

MiSP Case Study: University of Texas Health Science Centre, meeting recording.

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13m 42s

● **Jones, Jennifer** started transcription

JJ **Jones, Jennifer** 0:09

OK. Is everybody seeing a message that we're being recorded? Great. OK. Hello. We're from the University of Texas Health Science Center at Houston, and we're going to share our experience adopting .b for young adults experiencing homelessness for a research study in Houston, TX.

And we'll start with some introductions. My name is Jennifer Jones, and I'm a Senior Program Manager at the Cizik School of Nursing.

AF **Ann Friedman (Guest)** 0:37

I'm Ann Friedman. I'm a psychologist with Mental Health America of Greater Houston.

 **Cuccaro, Paula M** 0:44

And I'm Paula Cuccaro. I am a behavioral scientist in the School of Public Health at the University of Texas Health Science Center.

S **Santa Maria, Diane M** 0:53

And my name's Diane Santa Maria. I am a nurse scientist here at the School of Nursing.

JJ **Jones, Jennifer** 0:59

Great. First question is what challenges and opportunities did you see with this particular group of young people?

AF **Ann Friedman (Guest)** 1:09

Well, I was the interventionist working with them and these young people I found quite spectacular, but they had come from really difficult backgrounds. Some of them were trans or gay and had been kicked out of their homes.

A few, not many, had developed some alcohol and drug problems and were still struggling. The shelters were dealing with that. There was one young lady who had been pimped out by her mother at like age 14 or 15 and had been on the street and run away and was terrified that her pimp was going to find her and kill her. There was a young man who had dropped out of the military. I think he had been a foster kid, didn't know, you know, where he was going to go next. So many, many, many different stories, but all from very challenging backgrounds.

 **Jones, Jennifer** 2:14

Yeah, and as the interventionist, what led you to mindfulness personally?

 **Ann Friedman (Guest)** 2:22

So I am a psychologist and I was teaching at the University of Houston in the graduate program there. And in 2006 we had a tough year, like happens to most people. This was a year when our house flooded, when we were out of town and we had to move into an apartment and I had some bad health checkups requiring biopsies and my mother started having brain seizures and couldn't live alone. And my husband was switching jobs. It was just everything all at once. And I had panic attacks. So here I am, a mental health professional having a mental illness. And my husband was saying to me, honey, what the heck is happening? I've never seen you like this. I said I'm having panic attacks and he said do something.

Well, serendipitously around that time I got something in my e-mail inbox about this thing called mindfulness. I had no clue what it was, but I thought I'm going to do this and I started studying it intensively. Very, very intensively. I never had another panic attack. In 2015, I got certified through UCLA Mindful Awareness Research Center and then in 2019 through a program at Emory University. And this is all I do now is teach mindfulness in businesses, schools, nonprofits all over the country.

 **Jones, Jennifer** 3:59

Wonderful. And Paula and Diane, what led you to mindfulness for this group of young adults experiencing homelessness and then ultimately to MiSP and .b?

 **Cuccaro, Paula M** 4:12

So, mindfulness-based interventions we know enhance self-observation and self-

regulation. They help, you know, adults and young people build skills to increase non-judgmental attention and emotional reappraisal. All of those things that we know are important for the average individual, but given the high stress trauma that young people experiencing homelessness experience, we thought that, you know, that they could benefit mentally, emotionally and physically from being able to learn and practice mindfulness. And so, we actually used that to determine, you know, that mindfulness was an appropriate approach for this population.

S **Santa Maria, Diane M** 5:03

Yeah, and I think building on that, we know from the literature that young people who are experiencing homelessness, just like Ann mentioned, typically come to the streets with higher levels of adverse childhood experiences and trauma. And the impact that has on emotion regulation and executive function leads sometimes to coping strategies that put people at risk for additional traumas and poor health outcomes. So from that perspective, we really wanted to find something that could break that cycle and help people to have a different way of dealing with the emotional response that did not put them in harm's way. And so we did a lot of research on what that could potentially look like and mindfulness stress reduction was something that had a lot of promise that we were interested in exploring.

JJ **Jones, Jennifer** 6:07

And what led you to MiSP and .b?

S **Santa Maria, Diane M** 6:12

So we had started to do a lot of research. Of course, we're scientists, right? So we first want to find out what are all the evidence-based interventions out there and what seems to have the tenants of what would be acceptable and feasible within this particular population. And so .b out of the UK had a lot of rigorous research that had been done on the actual intervention using randomized trials. And so, we liked the idea that you could have some evidence already. So we initially started to look at that, but quickly found out that there were no other interventions, including .b at the time, that had been done with a young population that was experiencing homelessness. And so we, first layer really, wanted to connect the young people to .b with fidelity, exactly how it was supposed to be delivered and see what they thought. And we got some really good feedback from that, but also got a lot of feedback on

what would need to happen to that intervention in order to make it actually fit to the living circumstances of this population. So we started to work with the MiSP team to make adaptations to .b and over a series of years working very, very closely with young people who were currently sheltered in a temporary shelter. We created .b4me and that allowed us to then test whether or not an intervention that approximates the time that a young person's in a shelter, so instead of being spread over 10 sessions and multiple months, it's delivered over 2 1/2 weeks, which is the average length of stay for a young person in a shelter, but also made modifications to it that were population specific that increased the trauma informed lens of the intervention that allowed for that flexibility to meet a young person where they're at on any given day. And that really helped us to modify the components, the audio-visual components of the intervention, so that it looked like the kids that we were serving. So we increased the diversity of those sorts of audio-visual tools that were used in the intervention and you know with iterative feedback continuously looking at you know what do you think of this one versus this one for young people. So they really were our partners in the development of .b4me. And then we're able to create an intervention that we started to test for feasibility in this population.

JJ Jones, Jennifer 9:07

Great. And can you speak a little to what type of training did you receive with MiSP?

AF Ann Friedman (Guest) 9:17

Yes, I was part of the weekend and evening trainings at one point. I know that the MiSP folks went out of their way teaching us. It was their evening or daytime to get us trained. And um and what I found about this curriculum and what attracted me was knowing other curricula for youth. This one, the cartoons, they drew people in. I could feel it was drawing me in, getting my attention, presenting in simple ways. And so I got really excited about the possibility of using this with young people.

JJ Jones, Jennifer 10:04

Great. And what are your top stories of impact on the young people that you worked with?

AF Ann Friedman (Guest) 10:13

Well, there are many. Some that come to mind were a young person that I saw who

immediately said, Coach Ann, Coach Ann, I've been using the hand breathing all the time. It makes such a difference in my life.

One young man came up to me when I was arriving to teach and said I can't believe it. Last night I wanted to punch somebody out and I would have done that in the past. And instead, I started breathing and using some of the tools that you've taught us and I didn't do it. And he was so proud of himself that he had not acted that way, not stepped out that way.

So whenever I came, I was getting feedback from the youth. You know, we're using this, it's helping, and it made me want to continue working with them because they were so excited about what they were learning.

JJ **Jones, Jennifer** 11:20

Great. And to finish off, what plans do you have for the future?

S **Santa Maria, Diane M** 11:28

Well, I think next steps are laying the groundwork for a rigorous randomized trial in this population. And in order to do that, we know that we need to be able to recruit a large enough sample size to be able to have the power to detect the difference between those that go through the intervention and those in the control condition. So that suggests that we have to have multiple areas and sites where young people can be recruited from. So while we've run a one-site feasibility study here in Houston, TX, the next phase is to include two additional cities, most likely New Orleans and Atlanta, GA, and have those serve as feasibility so that we can learn what it's going to take to be able to recruit and retain and deliver the intervention. We need to be with fidelity in those three areas and so that will give us sort of the playbook on what it will take to have a full randomized control trial in the future. So we're waiting to see if we're funded for that next multi-site study.

And you know, in the meantime, still getting things together, working with this population and other projects so we can make sure that our community partners continue to be served by the work that we do while we wait for funding that come through.

 **Jones, Jennifer** 13:01

OK, great. Well, thank you all for sharing your thoughts. Anything else to add?

 **Santa Maria, Diane M** 13:12

Just gratitude for the MiSP team for their vision and interest in allowing us to make these adaptations. We're very grateful. We see the impact it's gonna have and we're really excited to be able to look at the potential outcomes of it in in the trial.

 **Jones, Jennifer** 13:12

OK.

 **Cuccaro, Paula M** 13:29

Yeah, I agree. I think MiSP has been an amazing partner in this.

 **Jones, Jennifer** 13:36

Agreed. Thank you all.

 **Cuccaro, Paula M** 13:40

Thanks.

 **Jones, Jennifer** stopped transcription