardemil et al., 2007 study, there are no other programs that seek to prevent depression in low income ethnic minority groups, specifically African-American youth. Additionally, there are currently no studies that qualitatively studies that examine the experience of low income ethnic minority youth who participate in programs aimed at preventing depression.

Depression prevention research would benefit from studies that seek to prevent depression in low-income African-American populations. More specifically, despite what is known about the risk factors associated with depression for females and the effectiveness of female only groups, there are currently no research studies that seek to prevent depression in

adolescent African-American girls living in urban poverty. Therefore, the field would benefit

from depression prevention programs aimed at low income African-American girls, and

additional studies that examine the experience of girls who participate in these interventions.

An Innovative Approach to Preventing Depression

In an effort to address the need for a relevant program aimed at reducing early emerging

symptoms of depression during the preadolescent stage, the Cities Mother-Daughter Project was

created. The culturally relevant depression prevention intervention aims to address ecological

risk factors that put African-American girls at an increased risk for developing depression,

through several targeted domains that demonstrated associations with depressive symptoms in

prior research that included a substantial representation of African American girls. These

targeted domains include:

 "1) health and wellness (Grant, Katz, Thomas, et al., 2004), 2) emotion expression/

regulation (Keenan, Hipwell, Feng, et al., 2009; Keenan, Hipwell, Hinze, et al., 2009), 3)

confident communication (Keenan, Hipwell, Feng, et al., 2010), positive emotionality

(Feng, Keenan, Hipwell, et al., 2009), negative automatic thoughts/ attributions

(Cardemil, O'Donnell, Esposito-Smythers, et al., 2014; Carter, Legato, Meyerson, et al.,

2015; Thurm, Carlson, Lyons, et al., 2014), problem solving/ coping (Gaylord-Harden,

Taylor, Campbell, et al., 2009; Grant, Katz, Thomas, et al., 2004), and dyadic

connectedness (Gaylord-Harden, Taylor, Campbell, et al., 2009; Grant, McCormick,

Poindexter, et al., 2005)" (Duffy et al., 2015).

Additionally, the program seeks to equip mothers with the skills needed to deliver the

intervention to their daughters in an effort to increase their daughter's ability to be successful at

incorporating skills learned in group into their daily lives. The Cities Mother Daughter

intervention consists of eight group sessions that are 90 minutes long. During each session,

participants share a family style meal that encourages group socialization and bonding. Separate

mother and daughter groups are then conducted by group facilitators during which new

cognitive-behavioral skills are introduced and practiced. Mothers and daughters are then given

the opportunity to practice newly learned skills, during which mothers serve as their daughter's

coach, and are provided with assistance from a group facilitator as needed.

Prior to the implementation of the intervention, a focus group with four mother-daughter

dyads was conducted to assess the usefulness of each targeted domain. Mothers and daughters

were asked to provide feedback on the usefulness of targeted domains. A content analysis

revealed that participants thought all targeted domains could be useful and expressed satisfaction

and approval of targeted domains. A second focus group was conducted with twelve mothers and

daughters to assess the cultural and contextual relevance and acceptability of the intervention.

Four themes emerged from group participants; 1) the relevant and realistic appeal of manual

material usefulness of skills 2) the age appropriateness of material 3) the need for Mother-

Daughter group 4) the potential to strengthen the mother daughter relationship. Participants

expressed that the manual was relevant to their everyday life and expressed ways in which they

could apply skills learned in the manual. Participants expressed that the intervention provided a

needed space for open dialogue between mothers and daughters. Participants also highlighted the

importance of a group format that included the dyadic and separate mother-only and daughter-

only groups. Overall, participants were pleased with the content of the manual. However,

participants expressed concerns regarding the age appropriateness of material. Specifically,

participants suggested that a specific scenario and role-play having to do with physical advances

from boys be removed from the manual. Appropriate changes were made to the intervention.

Lastly, participants expressed that the group intervention had the potential to strengthen the

mother daughter relationship by encouraging them to focus on the importance of the mother-daughter relationship.

Session 1: Meet and Greet and Health

The purpose of the first group session is to give group participants the opportunity to become familiar with group facilitators, the format of the group, and other group participants. During this session, mothers are taught about depression and the negative effects that depression can have on adolescent girls. Group participants are then given more information about the purpose of the group. During this session, mothers and daughters are given journals and asked to sign contracts stating that they are open to making an effort to spending quality time with each other outside of group sessions. Dyads are encouraged to think about ways in which they can spend time with each other consistently. Group participants are encouraged to continue to spend time with each other and to share their experiences with other group participants during each group session. Participants then take an active role in establishing group rules and guidelines. Group facilitators are given the opportunity to complete any necessary paperwork. During this session, the importance of a healthy lifestyle is highlighted. Mothers and daughters learn and discuss the importance of engaging in physical activity, as well as creating and maintaining healthy sleeping and eating habits.

Session 2: Emotional Expression

During the second session, group participants learn about the importance of identifying and expressing their feelings. This session is supported by research indicating that the suppression of negative emotions is a risk factor for the development of depression in adolescent girls (Keenan & Hipwell, 2005; Keenan et al., 2009). Mothers learn and discuss the importance of encouraging their daughters to express their emotions and learn ways in which they can

encourage their daughters to become more emotionally expressive. Mothers are encouraged to help facilitate their daughters' expression of negative emotion through active listening. During this session, daughters are taught the importance of expressing their emotions and the various ways in which they can appropriately express their emotions, specifically their negative emotions. Lastly, daughters are given the opportunity to practice emotional expression with their mothers, while mothers are encouraged to use their active listening skills in order to effectively facilitate their daughter's use of emotional expression.

Session 3: Assertiveness

There is existing research supporting the development of assertiveness skills in the treatment of depression in adolescent girls. In a study that used the diathesis stress model to look at the relationship between negative peer interactions and depression in preadolescent girls, it was found that participants who identified themselves as unassertive and who also reported high levels of negative interactions with peers, had twice as many depressive symptoms at a two year follow up than girls who expressed only negative experiences with their peers, or only lack of assertiveness (Keenan et al., 2010). The purpose of the third session is for participants to learn the importance of being confident in communication. Daughters are taught respectful ways to negotiate with their mothers, while mothers are taught ways to encourage their daughters to communicate confidently through the use of their body language, words, and tone. During this session, mothers are given the opportunity to reflect on times in their lives when they have been assertive. Negative interactions with peers has been significantly associated with depression, specifically for girls (Brunsten Klomek, Marrocco, Klienman, Schonfels, & Gould, 2007; Panak & Garber, 1992). As a result, daughters are taught the importance of being assertive when communicating with friends, advocating for themselves, asking for things they need or want, or

when standing up for their beliefs and values; and given the opportunity to practice their assertiveness skills within the daughter group. During dyadic tasks, mothers and daughters participate in role plays focused on having girls practice assertiveness through eye contact, tone, and posture.

Session 4: Savoring

There is a large body of research that shows that individuals who are depressed recall a disproportionate number of overgeneral memories when compared to individuals who are not depressed (van Vreeswijk, & de Wilde, 2004; Vrielynck, Deplus, & Philippot, 2007). In a study that examined overgeneral autobiographical memory in adolescent girls there was a significant association between overgeneral bias and participants with depressive symptoms (Hipwell, Sapotichne, Klostermann, Battista, & Keenan, 2011). Therefore, teaching girls how to recall memories in a descriptive way may prevent depression. During the fourth session, mothers and daughters learn the importance of savoring positive moments. Mothers and daughters are encouraged to share positive moments with each other through the use of descriptive language in order to re-experience positive experiences and savor those moments.

Session 5: Negative-Automatic Thoughts (NATS)

Sessions up to this session are focused on helping participants build strengths that will make it less likely for them to experience stress. The remaining sessions are supported by research that suggests African-African girls with maladaptive coping strategies are at an increased risk for depression (Grant et al., 2007). Therefore, teaching girls effective coping strategies for managing stressors when they occur is thought to be beneficial in the prevention of depression. The purpose of the fifth session is to encourage participants to take control of their thoughts in situations in which they do not have control. Mothers and daughters are taught ways to change

negative-automatic thoughts into more realistic and positive thoughts that can help them more appropriately manage a stressor.

Session 6: Problem Solving

The purpose of the problem solving session is to give mothers and daughters the tools needed to effectively solve problems over which they have control. Throughout this session, participants are taught that effective problem solving can be beneficial in everyday life. Participants are taught that effective problem solving involves examining alternative choices. Mothers are encouraged to help their daughters discover healthy strategies for responding to stressors, rather than making choices that have the potential to exacerbate problems or create new problems. Mother and daughters are taught that there are four to five components of problem solving, which include identifying a problem, identifying alternative ways to address the problem, choosing an appropriate solution, trying it out, and revising as needed. Mothers and daughters are given the opportunity to use these skills in order to problem solve a current or recent situation.

Session 7: Distraction

During the seventh session, participants are introduced to distraction as a coping skill. Participants are taught to use distraction in situations they cannot control. Mothers and daughters are taught that physical activity, communication with friends and family, watching television, or reading can be appropriate forms of distraction.

Session 8: Putting all the coping together

During this session, mothers and daughters are given the opportunity to review all skills learned throughout the group. Participants are taught that not all coping strategies are useful for all problems. Mothers and daughters are taught the importance of recognizing what coping

strategies are appropriate for specific situations and to learn to use coping strategies in combination. The importance of seeking social support is also emphasized in this session. Lastly, participants also celebrate their accomplishments with other group participants.

The Use of Qualitative Inquiry and Methods

A recent study examined the ease, convenience, and implementation (i.e., feasibility) of the Cities Mother-Daughter Project, by examining the enrollment and retention of group participants. The satisfaction and usability (i.e., acceptability) of the project was also examined, by having group participants complete rating scales about their experience at the end of each session. Study results indicated that the feasibility of the Cities Mother-Daughter project was weak. The weak feasibility of the intervention was thought to be a result of external barriers to treatment such as transportation, concerns regarding safety, and cultural and contextual factors. Rating of acceptability were high among study participants, suggesting that participants benefited from the sessions they did attend, and aspects of the intervention such as family-style dinner were useful and satisfying (Duffy et al., 2016). Another way to further understand the feasibility and acceptability of the Cities Mother-Daughter Project is to explore the experiences of mothers and daughters who participate in the intervention using qualitative inquiry. The purpose of qualitative inquiry within the field of psychology is to capture and understand psychological constructs from the perspectives of participants (Nastasti, Schensul, 2005). Therefore, qualitative inquiry will further explore the behavioral and social components of the Cities Mother-Daughter Project through the thoughts, language, behavior, and perspective of participants, in order to capture elements of the intervention that may have been overlooked, as well as further enhance our understanding of how participants experienced the intervention.

There is an increasing recognition in the field of psychology that qualitative methods can maximize and enhance research findings (Nastasti, Schensul, 2005). In addition, there is a

growing interest in the use of qualitative methods in the evaluation of new interventions that involve social or behavioral processes that are difficult to capture and critically explore with the use of solely quantitative methods (Lewin et al., 2009). As a result, qualitative methods have been used in a wide variety of ways in the development and evaluation of new interventions (Lewin, Glenton, & Oxman, 2009). Qualitative methods have been used in randomized control trails to explore findings, explain differences in the sample, explore the appropriateness of the theory used to develop and implement the intervention and generate further questions or hypotheses (Lewin et al., 2009). Qualitative methods have been especially useful in examining whether interventions are delivered as intended, for exploring responses to the interventions, and for explaining variations in the effectiveness of interventions (Sullivan- Bolyai, Bova, Harper, 2005). Given that the Cities Mother-Daughter Project is a relatively new intervention and qualitative methods were incorporated in the initial development of the intervention (Duffy et al., 2016), it is logical and would be beneficial to continue to use qualitative methods in the continued development of the intervention. Qualitative methods will help to examine whether the intervention addressed the goal of each targeted domain. Qualitative methods will also examine whether the intervention addresses concerns and suggestions raised by mothers and daughters in the initial development of the intervention. Additionally, qualitative methods will examine other benefits of the program and explore parts of the intervention that need to be altered in order to fully meet the needs of participants.

Qualitative methods also provide additional benefits that would be beneficial in understanding the impact of the Cities Mother-Daughter Project. Qualitative research has made unique contributions to the field, specifically, as it relates to culturally diverse populations (Dumka, Gonzales, Wood, Formoso, 1998). Qualitative methods can be used to capture macro-

level historical, institutional, and social processes (Nastasi & Schensul, 2005) that may play a

vital role in the implementation of depression prevention programs aimed at preventing

depression in high risk areas and with high risk populations, and further explain the low

feasibility of the intervention that is thought to be the result of cultural and contextual factors.

Qualitative methods can provide useful information in the development and tailoring of

interventions, specifically among vulnerable populations (Sullivan- Bolyai, Bova, Harper, 2005).

Qualitative methods allow researchers to identify and describe outcomes that may not be

reflected in standardized instruments on an individual, group, or community level. It has been

suggested that qualitative methods play a critical role in identifying and documenting the

adaption of new interventions in a real-life context and identifying the core components of an

intervention that are related to outcomes (Nastasi & Schensul, 2005). Additionally, qualitative

research has made unique contributions to the field, specifically, as it relates to culturally diverse

populations (Dumka, Gonzales, Wood, Formoso, 1998). In one such study researchers sought to

develop a measure of parenting stress to inform the development of family focused interventions

aimed at preventing mental and behavioral problems in ethnically diverse adolescents living in

urban poverty. Through the use of interviews and focus groups researchers used qualitative

methods to gather information from parents about the stressors that impacted their parenting and

get information about parts of an intervention that might be useful. Researchers highlighted how

the finding significantly contributed to the development of the measure and interventions

(Dumka et al.,1998). In a study examining the development of interventions to address health

disparities in vulnerable populations such as individuals with mental illness, elders, the

developmentally disabled, and the poor, authors stress the importance of creating interventions

that promote access and use, interventions that individuals who are the target of the intervention

understand and accept, and lastly interventions that meet the cultural need of participants. One way to do this is through qualitative methods (Sullivan-Boyai, 2005).

Rationale

The increasing prevalence of depression among children and adolescents has made depression a public health concern. As a result of chronic poverty, stressful life events, and ruminative coping strategies African-American girls living in urban poverty are at an increased risk for developing depression. Despite the unique needs of African-American girls who live in urban poverty, there are limited depression prevention programs that have been shown to be effective with this population. As a result, the Cities Mother-Daughter Project was created in order to meet the needs of this population. A recent study examining the feasibility and acceptability of the Cities Mother Daughter Project found that external factors such as lack of transportation, concerns regarding, safety, and other contextual factors contributed to the weak feasibility of the intervention. While ratings of acceptability were high among participants, suggesting mothers and daughters benefited from sessions they participated in (Duffy et al.,2016). One way to further understand the feasibility and acceptability of the intervention is to use qualitative inquiry. Qualitative findings have the potential to help add meaning to aspects of the intervention that significantly impacted the experiences of participants. Additionally, given the usefulness of qualitative methods in the development of new interventions (Sullivan- Bolyai, Bova, Harper, 2005), the use of qualitative inquiry in the current study will aide in determining whether the intervention addressed the goal of each targeted domain by exploring group dynamins, skills learned in group, outcomes, and benefits of the group as expressed by participants.

Overall, the current study seeks to qualitatively examine the experiences of group participants in order to gain a more thorough understanding of group outcomes. Findings from the current study will aide in understanding the low feasibility and high acceptability of the intervention. The current study serves as a follow up to the Duffy et al. paper, by further examining the feasibility and acceptability of the intervention; study findings have implications for the further development of the intervention.

Research Question

Research Question I. What are the experiences of mothers and daughters who participate in a mother daughter group intervention aimed at preventing depression?

METHOD

The current study uses qualitative inquiry and methods to gain an understanding of the experiences of mothers and daughters who participated in the Cities Mother-Daughter Project. Qualitative methods allow researchers to comprehensively examine research questions through a process of attentive and thorough data analysis (Miles &Huberman, 1994). Through the use of descriptions and interpretation, qualitative research methods provide information about the phenomenon of an experience as it occurs (Sousa, 2014). Qualitative research requires the researcher to understand that the experience of each study participant is unique, and the shared experiences of participants are used to understand the overall experience of participants. Qualitative researchers believe that the experiences of participants are best understood through the use of themes and quotes gathered directly from participants (Creswell, 2013).

Philosophical Framework

The current study employed principles of phenomenological qualitative methods to examine the subjective experiences of individuals who participated in the Cities Mother-Daughter project. Phenomenology aims to describe a phenomenon and its meaning to participants by having researchers set aside their pre-exciting ideas and allowing participants to describe a phenomenon exactly how it appears in their consciousness (Thomas & Pollio, 2002; Wertz, 2005). Phenomenology allows researchers to access the subjective experience of individuals who participate in a phenomenon of interest. Participants are studied as subjects who actively and knowingly construct the meaning of their experiences rather than as the object of investigation (Ofenedu, et al., 2013).

Phenomenology was developed by philosopher Edmund Husserl and further developed by Martin Heidegger as a rigorous scientific method used to assist psychological researchers in

the investigation of human experience and behavior (Thomas & Pollio, 2002; Wertz, 2005). Phenomenology is rooted in existentialism which is a philosophy that seeks to understand who we are and how individuals live an authentic life. Existentialism aims to prompt individuals to live in awareness of their freedom and holds individuals responsible for shaping their life situations (Thomas & Pollio, 2002). Phenomenology has made substantial contributions to the field of psychology by providing foundational knowledge in the areas of perception, emotion, behavior, imagination, language, and social processes (Spiegelberg, 1972). Phenomenology was used early in the field of psychology as a protest against dehumanization within the field, and provided theory and research that was reflective of the distinctive character of human behavior and first person experience (Wertz, 2005).

In order to provide direction and focused meaning, phenomenology uses open-ended questions to aide participants in sharing their experience. Participants are asked broad general questions, in order to gain an accurate representation of how they view and experience a phenomenon (Moutakas, 1994). Furthermore, phenomenology seeks to use themes that emerge from the interviews to elicit interest, concern, and understanding (Moutakas, 1994). Additionally, in order to retain the true essence of participant experiences, phenomenology uses descriptions rather than explanations or analyses of data. Descriptions are used in order to keep the phenomenon alive and provide vivid accurate representations of participant experiences. Through the use of descriptions researchers are able to accentuate the meaning, spirit, and nature of the phenomenon (Moustakas, 1994).

The current study aims to understand the experiences of mothers and daughters who participate in a newly developed intervention aimed at preventing depression in adolescent African-American girls living in the context of urban poverty. Principles of phenomenology

aided researchers in understanding the impact of the intervention, by suspending researcher's beliefs about the participants and intervention in order for the experiences of participants to be understood. Through a series of group interviews, mothers and daughters shared their individual experiences as participants in the Cities Mother-Daughter Project. The information gathered from participants were then reduced into themes that accurately represent the nature their overall experience.

Research Participants

Participants in the current study are mothers and daughters who participated in the Cities Mother- Daughter Project and the Duffy et al., study that examined the feasibility and acceptability of the intervention. Participants included 9 mothers and 9 daughters (N=18). In order to be eligible for the study, participants must have participated in the Cities Mother-Daughter Project, for a minimum of one session, thus meeting all demographic eligibility criteria for group participation. In order to be eligible for group participation daughters must have been enrolled in the 3rd, 4th, or 5th grade. In addition, girls must have endorsed one item reflecting low positive, mood, anhedonia, and low motivations. A total of 22 mother-daughter dyads were randomized into the Cities Mother- Daughter Project across 3 cycles. A total of 13 mother-daughter dyads attended two or more sessions of the intervention.

Context

Participants in the current study lived on the north and south side of Chicago, IL, in low-income communities. All daughters in the current study were eligible for free healthcare, due to their families' income level.

Instrument

A semi-structured interview guide developed by the primary researcher was used during group interviews. The interview guide included one question (e.g., Can you tell us about your experience in the Mother-Daughter Group?) that asked participants to discuss their experiences in the group intervention. Participants were asked open-ended follow up questions throughout the interview with the intention of having them expand or elaborate on their responses. The interview protocol included sample follow up questions. The full interview protocol is attached as Appendix A.

Setting

All participants were invited to interview in the location where they participated in the group intervention. Interviews were conducted in a local church and two schools. Participants who were unable to attend scheduled interviews were interviewed at a community mental health clinic located on the North side of Chicago.

Procedure

Recruitment

All participants who completed one or more sessions of the Cites Mother-Daughter Project were asked to participate in the current study. Primary researcher contacted all eligible participants at least three times to engage them in the current study.

Data Collection

At the end of the group intervention, mothers and daughters were invited to participate in a follow up session in order to complete a battery of post-assessment measures and other group related material. Interviews for the current study took place during these sessions. Mothers and daughters who participated in the current study took part in interviews that ranged from 6 minutes to 35 minutes. Six interviews were conducted in the group format. Two interviews were

conducted individually due to scheduling conflicts that made it difficult for participants to

participate in group interviews. Interviews took place 2 weeks to 3 months following the end of

the group intervention. Mothers and Daughters were interviewed separately, to mirror their

experiences group. Interviews were conducted by group facilitators.

Data Preparation

All intervention sessions were video recorded for the purposes assessing fidelity to the

treatment manual and clinical supervision. Interviewers for the current study were also video

recorded to mirror participants experiences in group, however for the purposes on the study only

the audio of each tape was analyzed.   Video recordings of each interview were uploaded to a

secure server immediately following each interview. Video recordings were then initially

transcribed by a research assistant. Reliability checks were then completed on each transcript by

another research assistant, during which the research assistant reviewed and made note of any

discrepancies between initial transcription and video recordings. The primary researcher then

verified reliability transcripts against video recordings to ensure accuracy before data analysis

began. Lastly, transcripts were read in full by the primary researcher and research assistants,

giving the opportunity for researchers to begin the process of understanding the meaning of the

data (Creswell, 2013; Thomas & Pollio, 2002). Transcripts were then uploaded to Dedoose an

online platform used for analyzing qualitative research. All data analysis was performed in

Dedoose.

Bracketing

A phenomenological approach requires that the researcher let go of his or her own

judgments surrounding what he or she believes is the experience of individuals who experience

the phenomenon of interest. Bracketing is a method used in qualitative research to enhance the

rigor and meaningfulness of study findings. Bracketing refers to the process in which researchers identify and discuss the vested interest, personal experiences, assumptions, cultural factors, and hunches that have the potential to influence how the data is interpreted. Bracketing is used to mitigate these influences by "bracketing" and "shelving" influences as much as possible while interpreting data (Fischer, 2009; Tufford & Newman, 2016). Additionally, bracketing facilitates reflection by researchers across various stages of the research process (Tufford & Newman, 2016). In order to temporality set aside their experiences, judgements, and knowledge researchers bracket their knowledge by answering interview questions (Creswell, 2013). This method of reflection provides a coherent, logical, systematic resource for executing data analysis needed to provide accurate and thorough descriptions of phenomenon (Moustakas, 1994).

Given the perspective and role of the researcher in the current study, which will be described in further detail below, it was important for all judgments about the experience of group participants to be suspended. The current study employed bracketing as a technique to enhance data analysis. Prior to transcribing interviews, the primary researcher reflected on her experiences as a Black woman, daughter, and therapist. Additionally, the primary researcher and research assistants participated in bracketing interviews before the data was coded. During these interviews researchers were asked to discuss their experiences with the Cities Mother-Daughter project. During the interviews, researchers described their role on the project, perceptions of the intervention, opinions about the socio-cultural factors that impact study participants, and assumptions about themes that would emerge from the data. To ensure that all perspectives were acknowledged, recorded interviews were viewed, transcribed, and discussed by the research team. The perceptions and roles of all researchers will be discussed below.**Data Analysis**

The primary goal of the data analysis phase was to reduce the data in order to discover the meaning of the phenomenon, which in the current study was the experiences of participants in the Cities Mother -Daughter Project. In order to address the research question, "What are the experiences of mothers and daughters who participate in a mother daughter group intervention aimed at preventing depression?" the systematic method of data analysis supported by Thomas and Pollio (2002) was employed. After transcripts were read in full several times, researchers began to identify reoccurring words and phrases that emerged from the data. Specific statements

and phrases that shed light on the phenomenon were then extracted from the transcripts and meaningful units were assigned to extracted statements and phrases (Miles & Huberman, 1994). For example, the quote "like I said again, I don't really want y'all to go. I wish we could continue this" was assigned the meaningful unit, "mother stating she did not want group to end." Meaningful units were then assigned codes (Miles & Huberman, 1994). For example, the meaningful unit "mother describing desire for continued intervention" was assigned the code "desire for continued intervention." Once codes were assigned to meaningful units, transcripts were reread in a group setting by primary researcher and research assistants. Transcripts were then recoded using initial codes. New meaningful units and codes were assigned to data as deemed appropriate by the research team. Transcripts were reread several times and the process assigning new meaningful units and codes was repeated until the research team agreed all meaningful units were identified and assigned codes. Redundant meaningful units were also eliminated during this process, by identifying similar phrases that were coded under various codes. Similar and repetitive codes were also condensed or eliminated. Discrepancies between research assistants were discussed as a team until a consensus was reached. Mother and daughter transcripts were assigned meaningful units and coded separately to ensure that the experiences of both mothers and daughters were fully captured.

Codes were then grouped into themes, which represent recurring patterns that represent important aspects of the experiences of participants (Thomas & Pollio, 2002). Mother and daughter codes were combined into themes, in order to ensure that themes represented the overall essence of the group experience. For example, codes such as "improvement in the quality of relationship with daughter; mother-daughter relationship change" were grouped into the theme mother-daughter relationship. Themes comprised of codes that identify the same

phenomenon (Coffey & Atkinson, 1996). Each theme was then described in detail, and subthemes were created in order to fully capture all aspects of the theme. Themes and descriptions of themes were created by primary researcher and then revised and finalized with research assistants over a course of several meetings until a conesus about final themes was reached by research assistants.

After themes were created, a textural and structural description of the phenomenon was created (Creswell, 2013). The textural description, included verbatim examples from study participants and provide a thorough description of "what" the participants experienced. The structural description provides a thorough description of "how" the phenomenon was experienced. Lastly, researchers described the "essence" of the experience representing the culminating of the study (Creswell, 2013).

Trustworthiness and Credibility

Several strategies are used by qualitative researchers to ensure the trustworthiness of qualitative findings. In order for researchers to be confident and accurate in their representation of a phenomenon several steps can be taken to ensure credibility. These steps include but are not limited to the use of appropriate research methods, member checks, examination of previous research findings, frequent debriefing sessions, and peer scrutiny of research project (Shenton, 2004). Various strategies were employed to ensure the ensure the trustworthiness and credibility of the current study. All codes were identified and discussed by primary researcher and research assistants in a group setting allowing for disagreements and discrepancies in the interpretation of data to be discussed before final codes were assigned to data. Themes and descriptions of themes were created by primary researcher and then revised and finalized with

research assistants over a course of several meetings. To ensure that participants voices were accurately represented the primary research provided research team with drafts of results sections of the current study. Research assistants were asked to review and provide feedback. Research assistants were asked to reflect on the following questions when reviewing drafts. Does the text accurately capture what we found in our discussion of themes? Are there any points in the text where the voices of participants are misinterpreted or there is too much of the primary researchers meeting? Is there anything missing or exaggerated? Does the text provide enough context to support findings? Research assistants were asked to pay attention to places where it would be beneficial to add more of the participants' voices or places where the primary research should provide more context.

Researcher's Perspective

In order for the researcher to focus solely on the experiences of participants, it is important for the researcher to examine and discuss her personal experiences with the phenomenon. In addition, it is important for the researcher to identify and explore other aspects of her lived experience that influence how she relates to the phenomenon of interest (Creswell, 2013).

I am a Black woman who grew up in a middle class suburban town made up of mostly immigrant families in Long Island, NY. My parents are immigrants from the island of Jamaica and raised my younger brother and I in a structured and loving home. My parents worked hard to ensure that my brother and I always had our basic needs met. Although there were periods of

financial difficulties, in retrospect they never impacted my daily life in a distressing way. As a result of the various employment and monetary opportunities that my family was afforded, we were never in need of food or shelter, and my parents provided my brother and I with a wide variety of opportunities and resources. The neighborhood that I grew up in was safe and secure; my family never had to worry about our safety and, as a result, I was able to explore my community with little fear or anxiety. I had the opportunity to receive a good education from the elementary and junior/high school in my local school district. I am fully aware that my upbringing has allowed me certain privileges that have made it possible for me to be in a position to continue my education. Participants in the current study have different lived experiences, therefore it was important for me as the researcher to recognize how my experience not only differs from study participant, but also for me to take note of how my life experiences influence how I conceptualize the lived experiences of group participants. It was also important to note that my life experiences have the potential to make it difficult for me to relate to the various life experiences of group participants.

Given the nature of the current study, it is important that I examine my relationship with my mother. I would characterize my relationship with my mother as strong. In recent years, I have learned to fully appreciate the qualities that make her the driven, goal oriented, hardworking woman that she is. Growing up, my relationship with my mother was never characterized by conflict. I cannot recall any arguments or disagreements that had a long lasting negative impact on our relationship. Taking into account my mother's work schedule and other obligations outside of the home, I spent an adequate amount of time with her growing up. The time I spent with my mother was very often centered around a specific task, event, or activity. In

retrospect, there was never a time when I felt that I was not spending enough time with my mother. This is a direct result of our family structure, environment, and available resources.

The communication between my mother and I is and has always been characterized as straight forward. We are very open in our communication when we talk about things that pertain to our everyday life such as daily activities, new projects, work, school, events, and things going on within our immediate family. We rarely discuss our feelings and/or intimate details of our lives. Our communication style is practical. As an adult, I now understand and believe that my mother's cultural upbringing, life experiences, and personality play a major role in our communication style. I believe that our communication style would benefit from conversations that include discussion of our feelings and other interpersonal themes.

My initial interest in the Mother Daughter group intervention grew out of my general research interests. I am most interested in research that seeks to provide efficacious mental health care for children, youth, and families who have been traditionally underserved and underrepresented in the literature. Specifically, I have worked to focus my research interests on studying how parenting is influenced by a wide variety of contextual factors that include ethnicity, culture, and socioeconomic status. The Mother Daughter project was of interest to me given its focus on improving the parent-child relationship, and the unique role of the mother as an active participant in the delivery of an intervention aimed at increasing the mental health outcomes of young girls, and preventing depression. My desire to approach my work from a qualitative approach was a result of my participation in a qualitative methods course that I took in the second year of my graduate education which opened my eyes to qualitative research. Given that the voices of the populations I am most interested in working with are very often not

heard or misinterpreted, the qualitative approach to research is appealing due to the focus on understanding the experience of research participants though their own voices.

Role of the Researcher

I have played several roles on the proposed study. I served as a therapist during the first two mother daughter groups. During the first group, my primary role was to co-facilitate the daughter portion of the group intervention. My role during the second group intervention was to co-facilitate the mother group. Over the course of both groups, I had frequent contact with group participants. I was also present for the follow up interviews. In addition, I also had frequent contact with participants who took part in the last two group interventions. My primary role was to provide group participants with weekly reminder calls. I was also active in the recruitment of group participants. I served as the primary contact for those interested in participating in a screening process that would allow them to become eligible for the group. My experiences with group participants were positive. Therefore, I have my own set of views and ideas about the utility and outcomes of the group given my various experiences. In addition to my contact with group participants, I served as the leader of a small group of undergraduate researchers who were responsible for the preparation of data and data analysis in the current study.

Roles and Perspectives of Research Assistants

The research team of the current study was comprised of three undergraduate research assistants. Primary responsibilities of research assistants included attending weekly research meetings, transcribing interviews, and performing reliability checks on initial transcripts. Additionally, research assistants actively participated in creating codes, and discussing themes that emerged from the data. Lastly, participants provided primary researcher with feedback regarding description of study findings. When asked to share their perspectives of the current

study research assistants highlighted the importance of an intervention like the Cities Mother-Daughter Project.

RESULTS

From a phenomenological approach, qualitative analyses sought to explore the research question: What are the experiences of mothers and daughters who participate in a mother daughter group intervention aimed at preventing depression? Seven overarching themes emerged when participants reflected on their experience in the group intervention: 1) value of group, 2) desire for continued intervention, 3) suggestions for improvement, 4) skills learned in group, 5) mother-daughter relationship, 6) personal change, and 7) external stressors. Thematic findings are organized by themes and subthemes, and examples to support findings are provided. The names of group participants and persons identified by participants during interviews are not

disclosed to maintain the privacy and confidentiality of all individuals represented in the text.

Both mother and daughter reflections are incorporated and discussed within each theme.

Table 1. Themes and Subthemes

Theme	Subtheme
Value of Group	
	Attitudes about Group
	Impact of Group Membership
	Value of Group Material
Desire for Continued Intervention	
	-
Suggestions for Improvement	
	-
Skills Learned in Group	
	Impact of Skills
	Difficulty Applying Skills
Mother-Daughter Relationship	
	Changes in the Mother-Daughter Relationship
	Using Skills Collaboratively
Personal Change	
	Mothers' Reflections of Change
	Daughters' Reflections of Change
	Observable Change
External Stressors	
	Community Stressors
	School Stressors
	Bullying

Value of Group

When discussing their experiences in group, participants spoke about the impact of group membership and shared their attitudes about the group. The various reflections shared by group participants fell within the following subthemes: 1) attitudes about group, 2) impact of group membership, and 3) value of group material. Overall, subthemes provide a comprehensive overview of how participants were impacted by their participation in group.

Attitudes about Group. Overall, participants had a positive attitude about their experience in group. Participants attributed their positive attitudes to the structure of group, skills learned in group, group material, relationships formed in group, and positive changes in the mother-

daughter relationship. When discussing their attitudes about the group intervention, participants shared their feelings about the intervention prior to joining the group. Specifically, mothers revealed they had positive attitudes about the intervention before starting. When reflecting on her reason for joining the group and her views regarding potential barriers to attendance, one mother stated, "I didn't care because I knew that she may be able to benefit from it." Mothers expressed they were attracted to the group because they believed the group would address individual, family, and community stressors that impacted their daughters on a daily basis. One mother shared that her participation in group was a result of a need to address community stressors that make it difficult for young people in her community to be successful before they negatively impacted her daughter, "I wanted to get involved because like that because I don't want to turn out a statistic." Unlike their mothers, daughters expressed having feelings of apprehension prior to beginning the group. For example, one daughter stated "At first I didn't know if I should come." Daughters reported being apprehensive about group because they were unfamiliar with the purpose of the group, group material, and other participants. Although daughters expressed having feelings of apprehension prior to starting group, they shared that over time their attitudes toward group became more positive. When talking about the shift in her attitude over time, one daughter stated, "At first I was nervous because everyone was saying like mother and daughters are not fun, and I tried – and then it worked out to be fun." In addition to reflecting on their attitudes prior to group, participants shared their overall attitudes about the intervention.

Participants described their participation in the intervention as an enlightening opportunity to learn new skills, improve the mother-daughter relationship, and develop new

relationships. Mothers and daughters expressed similar positive attitudes when reflecting on their experience. These positive attitudes were reflected in the positive statements made about group by participants. When sharing her overall impression about the group intervention, this daughter said the following, "I actually felt really good during this program." Similarly, this daughter shared her feelings by mentioning several parts of group she found enjoyable "I like a lot of stuff about the group – I love what we eat, I love what we do." Mothers also expressed favorable attitudes about the group intervention. When asked to share her thoughts about the benefits of the group this mother expressed, "there was nothing about the group that was least beneficial to me. Nothing-nothing about the group wasn't beneficial. Everything, every session that I made-everything was beneficial to me." As mentioned, participants attributed their favorable attitudes to several factors which included positive outcomes, the structure of the intervention, and the opportunity to spend quality time with each other. For example, this daughter expressed that having the opportunity to share new things with her mother played a role in her belief that the group intervention was "fun."

> **Daughter**: I had fun with the group.
> **Facilitator**: You had fun with the group?
> **Daughter**: We talk about things that we never have, and had a feeling about, and we haven't told your mothers what we really cared about.

When asked to discuss something she liked about the intervention, this daughter said, "well the part I liked was when we all sat in one room, just the daughters no parents, and the girls just gave their opinions about stuff and there is no wrong or right answer" highlighting the value and favorable attitudes towards the group setting.

Favorable attitudes about group were captured when mothers shared how they discussed the group intervention with family members, teachers, and individuals within their community. When discussing the group intervention with others, mothers highlighted the

benefits of the group, and the potential for the group to benefit other families. In discussing how

she felt about the group with someone in her community, this mother said the following:

> I told - I told everybody I was like seriously if you do not have this at your
> elementary school you should really see can you get these people come out because you
> would be amazed at what your daughters could learn. And <uhm> I - I tell people I
> couldn't believe that there was a low turnout but when I start telling some of the other
> parents the things that we were doing, they say, "Oh my god are you serious? I should've
> stayed, next time they do something like that I'll get involved." I was like, "You need to."

Participants also showed favorable attitudes about the intervention when they expressed

high levels of commitment to the intervention. Mothers shared that their daughters desire to

attend group, actively participate in group activities, and incorporate skills learned in group into

their daily lives was apparent. This mother shared that her daughter looked forward to attending

group and was visibly happy on her way to the intervention each week when she said, "She

smiled the whole way here." When reflecting on group engagement these mothers shared the

following about their daughter's commitment to group.

> **Facilitator**: Yeah. Well thank you guys. I mean it only works when we have people who
> are engaged and come right?
> **Mother**: Did we have a choice? We have engaging children.
> **Mother**: I was going to say the week she was sick - oh baby she was not having it - she
> was not having it today. I said, "(*Daughter's Name*) I can't walk up all those stairs."
> "Momma please you got to. Everybody can wait till you get up the stairs." Ain't nobody
> going to wait twenty minutes.

Impact of Group Membership. Participants spoke highly about the impact of group

membership and group dynamics. They expressed that group dynamics played a vital role in the

success of the intervention by fostering feelings of connectedness, accountability, and

belongingness. Participants frequently described other group members as family. When talking

about the group, this daughter said, "I love this whole family <uhm> even the moms as a real

family." Participants expressed that group members provided additional support and contributed

to a safe environment that allowed participants to be vulnerable and transparent. Participants also

expressed that they valued being a part of a group with individuals who shared similar life

experiences. When asked about her overall group experience, this mother reflected on her

relationship with the other mothers in the group.

> <uhm> I would say enlightening because it was nice to be amongst women that had
> daughters, or just children in general, and realize that your situation is not necessarily
> unique. It might be unique in certain aspects of it, but overall it's - you can share -
> someone knows your pain, per se. So it was nice to be amongst company - like company
> that we can talk and relate. And in the same process they can enlighten you on things that
> you can do that you probably would have never thought of, or vice versa.

Participants also spoke highly about the value of learning new skills in a group setting.

For example, this daughter who presented as shy and quiet during her time in group, expressed

she was grateful for the other participants who asked questions she was unable to ask during

group.

> **Facilitator:** What was it like being with the other girls?
> **Daughter**: Yeah. I - I - I liked being with them cause they had - like - had a lot of things
> to say. Most of the questions they asked, *I was thinking about.*

Additionally, participants acknowledged that the format of the group intervention helped

foster relationships. Specifically, the family style dinners at the start of group helped foster

feelings of belonging. Participants felt they were able to share and build relationships with other

group members during this time.

> **Daughter**: Yes, like when we get dinner it's like we all family. We sit at a dinner
> table and we talk the *emotions* the experience, and all of that.
> **Facilitator**: *<mhm>* How was that for you guys? The sitting at the –
> **Daughter**: This my - this - this –
> **Daughter**: I feel like we're all sisters

When speaking about her relationship with other group members, this daughter used the format

of the group to support her feelings. Specifically, she found learning skills with her peers without

the presence of mothers beneficial to her relationship with her peers, specifically highlighting

having a familial connection with group members.

> **Daughter**: I know we got close to each other, well we - it's like no - no mothers in here - it's like - it's just all one, two, three, four plus (*Participant's Name*), but just all five of us - we feel like we family because every time we talk about our emotions it's be like - it feel like we have the same emotions.

Similarly, mothers pointed out that as a result of the relationships their daughters formed in

group, they were able to provide each other with support outside of the group, specifically at

school.

> **Mother1**: Yeah, they all talk to each other.
> **Facilitator**: That's good, okay. Did they grow closer during this group or were they friends before?
> **Mother2**: They - they was friends.
> **Mother1**: They grew closer, they grew closer.
> **Mother3**: Took a long time.
> **Facilitator**: That's good. That's good they have the support of other sane children. <laughter>
> **Mother1**: They got to stick together in school. Shoot. They got to stick together in school against other - the kids. It's so sad. Really, they got to stick together against other children in school. I don't know what's going on. It's sad.

> *Value of Group Material*. When discussing group activities, participants stated they

found activities that included videos, and the many opportunities to share with each other to be

beneficial and meaningful parts of group. Participants also found group materials to be valuable

outside of group. This mother shared that her daughter frequently referred to group material

when making decisions.

> "if there's an issue that comes up, and she's really not sure about it if she can't find her notes. She will come and say, "Do you have your folder?" I said, "Oh sure, what do you need to look up?" "I need to look up something." and I won't push and she will look it up. And I say, "Are you okay, everything okay, you need me for anything?" She said "No. I found out what I need to do."

When providing feedback regarding group material, this mother shared that she noticed her

daughter was able to refer back to previous sessions and apply skills to relevant situations,

highlighting how easy it was to navigate and refer to group material outside of session: "we were in session five- and she referred back to something in session one." When providing feedback, participants were able to recollect specific group activities and sessions they found valuable. For example, this daughter stated, "My favorite part is when I- was watching a video with my mom and talking to each other and that helped our relationship cause we were communicating right."

Desire for Continued Intervention

As a result of favorable participant attitudes toward the group intervention and the impact of group membership, participants expressed a desire for the intervention to continue. When expressing their desire for the group to continue, participants shared that continuing the intervention would be beneficial for participants and members of their community. When sharing her feelings about the intervention ending this mother said, "I really don't want ya'll to go. I really wish we could continue this." When providing feedback about the length of the group, this mother stated that she believed the intervention was too short.

> **Facilitator**: <mhm> How did you feel about in terms of the ten weeks? Did that feel like a good amount of time, or too long, or too short?
> **Mother**: I feel like it was too short.

Participants emphasized the need for the intervention in their community. Participants believed that mothers and daughters in their community would benefit from the group due to individual and community stressors that are prevalent within their communities. When talking about the need for the group within her community this mother shared a conversation she had with a mother in her community.

> "She was like, "They need to keep that year round" and I was like "I know, seriously at least two times a year." You know so the kids, the ones whose parents can adjust their schedule or send somebody in their place or something for these young ladies to take advantage of."

Due to the value placed on the group intervention and the desire for the intervention to continue in their communities, these mothers eagerly discussed using the knowledge they acquired during the group to implement their own group within their community.

> **Mother1**: For real, and I'm like oh okay I mean- and if we all could get together, you now what I'm saying - you - everybody exchange phone numbers or whatever - we all get together and we could start our own thing in the neighborhood and see how many parents we can get involved for the sixth, seventh and eighth graders as well. Cause the sixth, seventh and eighth grade girls, they really, really, really --
> **Mother2**:Need this.
> **Mother1**:They need this, for real.
> **Mother3**: Well that's something - we'll have to put a proposal together for the principal.
> **Mother 4**: Right.
> **Mother3**: But we would just have to, you know keep at it. Can't be like I ain't feeling like it today - so they get nothing.
> **Mother1**: Right. Yeah you right.
> **Mother3**: So you know, let's talk about it.
> **Mother1**: I mean, it would be something - it would be something nice to talk about just in the next meeting. Just bring up see what everybody has to say about it. I mean it can't go wrong.

In addition to believing the group would be beneficial to mothers and daughters within their community, participants expressed that they believed the group could also be beneficial to boys. This mother stated, "Y'all need a boys group." Another mother suggested a "mother son group." Similarly, this mother stated "I really wish there was a boy camp like this." Mothers expressed that their sons and other boys within the community faced the same stressors as their daughters and would benefit from learning coping strategies within the context of a group with a caregiver.

Lastly, when discussing their desire for the intervention to continue, participants shared the need for additional services outside the context of group. This mother shared the following when talking about her need for mental health services.

> I could use some more counseling - I'm sorry. I could use more counseling
> because I don't know - it's just they're going through a whole lot and I think that well,
> for my kid -I know she could use a little bit more, a little bit more counseling or

something - I know she need it.

Mothers also expressed that their daughters could continue to benefit from programs that were similar to the group. At the end of group this mother stated "My thing is I have to find a thing like this for the summer for her and I to go through even if it's just two week course here or course here."

Suggestions for Improvement

When providing feedback about group activities and material, mothers made suggestions to improve group. Participants felt it would be beneficial for family members specifically siblings to participate in group. This mother said the following "You can have one or two meetings where you can bring siblings to see the family dynamic." Mothers also suggested that more role-plays would be a beneficial addition to the group material "they need to do the role-play to kind of bring it down and tell them the proper- a series of proper words they could use so that they can get the answers they want." This mother believed that role-plays would make it easier for daughters to navigate stressful situations such as navigating difficult conversations with teachers and peers. Other suggestions included more content on navigating school and community stressors, the use of art activities, co-ed meetings, more tangible materials such as handouts, and making the program longer.

Mothers also suggested it may be beneficial to have family members participate in the group in order to support daughters' use of skills outside the context of the group setting and the mother-daughter relationship. This mother suggested "you can have one or two meeting where you can bring the siblings just to see the family dynamic." In addition, one mother suggested it maybe beneficial to include boys into session to have daughters practice stills in a real-life

setting. "Maybe having a couple of meeting coed so you can do the role plays and reach them how to interact with the boys."

Skills Learned in Group

When talking about their experience in group, participants discussed skills, group activities, and group material. Participant reflections of skills learned in group fell within the following two subthemes: 1) impact of skills, and 2) difficulty applying skills. When reflecting on their overall experiences, participants recalled and discussed the skills they acquired during the intervention. Participants expressed seeing value in the skills and highlighted the ways they used skills in their daily lives and how they applied skills learned in group to a variety of situations. Additionally, participants reflected on the difficulties applying skills and provided feedback about the skills presented in group. Overall, when discussing skills, participants talked about the benefits of learning and incorporating skills into their daily functioning.

Impact of Skills. When reflecting on the benefits of skills learned during group, this mother stated "we can take this wherever we want-it can continue to be used." Another mother stated she found the skills valuable because she could use them with her other children. "Yes, everything was a help because she my oldest, and I have a two-year-old. So when she grow up. I able to pass that on to her." Overall, participants viewed skills learned during group as beneficial and applicable.

Participants recalled skills learned during group, specifically they recalled the skills they found most beneficial. When recalling a skill she found beneficial, this daughter said the following, "We did stop, think, and plan that helped me in school and at home." Another daughter stated she found "distraction, stopping, think, and plan" the most useful. Another daughter emphasized that her favorite skill was useful in a wide variety of situations. "I like –

like stop and think and plan because it works for many things not just relationship with your

mother." Another daughter stated "my favorite skills to walk away," and another daughter said,

"sticking up for ourselves" was the most beneficial skill she learned during group.

Daughters also talked about the application of skills learned in group. Specifically,

daughters recalled how they applied specific skills in their everyday life. When talking about

skills this daughter stated "We use those skills to help us go through problems." Daughters

recalled skills such as distraction, assertiveness, and effective problem solving as skills applied

in everyday life and provided illustration of how they used skills. Daughters shared, how they

used skills learned in group with family members to resolve conflict. When asked how she

solved problems, this daughter shared that she reached out to her brother for help because she

learned in group it was important to seek out social support "I talked to my brother because he

makes me laugh." This daughter was also able to identify people in her family she reaches out to

when she needs assistance coping or using her skills. She said, "My sister, and my big cousin,

and stuff, and my other friends." This daughter illustrated how she used a skill to resolve conflict

instead of fighting with her sibling.

> Yesterday, my brother he liked to irritate me so I tried not to yell at him, I stopped and
> thought about it, and I planned and I didn't yell at him. I just said, "Can you please stop
> irritating me?"

Mother's also recalled the skills they learned during group, and provided examples about

how they found skills beneficial to themselves and their daughters. Mothers reflected on their

daughter's ability to now use skills in situations that they once had difficulty navigating. Mothers

highlighted that the skills learned in group had become staples in their repertoire of strategies.

This mother said the following when recalling the skills, she believed her daughter found most

beneficial: "The one that sticks out to me, is the one with her di-making her own decisions,

trying to find out three or four ways to handle one problem, that tends to be a staple in her

decision making."

When discussing the application of skills learned in group, mothers shared how they

observed their daughters using the skills. As a result of skills learned in group, this mother stated

that her daughter "will go the extra mile to find a better way to deal" with her problems. One

mother shared how her daughter was using skills learned in group to improve her thinking and

her approach to difficult situations, specifically her relationship with her brother:

> the stuff that we learned here like trying to be more positive or think about you know
> stuff… just don't think about negative stuff all the time…I mean she took a lot of stuff
> out of here…she came a long way cause she would just sit there.

Mothers also talked about how they encouraged others to use skills learned with their

daughter to support the development of their daughter's self-esteem. This mother shared the

following, "Even showing her father how to give her what she need emotionally, give her-her

time-take her out on a date."

Many mothers shared how they found the skills beneficial for themselves. This mother

captured how useful she found the skills in the following way:

> has been very beneficial <uhh> in helping us, not just cope with things how to deal with
> it, how to express it <uhh> in a more healthier way instead of yelling, screaming,
> threatening, <uhh> and just not dealing with it. It has helped show us how to <uhh> be
> creative, how to <uhh> do things in the house when you ain't got nowhere to go, <uhh>
> that if a negative - things that you can change, do something about it - and how do you
> change that thing, by thinking on something positive - things that you cannot change you
> also can <uhh> - things that you can change you have to step up to the plate and deal with
> it and things that is out of your control, you know, you have to find other ways to <uhh>
> give yourself a distraction - that you don't continue to think on, and repeating it, and
> rehearse it.

Mothers shared how they used skills learned in group to cope with their personal stressors. When

discussing a stressful situation, this mother shared how she applied skills learned in group:

> helping me deal with my own personal issues, <uhh> things I wasn't coping
> with - I know how not just the - <uhh> being a survivor from it - but to <uhh> not to

continue to rehearse it because that is my downfall. I keep rehearsing, repeating it. <uhh> So I'm learning, you know. It's going to come up but I don't have to react to it. I don't <uhh> - because it was depressing me - it was making me angry <uhh> causing me to sleep. I was having some awful, awful, awful mood swings - my husband said to me, "Who in the hell are you?" –

Additionally, mothers shared ways the group impacted their parenting. This mother shared the following when talking about the quality of time spent with her daughter:

I like the thing that y'all - have we had to try to find time like little stuff matters like comb their hair, or doing like cooking and stuff like that, like that little stuff being matter - or whatever but now I'm just like oh. But I don't have time, the only thing I'm doing is combing her hair for ten to fifteen minutes.

Mothers also talked openly about how they could use skills learned in group to support their community. Mothers shared they would be comfortable using skills with other girls who needed additional support in their communities and religious institutions. When talking about the use of skills within their community these mothers shared the following exchange:

Mother1: I think you can - not just between building a relationship with mother and daughter - you can use this with your family, you can use this with really – any - any - any *sibling* - yes anybody.

Mother2: *Neighborhood girls.* Neighborhood girls who don't have any kind of guidance or structure in they homes, you know what I'm saying. You could say, "Girl come over here I need to talk to you sit down." <clap> You know you could talk to them and make them feel comfortable enough to come to you about any kind of problem that they have cause they can't go to they own mother. Cause she's either not there, she's really not there, not here, you know what I'm saying - whatever the reason is - so it's - it's definitely - could be a help to everybody .

This mother talked about how she could use the skills she learned in group in her religious community.

Even not just with mother and daughter, but I can use this in ministry, I can use this in the community, I can use this to help another mother that may be struggling. <uhm> That you know, no matter what you are the mom, you got to find a way to <uhh> deal with it. This is what you and your daughter do because –

Difficulty Applying Skills. Although mothers and daughters shared they found skills beneficial, they also talked about difficulties applying skills. Specifically, mothers expressed that daughters had difficulties using skills in a school setting. Despite daughter's attempts to use skills at school, it was reported it was difficult to apply skills at school due to factors such as bullying, lack of social support, and minimum adult supervision. This mother stated:

> "At first we was trying, working out with the whole little <uhm> situation that we discussed about trying to avoid conflict and think positive things and trying to think- do positive things. But with the situation- but not at that school in that classroom."

When discussing the difficulties using skills, this mother shared that she believed the skills made daughters "weak at school to the other kids." Mothers attributed difficulty using skills in the school to environmental factors out of their control. Mothers expressed that skills would be more beneficial in a more welcoming setting, "If they were somewhere else it definitely would work." Daughters also talked openly about their difficulties applying skills learned in group due to bullying and other environments that made it difficult for them to effectively use skills. This daughter stated:

> "Using the skills - it was so hard for me because people just say *stuff like* - they say crazy stuff whatever coming out of their mouth - whatever works in their brain they just speak it out. Like at school they just - they just be awful."

This daughter shared that she made efforts to use her skills, but her peers made it difficult. When asked what has made it difficult for her to use skills this daughter replied "People get in face, they me and then I just get mad, and then we just get to fighting." This daughter shared that due to the difficulties applying skills in stressful situations she became angry and had difficulties controlling her emotions:

> "I haven't been using them cause they just say stuff that I don't like - and they - grandpa - and he got shot into his eyes and <uhm> and now when people talk about him I start crying, and when I cry I get flustered, I ball my fingers up - I ball my fingers and I - I be acting like.

Mother-Daughter Relationship

When discussing their experience in group, mothers and daughters reflected on changes in their relationship. The changes described by participants fell within the following subthemes: 1) changes in the mother-daughter relationship, and 2) using skills collaboratively. Participants used examples to support how skills learned in group helped strengthen the mother-daughter relationship and facilitate personal changes.

Changes in the Mother - Daughter Relationship. Mothers and daughters emphasized improvements in the quality of their relationship. Participants attributed changes in the mother daughter relationship to their active participation in group, as well as their engagement in group material. They spoke about improvements in communication and time spent together. When sharing changes in her relationship with her daughter this mother said, "It has brought us a little bit closer. She's more open." Another mother said "It has made us closer" when sharing how the group impacted her relationship with her daughter.   Daughters also talked about changes in their relationships their mothers. This daughter expressed how the group impacted her relationship with her mother. Specifically, she reflected on a conversation she had with her mother in which they both shared their positive feelings about group as it related to their relationship.

> **Daughter**: *Well, me and my mom* - *<raises hand>* *me and my mom* - like me and my mom, we was talking about some stuff, when my dad and my brother was gone – we was talking about some stuff and like we was talking about the program - being in the program - and we be saying like we was asking each other do we really like it and --
> **Facilitator**: And what did you say?
> **Daughter**: And I said yes. Because I told her why - she said yes because it give us time to cooperate with each other, and get to know each other, and like to experience with each other - and I said - and she said why do you like it - and I said the same thing but – only the same things like <uhm> we get to know each other more better - like we used to know each other more better, but now we do - matter of fact - that as we come in here like every - every Monday.
> **Facilitator:** Tuesday --
> **Daughter**: Yeah, Tuesday. Every Tuesday we get to know each other more better. Not

just Tuesdays we get to know each other like Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday and <uhm> <clears throat> - and <uhh> I said some other stuff about the program that it is a good program, so we could cooperate with each other, and get to know each other, and not to be belligerent to one - each other.

Another daughter spoke about how her relationship with her mother improved as a result of their participation in the group. Specially, she shared that prior to the group she did not feel like a priority in her mother's life.

Daughter: <mmm> Me and my mom <*Participant #1 talks incoherently in the background*> never been close and she said we don't spend enough time, and she been worrying about everything else except me --
Facilitator:<mhm>
Daughter: And now <*Participants talk incoherently in the background*> we hang out– she spend enough time with me like shopping - we went to the beach.

This daughter also reflected on changes in her relationship with her mother.

Daugher: And like - <uhm> like I'm close to my mom - what I'm trying to say is like, when we wasn't here it was like ((we wasn't close to each other and annoying each other)), and I didn't know her age until she told me <uhm> ((when she was here)) she told me her year, and I was like - I was thinking of something - it - it made me experience that like - this like - this the place that we can get to know each other and get to know each other habits.

In addition to discussing overall changes in their relationship, mothers and daughters reflected on changes in the amount of quality time they spent together. For example, this daughter said, "We talk about more stuff with each other cause I used to tell my mama stuff it used to be everything-it used to not be everything but now we spend more time with each other."

One mother shared that attending group on a weekly basis severed as quality time spent with her daughter. When reflecting on her overall experience in group she shared the following:

There was nothing that was not beneficial. Because in the process of these things it was time that me and her got to spend together. Even if it wasn't outside of here, it was time that I got to spend with her without her brother and her sister.

Mother's shared that their participation in the group helped to shape their views about the role and utility of quality time with their daughters. Mothers talked about how the group helped changed their view about what special time entailed. This mother said the following:

> "I like the thing that y'all- have we had to find time like little stuff matter like comb their hair, or doing like cooking and stuff like that (like that little stuff being matter)- or whatever but now I'm just like oh, but I don't have time, the only thing I'm doing is combing her hair for ten to fifteen minutes"

In addition to reflecting on quality time spent with each other, daughters talked specifically about the changes in communication with their mother. For example, this daughter shared what it felt like to openly communicate with her mother:

> **Daughter:** It felt like - it felt like I was pouring my heart - I was pouring the pain out of my heart into the emotions that I had to take seriously so I can go tell my momma - and she's like, "Why didn't you tell me this and why didn't you tell me that?"

When asked to recall when she learned in group this daughter reflected on what she learned regarding improving the communication with her mother:

> **Facilitator**: Do you remember some of the things that you learned in the group?
> **Daughter**: That I can always talk to my momma - and then I - wait - help if something is bothering me, I can just ask her.

This daughter identified and spoke clearly about the changes she observed in her mother's communication style. Additionally, she spoke about the reciprocal nature of the communication style they acquired during their participation in group.

> **Facilitator**: Other than your mom being able to talk to you more, or listening to you more, is there any other things you see in her after the group? Or as a result of the group?
> **Daughter**: No. She - she - she listens to me. It's just like <uhm> she used to be like - before the group she would sit there and let me talk and I don't like people that do that - I hate it when they do that - just sit there and let me talk and you don't got no input. Like that's not how a conversation is. So she used to be just like, "<huh> What you say?" and then I keep talking she just sit there and look. But now she do listen - and then when I am done talking she will say what she has to say about the situation, and then I will say.

Daughters emphasized changed in the way their mothers communicated with them after participating in group. When discussing her improved communication with her mother this daughter had the following to say:

> **Daughter**: <uhm>I really liked talking to her - cause she don't like - like if I say something she will just give her opinion. Like when we was on the bus talking about this girl that I said had bullied me and stuff since I was little, she said don't worry about something that happened five years ago, think about now. So then I gave her reasons why I don't like her now and she said okay. She just gave her opinion. Usually, she would be like you still shouldn't be mad and stuff. Now she gives me reasons why I shouldn't be still mad at her.

Using Skills Collaboratively. In addition to changes in the mother daughter relationship, participants shared how skills learned in group collaboratively helped to facilitate the changes in their relationships. Mothers spoke about how they used skills collaboratively with their daughter and how they encouraged their daughters to use skills outside of group. Mothers expressed that they were now open to solving problems in a collaborative manner as a result of their improved relationship with their daughter. For example, this mother shared how she approached the discussion of her daughter about getting a cell phone:

> "Yeah. I guess recently it was a situation where she felt like she deserved a phone or she felt like she deserved something and she was mad because she didn't get it. And I asked her, I said, "Why do you believe that you need a phone?" And even though her answers really - you know - I mean I can contradict those answers, but I guess my point is I was - I did the whole <uhm> what was it - letting her express herself - I forgot what it was called - *but I directed* a question at her and let her verbalize the issues she had - I guess, yeah."

As a result of using the skills learned in group to address their daughter's concerns, mothers shared that they observed changes in the relationships with their daughters. They highlighted the ways their daughters came to them when experiencing difficulties and how they responded. For example, this mother shared the following experience:

"If she was having a bad day I wouldn't find out unless she burst out into tears. Now she comes in <sigh> "Titi (*Participants Name)* I had such a horrible day." And I say and it's just always when she get home I sit down and ask her how was her day. When usually <uhm> yeah I would listen but you know - but I would be doing something else and that's not really listening you know because you're focused on this, you really have to listen. And <uhm>, when I did that before she said "You're not really listening, you hear me but you're not listening." And I had to take that criticism that constructive criticism from my eight year old niece. And really sit down and - so I'm saying I really learned something about myself because I won't do that to people at work, I give them good eye contact and I listen to them because anything other than that is disrespectful. So why would I do it to her and expect her to listen to me when I'm talking to her so."

Daughters also spoke about the ways in which they used skills learned in group to solve their problems collaboratively with their mothers. Mothers were identified as an integral part of the problem solving process by their daughters. Daughters expressed valuing and appreciating their mother's opinion. They also discussed feeling more connected to their mother when addressing concerns collaboratively. This daughter shared how she solves problems with her mother. "When we have problems we use like –get together and talk about it and then we come up with a solution." This daughter recalled a time when she went to her mother to address a concern, and reflected on her mother's ability to help her navigate conflict with her peers:

"Well, let me just say this , I let all the pain off my chest and now I just feel so light and graceful because I told my momma- she fix all the problems she said walk away from people who like that cause they just stupid and they just want to be playing with your mind."

This mother shared how she planned to continue to encourage her daughter to effectively communicate with her. She stated she planned to encourage her daughter to "please come talk" when needed. Mothers expressed a desire to be more present in their daughter's lives, by providing their daughters with a safe place to share their thoughts and concerns. This mother stated, "you rather them come to you and ask those questions than go try and get that answer from somebody else because they not going to answer correctly."

Personal Change

In addition to reflecting on changes in the mother-daughter relationship and the collaborative use of skills to strengthen their relationship, participants reported changes in their own behavior. Reflections of personal change fell in the following subthemes: 1) mothers' reflections of change, 2) daughters' reflections of change, and 3) observable change. In addition to their own personal changes, mothers spoke about changes in their daughters, and daughters talked about changes in their mothers. Mothers reported changes in their daughter's behavior at home and school. Mothers also reflected on changes in their own behavior and views regarding parenting practices. Daughters spoke about changes in their relationships with peers and reflected on changes in their own behavior. Participants reported these changes were observable by others.

Mothers' Reflections of Change. Mother shared that they found the intervention personally beneficial despite believing that the group would only benefit their daughter in the beginning. This mother said the following when talking about the personal benefits of the program: "I knew she may be able to benefit from it. I didn't know I would be able to benefit from it." She went on to say, "I never thought I would get in this kind of program and learn so much about me, because I'm a veteran mother." Another mother described the group as "a little eye opener" when discussing how she personally benefited from the group. Mothers shared that the skills learned in group were applicable to adult stressors and that applying the skills to various situations resulted in their own personal changes. This mother stated, "it's helping me deal with my own personal issues, things I wasn't coping with." When summarizing how she believed the group benefited her and the other mothers personally, this mother said the following.

<uhm> It has been very beneficial <uhh> in helping us, not just cope with things how to deal with it, how to express it <uhh> in a more healthier way instead of yelling, screaming, threatening, <uhh> and just not dealing with it. It has helped show us how to <uhh> be creative, how to <uhh> do things in the house when you ain't got nowhere to go, <uhh> that if a negative - things that you can change, do something about it - and how do you change that thing, by thinking on something positive - things that you cannot change you also can <uhh> - things that you can change you have to step up to the plate and deal with it and things that is out of your control, you know, you have to find other ways to <uhh> give yourself a distraction - that you don't continue to think on, and repeating it, and rehearse it.

Additionally, this mother expressed that as a result of the group her understanding and way of coping with things out of her control changed.

"You feel more free and liberated <uhh> than before. I can walk down the street <uhh> now and just know that you know I can't control what other people do, but I can control how I respond to the situation. <uhh>"

A mother with the goal of becoming more affectionate said the following, "I mean I have been a little more affectionate … I'm still working on it, but it's been more than usual, that's for sure." This mother shared that before her participation in group, she had difficulty listening to her daughter, and went on to share that the group encouraged her to make changes to the way she communicates with her daughter:

"I really learned something about myself because I won't do that to people at work, I give them good eye contact and listen to them because anything other than that is disrespectful. So why would I do it to her and expect her to listen to me when I'm talking to her."

Mothers also reflected on changes in their parenting and views. This mother explained how the group encouraged her to think about the way she disciplined her daughter and how she built on the knowledge she acquired in group. "Like I said I'm learning from this because that made me want to go look up stuff. How do you reward them without making them feel like they are entitled to something." Mothers expressed that before participating in group they frequently screamed at their children "I used to be a screamer, I would scream about everything" and

reflected on how much less they screamed since ending the intervention. Overall, mothers

shared positive feelings about the ways the group personally impacted them.

      Daughters' Reflections of Change. Daughters also reflected on changes in their own

behavior. When talking about her personal and behavioral changes that resulted from her

participation in group, one daughter shared that her friends and teachers had also observed

changes in her behavior. In addition, changes in this participant were noticed by group

facilitators who had worked with her during the group intervention. The following exchange was

had as they discussed changes in this participant.

> **Daughter**: My teachers told me over the winter break I must have got more mature.
> **Facilitator1**: <laughter> Really?
> **Daughter**: Because, I picked out the people I want to hang out with and talk to and I hang with the right crowd.
> **Facilitator1**: Good.
> **Daughter**: So they told me I must have got more mature - She said something else too.
> **Facilitator1**: Yeah I can see that *too.* I noticed it as soon as you walked in.
> **Facilitator2**: *We could see that* - yeah because when you were picking food with your mom, and when you were looking at salad, when you were just smiling and playing around - there's - there is quite a bit of a difference. So that's been happening since winter break or did it happen after the group or over the summer - like when did you --
> **Daughter**: Yeah, over the summer. <laughter>
> **Facilitator1**: Over the summer?
> **Daughter**: It happened over the summer. Cause like she always will say something, and I give my opinion about it - it - and then we just both start laughing. Like when I was with the salad I was like, "What is it?" She said, "Pasta salad" and I was like, "Was it - is it good?" And then I smelled it and I was like, "It don't smell good," and she was like, "Just get - put it down."
> **Facilitator2**: Yeah, I heard that - that was really funny. So do you think the group helped you with a little bit of it - with becoming more confident in yourself?
> **Daughter**: Yeah. *<nods head yes>*
> **Facilitator1**: Yeah cause you - there is a big change. I can definitely see it.
> **Facilitator2**: I remember in the beginning, you would always say, "I have nothing to say." Do you remember that?
> **Daughter**: That's because I am like that at school. I really don't talk to nobody. The only person I talk to would be (*Name*), but now I talk to more other people, but I can't

think that a conversation is going to come my way. I have to say something to start the conversation. So now I do that.

Observable Change. In addition to personal changes, mothers discussed the changes they observed in their daughters. When asked to share the changes she observed in her daughter since ending group, one mother shared that her daughter communicated her feelings and was able to better articulate herself. Another mother shared that she noticed her daughter thinking about various ways to handle problems. She said the following when sharing this change in her daughter, "and now she will go the extra mile to try to find a better way to deal with the problem or will exhaust everything." This mother emphasized that the mood and behavioral changes she observed in her daughter's behavior were a result of their participation in group.

> When she gets out of school we are walking, hugging, <uhh> she's cracking jokes, so she always - she's always creative, in being very - <uhh> keeping us distracted from any negative thing. <uhh> She's expressing herself more - <uhh> think she's realizing that you know, I just want her to be - do her best, not be perfect. I always expect her to do her very best, and not to add any pressure to herself, or anyone else to add pressure. <uhh> It has made us closer <uhh>. I'm seeing her do more, <uhh> she's already a creative child but, extra <uhh> creative things to keep herself busy and <uhh> focused. We are going to miss you.

Mothers also talked about the changes they observed in their daughter's relationships with peers. This mother described significant changes in her daughter's interactions with her peers "She actually opened up to friends, friends that word is monumental for her… after this, she learned how to get along." Lastly, mothers shared that teachers had also noticed and pointed out changes in their daughter's behavior. When recalling what a teacher said about her daughter this mother said, "Teacher said, "It's just been a complete turnaround." This mother stated that her daughter was able to make and hang out with friends since ending group,

> But <uhm> she actually opened up to friends, <uhm> friends that word is monumental for her, <uhm> <woo> I mean big, big - I couldn't even <uhm> I even <uhm> I even tried to invite before this program - I tried some little girls - friends over that went to school with her and they had a fight –

In regards to changes in their mothers, daughters highlighted improvements in their mother's communication style. This daughter shared the changes she observed in her mother's communication style, she stated "she listens more, because she used to just talk without- without sometimes listening."

External Stressors

In addition to reflecting on their experiences in the group intervention, participants discussed external group stressors. These stressors were characterized by the following subthemes: 1) community stressors, 2) school stressors, and 3) bullying. Participants openly discussed the impact of community and school stressors and reflected on how their participation in group impacted these stressors. Participants spoke in great detail about the negative impact of bullying in the community and at school.

Community Stressors. Participants spoke openly about the impact of living in low income, highly stressed areas, and described community stressors as pervasive and out of their control. Participants also highlighted not having anyone in the community to help address these concerns. This mother described community stressors in the following way "that's their everyday reality and they don't have anybody to talk to about it." Community stressors included gun violence, bullying, lack of resources, exposure to violence, and the absence of adult supervision.

Participants provided descriptions of community stressors when discussing the impact of community stressors. When talking about community violence, one mother shared how her daughter recently recalled a shooting she witnessed; she shared that her daughter said the following to her "I had to run today Titi they were shooting outside the school, and when I got off the bus they were shooting out there too and I was just numb."

Mothers made several recommendations and shared how they believed the group could address community stressors. One mother stated it would be beneficial to provide daughters with specific scenarios and tools to deal with "the environment out, you know in the school and outside the school." Mothers also discussed the impact of community stressors on children within their community. When talking about the negative impact of the environment on children in her community this mother stated "They're not being raised right ya know. Your parents never home –you're just out. Like they say they streets raised you." She expressed that, due to lack of adult supervision, violence, and lack of resources, children in the community were negatively impacted. When describing the impact of the community this mother stated "because of their environment they are really rough around the edges" she went on to say "It's almost like they had to."

When discussing these stressors, mothers expressed that community stressors were so pervasive that they seemed normal and there was a need to help children within the community conceptualize their stressors in another way. This mother stated, "trying to get the kids not to be so desensitized, and not walking past saying, 'Oh, that's normal.' That's not normal, to see that. You know what I'm saying, that's not normal."

School Stressors. In addition to community stressors, mothers and daughters spoke extensively about the impact of school stressors. School stressors included bullying, lack of academic instruction, difficulty communicating with school administrators, and barriers to getting daughters removed from negative school environments. When discussing school stressors, mothers talked about the negative impact of school stressors on their daughters' behavior and emotional functioning. Mothers expressed that the severity of school stressors made it difficult for daughters to effectively use skills learned in group. Daughters also shared

their difficulties managing school stressors. As a result of bullying, difficulty getting along with peers, and other stressors presented at school, daughters shared that it was difficult to use skills learned in group in the school environment. Daughters also shared the difficulties they had managing their own behavior.

When sharing the impact of school stressors one daughter said that her behavior had resulted in a suspension from school "This is the problem with me, I got suspension, that's why I'm not going to school today." Despite the negative consequences of school stressors, mothers highlighted that their daughters felt comfortable discussing school conflict as a result of the strengthened mother daughter relationship. This mother shared the following example:

> "sometimes really we will lay in bed and watching something-she tell me about everything that's going on and how she just really wants to get out the school. Like, she's just tired. She just-she just wants to go out-get out that school."

Mothers expressed that it was easier to address conflict at school as a result of the open communication between mothers and daughters about school. Mothers also discussed the negative impact of school stressors on themselves. When speaking about her daughter's difficulties at school, one mother stated "and I got to the point where I broke down myself for a while." Mothers attributed their school related stress to difficulties navigating the school system and advocating for their daughters. Specifically, mother's expressed being frustrated with teachers, school administrators, and the school district. For example, one mother shared the difficulties with speaking with teachers who she believed were also significantly impacted by stressors within the school. "I even think the teachers stressed too. When I go talk to the teacher she just don't know which way- she just –she had to take a deep breath before she even say anything." Because it was difficult to speak with teachers and school administrators, mothers discussed sharing their concerns with the school district. As a result, lack of response from

school administrators one mother expressed a desire to take legal action due to the negative impact of school stressors on her daughters functioning. This mother shared the following when speaking about her efforts to contact the school board in order to discuss her concerns regarding her daughter's difficulties at school. "I'm thinking about forming a lawsuit against <School Name> because my baby throwing up and been vomiting." In addition to having difficulties navigating the school system, this mother talked about the challenge of dealing with the school, while trying to keep her job:

> "I'm tired. I don't know what else to do. I just have to tell somebody, because –I'm emailing CPS- I just got this job and I'm really trying to keep it, so I been like I can't keep her home all the time."

Daughters also expressed having difficulties communicating with their teachers about school concerns. When asked about the support she receives from her teachers, this daughter stated "No, they don't listen at all. They just take the bad part and that's all they hear."

Overall, participants expressed feeling unsupported and frustrated by the lack of support they received from their local school and school district. They expressed these school difficulties were further impacted by other life stressors. Mothers discussed the negative impact of school stressors on their daughters' academic functioning. One mother described how her daughter's grades were impacted by her difficulties navigating a stressful school environment. "She went from an honor roll student to like a C and D student." Another mother also shared how her daughter's grades were impacted by school stress "That's what happened with the last report-this report card was okay. But, the last report card was dropping down to C's. And I was like no my baby don't get C's." Mothers expressed that these changes in academic performance were directly related to the daily experience of stress at school. Mothers also stated that there was a lack of academic instruction while their daughters were at school, which contributed to their

daughter's difficulties at school. "My daughter said they're doing things in the classroom, she come home with nails on and –where do you find the time to do all that? You're not being supervised properly."

As a result of school stressors, difficulties communicating with school administration and their daughter's academic performance mothers expressed a desire to want to remove their children from their school environment. One mother stated, "It's messing my kids up. We trying to get them out of there." However, despite their efforts, mothers expressed difficulties enrolling their children in other schools due to systematic barriers. One mother shared the following when discussing these barriers, "It's hard getting your kid-they on like seventeen waiting list."

When talking about the impact of group membership on their daughter's ability to cope with school stressors, mothers expressed that the school environment negatively impacted their daughter's ability to use skills learned in group. One mother stated that she believed the skills made their daughters "weak at school to the other kids" and a target for bullying which resulted in stress.

Given the negative impact of community and school stressors, mothers shared that they believed group should incorporate more specific examples of how to cope with stressors at school and within their community. When asked if she believed anything else should be added to the content of group material, this mother stated "Honestly, dealing with <uhm>, the environment out, you know in the school and outside of the school."

Bullying. When discussing school and community stressors, participants spoke extensively about the significant impact of bullying. Both mothers and daughters identified bullying as a stressor that impacted their daily life and influenced their ability to implement skills learned in group. When sharing their experiences with bullying, participants reported a wide variety of

bullying that occurred at school and in the community. Daughters reported getting talked about

by peers and teased as the most frequent type of bullying. This daughter shared the following

when talking about how she was bullied "Grandpa- and he got shot into his eyes and now when

people talk about him I start crying."

When discussing the impact of bullying, daughters talked openly about their difficulties

using skills learned in group to deal with bullying. Although daughters could identify times when

skills could be useful, they shared that in response to bullying and other school and community

stressors they became angry and got into frequent fights, despite skills learned in group. When

talking about these difficulties one daughter shared the following:

> "using the skills- it was so hard for me because people just say stuff like- they say crazy
> stuff whatever coming out of their mouth- whatever coming out of their mouth- whatever
> works in their brain they just speak it out. Like at school they just- they just be awful –
> they just be like – they be getting on our nerve."

This daughter also expressed similar sentiments when asked about the difficulty using skills at

school as a result of bullying "I haven't been using them cause they just say stuff that I don't

like… I cry I get frustrated, I ball my finger up."

Although daughters expressed difficulty using skills when dealing with community and

school stressors, they were able to share times when they were able to apply skills learned in

group, in order to address bullying. For example, one daughter shared that during group, she

learned to walk away and used the skill in a recent conflict "I went outside and went to the park

and this girl kept on bullying me, and I like, I just walked away." Daughters also expressed that

as a result of the strengthened relationship with their mother, they felt comfortable sharing

school stressors with their mother. "When people at school be messing with me I go home and

tell my momma." She went on to say that sharing her experiences with bullying with her mother

was something she learned in group. She shared the following about how her mother helped her navigate a difficult situation that involved bullying:

> "like if I say something she will just give her opinion. Like when we was on the bus talking about this girl that I said had bullied me and stuff since I was little, she said don't worry about something that happened five years ago, think about now. So then I gave her reasons why I don't like her now and she said okay. She just gave her opinion. Usually, she would be like you still shouldn't be mad and stuff. Now she gives me reasons why I shouldn't be still mad at her."

Overall, bullying presented as a major community stressor within the school and community environment. Both mother and daughters provided insight regarding the impact of bullying on their overall functioning. Bullying appeared to impact the ability of participants to use their skills effectively, however skills learned in group were cited by participants as an effective way of managing bullying.

DISCUSSION

The current study sought to qualitatively examine the experiences of mother and daughters who participated in a group intervention aimed at preventing depression in African-American girls living in urban poverty. Using phenomenological principles , qualitative analyses explored the research question: What are the experiences of mothers and daughters who participate in a mother daughter group intervention aimed at preventing depression? Themes that emerged from qualitative analysis of participant experiences included: 1) value of group, 2) desire for continued intervention, 3) suggestions for improvement, 4) skills learned in group, 5)

mother-daughter relationship, 6) personal change, and 7) external stressors. The themes that emerged from the data are discussed below in relation to the existing literature and directions for future research. Study findings should be interpreted and discussed taking into consideration the demographic characteristics of study participants, the location of the group intervention, the developmental stage of daughters, the various environmental factors that influence the experiences of participants, and the limited voices represented in study findings due to low number of mothers and daughters who participated in follow up interviews

In line with the phenomenological approach, each theme will be discussed and a textural and structural description of study findings provided. The textual description will provide a description of "what" participants experienced. The structural description will provide an understanding of "how" the participants experienced the group intervention. The study will conclude with a statement from the researcher outlining the overall "essence" of the experience for group participants (Creswell, 2013). Clinical implications and recommendations will be discussed. Additionally, recommendations for future research will be discussed. Finally, strengths and limitations of the current study, and suggestions for future research will be provided.

Discussion of Themes

When discussing their experiences, participants conveyed positive attitudes about the group and attributed their positive experiences to the content of group, group dynamics, and group outcomes. Markedly, participants highlighted the need for the intervention in their community. Participants' reports that the intervention was needed in their community support the literature that suggest there is a need for mental health services in areas impacted by urban poverty. Youth who live in the context of chronic poverty are at an increased risk for psychological distress due to their increased risk of experiencing stressful life events, exposure to

community violence, lack of community resources, and poor living conditions (Cardemil et al.,2007; Grant et al., 2004; McLeod, Nonnemaker, 2000). As a result, there is a need for interventions like the Cities Mother Daughter intervention.

Unfortunately, as a result of contextual factors, several barriers exist in the access and utilization of mental health care. As a result of disparities in mental health services children, and adolescents from racial and ethnic minority group underutilize mental health services (Garland, Lau, Yeh, McCabe, Hough, Landsverk, 2005). Several barriers to accessing appropriate mental health prevention and intervention programs have been cited in the literature. These barriers are multifaceted and include lack of financial resources, mistrust of mental health care providers, attitudes toward seeking help, discrimination, parental beliefs about their child's desire to attend services, stigma attached to receiving mental health services, and scarcity of culturally appropriate services (Yeh, McCabe, Hough, Dupuis, Hazen, 2003; Thompson et al., 2004). In addition to barriers to mental health services, socio-economic status and health coverage have been cited to predict ethnic minority youth access to mental health services. Youth who come from lower socio-economic backgrounds very often have limited access to adequate health coverage due to polices that make it difficult for them to receive medical and mental health care (Garland et al., 2005). Disparities also exist in the use of mental health services in areas that are concentrated with poverty (Chow, Jaffee, Showden, 2003). Research supporting the lack of mental health services in areas negatively impacted by chronic poverty are consistent with mothers' reports that there was a need for the Cities Mother-Daughter Project in their community.

Participant's favorable attitudes toward group may be attributed to the unmet mental health care needs in the community, and barriers associated with accessing mental health

services. The location, accessibility, and cost of the intervention eliminated many barriers to services. Specifically, the intervention was free of cost, food was provided at each session, and held in a community space (e.g., school or church). Although participants discussed recognizing the need for an intervention before enrolling in group, it is possible that mothers could not afford services, could not access available services, or no available resources existed within their community. Just having access to the service may have led to favorable attitudes and may explain why mothers reported positive attitudes about group prior to its start. These positive attitudes prior to the start of the intervention may have also contributed to positive thoughts about the content of group, the dynamics of the group, and group outcomes.

There is research that suggests caregiver perceptions of difficulties associated with parenting predict ethnic minority youth access mental health services (Garland et al., 2005). Therefore, it is possible that mothers agreed to participate in the group as a result of their assessment of their daughters need for services. Participants' desire for the intervention to continue, their inquiries about similar programs, and their request for additional mental health also highlight the need for the mother daughter project and similar interventions in the low income urban communities.

In regards to the impact of being a part of a group intervention, participant's talked highly about the impact of group dynamics. Participant experiences support research that speak to the positive effects of providing mental health services in the context of a group. Group participants shared that it was beneficial to be around others families with similar experiences. Group therapy has been cited as an effective form of mental health treatment (Yalom, 2005). Given that group participants were African-American women and girls it is possible that the group experience had

a similar impact, because the group provided opportunities for participants to engage in material in a culturally congruent way (Jones & Ford, 2008).

Based on research that supports the delivery of mental health services in a group setting, and participant experiences related to being a part of the intervention, it is plausible to conclude that the group format of the intervention was successful in accomplishing its goal of fostering relationships, providing additional support, and creating access for families. Having a safe environment to share similar stressors associated with living in a highly stressed area, and learning skills to cope with these stressors fostered feelings of connectedness, accountability, and belonging.

Participants spoke extensively about skills learned during group when reflecting on their experience. Overall, mothers and daughters expressed that the skills were beneficial in helping them manage and cope with daily stressors. Participants also shared that the activities and materials used to facilitate the learning and application of skills were beneficial and enhanced their experience in group. Participants favorable attitudes about the skills learned in group, are consistent with strong evidence that cognitive-behavioral models of depression and empirically supported strategies used to cope with symptoms of depression are effective for children and adolescents (Butler, Chapman, Forman, Beck, 2006). Although cognitive behavioral models have not been typically included in preventative interventions for depression in children (Butler et al., 2006), the current study results suggest that applying cognitive behavioral models to prevention programs for children and adolescents may be beneficial when it comes to preventing symptoms of depression. In order to assess the long term impact of teaching cognitive behavioral strategies as a way to prevent depression, specifically in African-American girls, it may be beneficial for researchers to conduct longitudinal studies to better understand the long term

impact of learning skills to prevent depression. It is reasonable to expect that participants would continue to use skills learned in group in some capacity based on their positive experiences learning and applying skills learned in group. However, this should be formally tested.

    Although participants spoke highly of skills learned in group, they also shared difficulties applying some of the skills learned in group. These difficulties were attributed to environmental factors and not to participants' conceptual understanding of skills, or beliefs about the applicability of skills. Given that difficulties applying skills learned in therapy were due to contextual factors outside of the control of clinicians, it may be beneficial to brainstorm ways in which the intervention can support and encourage the use of skills in difficult situations. In order to support the use of skills in natural environments, it may be beneficial to assign participants homework focused on identifying the appropriate times to use skills, and using skills in appropriate situations as they arise. Clinicians may benefit from identifying and helping participants' role play practical difficult situations during sessions. It is possible that assigning homework that involves the use of skills in real life situations and asking mother to provide their support may be beneficial. Homework is a standard part of many cognitive- behavioral treatment programs and evidence based parent training programs (Forehand & McMahon, 1981; Reid & Webster-Stratton, 2001; Eyberg & Matarazzo, 1980; Zisser & Eyberg, 2010) and is associated with better treatment outcomes (Kazantzis, Whittington,& Dattilio, 2010). Based on evidence supporting the role and benefits of homework, it is possible that incorporating more specific homework into the group intervention may be beneficial for participants especially in regards to difficulties applying skills. In addition to assigning homework it would be beneficial for group facilitators to review homework by allowing participants to discuss how they used skills with the group. This would allow facilitators to engage daughters in additional problem solving activities

if needed. In order for participants to benefit from the experience of their peers it would be beneficial for group facilitators to encourage all members of the group to provide feedback on homework activities.

Personal Change

When discussing their experience in the group intervention, participants spoke about changes in the mother daughter relationship. Notably, participants attributed positive changes in the mother daughter relationship to their participation in the intervention. Participants shared that the content of the group encouraged them to communicate more effectively and spend more time together. Parents play a crucial role in the development of their children, specifically as children development into adolescents (Steinberg, 2014). The parent-child relationship has been shown to be associated with positive outcomes for children and adolescents (Steinberg, 2014). For example, self-report of higher attachment to parents in a non-clinical sample of adolescents was positively related to higher levels of self-esteem and negatively related to endorsements of less adaptive problem solving strategies, depression, anxiety, and anger (Armsden, McCauley, Greenberg, Burke, Michell, 1990). As a result of more time spent together and improved communication, participants shared they were able to use skills collaboratively which helped strengthen the mother daughter relationship, as well as support participants use of skills outside the group. Through the improved parent child relationship, mothers were able to support their daughters' use of skills and daughters were able to be accepting of their mother's role and support in the application of skills learned in group. Participating in the group intervention may serve as a protective factor against the development of depression in adolescence for daughters who participate in the intervention due to positive changes in the mother daughter relationship

and the outcomes associated with a strengthened parent-child relationship. Future research should test this hypothesis.

One way to establish a strong parent-child relationship is through quality special time. Mothers shared that they did not recognize the importance of spending consistent time alone with their daughter until it was discussed and emphasized during the group. According to research, a parent's knowledge of where their adolescent is, what they are doing, and who they are with is associated with lower frequencies of internalizing behaviors (Frojd, Kaltiala-Heino, & Rimpela, 2007; Hamza & Willoughby, 2011; Kim & Ge, 2000; Sagrestano, Paikoff, Holmbeck, & Fendrich, 2003). In a study examining the relationship between parental acceptance, child disclosure, parental knowledge, and internalizing behaviors among African- American urban adolescents, it was concluded that it is important to encourage parenting behaviors that promote disclosure and communication. As a result, researchers, recommend that researchers identify these specific parental behaviors and practices (Garthe, Sullican, & Kliewer, 2015). Given the experiences of mother and daughters in the current study, it is possible that one such practice for parents with adolescents is spending quality time with their child to encourage the use of coping strategies and disclosure. By placing an emphasis on mothers and daughters spending time together, it is possible that participation in the group intervention will provide mothers with opportunities to effectively monitor their daughters, thus giving them more opportunity to protect their daughters from the contextual and relational factors that may lead to symptoms of depression during adolescence.

In regards to the personal and behavioral changes highlighted by group participants, mothers and daughters discussed changes in their own behavior and the changes they observed in each other. Notably, mothers talked openly about how they found the skills beneficial to their

own mental health concerns and personal stressors. As with African-American girls, African-American women are at an increased risk for symptoms of depression, however they have similar barriers to accessing mental health services (Jones & Ford, 2008; Carrington, 2006) Thus it is not surprising that mothers in the current study identified and spoke about their own mental health concerns. It is believable that mothers enrolled in group intervention also found the coping strategies useful in the management of their own mental health concerns, given the need and limited access to other services. It may be beneficial to incorporate more specific examples of ways mothers could apply skills to their own lives, in order to address the needs of mothers who participate in the intervention.

External Stressors

Living in urban poverty has been associated with a wide variety of negative outcomes (Cardemil et al.,2007; Grant et al., 2004; McLeod, Nonnemaker, 2000). When discussing their experiences in the group intervention, participants spoke extensively about the impact of community and school stressors on their ability to apply skills learned in group. In regards to community stressors, participants shared that living in a low income, highly stressed environment significantly impacted their daily functioning. Community stressors reported by participants included gun violence, bullying, lack of resources, and a limited amount of appropriate adult support and supervision. Overall, community stressors reported by group participants played a significant role in how participants engaged with group material. The group provided participants a safe space to discuss stressors and learn skills to cope with the daily stressors associated with living in a highly stressed environment. Given that programs focused on addressing symptoms of depression in youth have typically targeted middle-class Caucasian children (Cardemil et al., 2002; Cardemil et al., 2007), there is a need to develop programs that

target the specific needs of ethnic minority youth living in low income areas (Saulsberry et al., 2013). Existing depression programs aimed at low income ethnic minority youth have not been found to be effective (Garber, 2008), therefore The Cites Mother Daughter Project addresses the need for interventions targeted at youth living in urban poverty. Taking into account how participants in the current study described their experiences in the intervention it is plausible to presume that the Mother Daughter addresses the need in a way that is acceptable and appreciated by those the group is designed for.

In addition to community stressors, participants talked extensively about school stressors. School stressors included bullying, poor and limited academic instruction, difficulty with school administrators, and difficulties navigating the school system. The research on schools that serve minority students in low income areas suggest that school stressors are associated with a wide variety of negative outcomes. For example, is has been found that depressive symptomology among African-American youth is related to their perceptions of not feeling safe in school (Fitzpatrick, Dylin, & Piko, 2010). In addition, school stressors have also been associated with academic failure. The achievement gap that exists with the American educational system is a major issue and captures the huge disparities that exist in the school system. The term encompasses differences in dropout rates, the amount of students enrolled in advanced placement courses, and differences in the amount of students enrolled in college or professional programs, specifically between ethnic minority children and their white counterparts (Ladson-Billings, 2006). Daughters in the current study attended schools in a school district negatively impacted by the achievement gap. As a result, many of the concerns raised by mothers have been cited in the literature. Parental involvement has been shown to lead to better academic performance. As a result, increasing parental involvement has been recommended as a way to close the

achievement gap. Research that has examined parental involvement has found that parents who are negatively impacted by the achievement gap are or want to be involved in their child's education in a variety of ways (Lee & Bowen, 2006). Therefore, it is crucial for schools to understand the cultural, contextual, and environmental factors that influence parental involvement in order to better accommodate and serve students (Lee & Bowen, 2006). It may be beneficial for schools to encourage and help parents enroll in programs such as the mother daughter group intervention in order to provide additional support for parents. Additionally, it is important that the developers and facilitators of groups like the Cities -Mother Daughter Project take into account how school stressors impact the presentation of depression in African-American girls who live in highly stressed environments. It may be beneficial for the manual to provide daughters with several specific examples of how they can deal with stressors in their schools.

Overall, school stressors were cited by participants as a barrier to consistently applying skills learned in group. When discussing their experiences with school stressors, mothers shared their frustrations with navigating the school system to advocate for their children. Mothers appeared to be overwhelmed by their attempts to navigate the school environment and as a result empathized with their daughter's difficulties applying skills learned in group at school. It is possible that due their own frustration and difficulty navigating the school system, mothers had a difficult time encouraging their daughters to apply skills learned in group to navigate stressful situations at school. Moving forward, it may be important to incorporate skills that mothers can use to navigate stressful school experiences within the curriculum.

When speaking about community and school stressors, mothers and daughters talked extensively about bullying. Specifically, participants reported having difficulty applying skills

due to chronic bullying which included teasing, verbal altercations, and physical aggression. Daughters shared that despite attempting to use coping strategies learned in group to handle bullying, they had difficulty navigating their frequent experiences with bullying. Mothers also shared that their daughters had difficulty using skills learned in group to deal with the negative impact of bullying. Specially some mothers agreed, that applying the skills learned in group to bullying situations, made daughters appear weak. Bullying has been cited to be an increasing concern in the United States for school-aged children (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). Bullying has been defined in the literature as behaviors that occur repeatedly over time with the intention of harming or disturbing an individual or group. Additionally, there is a power differential in which a more powerful person or group targets a less powerful person or group. Bullying may be physical, psychological, or verbal in nature (Nansel et al., 2001). The negative impact of bullying supports the need for the Cities mother-daughter project as a tool and space to help mothers and daughters cope with and navigate the stressors related to bullying.

Given that participants in the current study are African-American youth living in a highly stressed area, it is important to understand the impact of bullying among this population. Much of the literature examining bullying in the United States has focused on middle class white youth and, as a result, the effects of bullying on African-American youth are not fully understood (Fitzpatrick, Dylin, & Piko, 2010). In a study examining the experiences of 1,614 African-American youth, it was found that African-American youth experience bullying at similar levels as reported in national estimates (Fitzpatrick, Dylin, & Piko, 2010). Additionally, study participants had elevated symptoms of depression. Authors concluded that it is critical for researchers to develop bullying interventions that are tailored to African-American youth,

specifically ones that take into account community factors that influence African-American youth. Therefore, the research suggests the need for programs like the Cities Mother-Daughter program to address bullying.

Qualitative Research

Qualitative methods have been cited to be useful in the development and assessment of interventions with vulnerable populations due to the unique cultural factors that must be taken into consideration when serving these populations (Dumka, Gonzales, Wood, Formoso, 1998; Lewin, Glenton, & Oxman, 2009). In addition to the themes that emerged from the data, the current study highlights the importance and need for qualitative research in the development of new interventions. Qualitative methods have been cited to be useful in the development and assessment of interventions with vulnerable populations due to the unique cultural factors that must be taken into consideration when serving these populations. The use of qualitative methods in the current study provide the developers and clinicians involved in the Cities Mother-Daughter Project with the unique perspectives of mothers and daughters who participated in the intervention, resulting in a better understanding of how participating in the intervention impacted how participants understood and used skills learned in group.

Although not captured in themes that emerged from the data, the use of qualitative methods in the current study captured group dynamics not fully understood by clinicians during the intervention. For example, during one of the groups a mother and daughter abruptly stopped attending sessions without providing an explanation or responding to attempts by clinicians to reengage them in group. When discussing their experience in the group, participants provided an explanation for why the mother and daughter stopped attending group. According to group participants, both the mother and daughter had a conflictual relationship with other group

participants. Without the use of qualitative methods, researches would have not known about these underlying group dynamics, and the families lack of engagement in the group may have possibly been attributed to other factors. This example, highlights the importance of qualitative methods as a tool to fully understand the experiences of individuals who participate in new interventions. It would be beneficial for developers of the manual and group facilitators to continue to qualitatively explore the myriad of reason participants may disengage from the group.

It may be beneficial to continue to use qualitative methods to assess the effectiveness of the group. Qualitative data can be used to better understand why families choose to or not to participate in the intervention. Qualitative findings from the current study may also help with the interpretation of future quantitative results. For example, the Qualitative finding may help researchers understand behavioral outcomes such as a decrease in symptoms of depression.

Textual Description

The textual description provides a thorough description of "what" participants experienced (Creswell, 2013). Overall, participants enjoyed and valued their participation in the intervention. One daughter stated "I actually felt really good during this program." Similarly, another daughter stated, "I like a lot of stuff about the group. I love what we eat, I love what we do." Participants found the skills learned in group beneficial and as a result applied them outside the context of group. One mother stated "there was nothing about the group that was least beneficial to me. Nothing-nothing about the group wasn't beneficial. Everything, every session that I made, everything was beneficial to me." Participants described a warm, comforting environment in which they were able to learn skills to address daily stressors, create new relationships, make personal changes, and strengthen the mother daughter relationship.

Structural Description

The structural description provides a description of "how" participants experienced the phenomenon (Creswell, 2013). The structural descriptions provided by participants focused on how aspects of the intervention contributed to positive experiences and favorable attitudes towards the overall group experience. The various skills learned during group, material used to present skills, and group activities enhanced participant experiences during the intervention. Participants' favorable attitudes and experiences about group were also a result of the strong impact of group membership. Group dynamics fostered accountability, feelings of connectedness, as well as feelings of belonging; resulting in a space where participants openly shared their experiences and learned from other group participants. Lastly, aspects of the group that encouraged the strengthening of the mother- daughter relationship also contributed to the positive experiences of the group as represented in the themes that emerged from the data.

The Essence of Participant Experiences

This passage focuses on the common experiences of study participants (Creswell, 2013). Overall, participants in the Cities Mother-Daughter Project experienced an environment that encouraged them to actively apply skills learned in group to their everyday lives. Through their active participation in group, participants came away with a stronger commitment actively strengthening the mother-daughter relationship.

Clinical Implications and Recommendations

Participants generated several recommendations for the developers of the Cities Mother Daughter Project manual and the clinicians who deliver the intervention. Recommendations should be incorporated into future interventions to address participants concerns and to enhance the experience of individuals who participate in the group in the future.

Results of the current study suggest it is important for researchers and clinicians to continue to address the effects of living in highly stressed neighborhoods, specifically those negatively impacted by poverty, lack of resources, failing schools, and community violence. Based on participant's views regarding the importance of using skills to navigate stressors, their difficulties applying skills in some environments, and their recommendations for incorporating concerns related to community stressors when delivering the intervention, the following recommendations should be taken into account when considering the impact of community stressors on group participants. At the start of group, clinicians should ask group participants to share information regarding their community and the impact of community stressors on their daily lives. This will give participants the opportunity to share their experiences and the stressors related to these experiences. Clinicians should then use the experiences of participants to tailor role-plays and how they present group material to participants.

In regards to the structure of the intervention, developers of the intervention and clinicians should continue to implement opportunities for group participants to develop relationships, given the strong impact of the relationships participants formed in group. For example, the implementation of a family style meal at the start of each group, which was cited by participants in the current study to be a highlight of their experience in the group should continue. Additionally, other group building activities may benefit participants. Clinicians should encourage participants to share their thoughts and feelings with other group members and help participants brainstorm ways they can assist each other in the application of skills learned in group outside the context of group.

Due to difficulties applying some skills learned in group and taking into account recommendations from group participants, developers of the manual and clinicians should

consider implementing more role-plays into sessions to give group members the opportunity to practice skills learned in group, as well as provide opportunities to discuss how to navigate difficult conversations and situations. Doing this within the context of group will allow participants to get feedback from other group participants. Based on recommendations from participants, it may be beneficial for developers of the manual and clinicians to consider incorporating other family members into groups in order to assist mothers and daughters in their use of skills with their family. It may also be beneficial to teach family members the skills in order to help group participants identify the appropriate times to use skills.

Participants expressed a desire for the intervention to continue. It may be beneficial for developers of the manual to consider making the intervention longer. Two to three follow up groups may also be beneficial for individuals who participate in the group. Lastly, clinicians should consider spending more time highlighting how group members can continue to use skills learned in group once group is over. This will give participants a sense of agency, and help them feel confident about their application of skills learned in group. It may also be beneficial to empower group participants by giving them the strategies and tools needed to continue the group in their community on their own.

Implications and Recommendations for Future Research

In addition to clinical implications, future research is recommended to further understand the experiences of mothers and daughters who participate in the Cities Mother-Daughter project. A similar qualitative study which includes a higher sample size that is representative of more individuals who participate in the intervention may provide a richer understanding of participant experiences in the group. It may be beneficial to ask participants to provide an account of their experience in the group after each session, in addition to reflecting on their overall experience at

the end of group. If a weekly check in with participants is not feasible, it may be beneficial for participants to provide an account of their experiences at mid-treatment in addition to reflecting on their experiences at the end of group. By having participants reflect on their experiences earlier and at several points of the intervention, researchers will gain more information about the experiences of participants because they will be recalling their experiences closer to their experiences. Additionally, it may be beneficial for researchers to get an account from teachers, additional caregivers, or family members who can provide information regarding their observations of group members.

It may also be beneficial for researchers to interview group participants individually; this may give participants the opportunity to provide additional information about their group experience without the influence of other group members. This will also increase the likelihood that participant voices are represented equally, because individual interviews will decrease the effects of group dynamics that may make it difficult for all participants to share their group experiences. It is important that researchers continue to ask participants to reflect on their experiences in the developmental stages of the intervention. It may be beneficial to hear how participant experiences vary based on location of the group, the community participants live in, group dynamics, and other factors that may potentially impact how group members experience the group.

It is also recommended that researchers involved in the development of other new clinical interventions ask participants to share their experiences. Qualitative findings may provide researchers with contextual information that cannot be gleaned from quantitative analysis, which may add meaning to quantitative findings and group outcomes. Quantitative research should aim to examine the mental health and behavioral outcomes of the intervention. In addition, it may be

beneficial to quantify participant's knowledge of skills learned in group. Quantitative research should also continue to examine the feasibility and acceptability of the intervention (Duffy et al., 2016). This will help researchers to continue to improve and examine the outcomes of the intervention.

Study Strengths and Limitations

The phenomenological approach to the current study provides important information regarding the experiences of mothers and daughters who participated in a new group intervention aimed at preventing depression in a vulnerable population, however it is important to consider study limitations. This first limitation of the study is that due to difficulties contacting everyone who participated in the group intervention, not all individuals who participated in the group intervention participated in follow up interviews. As a result, not all group participant voices are represented in the text and themes.. Additionally, study finding do not capture the experiences of individuals who chose to stop attending group or of those who were randomized into the group but did not attend. In the future it may be beneficial to interview individuals who were randomized into the group and chose not to attend. It may also be beneficial to interview individuals who dropped out of the intervention, in order to get a more comprehensive understanding of the interventions low feasibility. Individuals who did not participate in the intervention may offer additional information that may be beneficial in the continued development of the intervention, specifically as it relates to engaging mothers and daughters who may be at the most risk for facing the contextual factors that put daughters at an increased risk for experiencing symptoms of depression. Additionally, participants may have been influenced by other participants when sharing their experiences in group, given the group format of the interviews.

Although study findings offer valuable information that can be used in furthering our understanding of the feasibility and acceptability of the intervention, results of the study are not generalizable due to the studies overall goal of understanding the essence of participants shared experiences which resulted in a limited and purposeful sample. Despite the use of bracketing, a degree of subjectively may have impacted the interpretation of study experiences given the nature of qualitative methods used in the current study. Lastly, because mothers and daughters were interviewed by group facilitators they were familiar with, they may have responded to interview questions in a more favorable manner, thus not accurately reflecting on their experiences in group. In the future it may be beneficial to have participants interviewed by individuals who did not conduct the group in order to get a more accurate and truthful description of participant's experiences.

Despite study limitations, the current study has several strengths that should be discussed. This study is the first to offer a broad understanding of participant attitudes and views about the Cities Mother-Daughter Project, thus enhancing our knowledge and understanding of participant experiences. The data was collected with the specific purpose of examining participant experiences, therefore, it is plausible to say that participants were adequately probed to talk about their experiences in group. Additionally, group participants were interviewed in the same structure they participated in group to encourage reflection and conversation. Group coding and discussion of themes is also a strength of the current study. As a result of the group approach to analyzing the data, a variety of perspectives were taken into consideration when discussing the data, resulting in thorough analysis. Finally, because participants were given the opportunity to share their thoughts openly with clinicians and researchers, their voices will contribute to the existing literature and the continued development of the intervention and similar interventions.

As a result of the current study, clinicians and researchers have the opportunity to incorporate the voices of participants into the intervention and research, enhancing the experience of individuals who participate in the group in the future.

SUMMARY

African-American girls living in urban poverty are at an increased risk for developing depression and less likely to receive mental health services than their European-American counterparts (Barreto & McManus, 1997; Freeman, Mokros, & Pozanski, 1993; Grant et al., 2004; Hammack, Robinson, Crawford & Li, 2004; Keenan, Hipwell, Hinze, Babinski, 2009). Unfortunately, Depression prevention programs have primarily focused on middle-class Caucasian children (Cardemil et al., 2002; Cardemil et al.,2007). As a result, the Cities Mother-Daughter Project was created in order to address ecological risk

factors that put African-American girls at an increased risk for developing depression, through several targeted domains that have been found to be associated with depressive symptoms in prior research that included a substantial representation of African American girls. A recent study examined the ease, convenience, and implementation (i.e., feasibility) of the Cities Mother-Daughter Project; as well as the satisfaction and usability (i.e., acceptability) of the project (Duffy et al., 2016). Study finding suggested the that intervention had weak feasibility and acceptability. In order to further explore the feasibility and acceptability of the Cities Mother-Project, and gain a more comprehensive understanding of the experiences of group participant, the current study employed qualitative inquiry to examine the experiences of mothers and daughters. Study participants included 9 mothers and 9 daughters who participated in the intervention. Seven overarching themes emerged when participants reflected on their experience in the group intervention: 1) value of group, 2) desire for continued intervention, 3) suggestions for improvement, 4) skills learned in group, 5) mother-daughter relationship, 6) personal change, and 7) external stressors.

Study findings were integrated and discussed in relation to demographic characteristics of study participants, the location of the group intervention, the developmental stage of daughters, and the various environmental factors that influence the experiences of participants. Limitations, strengths, and future directions were also discussed. Study findings have implications for further development of the Cities Mother Daughter Intervention.

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APPENDIX A
Follow-Up Focus Group Protocol

<u>Interview Guide</u>
Group leaders will allow Mothers and Daughters to lead the conversation in order for participants to discuss points most relevant to their experiences without prompting.

Discussion leaders will ask the questions outlined below, to encourage conversation, *if needed.* The first question should guide the conversation. The follow up questions should be used to guide the conversation if needed. Feel free to ask additional follow up questions if needed.

**Group leaders should really focus on encouraging the participants to lead the conversation. At the same time Group leaders should facilitate conversation as needed.

<u>**Mother Group**</u>
<u>**Question**</u>-Can you tell us about your experience in the Mother-Daughter Group?
Allow conversation to occur naturally after this question is asked. Use Follow up questions, if needed. Feel free to ask additional follow-up questions based on the experiences shared by participants.
<u>**Follow –Up Questions**</u>

1. What parts of the groups were most beneficial?
2. What parts of the groups were least beneficial?
3. Can you tell us about how things have been with your daughter since you participated in the group?
4. Has your relationship with your daughter changed since participating in the group?
5. Have you been able to use the skills you learned in group? If so, which skills have you found most beneficial?

<u>**Daughter Group**</u>
<u>**Question**</u>-Can you tell us about your experience in the Mother-Daughter Group?
Allow conversation to occur naturally after this question is asked. Use Follow up questions, if needed. Feel free to ask additional follow-up questions based on the experiences shared by participants.
<u>**Follow –Up Questions**</u>

1. Can you tell us about your experiences in the Mother-Daughter Group?
2. What parts of the groups were most beneficial?
3. What parts of the groups were least beneficial?
4. Can you tell us about how things have been with your mother since you participated in the group?
5. Has your relationship with your mother changed since participating in the group?
6. Have you been able to use the skills you learned in group? If so, which skills have you found most beneficial?

APPENDIX B
Publication Format

Examining the Experiences of Mothers and Daughters Who Participate in the Cities Mother-Daughter Project

RUNNING HEAD: CITIES MOTHER-DAUGHTER PROJECT

Examining the Experiences of Mothers and Daughters Who Participate in the Cities Mother-Daughter Project

Tasha M. Brown

Abstract

In order to further explore the feasibility and acceptability of the Cities Mother-Daughter Project, an intervention aimed at preventing depression in African-American girls, the current study employed qualitative inquiry to examine the experiences of mothers and daughters who participated in the intervention. Study participants included 9 mothers and 9 daughters. Thematic analysis was used to examine the subjective experiences of mothers and daughters who participated in the Cities Mother-Daughter project. Seven overarching themes emerged when participants reflected on their experience in the group intervention: 1) value of group, 2) desire for continued intervention, 3) suggestions for improvement, 4) skills learned in group, 5) mother-daughter relationship, 6) personal change, and 7) external stressors. Study findings were integrated and discussed in relation to demographic characteristics of study participants, the location of the group intervention, the developmental stage of daughters, and the various ecological factors that influence the experiences of participants. Limitations, strengths,

and future directions are also discussed. Study findings have implications for further development of the Cities

Mother-Daughter Intervention.

Key Words: Depression prevention in African American girls, Depression, African American

Examining the Experiences of Mothers and Daughters Who Participate in the Cities Mother-Daughter Project

African-American girls living in urban poverty are at an increased risk for developing depression due to a

wide variety of factors that include chronic poverty, stressful life events, exposure to violence, and ineffective

coping strategies (Hammack, Robinson, Crawford. & Li, 2004). Despite being at an increased risk for developing

depression, African-American girls who live in the context of urban poverty are less likely to receive mental health

services when compared to their European American peers (Grant et al., 2004). To address the need for depression

prevention programs aimed at African-American girls living in the context of urban poverty, the Cities Mother-

Daughter Project was created. Results of an initial study looking at the feasibility and acceptability of the

intervention found that group participants had favorable attitudes toward the project (Duffy, Brown, Katsonga-Phiri,

Bouris, Grant, Keenan, 2016). However, there are currently no studies that examine and describe the subjective

experiences of individuals who participate in the intervention. As a result, there is a need to qualitatively explore the

experiences of individuals in the Cities Mother-Daughter Project in order to further examine the impact, feasibility, and acceptability of the intervention.

Understanding Depression

Depressive disorders are the most common mental health disorders among adolescents. It has been estimated that the prevalence of depression among adolescents range from 14-20% (Keenan & Hipwell, 2005). Adolescents who experience an episode of depression are at an increased risk for a wide variety of negative outcomes that include school problems, teenage pregnancy, truancy, other comorbid mental disorders, substance abuse, suicide, and decreased access to resources that promote healthy coping strategies (Cardemil et al., 2007; Hammack et al., 2004). Adolescent girls experience higher rates, longer, and more severe episodes of depression when compared to their male peers, putting them at an increased risk for future episodes of depression throughout adolescence and into adulthood (Cardemil et al.,2007; Grant et al., 2004; Keenan et al., 2008).

Poverty, stressful life events, and maladaptive coping are pervasive in the lives of African-American children and adolescents living in urban poverty and these experiences have been shown to increase the risk of depression (Garber, 2006; Hammack et el., 2004). Recent studies show that African- American girls endorse more symptoms of depression than their white counterparts (Collins et al, 2007). Further, the racial gap in depressive symptoms have been shown to become more pronounced when scholars take into account the effects stressful life events have on depressive symptoms. Despite being at an increased risk for depression, African-American girls are less likely to receive mental health services than their European-American peers (Grant et al., 2004; Keenan, Hipwell, Hinze, Babinski, 2009). African-American families report several barriers to accessing mental health services that include mistrust of mental health care providers and lack of financial resources (Thompson, Bazile, Akbar, 2004). Additionally, African-American youth and their caregivers have been found to be less knowledgeable about treatments specific to depression, which is predictive of a decreased willingness to seek out services (Chandra et al., 2009).

Effective strategies for coping with stressors associated with urban poverty become increasingly important as African-American girls begin to explore spaces beyond their familial context (e.g., school and neighborhood) (Gaylord- Harden et al., 2008). However, in the context of urban poverty youth may not benefit from being taught active coping skills, unless the skills are supported by a relationship with a caring and supportive adult (Grant et al., 2009). Therefore, it is critical to provide these youth with the opportunity to strengthen positive relationships with

caring and supportive adults in the context of the parent-child relationship. Higher parental attachment has been associated with lower rates of internalizing symptoms during adolescence (Gaylord-Harden, Taylor, Campbell, Kesselring, Grant, 2009). It a study by Gaylord-Harden and colleagues (2009) they concluded that maternal attachment was a strong predictor of positive coping strategies for adolescents between the ages of 10 and 16 living in urban poverty.

Despite the dire needs of African-American youth living in urban poverty, research focused on preventing depression has primarily focused on middle-class Caucasian children (Cardemil et al., 2002; Cardemil et al.,2007). Existing depression prevention programs have not been found to be consistently efficacious for African-American youth (Cardemil et al., 2002; Cardemil et al.,2007; Garber, 2008). Additionally, scholars have yet to understand why African-American youth benefit less than their white counterparts. Therefore, there is a need for qualitative studies that examine the subjective experiences of African-American youth who participate in these programs remain unexplored.

The Cities Mother-Daughter Project

In an effort to address the need for a relevant program aimed at reducing early emerging symptoms of depression in African-American girls during the preadolescent stage, the Cities Mother-Daughter Project was created. The culturally relevant depression prevention intervention aims to address ecological risk factors that put African-American girls at an increased risk for developing depression, through several targeted domains that demonstrated associations with depressive symptoms in prior research that included a substantial representation of African American girls (Duffy et al., 2015). Additionally, the program seeks to equip mothers with the skills needed to deliver the intervention to their daughters in an effort to increase their daughter's ability to be successful at incorporating skills learned in group into their daily lives. The intervention consists of eight group sessions that are 90 minutes long. During each session, participants share a family style meal that encourages group socialization and bonding. Separate mother and daughter groups are then conducted by group facilitators during which new cognitive-behavioral skills are introduced and practiced. Mothers and daughters are then given the opportunity to practice newly learned skills, during which mothers serve as their daughter's coach, and are provided with assistance from a group facilitator as needed. See the article by Duffy and colleagues (2016) for additional details on the design and implementation of the Cities Mother-Daughter project.

Feasibility and Acceptability

A recent study examined the ease, convenience, and implementation (i.e., feasibility) of the Cities Mother-Daughter Project, by examining the enrollment and retention of group participants. The satisfaction and usability (i.e., acceptability) of the project was also examined, by having group participants complete rating scales about their experience at the end of each session. Study results indicated that the feasibility of the Cities Mother-Daughter project was weak. Specifically, 32% of participants enrolled in the intervention attended more than four of the scheduled eight group sessions. Additionally, group attendance was low, with session attendance rates ranging from 23% to 41%. Although feasibility was weak, on average satisfaction and usability ratings for mothers and daughters was high, suggesting high acceptability. Despite these interesting finding, not much is known about the subjective experiences of group participants. As a result, there is a need to elucidate the potential mechanisms behind low feasibility and high acceptability of the intervention. In order to better design and implement depression prevention programs for African-American girls living in urban poverty.

The Benefits of a Qualitative Framework

Qualitative inquiry is best suited to enhance the depth of our understanding as it relates to the feasibility and acceptability of the Cities Mother-Daughter project. Qualitative inquiry has also been used in the development and evaluation of new interventions like the Cities Mother-Daughter Project (Lewin, Glenton, & Oxman, 2009). Qualitative methods have been especially useful in examining whether interventions are delivered as intended (Sullivan- Bolyai, Bova, Harper, 2005). Additionally, qualitative methods had been used to capture macro-level historical, institutional, and social processes (Nastasi & Schensul, 2005) that may play a vital role in the implementation of depression prevention programs aimed at preventing depression in high risk areas and with high risk populations. Lastly qualitative methods would be used in and further explaining the low feasibility of the intervention that is thought to be the result of cultural and contextual factors.

Research Objectives

The current study seeks to examine the experiences of group participants in order to gain a more thorough understanding of group outcomes. Information gleaned from understanding the experiences of group participants will be beneficial when brainstorming how to address low feasibility, given that the intervention was beneficial for those who did consistently attend sessions. The qualitative experiences of group participants will also help to further understand high acceptability rates of the intervention. Study findings have implications for the further development of the intervention.

Method

Participants

Participants in the current study are mothers and daughters who participated in the Cities Mother- Daughter Project. Participants included 9 mothers and 9 daughters (N=18), living in a large inner city in Midwestern United States. In order to be eligible for the study, participants must have participated in the Cities Mother- Daughter Project, for a minimum of one session, thus meeting all demographic eligibility criteria for group participation. In order to be eligible for group participation daughters must have been enrolled in the 3rd, 4th, or 5th grade. In addition, girls must have endorsed one symptom reflecting low positive, mood, anhedonia, and low motivations. All daughters in the current study were eligible for free healthcare, due to their families' income level.

Recruitment

All participants who completed one or more sessions of the Cites Mother-Daughter Project were asked to participate in the current study. Primary researcher contacted all eligible participants at least three times to engage them in the current study.

Instrument

A semi-structured interview guide developed by the primary researcher was used during group interviews. The interview guide included one question (e.g., Can you tell us about your experience in the Mother-Daughter Group?). Participants were asked open-ended follow up questions throughout the interview with the intention of having them expand or elaborate on their responses.

Data Collection

At the completion of the intervention, mothers and daughters were invited to participate in a follow up session in order to complete a battery of post-assessment measures, including the semi-structured interview described above. Mothers and daughters took part in interviews that ranged from 6 minutes to 35 minutes. Six interviews were conducted in the group format. Two interviews were conducted individually due to scheduling conflicts that made it difficult for participants to participate in group interviews. Mothers and daughters were interviewed separately, to mirror their experiences group. Interviews were conducted by group facilitators.

Methodology

The current study utilized thematic analysis, the process of identifying, analyzing, and reporting themes from the data without the use of preexisting codes (Braun & Clarke, 2006; Miles & Huberman, 1994), to explore the

experiences of mothers and daughters who participated in the Cities Mother- Daughter Project. Several steps were employed to explore themes that emerged from participant experiences. Familiarization with the data, generation of initial codes, identifying themes, theme refinement, and finalizing themes (Miles & Huberman, 1994).

Data Preparation

All intervention sessions were video recorded for the purposes assessing fidelity to the treatment manual and clinical supervision. Interviewers for the current study were also video recorded to mirror participants experiences in group, however for the purposes on the study only the audio of each tape was analyzed.   Video recordings of each interview were uploaded to a secure server immediately following each interview. Video recordings were then initially transcribed by a research assistant. Reliability checks were then completed on each transcript by another research assistant, during which the research assistant reviewed and made note of any discrepancies between initial transcription and video recordings. The primary researcher then verified reliability transcripts against video recordings to ensure accuracy before data analysis began. Lastly, transcripts were read in full by the primary researcher and research assistants, giving the opportunity for researchers to begin the process of understanding the meaning of the data (Creswell, 2013; Thomas & Pollio, 2002).

Data Analysis

Transcripts were read in full by the primary researcher and research assistants, giving the opportunity for researchers to begin the process of understanding the meaning of the data (Braun & Clarke, 2006; Creswell, 2013; Thomas & Pollio, 2002). After transcripts were read in full several times, researchers began to identify reoccurring words and phrases that emerged from the data. Specific statements and phrases that shed light on the experiences of participants were then extracted from the transcripts and meaningful units were assigned to extracted statements and phrases (Miles & Huberman, 1994). For example, the quote "like I said again, I don't really want y'all to go. I wish we could continue this" was assigned the meaningful unit, "mother stating she did not want group to end." Meaningful units were then assigned codes (Miles & Huberman, 1994). For example, the meaningful unit "mother describing desire for continued intervention" was assigned the code "desire for continued intervention. "Once codes were assigned to meaningful units, transcripts were reread in a group setting by primary researcher and research assistants. Transcripts were then recoded using initial codes. New meaningful units and codes were assigned to data as deemed appropriate by the research team. Transcripts were reread several times and the process assigning new meaningful units and codes was repeated until the research team agreed all meaningful units were identified and

assigned codes. Discrepancies between research assistants were discussed as a team until a consensus was reached. Mother and daughter transcripts were assigned meaningful units and coded separately to ensure that the experiences of both mothers and daughters were fully captured.

Codes were then grouped into themes, which represent recurring patterns that represent important aspects of the experiences of participants (Thomas & Pollio, 2002). Mother and daughter codes were combined into themes, in order to ensure that themes represented the overall experience of the group. For example, codes such as "improvement in the quality of relationship with daughter; mother-daughter relationship change" were grouped into the theme mother-daughter relationship. Themes comprised of codes that identify the same phenomenon (Coffey & Atkinson, 1996). Each theme was then described in detail. Themes and descriptions of themes were created by primary researcher and then revised and finalized with research assistants over a course of several meetings until a consensus about final themes was reached by research assistants.

Trustworthiness and Credibility

Various strategies were employed to ensure the ensure the trustworthiness and credibility of the current study (Shenton, 2004). All codes were identified and discussed by primary researcher and research assistants in a group setting allowing for disagreements and discrepancies in the interpretation of data to be discussed before final codes were assigned to data. Themes and descriptions of themes were created by primary researcher and then revised and finalized with research assistants over a course of several meetings. To ensure that participants voices were accurately represented the primary research provided research team with drafts of results sections of the current study. Research assistants were asked to review and provide feedback.

Results

Seven overarching themes emerged when participants reflected on their experience in the group intervention: 1) Value of Group, 2) Desire for Continued Intervention, 3) Suggestions for Improvement, 4) Skills Learned in Group, 5) Mother-Daughter Relationship, 6) Personal Change, and 7) External Stressors.

Value of Group

When discussing their experiences in group, participants spoke favorably about the impact of group membership and shared their attitudes about the group. Participants attributed their positive attitudes to the structure of group, skills learned in group, group material, relationships formed in group, and positive changes in the mother-daughter relationship. Participants described their participation in the intervention as an enlightening opportunity to

learn new skills, improve the mother-daughter relationship, and develop new relationships. When sharing her overall impression about the group intervention, this daughter shared her feelings by mentioning several parts of group she found enjoyable "I like a lot of stuff about the group – I love what we eat, I love what we do." Mothers also expressed favorable attitudes about the group intervention. When asked to share her thoughts about the benefits of the group this mother expressed, "there was nothing about the group that was least beneficial to me. Nothing-nothing about the group wasn't beneficial. Everything, every session that I made-everything was beneficial to me."

Participants expressed that group membership and group dynamics played a vital role in the success of the intervention by fostering feelings of connectedness, accountability, and belongingness. Participants frequently described other group members as family. When talking about the group, this daughter said, "I love this whole family <uhm> even the moms as a real family." Participants expressed that group members provided additional support and contributed to a safe environment that allowed participants to be vulnerable and transparent. Participants also expressed that they valued being a part of a group with individuals who shared similar life experiences.

> <uhm> I would say enlightening because it was nice to be amongst women that had daughters, or just children in general, and realize that your situation is not necessarily unique. It might be unique in certain aspects of it, but overall it's - you can share - someone knows your pain, per se. So it was nice to be amongst company - like company that we can talk and relate. And in the same process they can enlighten you on things that you can do that you probably would have never thought of, or vice versa.

Desire for Continued Intervention

Participants expressed a desire for the intervention to continue. Participants shared that continuing the intervention would be beneficial for participants and members of their community. When sharing her feelings about the intervention ending this mother said, "I really don't want ya'll to go. I really wish we could continue this." When providing feedback about the length of the group, participants expressed that they believed the intervention was too short.

Participants emphasized the need for the intervention in their community. Participants believed that mothers and daughters in their community would benefit from the group due to individual and community stressors that are prevalent within their communities.

Lastly, when discussing their desire for the intervention to continue, participants shared that they group made them aware of the need for additional services outside the context of group. This mother shared the following when talking about her need for mental health services.

I could use some more counseling - I'm sorry. I could use more counseling

because I don't know - it's just they're going through a whole lot and I think that well,

for my kid -I know she could use a little bit more, a little bit more counseling or

something - I know she need it.

Mothers also expressed that their daughters could continue to benefit from programs that were similar to the group, at the completion of the intervention. At the end of group this mother stated "My thing is I have to find a thing like this for the summer for her and I to go through even if it's just two week course here or course here."

Suggestions for Improvement

When providing feedback about group activities and material, mothers made suggestions to improve group. Participants felt it would be beneficial for family members specifically siblings to participate in group. Mothers also suggested that more role-plays would be a beneficial addition to the group material "they need to do the role-play to kind of bring it down and tell them the proper- a series of proper words they could use so that they can get the answers they want." Mothers believed that role-plays would make it easier for daughters to navigate stressful situations such as navigating difficult conversations with teachers and peers. Other suggestions included more content on navigating school and community stressors, the use of art activities, co-ed meetings, more tangible materials such as handouts, and making the program longer. Mothers also suggested it may be beneficial to have family members participate in the group in order to support daughters' use of skills outside the context of the group setting and the mother-daughter relationship.

Skills Learned in Group

Mothers and daughters found skills valuable and highlighted the ways they used skills in their daily lives in a variety of situations. However, they also reflected on the difficulty applying skills.

When reflecting on the benefits of skills learned during group, this mother stated "we can take this wherever we want-it can continue to be used." Participants recalled skills they found most beneficial and discussed how they applied specific skills in their everyday life. When talking about skills this daughter stated "We use those skills to help us go through problems."

In addition to talking about how they found the skills useful, mothers also talked openly about how they could use skills learned in group to support girls who needed additional support in their communities.

Although mothers and daughters found skills beneficial, they also talked about difficulties applying skills. Specifically, mothers expressed that their daughters had difficulties using skills in a school setting due to factors such as bullying, lack of social support, and minimum adult supervision. This mother stated:

"At first we was trying, working out with the whole little <uhm> situation that we discussed about trying to avoid conflict and think positive things and trying to think- do positive things. But with the situation- but not at that school in that classroom."

When discussing the difficulties using skills, this mother stated that she believed the skills made daughters appear "weak at school to the other kids." However, stated that the skills would be easier to implement in a more welcoming setting, "If they were somewhere else it definitely would work." Daughters also talked openly about their difficulties applying skills learned in group due to bullying and other environments that made it difficult for them to effectively use skills. This daughter stated:

"Using the skills - it was so hard for me because people just say *stuff like* - they say crazy stuff whatever coming out of their mouth - whatever works in their brain they just speak it out. Like at school they just - they just be awful."

Mother-Daughter Relationship

When discussing their experience in group, mothers and daughters reflected on changes in their relationship. Specifically, participants provided real life examples to illustrate how skills learned in group helped strengthen the mother-daughter relationship. Participants attributed changes in the mother daughter relationship to their active participation in group, as well as their engagement in group material. They spoke about improvements in communication and time spent together. When sharing changes in her relationship with her daughter this mother said, "It has brought us a little bit closer. She's more open." Daughters also talked about changes in their relationships with their mothers. This daughter spoke about how her relationship with her mother improved as a result of their participation in the group. Specially, she shared that prior to the group she did not feel like a priority in her mother's life.

Daughter: Me and my mom never been close and she said we don't spend enough

time, and she been worrying about everything else except me --

Daughter: And now we hang out– she spend enough time with me like shopping – we

went to the beach.

When discussing changes in their relationship, mothers and daughters highlighted changes in the amount of quality time they spent together. For example, this daughter said, "We talk about more stuff with each other cause I used to tell my mama stuff it used to be everything-it used to not be everything but now we spend more time with each other." One mother shared that attending group on a weekly basis served as quality time spent with her daughter.

There was nothing that was not beneficial. Because in the process of these things it was time that me and

her got to spend together. Even if it wasn't outside of here, it was time that I got to spend with her without

her brother and her sister.

Mothers also shared that their participation in the group helped to shape their views about the role and utility of quality time with their daughters. This mother said the following:

"I like the thing that y'all- have we had to find time like little stuff matter like comb their hair, or doing

like cooking and stuff like that (like that little stuff being matter)- or whatever but now I'm just like oh, but

I don't have time, the only thing I'm doing is combing her hair for ten to fifteen minutes."

Participants shared that using skills learned in group collaboratively helped to facilitate the changes in their relationships. Specifically, mothers expressed using skills to solve problems in a collaborative manner with their daughters resulted in an improved relationship with their daughters. As a result of using the skills learned in group to address their daughter's concerns, mothers shared they observed changes in the relationships with their daughters. They highlighted the ways their daughters came to them when experiencing difficulties and how they responded.

Daughters also spoke about the ways in which they used skills learned in group to solve their problems collaboratively with their mothers. Mothers were identified as an integral part of the problem solving process by their daughters. Daughters expressed valuing and appreciating their mother's opinion. They also discussed feeling more connected to their mother when addressing concerns collaboratively. This daughter shared the following. "When we have problems we use like –get together and talk about it and then we come up with a solution." This daughter recalled a time when she went to her mother to address a concern, and reflected on her mother's ability to help her navigate conflict with her peers:

"Well, let me just say this, I let all the pain off my chest and now I just feel so light and graceful because I told my momma- she fix all the problems she said walk away from people who like that cause they just stupid and they just want to be playing with your mind."

Overall, mothers shared how they planned to continue to encourage their daughters to effectively communicate with her. Mothers expressed a desire to be more present in their daughter's lives, by providing their daughters with a safe place to share their thoughts and concerns. This mother stated, "you rather them come to you and ask those questions than go try and get that answer from somebody else because they not going to answer correctly."

Personal Change

In addition to reflecting on changes in the mother-daughter relationship and the collaborative use of skills to strengthen their relationship, participants reported changes in their own behavior. In addition to their own personal changes, mothers and daughters reflected on changed they observed in each other. Specifically, Mothers reflected on changes in their own behavior and views regarding their parenting practices. Daughters spoke about changes in their relationships with peers and reflected on changes in their own behavior. Additionally, mothers reported changes in their daughter's behavior at home and school. Daughters also reflected on changes they observed in their mother.

In regards to their personal change, mothers shared that they found the intervention personally beneficial, despite their initial belief that the group would only benefit their daughters. This mother said the following when talking about the personal benefits of the program: "I knew she may be able to benefit from it. I didn't know I would be able to benefit from it." She went on to say, "I never thought I would get in this kind of program and learn so much about me, because I'm a veteran mother." In addition to the personal changes that they experienced as a result of being a part of the group, mothers reflected on changes in their views regarding parenting. This mother explained how the group encouraged her to think about the way she disciplined her daughter: . "Like I said I'm learning from this because that made me want to go look up stuff. How do you reward them without making them feel like they are entitled to something." Mothers expressed that before participating in group they frequently screamed at their children "I used to be a screamer, I would scream about everything" and reflected on how much less they screamed since ending the intervention.

Mothers also shared changes they observed in their daughters. When sharing observable changes in her daughter, one mother shared that her daughter communicated her feelings and was able to better articulate herself. Another mother shared that she noticed her daughter thinking about various ways to handle problems. She said the following when sharing this change in her daughter, "and now she will go the extra mile to try to find a better way to deal with the problem or will exhaust everything." This mother emphasized that the mood and behavioral changes she observed in her daughter's behavior were a result of their participation in group.

> When she gets out of school we are walking, hugging, <uhh> she's cracking jokes, so she
>
> always - she's always creative, in being very - <uhh> keeping us distracted from any
>
> negative thing. <uhh> She's expressing herself more - <uhh> think she's realizing that
>
> you know, I just want her to be - do her best, not be perfect. I always expect her to do her
>
> very best, and not to add any pressure to herself, or anyone else to add pressure. <uhh> It
>
> has made us closer <uhh>. I'm seeing her do more, <uhh> she's already a creative child
>
> but, extra <uhh> creative things to keep herself busy and <uhh> focused.

External Stressors

In addition to reflecting on their experiences in the group intervention, participants discussed external group stressors. Participants openly discussed the impact of community and school stressors and reflected on how their participation in group impacted these stressors. Participants spoke in great detail about the negative impact of bullying in the community and at school.

Participants spoke openly about the impact of living in low income, highly stressed areas, and described community stressors as pervasive and out of their control. Participants also highlighted not having anyone in the community to help address these concerns. This mother described community stressors in the following way "that's their everyday reality and they don't have anybody to talk to about it." Community stressors included gun violence, bullying, lack of resources, exposure to violence, and the absence of adult supervision. When talking about community violence, one mother shared how her daughter recently recalled a shooting she witnessed; she shared that her daughter said the following to her "I had to run today Titi they were shooting outside the school, and when I got off the bus they were shooting out there too and I was just numb."

 Mothers made several recommendations and shared how they believed the group could address community stressors. One mother stated it would be beneficial to provide daughters with specific scenarios and tools to deal

with "the environment out, you know in the school and outside the school." Mothers also discussed the impact of community stressors on children within their community. When discussing these stressors, mothers expressed that community stressors were so pervasive that they seemed normal and there was a need to help children within the community conceptualize their stressors in another way. This mother stated, "trying to get the kids not to be so desensitized, and not walking past saying, 'Oh, that's normal.' That's not normal, to see that. You know what I'm saying, that's not normal."

In addition to community stressors, mothers and daughters spoke extensively about the impact of school stressors. School stressors included bullying, lack of academic instruction, difficulty communicating with school administrators, and barriers to getting daughters removed from negative school environments. When discussing school stressors, mothers talked about the negative impact of school stressors on their daughters' behavior and emotional functioning. One mother described how her daughter's grades were impacted by her difficulties navigating a stressful school environment. "She went from an honor roll student to like a C and D student." Another mother also shared how her daughter's grades were impacted by school stress "That's what happened with the last report-this report card was okay. But, the last report card was dropping down to C's. And I was like no my baby don't get C's."Mothers expressed that the severity of school stressors made it difficult for daughters to effectively use skills learned in group. Daughters also shared their difficulties managing school stressors. As a result of bullying, difficulty getting along with peers, and other stressors presented at school, daughters shared that it was difficult to use skills learned in group in the school environment. Daughters also shared the difficulties they had managing their own behavior. When talking about the impact of group membership on their daughter's ability to cope with school stressors, mothers expressed that the school environment negatively impacted their daughter's ability to use skills learned in group. Given the negative impact of community and school stressors, mothers shared that they believed group should incorporate more specific examples of how to cope with stressors at school and within their community. When asked if she believed anything else should be added to the content of group material, this mother stated "Honestly, dealing with <uhm>, the environment out, you know in the school and outside of the school."

When discussing school and community stressors, participants spoke extensively about the significant impact of bullying. Both mothers and daughters identified bullying as a stressor that impacted their daily life and influenced their ability to implement skills learned in group. When sharing their experiences with bullying, participants

reported a wide variety of bullying that occurred at school and in the community. Daughters reported getting talked about by peers and teased as the most frequent type of bullying. When discussing the impact of bullying, daughters talked openly about their difficulties using skills learned in group to deal with bullying. Although daughters could identify times when skills could be useful, they shared that in response to bullying and other school and community stressors they became angry and got into frequent fights, despite skills learned in group. When talking about these difficulties one daughter shared the following:

"using the skills- it was so hard for me because people just say stuff like- they say crazy stuff whatever coming out of their mouth- whatever coming out of their mouth- whatever works in their brain they just speak it out. Like at school they just- they just be awful – they just be like – they be getting on our nerve."

Although daughters expressed difficulty using skills when dealing with community and school stressors, they were able to share times when they were able to apply skills learned in group, in order to address bullying. For example, one daughter shared that during group, she learned to walk away and used the skill in a recent conflict "I went outside and went to the park and this girl kept on bullying me, and I like, I just walked away." Daughters also expressed that as a result of the strengthened relationship with their mother, they felt comfortable sharing school stressors with their mother. "When people at school be messing with me I go home and tell my momma."

Overall, bullying presented as a major community stressor within the school and community environment. Both mother and daughters provided insight regarding the impact of bullying on their overall functioning.

Discussion

The purpose of the current study was to qualitatively explore the experiences of mothers and daughters in the Cities Mother-Daughter Project, a group intervention aimed at preventing depression in African-American girls living in urban poverty. Themes that emerged from the qualitative analysis include: 1) value of group, 2) desire for continued intervention, 3) suggestions for improvement, 4) skills learned in group, 5) mother-daughter relationship, 6) personal change, and 7) external stressors. Themes are discussed in relation to existing literature, clinical implications and directions for future research. In their discussion of each theme participants revealed critical points that have implications for addressing the low feasibility of the intervention and further understanding the high acceptability.

Value of Group

Overall, participants had positive attitudes toward the intervention, much of which they attributed to the group setting and group dynamics. Having a safe environment to share similar stressors associated with living in a highly stressed area, and learning skills to cope with these stressors fostered feelings of connectedness, accountability, and belonging. In this regard, the group was successful in accomplishing its goal of creating relationships and providing additional support. These findings are consistent with the literature that suggest that familial environments are psychologically protective for African-American youth when they are able to engage in material in a culturally congruent way (Jones & Ford, 2008). In light of these findings, environments that create opportunities for African-American youth living in urban poverty to discuss their shared experiences and develop effective coping strategies are highly encouraged in the future development of depression prevention programs aimed at this population.

Desire for Continued Intervention

Participants highlighted the need for the intervention in their community and expressed a desire for the intervention to continue within their community. Participant's desire for continued intervention can be attributed to the unmet mental health care needs in the community, and barriers associated with accessing mental health services. These barriers are multifaceted and include lack of financial resources, mistrust of mental health care providers, attitudes toward seeking help, discrimination, parental beliefs about their child's desire to attend services, stigma attached to receiving mental health services, and scarcity of culturally appropriate services (Yeh, McCabe, Hough, Dupuis, Hazen, 2003; Thompson et al., 2004). To address the need for continued intervention, clinicians should consider highlighting how group members can successfully implement skills on their own at the completion of group. This will give participants an increased sense of agency, and help participants feel confident about their application of skills learned in group. It may also be beneficial to empower group participants by giving them the strategies and tools needed to continue the group in their community on their own.

Suggestions for improvement

When discussing their experiences in the group intervention, participants provided feedback for enhancing the feasibility and acceptability of the intervention. Specifically, suggestions included creating content on navigating school and community stressors, the use of art activities, co-ed meetings, more tangible materials such as handouts. Given the willingness of participants to provide feedback, it would be beneficial to ask participants to provide an account of their experience in the group after each session or at mid-treatment. By having participants reflect on

their experiences earlier and at several points of the intervention, researchers will gain more information about the experiences of participants, have the opportunity to incorporate feedback throughout the intervention, and gain more insight into how to best serve the needs participants.

Skills learned in group

Participants spoke extensively about skills learned during group when reflecting on their experience. Overall, mothers and daughters expressed that the skills were beneficial in helping them manage and cope with daily stressors. Participants favorable attitudes about the skills learned in group, are consistent with strong evidence that cognitive-behavioral models of depression and empirically supported strategies used to cope with symptoms of depression are effective for children and adolescents (Butler, Chapman, Forman, Beck, 2006). Although cognitive behavioral models have not been typically included in preventative interventions for depression in children (Butler et al., 2006), the current study results suggest that applying cognitive behavioral models to prevention programs for children and adolescents may be beneficial when it comes to preventing symptoms of depression in African-American youth.

Participants also discussed difficulties applying skills learned in group. These difficulties were attributed to environmental factors and not to participants' conceptual understanding of skills, or beliefs about the applicability of skills. Given that difficulties applying skills learned in therapy were due to contextual factors outside of the control of clinicians, it may be beneficial to brainstorm ways in which the intervention can support and encourage the use of skills in difficult situations. One way to do this would be to tailor group material to the real life experiences of participants, and having participants' role play practically difficult situations during sessions.

In order to support the use of skills in natural environments, it may also be beneficial to assign participants homework focused on identifying the appropriate times to use skills, and using skills in appropriate situations as they arise. It is possible that assigning homework that involves the use of skills in real life situations and asking mother to provide their support may increase satisfaction. Homework is a standard part of many cognitive-behavioral treatment programs and evidence based parent training programs (Zisser & Eyberg, 2010) and is associated with better treatment outcomes (Kazantzis, Whittington,& Dattilio, 2010).

Mother-daughter relationship

Participants spoke about changes in the mother daughter relationship. Notably, participants attributed positive changes in the mother daughter relationship to their participation in the intervention. Participants shared that

the content of the group encouraged them to communicate more effectively and spend more time together. One way to establish a strong parent-child relationship is through quality special time. Mothers shared that they did not recognize the importance of spending consistent time alone with their daughter until it was discussed and emphasized during the group. According to research, a parent's knowledge of where their adolescent is, what they are doing, and who they are with is associated with lower frequencies of internalizing behaviors (Frojd, Kaltiala-Heino, & Rimpela, 2007; Hamza & Willoughby, 2011; Kim & Ge, 2000; Sagrestano, Paikoff, Holmbeck, & Fendrich, 2003). Given the experiences of mother and daughters in the current study, it is possible that encouraging parents and adolescents to spend quality time with each other can encourage the use of coping strategies and disclosure. By placing an emphasis on mothers and daughters spending time together, it is possible that participation in the group intervention will provide mothers with opportunities to effectively monitor their daughters, thus giving them more opportunity to protect their daughters from the contextual and relational risk factors that may lead to symptoms of depression during adolescence.

Additionally, the parent-child relationship has been shown to be associated with positive outcomes for children and adolescents (Steinberg, 2014). For example, self-report of higher attachment to parents in a non-clinical sample of adolescents was positively related to higher levels of self-esteem and negatively related to endorsements of less adaptive problem solving strategies, depression, anxiety, and anger (Armsden, McCauley, Greenberg, Burke, Michell, 1990). Participating in the group intervention may serve as a protective factor against the development of depression in adolescence for daughters who participate in the intervention due to positive changes in the mother daughter relationship and the outcomes associated with a strengthened parent-child relationship. Future research should test this hypothesis.

Personal change

In regards to the personal and behavioral changes highlighted by group participants, mothers and daughters discussed changes in their own behavior and the changes they observed in each other. Notably, mothers talked openly about how they found the skills beneficial to their own mental health concerns and personal stressors. As with African-American girls, African-American women are at an increased risk for symptoms of depression, however they have similar barriers to accessing mental health services (Jones & Ford, 2008; Carrington, 2006). Thus, it is not surprising that mothers in the current study identified and spoke about their own mental health concerns. It is believable that mothers enrolled in group intervention also found the coping strategies useful in the

management of their own mental health concerns, given the need and limited access to other services. It may be beneficial to incorporate more specific examples of ways mothers could apply skills to their own lives, in order to address the needs of mothers who participate in the intervention.

External factors

When discussing their experiences in the group intervention, participants spoke extensively about the impact of community and school stressors. Community stressors reported by participants included gun violence, bullying, lack of resources, and a limited amount of appropriate adult support and supervision. Overall, community stressors reported by group participants played a significant role in how participants engaged with group material. The group provided participants a safe space to discuss stressors and learn skills to cope with the daily stressors associated with living in a highly stressed environment. In addition to community stressors, participants talked extensively about school stressors. School stressors included bullying, poor and limited academic instruction, difficulty with school administrators, and difficulties navigating the school system. The research on schools that serve minority students in low income areas suggest that school stressors are associated with a wide variety of negative outcomes. In addition, school stressors have also been associated with academic failure. The achievement gap that exists with the American educational system is a major issue and captures the huge disparities that exist in the school system Ladson-Billings, 2006). It is important that the developers and facilitators of groups like the Cities -Mother Daughter Project take into account how school stressors impact the presentation of depression in African-American girls who live in highly stressed environments. Overall, school stressors were cited by participants as a barrier to consistently applying skills learned in group. It is possible that due their own frustration and difficulty navigating the school system, mothers had a difficult time encouraging their daughters to apply skills learned in group to navigate stressful situations at school. Moving forward, it may be important to incorporate skills that mothers can use to navigate stressful school experiences within the curriculum.

Participants reported having difficulty applying skills due to chronic bullying which included teasing, verbal altercations, and physical aggression. Daughters shared that despite attempting to use coping strategies learned in group to handle bullying, they had difficulty navigating their frequent experiences with bullying. Bullying has been cited to be an increasing concern in the United States for school-aged children (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). Much of the literature examining bullying in the United States has focused on middle class white youth and, as a result, the effects of bullying on African-American youth are not fully

understood (Fitzpatrick, Dylin, & Piko, 2010). In a study examining the experiences African- American youth, it was found that African-American youth experience bullying at similar levels as reported in national estimates (Fitzpatrick, Dylin, & Piko, 2010). Authors concluded that it is critical for researchers to develop bullying interventions that are tailored to African-American youth, specifically ones that take into account community factors that influence African-American youth. Therefore, the research suggests the need for programs like the Cities Mother-Daughter program to address bullying.

Study Limitations

When discussing relevant findings of the current study, it is important to consider study limitations. Due to difficulties contacting all individuals eligible for the current study, the sample is not representative of all individuals who participated in intervention. As a result, not all group participant voices are represented in themes. However, study findings still elucidate the experiences of individuals who participated in the group. Additionally, study findings do not capture the experiences of individuals who chose not to participate in the intervention. Although information pertaining the feasibility of the intervention was gleaned from study participants, the experiences of those who did not participate in the intervention may aide in the further development of the intervention. In order to get a more comprehensive understanding of the interventions low feasibility in the future it may be beneficial to interview individuals who did not participate in the intervention. Individuals who did not participate in the intervention may offer additional information, specifically as it relates to engaging mothers and daughters who may be at the most risk for facing the contextual factors that put daughters at an increased risk for experiencing symptoms of depression. Given that participants were interviewed in a group setting, one limitation of the current study is that participants may have been influenced by other participants when sharing their experiences. Additionally, there may have been a level of social desirability towards group facilitators, because mothers and daughters were interviewed by group facilitators they were familiar with. In the future it may be beneficial to have participants interviewed by individuals who did not conduct the group in order to get a more accurate and truthful description of participant's experiences. Despite methods to ensure the trustworthiness and credibility of the study, a degree of subjectively may have impacted the interpretation of study experiences given the nature of qualitative methods used in the current study. Lastly, given the nature of qualitative analysis, study are not generalizable due to the studies overall goal of understanding the essence of participants shared experiences which resulted in a limited and purposeful sample.

Despite study limitations, the current study has several strengths that should be discussed. This study is the first to offer a broad understanding of participant attitudes and views about the Cities Mother-Daughter Project. because participants were given the opportunity to share their thoughts openly with clinicians and researchers, their voices will contribute to the existing literature and the continued development of the intervention and similar interventions. As a result of the current study, clinicians and researchers have the opportunity to incorporate the voices of participants into the intervention and research, enhancing the experience of individuals who participate in the group in the future.

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