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## Evaluation of an Integrated Mindfulness Parenting Program For Parents in a Low SES Neighborhood

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## ABSTRACT

### EVALUATION OF AN INTEGRATED MINDFULNESS PARENTING PROGRAM FOR PARENTS IN A LOW SES NEIGHBORHOOD

By

Josephine Ojo

July 26, 2016

**INTRODUCTION:** Mindfulness is most commonly associated with meditation techniques which aim to increase an individual's awareness in the present moment, reduce mindless responding, and enhance non-judgmental observation. Building on this definition, researchers defined mindful parenting as "the intentional bringing of moment-to-moment awareness to the parent-child relationship."

**AIM:** The purpose of this study is investigate whether parents of young children living in low socioeconomic status (SES) neighborhoods are able to effectively use mindfulness practices to increase mindfulness and lower levels of depression, anxiety, and parental stress.

**METHODS:** This study utilized a pretest-posttest group design with follow up to evaluate the effectiveness of the integrated mindfulness-parenting education program. Program participants ( $n=15$ ) were recruited from families in the Peoplestown neighborhood, where Emmaus House is located, as well as surrounding neighborhoods with similar demographics. For the purpose of this research, mental health assessments, a parenting survey, and a demographic questionnaire with non-identifying questions was administered to all participants at the end of the study.

**RESULTS:** As reported by participants, partaking in the integrated mindfulness-parenting education program led to an increased level of mindfulness. Program participants also demonstrated a decrease in self-reported anxiety and depression.

**DISCUSSION:** According to the results from this pilot study, Mindfulness training appears to be an acceptable strategy for inclusion in parenting education programs.

EVALUATION OF AN INTEGRATED MINDFULNESS PARENTING PROGRAM FOR  
PARENTS IN A LOW SES NEIGHBORHOOD

by

Josephine Ojo

B.S. Public Policy & Public Management, Concentration: Planning & Economic Development,  
GEORGIA STATE UNIVERSITY

A Capstone Submitted to the Graduate Faculty  
of Georgia State University in Partial Fulfillment  
of the  
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MASTER OF PUBLIC HEALTH

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APPROVAL PAGE

EVALUATION OF AN INTEGRATED MINDFULNESS PARENTING PROGRAM FOR  
PARENTS IN A LOW SES NEIGHBORHOOD

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July 26<sup>th</sup>, 2016

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## Author's Statement Page

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Josephine Ojo

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	4
LIST OF TABLES.....	7
CHAPTER 1.....	8
1.1 Background.....	8
1.2 Introduction.....	9
1.3 Purpose of the study.....	10
1.4 Research Questions.....	11
1.5 Objectives.....	11
CHAPTER 2.....	12
REVIEW OF THE LITERATURE.....	12
2.1 Mindfulness Defined.....	12
2.2 Mindfulness Based Stress Reduction.....	12
2.3 Mindful Parenting.....	13
2.4 Parental Stress in Low-Income Communities .....	14
2.5 Implications of Mindfulness Practices on Children and Families.....	15
CHAPTER 3.....	16
3.1 Research Design and Methodology .....	16
3.2 Participants.....	16
3.3 Measures.....	17
3.4 Procedures.....	22
CHAPTER 4.....	25
4.1 Data Analysis and Results.....	25
CHAPTER 5.....	28
5.1 Discussion of Research Questions.....	28
5.2 Conclusions.....	29
REFERENCES.....	31
APPENDICES.....	33

## List of Tables

**Table 1. Demographic Data of Mindfulness Participants**

**Table 2. Participants Measures**

**Table 3. Paired Sample Statistics for Each Measure**

**Table 4 Descriptive Statistics from Paired Samples T-Test**

**Table 5. MAC Questionnaire Pre/Post Results**



## **Chapter 1**

### Background

Building on ideas from Buddhist philosophy and psychology, the concept of mindfulness is viewed as the process of fostering awareness in each particular moment while remaining conscious of thoughts, actions and feelings (Siegel, Germer, & Olendzki, 2008). The ability to remain present in each moment is part of what makes us human; however, the capacity to sustain attention of our present state is usually short lived, and we often remain in this state only briefly before becoming reabsorbed into our on-going internal dialogue or distracted by external stimuli. As a skill that can be learned and cultivated, this moment-to-moment awareness provides a strategy for ultimately altering our responses to existential challenges in our lives. Through repeated practice, everyone has the ability to be more mindful.

Within the context of Buddhist spirituality, the purpose of mindfulness is to eradicate suffering by encouraging awareness into the workings of the mind and the nature of the present world with the ultimate goal of awakening or enlightenment (Dunne, 2007). In a more modern context, Kabat-Zinn (2003) developed the Mindfulness-Based Stress Reduction (MBSR) program as a way of using meditation to promote healing. From its beginning in 1979, MBSR has proven effective in reducing chronic pain (Kabat-Zinn, 1982), depression, anxiety (Hofmann et al., 2010), and stress (Kabat-Zinn, 1982). MBSR has also been effective with increasing self-awareness (Shapiro, Austin, Bishop, & Cordova, 2005) and relaxation (Kabat-Zinn, 1982).

In recent research, mindfulness interventions have been implemented to address a range of concerns in a variety of settings (Coatsworth et al., 2010; Milicic, 2015; Parent et al., 2015). Researchers are finding more ways to promote mindfulness in diverse contexts and investigate

its effects in their research. Many populations appear to benefit from these efforts because of the self-awareness and empowerment that comes with being mindful.

The purpose of this study is to investigate whether parents of young children living in low socioeconomic status (SES) neighborhoods are able to effectively use mindfulness practices to lower levels of depression, anxiety, and parental stress.

Research has demonstrated an association between SES, beliefs about parenting and subsequent parental and child stress levels (Pinderhuges et al., 2000). Further, children's stress hormone levels have been demonstrated to correlate with their mothers' SES and levels of depression (Lupien et al., 2000). These findings are important because the association between health and SES begins early on in life. In addition to living in a lower SES neighborhood, parents of young children often report higher parental stress as a result of many reasons including poverty (Bradley et al., 2002), occupation status (Santiago et al., 2011), and family relationships (Chen et al., 2006).

## Introduction

Mindfulness is most commonly associated with meditation techniques that increase an individual's awareness of the present moment, reduce mindless responding, and enhance non-judgmental observation (Kabat-Zinn, 2003). Building on this definition, Duncan, Coatsworth, and Greenberg (2009) defined mindful parenting as "the intentional bringing of moment-to-moment awareness to the parent-child relationship." Empirical research suggests that higher levels of mindful parenting may be associated with lower levels of externalizing and internalizing problems in children (Parent et al., 2015). Furthermore, research also suggests that mindfulness-based interventions represent a promising strategy for building parenting capacity and improving parent-child interactions (Parent et al., 2010); Duncan et al., 2009).

The non-profit organization Mindfulness Without Borders (MWB) developed the *Mindfulness Ambassador Council Interactive* (MAC Interactive) program to offer individuals an opportunity to learn basic mindfulness practices, discover their fullest potential and cope with existential stresses of a complex world. Through its programming, MWB supports parents, adolescents, and educators by nurturing and developing the soft skills needed to train their attention, cultivate self-regulation, and enrich their overall wellbeing.

### Purpose of the Study

The purpose of this study was to evaluate integration of a mindfulness-based intervention curriculum into an existing parenting education program at Emmaus House in Atlanta, Georgia. *A Great Start for Parents and Children*, Emmaus' current parent education program, consists of eight weekly training sessions for parents and caregivers of children ages zero to five. In addition to instruction on child development and parenting skills, the current program features informative lectures with opportunities for follow-up questions and discussions about topics such as child developmental milestones and creating safe home environments for families. Viewing mindfulness practices as an avenue for addressing parental stress, a need expressed by the community which they serve, Emmaus House was looking to integrate mindfulness instruction into their parenting program to build participants' social-emotional competence and facilitate effective parenting. The 8-week MAC Interactive program aimed to increase levels of mindfulness among parents, decrease levels of stress, anxiety, and depression, and improve participants sense of parenting competency, parent-child attachment, and overall family functioning.

## Research Questions

In this study, a trained meditation teacher and a graduate assistant co-facilitated training sessions with a group of fifteen parents ( $n=15$ ) and/or caregivers of young children (birth to 5 years old). At the start of the program, parents completed pre-test assessments regarding their current levels of mindfulness, stress, parenting efficacy, anxiety, and family functioning. At the end of the 8-week session, parents and/or caregivers completed a similar post-test assessment battery. Data analysis tested the following research questions:

1. Will participation in the integrated mindfulness-parenting education program lead to an increased level of mindfulness, as reported by participants?
2. Will participation in the integrated mindfulness-parenting education program lead to reductions in self-reported anxiety and depression as reported by participants?
3. Will participation in the integrated mindfulness-parenting education program lead to improvements in parenting efficacy as reported by participants?
4. Is mindfulness training an acceptable strategy for inclusion in parenting education programs, as reported by participants?

## Objectives

This study aimed to evaluate whether parenting education programs could benefit from integrated mindfulness practices as well as answer the aforementioned research questions. Based on the findings from this study, public health experts and maternal and child health organizations can implement mindfulness based practices as a part of future parenting programs. Limited research is available on the effects of integrating mindfulness-based interventions into parenting programs. Findings from this study could add to the existing research base and help communities

that may not have access to mindful parenting resources. Findings from this research could also help shape strategies for use in future research studies within different populations.

## Chapter 2

### Literature Review

As defined earlier, mindfulness is associated with meditation techniques intended to increase awareness in the present moment, reduce mindless responding, and enhance non-judgmental observation (Kabat-Zinn, 2003). Mindfulness meditation is the training of one's mind to be present in each day-to-day moment, which can be difficult to do consistently given the complexity of the world. Meditation practices have been long known to improve health by reducing stress and anxiety (Hofmann et al., 2010; Shapiro, Austin, Bishop, & Cordova, 2005).

*Mindfulness Based Stress Reduction and related interventions.* First introduced by Kabat-Zinn, Mindfulness-Based Stress Reduction (MBSR) uses meditation practices to help participants bring awareness and compassion to each moment. MBSR training helps participants identify negative stressors and use mindfulness techniques to respond to them positively. These meditation trainings can lead to more effective handling of emotional stressors, ultimately leading to improved mental and physical health. Research suggests mindfulness meditation results in overall positive emotional states (Keng et al., 2011; Davidson et al., 2003). Depression, stress, and anxiety levels tend to be lower in individuals who practice mindfulness meditation (Keng et al., 2011). Mindfulness meditation could benefit depressed individuals in one of two ways: (a) increasing awareness in the present moment may result in an attention shift from recycling only negative information to objectively processing all available information; and (b) accepting emotions non-judgmentally as they come may cause individuals to reduce

dysfunctional cognitive representations (Baer, 2003; Hayes & Kelly, 2003). The most commonly researched mindfulness interventions aim to reduce stress, as stress can influence many cognitive and physiological states (Lovibond & Lovibond, 1995). MBSR and related interventions, though somewhat recently developed, have been successfully applied in various clinical settings with good outcomes (Kabat-Zinn, 2003). In addition to these improvements, mindfulness practices also help naturally relieve chronic pain and support individuals dealing with terminal illness (Speca, Carlson, Goodey, & Angen, 2000).

*Mindful Parenting.* To date, mindfulness interventions have proven effective in empirical studies as a way to improve many parent and child outcomes. For example, mindfulness-based interventions have been used to holistically treat parents of methadone treatment and help reduce the risk of child abuse and improve family function (Dawe and Harnett, 2007). Similarly, parents of children with developmental delays reported increased levels of mindfulness, parental satisfaction, and satisfaction with social-interaction with their children as well as lower levels of parental stress, after mindfulness-based interventions (Singh et al., 2007).

Corthorn and Milicic (2015) analyzed the association between mindfulness and parenting variables in mothers who were not practicing mindfulness meditations. Sixty-two mothers of preschool children (ages two to five) were asked to complete self-reported questionnaires measuring mindfulness, mindful parenting, parental stress, depression, and anxiety. Results showed a significant positive correlation between mindfulness and mindful parenting behaviors. As hypothesized in their study, results also showed a significant negative correlation between mindful parenting and parental stress and depression.

Coatsworth et al., (2010) conducted a pilot program to evaluate the efficacy of an existing parenting program, *Strengthening Families Program: For Parent and Youth 10-14*, which

implemented mindfulness practices against the original program and the ‘delayed intervention’ control group. Sixty-five families, recruited from rural schools in Pennsylvania, participated in this randomized control trial which tested for the change in parents’ mindfulness and relationships with their early adolescent youth. Results from the pre-posttest analyses for this study indicated, adding the mindfulness component to this already established parenting program greatly improved mindful parenting variables and the overall parent rating.

*Parental Stress in low-income communities.* Families in low SES neighborhoods lack access to an array of resources, goods, services, parental actions, and experiences, potentially placing young children at risk for developmental problems (Brooks-Gunn and Duncan, 1997). Studies have reported that stress accounts for a high percentage of outcome differences between low-SES children and high-SES children (Shonkoff and Phillips, 2000). Researchers argue that poverty negatively impacts the socioemotional wellbeing of a child because of its influence on parental behavior toward the child (McLoyd, 1990). The chronic strain associated with persistent economic hardships, unstable employments, and family chaos can lead to a weakened sense of control over one’s life, and increased anger, depression, anxiety, and stress (Amato and Zuo, 1992; Bradley and Corwyn, 2002). Stress and depression can negatively affect parenting behavior, thus negatively impacting child development. Studies have found a correlation between problems in parenting/family functioning and higher levels of parental stress (Sidebothan, 2001). More parental stress correlates with dysfunctional parenting and child behavioral problems, which can persist into adolescence (Bonds et al., 2002; Lippold et al., 2015). Mother-child interactions are negatively affected by lowered maternal parenting efficacy in depressed mothers (Goodman and Gotlib, 2002). Parents who are stressed and depressed tend to demonstrate more refusing and controlling behavior, while engaging in less warm and

accepting interactions (Webster-Stratton, 1990). These results are very important as research suggests some adult diseases may be correlated with developmental disorders beginning early on in life, and can be associated with poverty, child-maltreatment, and toxic stress exposure during childhood (Shonkoff et al., 2012). Sensitivity in caregivers and parents during infancy and early childhood is correlated with a child's social competence during childhood and adolescence, and later correlated with predictive supporting parenting characteristics in adulthood (Lee et al., 2015). Harsh parenting is significantly related to cognitive reactivity, which may be correlated with depression in children and adolescents (Cole et al., 2014).

*Implications for mindfulness practices with children and families.* Duncan et al. (2009) indicated that incorporating mindfulness practices into parenting allows parents to shift their attention and awareness to the present moment thereby giving parents less opportunities for automatic negative reactions. With mindfulness training, parents ultimately become more conscious over moment-to-moment parenting decisions and their actions. This is especially important because demonstrating positive parent-child interactions are critical for proper child brain development. Siegel and Payne Bryson (2015) reported that the way parents interact and respond to their children during moments of stress and conflict greatly impacts the cognitive development of their children. This is especially important during the preschool years when children's brains are developing rapidly and they are beginning to learn and engage in simple socialization skills. Parents who are taught mindfulness practices may be better able to handle difficult interactions with their children as they arise, modelling emotional regulation and problem solving for their children.

One area in need of further exploration is the effectiveness of mindful practices with parents in low-SES neighborhoods who may be at risk for higher levels of stress and depression.



Increasing parental mindfulness is hypothesized to allow parents to be more present during daily activities with their child, resulting better moment-to-moment parenting decisions and improving the quality of parent-child interactions.

## Chapter 3

### Research Design and Methodology

This study utilized a pretest-posttest group design with follow up to evaluate the effectiveness of the integrated mindfulness-parenting education program. Comparison of the pretest and posttest, scores for participants will address this study's research questions.

Program participants ( $n=15$ ) were recruited from families in the Peoplestown neighborhood, where Emmaus House is located, as well as surrounding neighborhoods with similar demographics. For the purpose of this research, a demographic questionnaire with non-identifying questions was administered to all participants at the end of the study.

### Participants

The participants of this study were 15 parents and caregivers of young children (birth to five years old) living in the Peoplestown neighborhood in Atlanta, Georgia. Parents were invited to participate in a research study which was to be paired with parenting class, *A Great Start for Parents and Children*. The average age of the participants was 32 years old ( $SD = 9.7$ ); the average number of children for each parent was 2.5 children ( $SD = 1.2$ ). 33% of participants were high school graduates, while 14% of participants only had 'some high school' education. 40% of participants had 'some college' education, and 13% of participants were college graduates.

**Table 1. Demographic Data of Mindfulness Participants**

	<b>Age 21-30 years (%)</b>	<b>Age 31-40 years (%)</b>	<b>Age 41+ years (%)</b>	<b>Total</b>
Number	8 (53%)	6 (40%)	1 (7%)	15
Sex				
Males	1 (7%)	1 (7%)	0	
Females	7 (47%)	5 (33%)	1 (7%)	
Number of Children				
0-2	8 (53%)	1 (7%)	1 (7%)	
3-5	0	5 (33%)	0	
Age of Youngest Child in Home				
Birth-5 years	8 (53%)	4 (27%)	0	
6-12 years	0	0	1 (7%)	
13-17 years	0	2 (13%)	0	
Highest Level of Education				
Some High School	1 (7%)	0	1 (7%)	
High School Graduate	2 (13%)	3 (20%)	0	
Some College	5 (33%)	1 (7%)	0	
College Graduate	0	2 (13%)	0	

***Note: Demographic survey was completed at the end of the program.***

### Measures

The following Measures were administered to participants from the Core and recommended measures lists for this study.

**Table 2. Participants Measures**

<b>Subdomain</b>	<b>Measure</b>	<b>Estimated Time to Administer</b>	<b>Example of Measure</b>
Parent Mindfulness	MAC Student Survey (Pre and Post)	<5 minutes	Appendix 2 Appendix 3
Parental Mental Health	Beck Anxiety Inventory (BAI)	5-10 minutes	Appendix 4
Parental Mental Health	Center for Epidemiologic Studies Depression Scale (CES-D)	5-10 minutes	Appendix 5
Family Stress and Functioning	Family Event Checklist (FEC)	10 minutes	Appendix 6
Parent Mindfulness	Five Facets of Mindfulness Questionnaire-Short Form (5FMQ-SF)	10 minutes	Appendix 7
Parenting Behavior and Skills	Parenting Sense of Competency Scale (PSOC) FOI adapted	10 minutes	Appendix 8

*Parent Mindfulness.*

The Mindfulness Ambassador Council (MAC) student survey is used for measuring mindfulness. Developed by Mindfulness Without Borders, this self-reported survey was designed to assess an individual’s sense of mindfulness. This survey takes less than 5 minutes to complete. The MAC student survey consists of 11 items with scores ranging from 1 to 4, out of a possible total score of 44 points.

Possible response choices include:

- 1 = Not at all true
- 2 = A little bit true
- 3 = True most of the time
- 4 = True all of the time

This form can be seen in appendix 2 (MAC Pre Survey) and appendix 3 (MAC Post Survey).

### *Parental Anxiety.*

The Beck Anxiety Inventory (BAI) is a commonly used scale for measuring anxiety. Developed by Aaron T. Beck, the BAI was designed to distinguish anxiety from depression in individuals. The BAI measures feelings of anxiety for the past month. This inventory consists of 21 items with scores ranging from 0 to 3, out of a possible total score of 63 points.

Possible response choices include:

- 0 = Not at all
- 1 = Mildly but it didn't bother me
- 2 = Moderately- it wasn't pleasant at times
- 3 = Severely- it bothered me a lot

The BAI takes five to ten minutes to complete. Possible scoring includes:

- 0 to 21: Low anxiety,
- 22 to 35: Moderate anxiety,
- Exceeds 36: High anxiety.

This form can be found in Appendix 4.

### *Parental Depression.*

The Center for Epidemiologic Studies Depression Scale (CES-D) is a test which screens for depression. Helping individuals determine their depression quotient, the CES-D scale was developed in the 1970's by National Institute of Mental Health researcher, Lenore Radloff.

The CES-D measures feelings of depression and depressive behaviors during the past week. This quick test consists of 20 items taking an average time of 5 to 10 minutes to complete.

The response scales range from 0 to 3 points and include:

- Rarely or none of the time (less than 1 day) = 0 Points
- Some or a little of the time (1 to 2 days) = 1 Point
- Occasionally or a moderate amount of the time (3 to 4 days) = 2 Points
- Most or all of the time (5 to 7 days) = 3 Points

Total possible scorings include:

- Less than 15 points,
- 15-21 points: Mild to Moderate Depression,
- Over 21 points: Possibility of Major Depression.

This form can be seen in Appendix 5.

*Family Stress and Functioning.*

The Family Event Checklist (FEC) is an instrument used for examining familial stress.

The FEC measure is comprised of three subscales: 1. Interpersonal tension, 2. Financial problems, and 3. Child-related difficulties.

This form can be found in Appendix 6.

*Parent Mindfulness.*

The Five Facets of Mindfulness Questionnaire, Short Form (FFMQ-SF) measures various aspects of mindfulness within a community. This instrument measures an individual's tendency to be mindful in their everyday lives. The FFMQ-SF is comprised of 5 subscales:

- Observing,
- Describing,
- Acting with awareness,
- Non-judging of inner experience,
- And non-reactivity to inner experience.

Developed by Ruth Baer, the FFMQ-SF consists of 24 items and takes less than 5 minutes to complete.

Possible response choices are rated on a 5-point scale. They include:

- Never or very rarely true
- Rarely true
- Sometimes true
- Often true
- Very often or always true

This form can be found in Appendix 7.

*Parenting Behaviors and Skills.*

Adapted by the Frontiers of Innovation, the Parenting Sense of Competence Scale (PSOC), is a measure of parental competence with two subscales: 1. Satisfaction, and 2. Efficacy. The satisfaction scale measures parental anxiety, frustration, and motivation. While the efficacy scale measures parental competency, capability, and ability to problem solve. The PSOC consists of 17 items with a possible score ranging from 16 to 96.

This questionnaire responses include:

- Strongly disagree
- Somewhat disagree
- Disagree
- Agree
- Somewhat agree
- Strongly agree

An example of this form can be seen in Appendix 8.

## Procedures

The MAC interactive was comprised of a total of 8 weekly sessions. Each week's lesson featured the following components:

- An opening mindfulness practice (with the exception of the first session, each weekly session opened with a mindfulness breathing technique).
- A council check-in, where participants usually described a mindful feeling or thought with the group.
- Review of the home assignment from the last session, with the opportunity to share any challenges and or self-observations.
- A video accompanied by video dialogue. The video's topic always led into the lesson's weekly theme.
- A theme and an inspirational quote, with time for participants to share their thoughts on the theme.
- The second mindfulness practice with time for reflection.
- Review of the home assignment for the next session.
- The closing of the council where participants stood close together in a *Circle of Intentions* and shared with their group an intentional mindfulness commitment for the week ahead.

There were different topics covered for each lesson. With each weekly theme, participants practiced a mindfulness practice. The council lessons were as follows:

1. Meeting One: Discovering Mindfulness

Mindfulness Practice: TAKE 5

2. Meeting Two: Mindfulness Basics

Mindfulness Practice: TAKE 5

3. Meeting Three: Paying Attention

Mindfulness Practice: TUZA

4. Meeting Four: Discovering Inside

Mindfulness Practice: TUZA

5. Meeting Five: Practicing Gratitude

Mindfulness Practice: mindful eating

6. Meeting Six: Noticing Emotional Triggers

Mindfulness Practice: TUZA

7. Meeting Seven: Exploring Open-Mindedness

Mindfulness Practice: body scan

8. Meeting Eight: Being the Change

Mindfulness Practice: pledge for mindful living

During each of the weekly sessions, the co-facilitator reviewed a homework assignment and asked the participants to try their best to complete the home activities as they are an essential part of the participant's experience. Each home assignment included a mindfulness practice referred to as the *be.mindful* practices. Participants were asked to complete the *be.mindful* tracking form in order to keep track of their participation on the weekly homework assignments and to briefly journal how they felt at the end of each practice they did.

During the course of the integrated parenting program, participants were introduced to three mindfulness techniques: Take 5, Tuza, and Body Scan. Each weekly session opened up with a mindfulness practice before leading the class into the discussion for the day.



- Take 5 is a daily mindfulness practice consisting of the participant drawing five mindful breaths. This breathing practice is centered on being connected and attentive to the sensation of the breath.
- Tuza is a daily mindfulness practice which creates a space for participants to bring their focus to the present moment. This breathing practice is centered on attending to the breath for 3 to 4 minutes. The purpose of Tuza is to develop mental focus and acceptance of self and others.
- Body Scan involves paying attention to what the body is telling you in the moment. This breathing practice is centered on inner wisdom, body sensations, and trust. The purpose of the Body Scan is to increase the sense of connectivity and develop greater sensitivity to one's body sensation and overall well-being.

## **Chapter 4**

### Data Analysis

The statistical analysis was made using Statistical Package for The Social Sciences (SPSS) version 23. Descriptive analysis of the BAI, CES-D, FEC, 5FMQ-SF, and the PSOC scales were conducted to analyze the collected data. Using a paired samples t-test, we compared the pre- and post-test performance on measures to one another. We also compared the retrospective pre-test data with the post data for the mindfulness variable (5FMQ-SF). The retrospective pre-test required parents to think back to prior to taking their parenting class, and asked them to rate their level of mindfulness at that point in time. This is then compared to the 5FMQ-SF post test score. For each comparison, we also report the effect sizes between pre- and post-test using Cohen's *d*. A Cohen's *d* of 0.3 or below indicates a small effect size, 0.4 to 0.6 a

moderate effect, and above 0.7 a large effect. Finally, we compared pre- and post- means from the MAC questionnaire.

**Table 3. Paired Sample Statistics for Study Measure's**

	<b>Pre-Test</b>	<b>Post-Test</b>	<b>Retrospective</b>
	<b>Mean (SD)</b>	<b>Mean (SD)</b>	<b>Mean (SD)</b>
<b>BAI (n=12)</b>	15.8 (8.7)	8.5 (10.3)	--
<b>CES-D (n=12)</b>	29.3 (8.4)	23.2 (6.9)	--
<b>FEC (n=12)</b>	83.9 (23.0)	82.3 (24.2)	--
<b>PSOC (n=12)</b>	49.3 (12.3)	42.3 (11.3)	--
<b>PSOC Satisfaction (n=12)</b>	30.6 (7.8)	25.3 (8.8)	--
<b>PSOC Efficacy (n=12)</b>	18.7 (6.2)	17.0 (5.4)	--
<b>5FMQ-SF (Pre/Post) (n=10)</b>	79.0 (7.9)	80.0 (14.0)	--
<b>5FMQ-SF (Retro/Post) (n=9)</b>	--	80.1 (14.5)	75.4 (8.2)

Note. SD = Standard Deviation

Legend: Beck Anxiety Inventory (BAI); Center for Epidemiologic Studies Depression Scale (CES-D); Family Event Checklist (FEC); Five Facets of Mindfulness Questionnaire-Short Form (5FMQ-SF); Parenting Sense of Competency Scale (PSOC)

Comparison of pre- and post-test data (Table 3) showed statistically significant decreases in scores on the measures of anxiety and depression. There was also a trend indicating a decrease in parental competency on the PSOC. Finally, there was no statistically significant difference between the 5FMQ-SF retrospective pre-test and the 5FMQ-SF post- test (See Appendix 1 for full table).

**Table 4. Descriptive Statistics from Paired Samples T-Test**

	<b>n</b>	<b>Mean (SD)</b>	<b>95% CI</b>	<b>Sig. (2- Tailed)</b>	<b>Cohen's <i>d</i></b>
<b>BAI</b>	12	7.3 (8.8)	[1.8,12.9]	.014	0.77
<b>CES-D</b>	12	6.6 (7.8)	[1.2,11.1]	.020	0.80
<b>FEC</b>	12	1.6 (12.8)	[-10.4,13.5]	.776	0.07
<b>PSOC</b>	12	6.9 (11.2)	[-.22,14.1]	.056	0.59
<b>FFMQ-SF</b>	10	-1.0 (11.5)	[-9.2,7.2]	.790	0.09
<b>FFMQ-SF (Retro/Post)</b>	9	-5.4 (12.3)	[-15.7,4.8]	.254	0.46

Note. CI = Confidence Interval;  $p < .05$

Using a .05 level of significance, we saw statistical significant difference on the anxiety (BAI) and depression (CES-D) measures, but not other scales. When examining significance of data results from studies with smaller samples effect sizes should be considered, thus we report Cohen's *d*. As displayed in Table 4, there was a moderate to large effect treatment effect on anxiety (BAI  $d= 0.77$ ), depression (CES\_D  $d= 0.80$ ), and overall mindfulness when comparing post-test and retrospective pre-test responses (5FMQ-SF  $d=.46$ ). Based upon these values, Cohen's effect size value suggested a moderate to high positive study effect size on these measures. Parenting competency (PSOC  $d= -.59$ ), saw a moderate negative effect size change. There were very small effect sizes for familial stress (FEC  $d=.07$ ), and mindfulness when comparing pre- and post-test responses (5FMQ-SF  $d=.09$ ) indicating minimal changes.

**Table 5. MAC Questionnaire Pre/Post Results (N = 10)**

Item	Pre-Test		Post-Test	
	Mean	SD	Mean	SD
1. I am <b>mindful</b> in my daily life.	3.3	.9	2.9	.7
2. I have been taught effective ways to focus <b>my attention</b> .	3.3	.5	3.2	.8
3. I am aware of my <b>personal strengths and weaknesses</b> .	3.6	.5	3.6	.5
4. I consider <b>other peoples' perspectives</b> when they differ from my own.	3.2	.7	2.9	.9
5. I understand how <b>to make responsible decisions</b> .	3.4	.5	3.7	.5
6. <b>I communicate effectively with others</b> .	3.5	.5	3.5	.9
7. I am <b>grateful</b> in my daily life.	3.7	.7	3.8	.4
8. I have been taught effective ways to <b>manage my reactions</b> when I am triggered.**	2.7	.7	3.4	.7
9. I have been taught effective ways to <b>set goals and take action</b> to support the future I want for myself.	3.5	.5	3.5	.7
10. <b>I help others</b> in my daily life.**	3.4	.7	3.8	.4
11. I have been taught effective ways to <b>calm down and reduce stress</b> .	2.7	.7	3.3	.8

\*\* p < .10

The MAC student survey measured participant's mindfulness pre- and post- program. Each item was scored from 1 (Not at all true) to 4 (True all of the time). Table 5 shows the mean score for each item. Scores for 5 of the 11 items saw an increase in mean score following the program. Three out of the 11 items, saw no change in mean score from pre- to post-test. Three of the 11 items saw a decrease in mean score after the program. With a p value < .10, we saw statistical significance in item 8 and item 10.

## Chapter 5

### Discussion

Most of the research questions were confirmed by the results of this study. This pilot study contributes to our understanding by collecting preliminary data and allowing for correcting any flaws before larger studies are conducted. As reported by participants, partaking in the

integrated mindfulness-parenting education program lead to an increased level of mindfulness. Program participants also demonstrated a decrease in self-reported anxiety and depression. As reported by participants, partaking in the integrated mindfulness-parenting education program did not lead to an increase in parental efficacy and satisfaction. We speculate that the length and linguistic complexity of the measure of this construct may have caused confusion and/or fatigue in parents resulting in less valid responses. Another possible reason for the lack of significance could be that after completing the parenting mindfulness training, participants were more aware of their parenting challenges, thus causing lowered feelings of competency, satisfaction, and effectiveness.

According to the results from this pilot study, Mindfulness training appears to be a promising strategy for inclusion in parenting education programs. However, programs seeking to use mindfulness trainings amongst urban residents living in poverty should be aware of obstacles that may limit results. During the study, participants had trouble attending each of the eight sessions, which were located in a busy part of the city. At times, sports games at a nearby stadium ran concurrently with our program's sessions, interfering with our participants' arrival and causing some to miss the mindfulness component of class sessions. This may have impacted some of the results. For example, instead of data for the total sample of 15, we had completed pre- and post-test measures for only 10 or fewer participants on some constructs. The readability of the measures were also a concern, as well as the time it took to complete each measure. Some additional limitations of this study include the relatively small sample size and the reliance on self-report data for evaluating the intervention's impact.

Designed to assess an individual's sense of mindfulness, the MAC student survey consists of 11 items, with possible answer choices ranging from 1 to 4. Item 1 of the MAC

Student survey in Table 5 reads: ‘I am mindful in my daily life.’ This particular item saw a decrease in the mean from pre-test to post-test. One possible reason could be that prior to taking the class, parents thought they were mindful in their everyday life; they might have even understood ‘mindful’ to mean something quite different. However, after taking the parenting class, learning, and practicing mindfulness techniques, the parents realized they were not mindful in their daily life. A retrospective follow-up questionnaire might give more insight on this particular item. It is important to note, the item that saw the greatest increase in the post-test mean score is item 8, which reads: ‘I have been taught effective ways to manage my reactions when I am triggered.’ This suggests that parents may have found the mindfulness teachings beneficial in responding to difficulties and challenges in their everyday life. Specifically, the program included encouraging parents to practice mindful breathing when they find themselves in difficult situations, as well as how to identify triggers and react to them mindfully. The change in mean scores Item 11, which reads: ‘I have been taught effective ways to calm down and reduce stress,’ approached statistical significance. It might be helpful to ask a follow-up, open-ended questions to provide further insight into some of our quantitative findings. Overall, this mindfulness program appeared to be an effective way for parents to improve their well-being.

### Conclusion

The effectiveness of mindfulness trainings for parents in low-SES neighborhoods is an area of research that is ready to be further explored. The literature details the many benefits of mindfulness practices, and also tells us the many stressors families in low SES communities are facing. Results from this study show that mindfulness training was associated with lowered levels of anxiety and depression, and increased levels of parental mindfulness. By reducing their anxiety, stress, and depression, these parents may be able to interact with their families in a

healthier way. Mindfulness represents a way to be more present in the moment, which involves paying attention on purpose and without judgement. Research tells us that families living in these low SES communities may be particularly vulnerable to financial and economic stressors. Through mindfulness training, participants in our study were given a way to better cope with those stressors, which we hope will ultimately help improve parent-child interactions.

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Appendices

**Appendix 1  
SPSS v23 Paired Samples t-test Output**

**Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BAL_1	15.833	12	8.7161	2.5161
	BAL_2	8.500	12	10.2824	2.9683
Pair 2	CES-D_1	29.333	12	8.3919	2.4225
	CES-D_2	23.167	12	6.9129	1.9956
Pair 3	PSOC Total_1	49.250	12	12.3150	3.5550
	PSOC Total_2	42.333	12	11.3084	3.2644
Pair 4	PSOC Satis_1	30.583	12	7.7864	2.2478
	PSOC Satis_2	25.333	12	8.7836	2.5356
Pair 5	PSOC Effic_1	18.667	12	6.1546	1.7767
	PSOC Effic_2	17.000	12	5.3936	1.5570
Pair 6	FEC Total_1	83.917	12	23.0354	6.6497
	FEC Total_2	82.333	12	24.1749	6.9787
Pair 7	FFMG Total_1	79.000	10	7.9022	2.4989
	FFMG Total_2	80.000	10	13.9603	4.4146
Pair 8	FFMG NonR_1	16.400	10	2.6331	.8327
	FFMG NonR_2	17.200	10	5.8841	1.8607
Pair 9	FFMG Obs_1	15.800	10	2.8597	.9043
	FFMG Obs_2	14.300	10	3.5917	1.1358
Pair 10	FFMG AA_1	15.300	10	3.6833	1.1648
	FFMG AA_2	17.700	10	3.1287	.9894
Pair 11	FFMG Des_1	18.200	10	3.0111	.9522
	FFMG Des_2	17.900	10	4.5814	1.4488
Pair 12	FFMG NonJ_1	13.300	10	3.0203	.9551
	FFMG NonJ_2	12.900	10	3.8137	1.2060
Pair 13	RET_FFMG Total_2	75.444	9	8.1718	2.7239
	FFMG Total_2	80.889	9	14.5038	4.8346
Pair 14	RET_FFMG NonR_2	15.333	9	3.7749	1.2583
	FFMG NonR_2	17.333	9	6.2249	2.0750
Pair 15	RET_FFMG Obs_2	13.889	9	3.9511	1.3170
	FFMG Obs_2	14.556	9	3.7118	1.2373
Pair 16	RET_FFMG AA_2	17.000	9	5.0498	1.6833
	FFMG AA_2	18.111	9	3.0185	1.0062
Pair 17	RET_FFMG Des_2	15.667	9	3.3166	1.1055
	FFMG Des_2	18.000	9	4.8477	1.6159

Pair 18	RET_FFMMG NonJ_2	13.556	9	3.7454	1.2485
	FFMMG NonJ_2	12.889	9	4.0449	1.3483

**Variables for Appendix 1**

BAI_1	Beck Anxiety Inventory Pre	BAI_2	Beck Anxiety Inventory Post
CES-D_1	Center for Epidemiologic Studies Depression Scale Pre	CES-D_2	Center for Epidemiologic Studies Depression Scale Post
PSOC Total_1	Parenting Sense of Competence Scale Total Pre	PSOC Total_2	Parenting Sense of Competence Scale Total Post
PSOC Satis_1	Parenting Sense of Competence Scale Satisfaction Pre	PSOC Satis_2	Parenting Sense of Competence Scale Satisfaction Post
PSOC Effic_1	Parenting Sense of Competence Scale Efficacy Pre	PSOC_Effic_2	Parenting Sense of Competence Scale Efficacy Post
FEC Total_1	Family Event Checklist Total Pre	FEC Total_2	Family Event Checklist Total Post
FFMG Total_1	Five Facet Mindfulness Questionnaire Total Pre	FFMG Total_2	Five Facet Mindfulness Questionnaire Total Post
FFMG NonR_1	Five Facet Mindfulness Questionnaire Non-Reactive Pre	FFMG NonR_2	Five Facet Mindfulness Questionnaire Non-Reactive Post
FFMG Obs_1	Five Facet Mindfulness Questionnaire Observing Pre	FFMG Obs_2	Five Facet Mindfulness Questionnaire Observing Post
FFMG AA_1	Five Facet Mindfulness Questionnaire Acting with Awareness Pre	FFMG AA_2	Five Facet Mindfulness Questionnaire Acting with Awareness Post
FFMG Des_1	Five Facet Mindfulness Questionnaire Describing Pre	FFMG Des_2	Five Facet Mindfulness Questionnaire Describing Post
FFMG NonJ_1	Five Facet Mindfulness Questionnaire Non-Judging Pre	FFMG NonJ_2	Five Facet Mindfulness Questionnaire Non-Judging Post
RET_FFMMG Total_2	Retrospective Five Facet Mindfulness Questionnaire Total		
RET_FFMMG NonR_2	Retrospective Five Facet Mindfulness Questionnaire Non-Reactive		
RET_FFMMG Obs_2	Retrospective Five Facet Mindfulness Questionnaire Observing		

RET_FFMG AA_2	Retrospective Five Facet Mindfulness Questionnaire Acting with Awareness		
RET_FFMG Des_2	Retrospective Five Facet Mindfulness Questionnaire Describing		
RET_FFMG NonJ_2	Retrospective Five Facet Mindfulness Questionnaire Non-Judging		

## Appendix 2

### MAC Student Survey (Pre)

**Instructions:** To complete this questionnaire, simply read the question and circle the number that best describes you.

**Circle the number that best describes how you feel:**

	<u>Not at all true</u>	<u>A little bit true</u>	<u>True most of the time</u>	<u>True all of the time</u>
1. I am <b>mindful</b> in my daily life.	1	2	3	4
2. I have been taught effective ways to focus <b>my attention</b> .	1	2	3	4
3. I am aware of my <b>personal strengths and weaknesses</b> .	1	2	3	4
4. I consider <b>other peoples' perspectives</b> when they differ from my own.	1	2	3	4
5. I understand how to <b>make responsible decisions</b> .	1	2	3	4
6. I <b>communicate effectively</b> with others.	1	2	3	4
7. I am <b>grateful</b> in my daily life.	1	2	3	4
8. I have been taught effective ways to <b>manage my reactions</b> when I am triggered.	1	2	3	4
9. I have been taught effective ways to <b>set goals and take action</b> to support the future I want for myself.	1	2	3	4
10. I <b>help others</b> in my daily life.	1	2	3	4
11. I have been taught effective ways to <b>calm down and reduce stress</b> .	1	2	3	4

Appendix 3

**MAC Student  
Survey (Post)**

**Instructions:** To complete this questionnaire, simply read the question and circle the number that best describes you.

**SECTION ONE: Circle the number that best describes how you feel:**

	<u>Not at all true</u>	<u>A little bit true</u>	<u>True most of the time</u>	<u>True all of the time</u>
1. I am <b><u>mindful</u></b> in my daily life.	1	2	3	4
2. I have been taught effective ways to focus <b><u>my attention</u></b> .	1	2	3	4
3. I am aware of my <b><u>personal strengths and weaknesses</u></b> .	1	2	3	4
4. I consider <b><u>other peoples' perspectives</u></b> when they differ from my own.	1	2	3	4
5. I understand how to <b><u>make responsible decisions</u></b> .	1	2	3	4
6. I <b><u>communicate effectively</u></b> with others.	1	2	3	4
7. I am <b><u>grateful</u></b> in my daily life.	1	2	3	4
8. I have been taught effective ways to <b><u>manage my reactions</u></b> when I am triggered.	1	2	3	4
9. I have been taught effective ways to <b><u>set goals and take action</u></b> to support the future I want for myself.	1	2	3	4
10. I <b><u>help others</u></b> in my daily life.	1	2	3	4
11. I have been taught effective ways to <b><u>calm down and reduce stress</u></b> .	1	2	3	4

**SECTION TWO**

**1. How much did you like the MAC program?**

1	2	3	4	5
I did not like it at all!	I did not like most of it.	It was OK.	I liked it.	I liked it a lot!

**2. How much did you learn in the MAC program?**

1	2	3	4	5
nothing	a little	more than a little	quite a few things	a lot

**3. How many of the things that you learned about in the MAC program can you use in your life at school or at home?**

1	2	3	4	5
none	slightly more than none	a few things	quite a few things	a lot

**4. Have you taught anyone else any of the things that you learned about in the MAC?**

YES                      NO

**If yes, who did you teach? Circle all that apply:**

Mother     
  Father     
  Sister     
  Brother     
  Friend     
  Other

**Describe what you taught them:**

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**SECTION THREE**

1. What did you like best about the MAC program?

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2. Was there anything that you did not like?  Yes  No

Please explain:

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3. Would you recommend the MAC program to a friend?  Yes  No

**WHY?**

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## Appendix 4

### Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
<b>Column Sum</b>				

**Scoring** - Sum each column. Then sum the column totals to achieve a grand score. Write that score here \_\_\_\_\_ .

#### Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

## Appendix 5

### Center for Epidemiologic Studies Depression Scale (CES-D)

Date: \_\_\_\_\_

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you've felt this way during the **past week**. Respond to all items.

Place a check mark (☐) in the appropriate column.  During the past week	Rarely none of the time (less than 1 day)	or	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that usually don't bother me.					
2. I did not feel like eating; my appetite was poor.					
3. I felt that I could not shake off the blues even with help from my family.					
4. I felt that I was just as good as other people.					
5. I had trouble keeping my mind on what I was doing.					
6. I felt depressed.					
7. I felt that everything I did was an effort.					
8. I felt hopeful about the future.					
9. I thought my life had been a failure.					
10. I felt fearful.					
11. My sleep was restless.					
12. I was happy.					
13. I talked less than usual.					
14. I felt lonely.					
15. People were unfriendly.					
16. I enjoyed life.					
17. I had crying spells.					
18. I felt sad.					

19. I felt that people disliked me.				
20. I could not "get going."				

Source: Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*: 385-401.

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### Scoring for Center for Epidemiologic Studies Depression Scale (CES-D)

Directions: Do not score if missing more than 4 responses. 1) For each item, look up your response and corresponding score (0-3). 2) Fill in the score for each item under the last column labeled Score. 3) Calculate your Total Score by adding up all 20 scores.

During the past week	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)	Score
1. I was bothered by things that usually don't bother me.	0	1	2	3	
2. I did not feel like eating; my appetite was poor.	0	1	2	3	
3. I felt that I could not shake off the blues even with help from my family.	0	1	2	3	
4. I felt that I was just as good as other people.	3	2	1	0	
5. I had trouble keeping my mind on what I was doing.	0	1	2	3	
6. I felt depressed.	0	1	2	3	
7. I felt that everything I did was an effort.	0	1	2	3	
8. I felt hopeful about the future.	3	2	1	0	
9. I thought my life had been a failure.	0	1	2	3	
10. I felt fearful.	0	1	2	3	
11. My sleep was restless.	0	1	2	3	
12. I was happy.	3	2	1	0	
13. I talked less than usual.	0	1	2	3	
14. I felt lonely.	0	1	2	3	

15. People were unfriendly.	0	1	2	3	
16. I enjoyed life.	3	2	1	0	
17. I had crying spells.	0	1	2	3	
18. I felt sad.	0	1	2	3	
19. I felt that people disliked me.	0	1	2	3	
20. I could not "get going."	0	1	2	3	
<b>Total Score:</b>					

**Scoring Results:** Total Score of 16 or higher is considered depressed.

If your score indicates depression, see a health care/mental health professional for further evaluation and treatment. Bring these test results to your appointment.

## Appendix 6

### Family Event Checklist

For each event in the last week, please circle 1 if the event did not occur, circle 2 if it did occur but had no effect on you, circle 3 if it had a slightly negative effect on you, and circle 4 if it had a very negative effect on you.

**IN THE LAST WEEK:**

		<u>YES, an event did occur:</u>			
		<u>NO</u>	But no	Slightly	Very
		<u>Event did</u>	effect	negative	negative
		<u>not occur</u>	<u>on you</u>	<u>on you</u>	<u>on you</u>
1.	Disagreement or unpleasantness with repairman, store clerk, or other sales or service people..... 1		2	3	4
2.	Tension between two or more family members <u>not</u> involving you concerning past or present conflict..... 1		2	3	4
3.	Family member arrived home an hour or 2 later than expected or has not come home at all..... 1		2	3	4
4.	There was not enough money to buy something important needed for the family, such as food or clothing..... 1		2	3	4
5.	Looking for a job--made contacts, such as calling, applying, interviewing, etc..... 1		2	3	4
6.	Conflict or argument with ex-spouse..... 1		2	3	4
7.	Family member on food binge..... 1		2	3	4
8.	Conflict or tension between you and any family member(s)..... 1		2	3	4
9.	Something stolen from a family member..... 1		2	3	4
10.	Contact with lawyer/legal system..... 1		2	3	4
11.	Did not have enough money to buy a desired but not absolutely needed item..... 1		2	3	4

**IN THE LAST WEEK:**

		<b><u>NO</u></b> <b><u>Event did</u></b> <b><u>not occur</u></b>	<b><u>YES, an event did occur:</u></b>		
			<b>But no</b> <b>effect</b> <b>on you</b>	<b>Slightly</b> <b>negative</b> <b>effect</b> <b>on you</b>	<b>Very</b> <b>negative</b> <b>effect</b> <b>on you</b>
12.	Work situation stressful .....	1	2	3	4
13.	Someone in family other than you in bad mood, unhappy, angry, or depressed.....	1	2	3	4
14.	The car broke down or needs repair.....	1	2	3	4
15.	Conflict or disagreement with any of your children over schoolwork/homework. ....	1	2	3	4
16.	Someone in family injured or hurt.....	1	2	3	4
17.	Paid the bills.....	1	2	3	4
18.	One or more of your children came home very upset.....	1	2	3	4
19.	You or someone in the family lost money.....	1	2	3	4
20.	School contacted you because of any child's poor work, bad behavior, tardiness, truancy, or other problem behavior: ....	1	2	3	4
21.	Disagreement with friend.....	1	2	3	4
22.	A repair was necessary for household item.....	1	2	3	4
23.	You had school exam, paper, or other major school assignment or school problem .....	1	2	3	4
24.	You failed to receive expected money or had unexpected bill..	1	2	3	4
25.	Had contact with unemployment or welfare office.....	1	2	3	4
26.	Physical fighting between family members.....	1	2	3	4
27.	Someone criticized the way you are raising/handling your children.....	1	2	3	4
28.	Unable to take planned vacation, expected time off, or weekend trip.....	1	2	3	4

**IN THE LAST WEEK:**

**YES, an event did occur:**

		<u>NO</u> <u>Event did</u> <u>not occur</u>	<u>But no</u> <u>effect</u> <u>on you</u>	<u>Slightly</u> <u>negative</u> <u>effect</u> <u>on you</u>	<u>Very</u> <u>negative</u> <u>effect</u> <u>on you</u>
29.	Disagreement with relative outside of family.....	1	2	3	4
30.	Unable to go out to dinner, movies, friend's house, etc., as expected.....	1	2	3	4
31.	Did not have enough money to pay the bills.....	1	2	3	4
32.	Family member on a diet or trying to stop smoking.....	1	2	3	4
33.	Childcare problems: babysitters, daycare center, etc.....	1	2	3	4
34.	Job security threatened for you or other adult in home.....	1	2	3	4
35.	One or more family members were ill.....	1	2	3	4
36.	Disagreement with neighbor.....	1	2	3	4
37.	You felt extremely upset or emotional in general for a day or more.....	1	2	3	4
38.	Family schedule seriously disrupted for more than one day because of something unexpected.....	1	2	3	4
Please list any other events that happened within the last week that you experienced as stressful:					
39.	_____ ( _ )	1	2	3	4
40.	_____ ( _ )	1	2	3	4
41.	_____ ( _ )	1	2	3	4



Appendix 7

**5 Facet Questionnaire: short form (FFMO-sf)**

Below is a collection of statements about your everyday experience. Using the 1–5 scale below, please indicate, in the box to the right of each statement, how frequently or infrequently you have had each experience in the last month (or other agreed time period). Please answer according to what really reflects your experience rather than what you think your experience should be.

**Never or very rarely true- 1**

**Not often true- 2**

**Sometimes true sometimes not true-3**

**Often true- 4**

**Very often or always true- 5**

1	I'm good at finding the words to describe my feelings	DS	
2	I can easily put my beliefs, opinions, and expectations into words	DS	
3	I watch my feelings without getting carried away by them	NR	
4	I tell myself that I shouldn't be feeling the way I'm feeling	/NJ	
5	it's hard for me to find the words to describe what I'm thinking	/DS	
6	I pay attention to physical experiences, such as the wind in my hair or sun on my face	OB	
7	I make judgments about whether my thoughts are good or bad.	/NJ	
8	I find it difficult to stay focused on what's happening in the present moment	/AA	
9	when I have distressing thoughts or images, I don't let myself be carried away by them	NR	
10	generally, I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing	OB	
11	when I feel something in my body, it's hard for me to find the right words to describe it	/DS	
12	it seems I am "running on automatic" without much awareness of what I'm doing	/AA	
13	when I have distressing thoughts or images, I feel calm soon after	NR	
14	I tell myself I shouldn't be thinking the way I'm thinking	/NJ	
15	I notice the smells and aromas of things	OB	

16	even when I'm feeling terribly upset, I can find a way to put it into words	DS	
17	I rush through activities without being really attentive to them	/AA	
18	usually when I have distressing thoughts or images I can just notice them without reacting	NR	

19	I think some of my emotions are bad or inappropriate and I shouldn't feel them	/NJ	
20	I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow	OB	
21	when I have distressing thoughts or images, I just notice them and let them go	NR	
22	I do jobs or tasks automatically without being aware of what I'm doing	/AA	
23	I find myself doing things without paying attention	/AA	
24	I disapprove of myself when I have illogical ideas	/NJ	

correct scores for items preceded by a slash (/NJ, /AA, etc) by subtracting from 6

**non react =**     ; **observe =**     ; **act aware =**     ; **describe =**     ; **non judge =**

## Appendix 8

### Parenting Sense of Competence Scale Parenting Sense of Competence Scale

(Gibaud-Wallston & Wandersman, 1978)

Please rate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Somewhat Disagree	Disagree	Agree	Somewhat Agree	Strongly Agree
	1	2	3	4	5	6
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.	1	2	3	4	5	6
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5. My mother was better prepared to be a good mother than I am.	1	2	3	4	5	6
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.	1	2	3	4	5	6
7. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
9. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	
10. I meet by own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
11. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
12. My talents and interests are in other areas, not being a parent.	1	2	3	4	5	6
13. Considering how long I've been a mother, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.	1	2	3	4	5	6
15. I honestly believe I have all the skills necessary to be a good mother to my child.	1	2	3	4	5	6

16. Being a parent makes me tense and anxious.

1 2 3 4 5 6

17. Being a good mother is a reward in itself.

1 2 3 4 5 6