

Conclusions: Our data highlights the implementation potential for delivering BA by nurses in an adolescent ambulatory setting. Qualitative themes suggest this approach (especially delivered via telehealth) is feasible and acceptable for youth with mild to moderate depressive symptoms.

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MINDFULNESS TECHNIQUES FOR STRESS AND ANXIETY IN ADOLESCENTS WITH TYPE 1 DIABETES

Kaitlyn Rechenberg, PhD, MPH, APRN¹, Amy L. Weiss, MD, MPH¹

¹USF Health.

Purpose: Type 1 diabetes mellitus (T1D) is one of the most prevalent chronic conditions in adolescents. Adolescents with T1D have higher rates of stress and anxiety than the general adolescent population. Mindfulness techniques, such as guided meditation, yoga, and body scan, are an evidence-based method of reducing stress and anxiety symptoms. However, these techniques have not been operationalized in adolescents with T1D. The purpose of this qualitative descriptive study was to provide an in-depth description of the perception and current use of mindfulness techniques to manage stress and anxiety in adolescents with T1D.

Methods: We used a qualitative descriptive approach, consisting of an in-depth, semi-structured interview comprised of 10 open-ended questions with follow-up probes. The analysis was guided by the principles of thematic analysis. We also collected demographic data and hemoglobin A1c. IRB approval was obtained prior to data collection.

Results: Twenty participants with T1D (ages 13 to 17, 60% identified as female, mean A1c 7.6%) engaged in an in-depth qualitative interview (mean duration 40 minutes). We identified 4 major themes: 1. Adolescents were exposed to mindfulness techniques previously, including breathing exercises and yoga, and most reported positive effects of practicing mindfulness; 2. Adolescents reported that mindfulness was a means of escape from constant cell phone and social media usage, reminders, and notifications –“you get to put your phone away for the full hour you're doing it”; 3. Several adolescents inadvertently used music as a way of cultivating mindfulness to “get away from everything” (most participants reported that listening to music was a way of escaping the external environment and shifting their focus internally, although most did not consider this a mindfulness practice); 4. Participation in a regular mindfulness practice was cost prohibitive to the majority of adolescents (most used a commercially available mobile health [mHealth] application and were not able to subscribe to access the full content). All adolescents endorsed an interest in an mHealth application that delivered mindfulness practices designed for teens, especially with customizable options (asynchronous, a variety of durations, multiple types of mindfulness practices to try).

Conclusions: Adolescents living with T1D experience high rates of stress and anxiety, impacting their chronic disease management and quality of life. Mindfulness is an evidence-based intervention that reduces stress and anxiety that has not yet been operationalized in adolescents with T1D. We found that adolescents with T1D have commonly been exposed to mindfulness techniques and are open to trying mindfulness in their daily lives. They value mindfulness practices as a means of “escaping” technology. Several adolescents

use music as a form of unintentional mindfulness practice, describing “eliminating external stimuli” and “zoning internally” while listening to music. Our results suggest that implementing a low-cost, accessible mHealth application that delivers mindfulness practices of variable durations may be an effective strategy for mitigating stress and anxiety in adolescents with T1D.

Sources of Support: n/a.

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VIRTUAL YOGA AND MINDFULNESS TRAINING AMONG JUVENILE COURT INVOLVED YOUTH

Nicholas Szoko, MD¹, Courtney Murphy, BS², Barbara Fuhrman, PhD², Felicia Savage Friedman, Med³, Maya Savage, BS³, Heather Manning³, Dominique Branson, BA², Sarah London, MSW², Elizabeth Miller, MD, PhD¹

¹UPMC Children's Hospital of Pittsburgh; ²University of Pittsburgh; ³YogaRoots on Location.

Purpose: Juvenile court involved youth (JCIY) experience unique psychosocial challenges. The COVID-19 pandemic generated additional stressors for this vulnerable population. Promoting mindfulness strategies may increase well-being among JCIY, but few such interventions have been developed. We sought to evaluate the impact of a longitudinal mindfulness intervention incorporating healing-centered, anti-oppression yoga delivered through a virtual platform on multiple psychological outcomes among JCIY involved in community-based monitoring.

Methods: We partnered with YogaRoots on Location (YROL), a healing-centered, anti-oppression yoga instruction group, to implement a longitudinal mindfulness training program to youth aged 11-21 involved in the Allegheny County Community Intensive Supervision Program (CISP). Starting in March 2020, this program transitioned to a remote format in light of the COVID-19 pandemic. Sessions were delivered via Zoom and incorporated Raja yoga practice, breathing techniques, meditation and mindfulness exercises, and strengths-based social justice exploration. Sessions lasted one hour and occurred weekly. Youth attending nine sessions completed end-of-program (EOP) evaluations. Baseline surveys assessed demographic characteristics and prior experiences with racism and trauma. EOP surveys were administered to assess for changes in multiple psychological outcomes: mindfulness, acceptance and action, resilience, future orientation, emotion dysregulation, and psychological distress. Demographic data were summarized with descriptive statistics. McNemar or Wilcoxon signed rank tests were used to compare outcomes at baseline and EOP.

Results: 99 youth completed baseline assessments. Mean age of participants was 16.2 (SD: 1.4). 85 (86%) were male. 60 (61%) identified as Black/African-American, 17 (17%) White, and 14 (14%) other racial identities. 7 (7%) were Hispanic/Latino. 74 (75%) youth reported prior experiences of trauma, with 47 (47%) reporting three or more. Perceptions of racism were common, with 63 (64%) youth reporting being treated unfairly by a police officer and 67 (68%) being accused of something they did not do at school. 16 youth (16%) completed EOP surveys. No significant changes in any psychological outcomes were noted from baseline to EOP among this cohort of youth who completed nine or more sessions. Many reported likelihood of using yoga in the future to deal with stress (11; 69%), to calm down (12; 75%), and to deal with racism (8; 50%).

Conclusions: JCIY face significant psychosocial stressors, and many report histories of trauma and discrimination. The COVID-19