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## Acceptability of Making Mindfulness Matter (M3): A Community Based Program For Families Experiencing Adversity

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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## **Abstract**

This study utilized a mixed methods sequential embedded design to explore the acceptability of Making Mindfulness Matter (M3), an eight-week, concurrent intervention for families who have experienced adversity, from the parent's perspective. M3 incorporates education and skills development around mindfulness, social-emotional learning, positive psychology, and neuroscience. Participants were 74 families, with children ages four to nine, who participated in the M3 program at a family support and crisis centre. Frequency data was collected for attendance and skills use between sessions. An inductive content analysis was used to identify the key themes pertaining to parent's experience with the M3 program. The analysis identified nine themes related to the areas in which parents perceived M3 to be helpful. These themes and findings and their implications are discussed, as are recommendations for future research directions. Findings across all three domains strongly support the acceptability of the M3 program with this population.

*Keywords:* Mindfulness, Social Emotional Learning, Mindful Parenting, Community-Based Support, Adversity.

## **Summary for Lay Audience**

Making Mindfulness Matter (M3) is a concurrent parent and child program that is intended for families who experienced adversity. The goal of M3 is to provide families with new ways of responding to stressful situations and to build skills that would help them manage difficult emotions and behaviours.

The program begins with an exploration of how the brain works and responds to stress. Mindfulness, social-emotional learning (SEL), and positive psychology principles are also taught and practiced. Mindfulness exercises help to bring awareness to the present moment, while SEL offers strategies for responding more effectively. Kindness and gratitude practices are incorporated to reduce family stress and improve well-being.

Before understanding whether M3 is effective with a specific population, an acceptability study was conducted to understand how parents respond to the program, specifically, whether parents believed the program was helpful and whether they applied the strategies in their lives.

A total of 74 families, with children ages four to nine, participated in the M3 program at a family support and crisis centre. Parents provided information around their impression of the weekly sessions and their own, their child's own, and their joint skills use between M3 sessions. Parent attendance at m3 sessions were also considered.

An exploration of this data strongly suggests that parents found the information taught during the M3 program and the skills, when used between sessions, helpful. These findings support the use of the M3 program with families who experienced adversity in a community-based setting. The themes also helped to identify some changes which could be made to the curriculum to increase the program's acceptability. Based on the results from this research study, future research will explore whether the program is seen to be acceptable by children and

program deliverers, whether the program is feasible in community based settings, and if the M3 program is effective for reducing a family's stress and improving emotional and behavioural responses.

## **Acknowledgements**

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## **Chapter 1: Introduction and Literature Review**

The use of mindfulness-based and social and emotional learning (SEL) programs is on the rise, as is research examining their efficacy. Both interventions when used alone, or in tandem, have been found to be associated with improvements in child social-emotional skills, academic achievement, executive functioning (EF), and behavioural problems (Ashdown & Bernard, 2012; Boncu, Costea & Minulescu, 2017; Durlak et al., 2011; Viglas & Pearlman). Research evaluating mindfulness-based programs for parents have found an association with a parent's increased ability to cope with stress and adversity (Burgdorf, Szabó, & Abbott, 2019; Duncan & Bardacke, 2010; Gallant, 2016; Harnett & Dawe, 2012). Such approaches are attractive because they facilitate new perspectives and ways of responding that, once learned, may be applied outside of the therapeutic environment (Baer & Huss, 2008). This, combined with the relatively short-term treatment duration and the feasibility of use in group settings, makes such interventions easily accessible to various populations and at a lower cost than many psychotherapeutic approaches (Humphrey et al., 2016; Taylor, Oberle, Durlak, & Weissberg, 2017). The present study explored the acceptability of a community-based concurrent child and parent or caregiver program for families who have experienced adversity. This program was adapted from a mindfulness and SEL school-based program for children. The new intervention is called Making Mindfulness Matter or M3.

This study is part of a larger study which will assess the overall feasibility of M3. While feasibility encompasses various domains including acceptability, implementation, practicality, adaptation, expansion, and demand (Bowen et al., 2009; Orsmond & Cohn, 2015), this Master's thesis will focus specifically on acceptability. Acceptability was selected as the focus of this study, over the other domains, because it is an important focus of feasibility research;

particularly when a novel intervention is created or when an existing intervention is adapted for a novel population. This is because an assessment of acceptability can suggest whether the intervention can work with this new group and whether it is appropriate to proceed with efficacy testing (Bowen et al., 2009; Gagnon & Barber, 2018; Orsmond & Cohn, 2015; Tickle-Degnen, 2013). Acceptability research offers insight into how the population responds to the intervention, whether the intervention is appropriate and well received, and whether it is sustainable within the new setting or with the target population (Ayala & Elder, 2011; Bowen et al., 2009; Orsmond & Cohn, 2015). Additionally, acceptability studies provide valuable information as to whether any modifications are necessary to improve fit of the intervention with the target population and setting (Bowen et al., 2009; Orsmond & Cohn, 2015).

### **Organization of Thesis**

This chapter begins with a review of the pertinent literature in the area of adversity and its impact on children's development. Given the paucity of concurrent parent-child programs and thus research assessing outcomes and acceptability, the remainder of this chapter will present, and review mindfulness-based programming offered separately for parents and for children, SEL programming for children, and a combined Mindfulness and SEL program for children. The outcomes associated with and the acceptability of such interventions will be discussed. Chapter 2 outlines the methods used to conduct the present study. Chapter 3 presents the findings of the qualitative analysis. Chapter 4 offers a discussion of the results of the present study, including implications, limitations, and future directions. For ease of reading, the term parent will be used when referring to the individuals who attended the parent group, recognizing, of course, that there are variations across families in the individuals who take on the parenting role.

### **Adverse Childhood Experiences**

Adverse childhood experiences (ACEs) encompass a range of negative life experiences including abuse, neglect, poverty, and household dysfunction (i.e. residing in a home with a parent who has a mental illness or a substance abuse problem, having a family member be incarcerated, witnessing family violence, or experiencing parental separation/divorce; (Center for Disease Control and Prevention, 2016a; b). ACEs are associated with negative life outcomes such as disease, mental health problems, disability, social problems, and even early death (CDC, 2016a; b). These effects are often long-term, as evidenced by retrospective studies (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Dvir et al., 2014; Riggs, 2010) and they can be prolific. Numerous studies report as many as two-thirds of participants having experienced at least one ACE and more than one in five as having experienced three or more adverse events (CDC, 2016a; b). Research in this area has found that there is a graded dose-response relationship between ACEs and negative health and wellbeing outcomes across the life span – as the number of adverse events experienced in childhood increases, the greater the risk across the lifespan for negative health and wellbeing (CDC, 2016a).

Research suggests that the long-term effects of experiencing multiple ACEs in childhood most often occur as a result of disrupted neurodevelopment due to the effects of stress and adversity on the developing brain. Experiencing adversity can affect all areas of development, including executive functioning (EF). EF is one of the key areas of development which underlies the ability to self-regulate (Burns, Jackson, & Harding, 2010; Dvir, Ford, Hill, & Frazier, 2014; Riggs, 2010). Self-regulation is important because it is associated with sound decision making, impulse control, and the ability to adjust one's behaviour (Heatherton & Wagner, 2011). These difficulties are believed to progress towards behaviours which put the individual at risk for

disease and eventual early death (CDC, 2016a). Figure 1 illustrates the ACE pyramid which is a visual representation of the conceptual framework of the effects of ACEs across the life span.



*Figure 1.* Conceptual framework for the ACE Study. Illustrates the relationship between ACEs and the development of risk factors for disease across the lifespan. Adapted from CDC, 2016a.

Due to the potential pervasive and life-long effects of ACEs it is important that early interventions be identified and made available to mitigate risk for this population. Mindfulness and SEL programs are two approaches which are associated with improvements in the areas negatively impacted by ACEs.

### **Mindfulness-Based Interventions**

Mindfulness-based interventions (MBI) are secular approaches which draw from Buddhist contemplative traditions (Baer & Huss, 2008). The main goal of MBIs is to cultivate a state of mindful awareness in which the individual focuses their attention onto their present experience with curiosity, kindness, patience, openness, and acceptance (Grossman, 2015). This is done using various repeated mindfulness meditations or practices in which the individual redirects their attention when their mind has wandered. Over time, these attentional exercises cultivate an accepting, non-judgmental and non-reactive stance (Baer & Huss, 2008).

The acceptability of MBIs has been established with families in not for profit community settings. Bögels, Hellemans, van Deursen, Romer & van der Meulen (2014) assessed an eight-week mindful parenting program for parents ( $n=86$ ) referred to a secondary mental health center due to their child's, or their own, psychopathology or difficulties in the parent child relationship.

Not only was the intervention evaluated as valuable and effective for improving many areas of family functioning, it was found to be acceptable and feasible with only a 1% attrition rate (Bögels et al. 2014).

When compared to parenting interventions focused on establishing parenting routines, MBIs were believed to be less effortful, making them acceptable for already disadvantaged families (Bluth & Wahler, 2011). Prior literature has also assessed MBIs as feasible when used with disadvantaged and hard to reach families (Eames, Crane, Gold & Pratt, 2015) and when used to promote family and community resilience in an underserved community (Burns, Merritt, Chyu & Gil, 2019). These findings point to the suitability of MBIs with families who have experienced adversity.

In addition to acceptability and feasibility assessments, there is a larger body of literature focusing on outcomes associated with MBIs for children, adults, and families. Programs utilizing mindfulness with children have been associated with decreased negative affect, aggression, and oppositional behaviour (Diamond & Lee, 2011); increased feelings of calm, relaxation, optimism, and self-acceptance (Schonert-Reichl & Lawlor, 2010); and improved child and family functioning (Harnett & Dawe, 2011). These effects are believed to be related to the impact that mindfulness has on EF, specifically, on improvements to self-regulation (Diamond & Lee, 2011; Razza, Bergen-Cico, & Raymond, 2015).

Dunning and colleagues (2019) reviewed 33 randomized controlled trials (RCT) of MBIs for children ages 18 or younger (combined  $n= 3666$ ). They reported significant positive effects related to EF as well as depression, anxiety/stress and negative behaviours when compared to either a no intervention, usual practice, or waitlist control group (Dunning et al., 2019).

Similar results were found for adults. A review of 12 research studies focusing on the effects of mindfulness on the adult brain found that mindfulness impacted brain regions implicated in EF, and this resulted in improved self-regulation and reductions in problematic behaviour (Gallant, 2016). When used specifically with parents, MBIs have been associated with positive parenting outcomes. According to a meta-analysis of 15 RCT and single group parenting MBIs, the interventions were found to reduce parenting stress and youth externalizing behaviour and these outcomes were maintained at follow up (Burgdorf, Szabó & Abbott, 2019). An RCT examining the effects of a parenting-focused mindfulness intervention for 83-highly stressed mothers also found improvements in the quality of the parent-adolescent relationship (Chaplin et al., 2018). These results suggest that MBIs are appropriate for use with highly stressed parents.

What is interesting about MBIs is that individuals, including children, who experience the greatest deficits appear to benefit the most from these interventions (Diamond & Lee, 2011; Viglas & Perlman, 2017). In a study comparing an MBI ( $n=72$ ) with a control group ( $n=55$ ) of children ages four to six, it was found that the children in the mindfulness group showed greater improvements in self-regulation, prosocial behaviour, and decreases in hyperactivity (Viglas & Perlman, 2018). Out of these children, those who had lower scores at pre- intervention showed significant and moderately strong improvements compared to those with initially higher pre-intervention scores (Viglas & Perlman, 2018). Such findings illustrate that MBIs benefit those with low EF more so than those who are average or high functioning, making MBIs a suitable fit for individuals who have experienced adversity.

### **SEL-Based Interventions**

Unlike MBIs, there is currently no literature examining the acceptability or effectiveness of SEL in community-based settings or with families; However, there is support for the



acceptability and effectiveness of SEL with children in academic settings. SEL interventions are universal in nature and encourage social and emotional development by focusing on increasing competence in five core-areas: self-management, self-awareness, social-awareness, relationship skills, and responsible decision making (CASEL, 2013). Table 1 outlines the five areas of competency in SEL and the specific skills that are taught for each area. These five core competencies provide psychoeducation and instruction around concepts that are linked to EF and target the areas typically found to be deficient among individuals who experienced adversity.

Table 1

<i>SEL Areas of Competency</i>	
Area of Core Competency	Skills Taught
Self-Awareness	Recognizing thoughts, emotions and values and how they drive behaviour. Awareness of strengths and limitations. Adapting a growth mindset in relation to limitations. Developing self-efficacy and self-confidence.
Self-Management	Strategies to effectively manage stress and control impulses. Regulating thoughts, emotions, and behaviours across contexts. Strategies to move toward setting and achieving goals. Becoming self-disciplined and developing organizational skills.
Social Awareness	Considering and empathizing with varying perspectives. Appreciating and respecting diversity.
Relationship Skills	Establishing and maintaining healthy and rewarding relationships through clear communication, listening and cooperating with others. Resisting social pressures and negotiating conflict. Seeking and offering support.
Responsible Decision-Making	Evaluating situations and making decisions based on ethical standards, safety concerns (self and others), and social norms.

*Note.* Information adapted from CASEL, 2019a.

SEL interventions have been found to be acceptable by young children (Whitcomb & Merrell, 2012). A study assessing the acceptability of an SEL program for kindergarten students reported that 78% of the participants ( $n=83$ ) who completed the program rated it as enjoyable and that

68% of participants shared that they learned a lot (Whitcomb & Merrell, 2012). This study was conducted in two schools where 28% and 68% of students received free or reduced cost lunches which points to the acceptability of SEL material with economically disadvantaged children (Whitcomb & Merrell, 2012). While these findings are limited to academic settings, combined with the relationship between SEL skills and EF, they suggest that SEL programs are relevant for families who have experienced adversity.

In addition to acceptability research, there is research linking academic SEL programing with improvements in children's attitudes toward self, school, and others (Ashdown & Bernard, 2012; Durlak et al., 2011), reductions in internalizing and externalizing behaviours and mental health problems, and increases in prosocial behaviour (Boncu et al., 2017; Sklad, Diekstra, de Ritter & Ben, 2012). Improvements in academic and vocational functioning have also been noted (Durlak et al., 2011; Sklad et al., 2012).

In a large-scale meta-analysis of 213 school based SEL programs, with a combined participant pool of 270,034 elementary and high school students, consistent improvements in social and emotional skills, attitudes, behaviour, and academic performance were reported. These improvements were significant even when compared to control groups (Durlak et al., 2011). These improvements were believed to result from SEL's impact on EF which promotes emotion recognition, stress-management, problem-solving, and decision making (Ashdown & Bernard, 2012; Durlak et al., 2011). Much like MBIs, SEL interventions are particularly effective when used with students who show the greatest need for them, particularly around EF and self-regulation (Clarke, Morreale, Field, Hussein & Barry, 2015; Diamond & Lee, 2011; Razza et al., 2015; Viglas & Perlman, 2018), making SEL a suitable approach for individuals impacted by adversity.

### **A Mindfulness-Based Social-Emotional Program**

A review of the literature revealed no published research assessing combined mindfulness and SEL community concurrent parent and child programs. Such a program has been created and implemented for children in an academic setting. This program, M3, is loosely based on a school program called MindUP. MindUP is a 15-lesson school-based curriculum combining mindfulness and SEL with cognitive developmental neuroscience and positive psychology (Maloney, Lawlor, Schonert-Reichl, & Whitehead, 2016; The Goldie Hawn Foundation, 2018). It works by helping children develop an understanding of the nervous system and of the brain's role in emotions, behaviour, decision making and learning (Maloney et al., 2016). Children are taught and have opportunities to practice, skills which promote EF and self-regulation through mindfulness activities such as mindful breathing; social-emotional understanding is promoted by teaching and practicing perspective taking and empathy; and positivity is promoted by teaching optimism and practicing gratitude (Maloney et al., 2016; Schonert-Reichl et al., 2015).

Feasibility assessments of MindUP found it to be accepted by children, based on their engagement and interest in the topics, and teachers found MindUP easy to implement (Schonert-Reichl & Lawlor, 2010). Outcomes of a quasi-experimental study and randomized controlled trial of MindUP included improvements in EF, particularly in the areas of inhibitory control, which resulted in increased emotional control and decreased aggression as well as improved behaviour regulation, social competence, optimism, mindful attention, empathy, perspective taking, prosocial goals, and decreased depression (Maloney et al., 2016; Taylor et al., 2017).

The positive outcomes associated with MindUP are attributed to the unique combination of mindfulness and SEL which are believed to complement one another and to result in the greatest improvements for the child (Schonert-Reichl et al., 2015). For example, the mindfulness

exercise of mindful breaks teaches children to pause before responding. This encourages responsible decision making and self-management which are both at the core of SEL. Essentially, mindfulness gives the child an opportunity to step back from the situation which increases the likelihood that they will respond effectively by using the skills that they have learned, rather than impulsively reacting to the situation at hand. In a randomized controlled trial of MindUP with 99 fourth and fifth grade students in British Columbia, Canada, many students reported that the program helped them to, “quickly find calm after experiencing overwhelming emotions so that they could think before acting” (Moloney, et al., 2016). Both children and parents affected by adversity could benefit from an intervention that facilitates such an experience.

### **Making Mindfulness Matter (M3)**

M3 is a newly developed eight-week mindfulness and SEL based prevention and early intervention program offered in a community setting currently to children who have experienced adversity, and their parents. The M3 curriculum draws on neuroscience to educate parents and children about the brain’s response to stress and uses mindfulness, SEL, and principles of positive psychology to build resilience within the family. M3 supports parents by offering a new approach to parenting in stressful situations and helps children develop skills to manage their emotions and behaviours and to build caring relationships. Please see Table 2 for an outline of the learning objectives for each of M3’s eight sessions for the parent and child groups.

Table 2

*M3 Objectives by Session for the Parent and Child Group*

Session	Parent Group	Child Group
1	An Introduction to the Brain, Breathing and Mindfulness <ul style="list-style-type: none"> <li>Establishing a supportive, friendly and comfortable environment.</li> </ul>	An Introduction to the Brain, Breathing and Mindfulness <ul style="list-style-type: none"> <li>Creating a comfortable and predictable space.</li> </ul>

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	<ul style="list-style-type: none"> <li>Introducing parents to the key features of M3 including the mind break, and the three brain regions (amygdala, hippocampus, and prefrontal cortex) and neuroplasticity.</li> </ul>	<ul style="list-style-type: none"> <li>Mindfulness is introduced using mind break and yoga.</li> <li>The three brain regions (amygdala, hippocampus, prefrontal cortex) are described.</li> <li>Introducing the idea that reactions can be controlled.</li> </ul>
2	<p>How our Brains Work</p> <ul style="list-style-type: none"> <li>Increasing understanding of the role of the three brain regions in shaping one's response to stress.</li> <li>Strategies, the Flip the Lid model and Amygdala Jar are taught as ways to communicate about what happens in the brain when stressed.</li> </ul>	<p>How our Brains Work</p> <ul style="list-style-type: none"> <li>Understanding the brain's response to stress and how to communicate it using the Flip the Lid model.</li> <li>Understanding how the three brain regions affect learning and thinking.</li> <li>Considering feelings and how they are handled.</li> </ul>
3	<p>Mindful Awareness &amp; Mindful Breathing</p> <ul style="list-style-type: none"> <li>Introducing parents to mindfulness with a focus on mindful breathing.</li> <li>Discussion around the effects of breathing on the brain and body.</li> <li>Various mindful breathing techniques for personal and joint practice with child are taught.</li> </ul>	<p>Mindful Awareness &amp; Mindful Breathing</p> <ul style="list-style-type: none"> <li>Focus on being in the present moment.</li> <li>Activities to bring awareness to the here and now.</li> <li>Exploring differences between being mindful and unmindful.</li> </ul>
4	<p>Mindful Sensing</p> <ul style="list-style-type: none"> <li>Learning how to practice mindfulness with the five senses.</li> <li>Various activities for mindful listening, smelling, tasting, and seeing are used.</li> <li>Reviewing the stress response and mindful awareness.</li> </ul>	<p>Mindful Sensing</p> <ul style="list-style-type: none"> <li>Exploration of various senses to strengthen the mindful brain and to become more self-aware.</li> <li>Various activities are used to experientially teach mindful listening, smelling, tasting, and seeing.</li> </ul>
5	<p>Mindful Movement</p> <ul style="list-style-type: none"> <li>Understanding the brain-body connection - how emotions and stress affect the body and how physical factors such as posture and muscle tension affect mood and emotion.</li> <li>Strategies for releasing tension from the body are taught.</li> </ul>	<p>Mindful Movement</p> <ul style="list-style-type: none"> <li>Resting and active movements are taught.</li> <li>Emphasis on paying attention to feelings and sensations in the body during movement.</li> </ul>
6	<p>Perspective Taking</p> <ul style="list-style-type: none"> <li>Understanding the benefit of perspective taking in stressful situations.</li> </ul>	<p>Perspective Taking</p> <ul style="list-style-type: none"> <li>Encouraging children to consider situations from another person's point of view.</li> </ul>

	<ul style="list-style-type: none"> <li>• Techniques such as “why this child, why now?” are practiced.</li> <li>• Mirror neurons are introduced and demonstrated by having parents reflect on what they recorded from their parents and what their child records from them.</li> </ul>	<ul style="list-style-type: none"> <li>• Children play a game in which they guess emotions.</li> </ul>
7	<p>Choosing Optimism &amp; Appreciating Happy Experiences</p> <ul style="list-style-type: none"> <li>• Physical and mental benefits of choosing optimism are introduced.</li> <li>• Three strategies are provided: 1) Change the Playlist, 2) Be a Positive Role Model, 3) Growth Mindset.</li> <li>• Parents engage in a happy memory activity to practice appreciating a happy experience.</li> </ul>	<p>Choosing Optimism &amp; Appreciating Happy Experiences</p> <ul style="list-style-type: none"> <li>• Understanding differences between optimism and pessimism.</li> <li>• Children are encouraged to share their emotions with someone they trust for help managing them.</li> <li>• The Happy Ending activity is used to remind children of past situations where they first struggled and later experienced success.</li> </ul>
8	<p>Expressing Gratitude &amp; Acts of Kindness</p> <ul style="list-style-type: none"> <li>• The importance and benefit of kindness and gratitude practice are discussed.</li> <li>• Intentional and random acts of kindness towards, self, child and others are explored.</li> <li>• The session concludes with an exercise that puts all of the skills learned through M3 into practice using the STOP model.</li> </ul>	<p>Expressing Gratitude &amp; Acts of Kindness</p> <ul style="list-style-type: none"> <li>• Exploration of various acts of kindness to demonstrate how kindness can be shown to others.</li> <li>• Focus is on children looking for good outside of themselves and how they can share good with others.</li> </ul>

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Families attend one 90-minute session per week during which parents and children participate in separate sessions where they learn mindful breathing, sensing and movement, along with compassion, gratitude, and perspective taking. These are taught experientially and through developmentally relevant and appropriate materials. Concepts and skills are taught to children using story books, songs, art, and games and through mindfulness exercises such as breathing buddies, yoga movement and emotion check-in activities.

Parents discuss and practice various exercises and receive instruction on how to apply the techniques to their own parenting and when helping their children learn to handle stressful situations. Each parenting session includes a *Bringing it Back to Parenting* component in which the week's topic is applied directly to parenting behaviours. For example, during week eight the topic is kindness and gratitude. Parents are introduced to the STOP model for responding with mindfulness, kindness and compassion in stressful situations. After the skill is taught, parents break off into groups and, with the guidance of trained facilitators, practice using the model in various scenarios such as learning that their child was suspended from school. Parents are provided with ample opportunities to discuss concerns or challenges around implementing the strategies. Groups are kept small to ensure adequate attention from facilitators with a maximum of six families attending at a time.

M3 originated from a need for a program teaching mindful awareness and SEL skills to parents and children in a community-based setting. To date, combined mindfulness and SEL programing has been offered only in select schools. While the impact of these interventions has been positive, offering it exclusively in academic settings makes it difficult for families with the greatest needs to access and benefit from the intervention. For this reason, M3 is offered in a community-based family support and crisis center where it is likely that families who have experienced adversity will be seeking support.

The concurrent nature of the M3 program stems from prior research which suggests that interventions to improve family and child outcomes should target both parents and children (Duncan, Coatsworth & Greenberg, 2009a; Rait, 2012; Riggs, 2010). While child specific interventions show positive results, the Centers for Disease Control and Prevention specifically recommends that interventions, aimed at families who have experienced adversity, include

supports for parents (Fortson et al., 2016; Silburn, Nutton & Moss, 2011). The rationale for this is explained by the integrated theoretical framework proposed by Harnett and Dawe (2012) which draws on Biringen's theory of emotional availability and combines it with an ecological framework. Biringen's theory asserts that children develop the ability to self-regulate in the context of a child-parent relationship, with a parent's behaviour impacting the child's development (Bernier, Carlson & Whipple, 2010; Rayan & Ahman, 2016; Riggs, 2010).

Parenting behaviours associated with optimal child development fall within four domains: 1. Responding with sensitivity, 2. Providing structure for emotional and behavioural regulation, 3. Supporting autonomy, and 4. Minimizing anger and hostility (Harnette & Dawe, 2012). In families affected by adversity difficult circumstances such as stress, poverty, and interpersonal challenges can interfere with the parents' ability to create these necessary conditions (Duncan & Bardacke, 2010; Harnett & Dawe, 2012; Sanner & Neece, 2018). When parents experience distress, their ability to nurture their child's interests and to create opportunities for the child's autonomy can be impaired (Sanner & Neece, 2018) and their distress affects their child emotionally and behaviourally (Stallman & Ohan, 2016). Furthermore, adversity can impact the extent to which a parent is emotionally available for their child and research suggests that this is further impaired as ACE exposure increases (Ziv, Umphlet, Olarte & Venza, 2018). Harnett and Dawe (2012) suggest that interventions for families who experience adversity should focus on enhancing a parent's capacity to listen, increase their sensitivity to their child's cues, facilitate non-judgmental acceptance, and encourage greater emotional awareness and more frequent displays of compassion. The M3 curriculum, through instruction and practice of mindful awareness, compassion, and perspective taking, targets these areas while simultaneously equipping parents with tools to manage their own stress.



M3 includes a child specific component because the relationship between parental stress and child behaviour is bidirectional. A child's difficult behaviour can increase parent stress levels, which can then perpetuate ineffective parenting (Jones, Hastings, Totsika, Keane & Rhule, 2014; Neece, Green & Baker, 2012). By teaching children awareness, emotion regulation, and prosocial behaviour, while also targeting parents, M3 aims to help the family create a home environment which minimizes the impact of ACEs and improves the parent-child relationship. Mindfulness and SEL are the skills taught in M3 and both interventions have previously been well accepted by participants across variety of settings and ages.

### **Objective**

The present study explored the acceptability of M3, a mindfulness based, SEL program, offered concurrently for children and parents who have experienced adversity. The primary outcomes of this research surround the acceptability of the M3 program, specifically, the intent was to explore what parents who participated in the M3 program found helpful about each M3 session and why. Information pertaining to attendance and parent and child's individual and joint skills use at home was also collected and analyzed. This is an important area of exploration for skills-based programs such as M3, as participant skills use outside of the session could be connected to acceptability.

## **Chapter 2: Methodology**

This chapter presents the methodology that was used when conducting this research study. The research design, the instruments used and the procedures which were implemented, including those pertaining to participant recruitment, data collection and analysis are outlined.

## Study Design

The present study utilized a mixed method design to assess parent's acceptability of M3 in a community-based agency. This acceptability study intended to answer the research question, do parents find M3 helpful? Qualitative data obtained from 74 families who participated in the first ten groups of the M3 program were assessed. The analysis was expected to provide insight into the areas of M3 perceived by parents to be suitable, satisfying, or attractive (Bowen et al., 2009; Orsmond & Cohn, 2015).

## Procedure

**Participant Recruitment.** Following approval from Western University's Research Ethics Board (REB), participants were referred to the M3 program by a staff member at a family support and crisis center in southwestern Ontario. Inclusion criteria required that the child be between four and nine years of age, speak English well enough to follow simple directions, and both child and parent/caregiver were willing to attend the program. The centre from which families were recruited provides services to families who are in need of support or who are in crisis and so it was expected that many of these families would have experienced, or would be experiencing, adverse events in their lives.

**Ethical Considerations.** Referred parents were informed that the group is part of a research study and if they expressed interest in participating, they were connected to the research coordinator to learn more about their involvement in the research component. Parents who agreed to participate in the evaluation attended an orientation and data collection session a week prior to beginning the M3 program. This session was facilitated by a research assistant who provided a detailed review of the research and consent process prior to having the participants complete the pre assessment measures. To ensure that consent was informed, the researcher

thoroughly explained the risks, benefits, and conditions associated with participation, and confidentiality. The risk of participating in the M3 evaluation was low. Although there is some literature that suggests possible risks for engaging in longer-term meditation by adults (Wong et al., 2018), there is no literature to date that suggests learning mindful parenting techniques or children learning to be mindfully aware in the moment are associated with adverse effects. However, an associated possible risk for parents was that some measures, such as the Adverse Childhood Experiences measure, may ask questions that are uncomfortable and may bring up difficult memories and feelings. To mitigate this risk, parents were provided with a link to a resource from the Child Development Institute. This link describes stress management strategies for parents. The benefits associated with participating in the evaluation included an opportunity to better understand the potential benefits of mindful awareness.

Parents were made aware that their participation was voluntary and that they could withdraw from the evaluation at any time without penalty. They were further informed that they are eligible to participate in the M3 group without participating in the research component. In terms of confidentiality, participants were made aware that their responses would be de-identified and stored in a locked cabinet in a secure facility and on a secured drive.

Participants were compensated with a \$25 grocery gift card at the beginning and end of the M3 program, after completion of the pre and post assessment measures, many of which were used as part of the larger study.

**Intervention.** Parents and children attended eight sessions of the M3 program on a weekly basis for 1.5 hours each week. At the start and end of each weekly session, parents completed a feedback form and a research assistant was present for the duration of each group to monitor data collection and to provide support as needed.

***Intervention setting.*** M3 was delivered at a family support and crisis centre in southwestern Ontario. The parent's and children's groups were each facilitated by two individuals who received a full-day M3 facilitator training and a detailed program manual and who were employed as a group facilitator at the centre. Additionally, graduate students in social work, psychology, or occupational therapy programs assisted with group facilitation. Child minding services were offered, free of charge, to families requiring them.

The parent sessions were offered in a large room where participants were positioned in a circle around a table for comfortable note taking. Light refreshments - coffee, tea, water, vegetables, cheese, crackers and cookies – were available. The children's group took place in the gymnasium, in this room there was a table with chairs for children to participate in snack time and activities requiring a table. This room also provided ample floor space to place yoga mats for activities such as mindful movement and breathing buddies. Light refreshments – water, juice boxes, vegetables, cheese, and crackers – were available.

## **Measures**

This section discusses the various measures that were used in this research study to describe the sample and to explore the acceptability of the M3 program. The measures were used to collect information about each family's demographics, experiences with adversity, impressions of the program, and group attendance.

**Demographic information.** Demographic information pertaining to the child's age, gender, cultural background, first language learned, and living status were collected using the Parent Demographic Questionnaire. The parent's level of education was also collected at this time. This questionnaire was completed by only one parent per family, regardless of whether two parents attended each session. This information enabled an accurate description of the sample

and age was also used to confirm eligibility to participate in the study. The Parent Demographic Questionnaire can be found in Appendix C.

**Adverse family experiences.** The Adverse Family Experiences (CDC, 2011) questionnaire was completed once by each family to determine the family's experience to-date of adverse experiences. Half of the parents – those who were enrolled in the first five group cycles – completed the measure at the data collection session prior to beginning the M3 program. The other half of the participants – those who were enrolled in the last five group cycles – completed the measure following completion of the M3 program. The rationale for this change in timing was to balance the number of assessments completed at each point of data collection and to allow parents the opportunity to answer the sensitive questions once they felt more comfortable with the program and have the skills to cope should they be triggered by any of the questions.

This questionnaire consists of ten questions inquiring about the type and frequency of adverse child/family events that have been experienced. Examples of questions include, “Was your child ever the victim of violence or witness any violence in their neighborhood?” or “Since your child was born, how often has it been very hard to get by on your family's income (e.g., hard to cover the basics like food or housing)?” The questions inquiring about type of adverse experience were answered using either ‘Yes’, ‘No’, or ‘Don't Know’ options. Frequency was assessed via five response options – ‘Very often’, ‘Somewhat Often’, ‘Not Very Often’, ‘Never’, or ‘Don't Know’. This measure can be found in Appendix D.

**Parent feedback questionnaire.** The weekly Parent Feedback Questionnaire is a two-page measure inquiring about parent's experiences with the M3 program and with using the M3 skills between sessions. This measure can be found in Appendix E. To assess acceptability, parents reported on their impression of the present week's lesson; specifically, on what parents

found to be helpful (What did you find helpful about the sessions? Why?). Space was provided for a qualitative response and the responses were used to answer this study's question of acceptability.

To further inform acceptability of the M3 program, parent's responded to questions inquiring about their family's use of the M3 skills between sessions. Parents were asked if they and/or their child practiced any of the skills since the last session (Did you or your child practice M3 skills since our last session?). Parents responded to this question by selecting either the 'Yes' or 'No' options. If they responded affirmatively, they were prompted to respond to a question inquiring about the frequency of their own, their child's own, and their joint skills use (About how many times did you, your child, and you and your child together practice an M3 skill?). Parents reported on each of these scenarios by selecting one of the following options: '1-3', '4-6', '7-10', or '10+' times. Finally, parents were asked whether practicing the skills was helpful for them and whether practicing the skills was helpful for their child (Did you and did your child find practicing an M3 skill helpful?). For each of these scenarios, parents responded by selecting the 'Yes' or 'No' option.

**Attendance tracking.** Each week, for the duration of the M3 program, attendance was collected for each parent. The attendance information collected was used to help inform the acceptability of the program. If the majority of participants attended most sessions and did not drop out of the group, this could further support acceptability.

### **Data Analysis**

The data used in this research study was collected concurrently during the parent's participation in the M3 program. A mixed methods sequential embedded design was used to analyze this data. In such designs a primary and secondary focus is assigned to either the

qualitative or the quantitative data and one of these data sets is emphasized over the other (Creswell & Plano Clark, 2011). In this study the emphasis was on the qualitative data set which was analyzed first using an inductive content analysis. The quantitative data was analyzed second with the purpose of potentially supporting the qualitative findings. The point of interface was the data analysis stage. The rationale for a sequential approach was to minimize the impact of the quantitative findings on the interpretation of the parents' qualitative responses.

Embedded research designs are beneficial because they can provide a complete understanding of a research topic (Creswell & Plano Clark, 2011). The purpose of this study was to assess parent's experiences with the M3 program. An embedded research design allowed for a greater understanding of parent's experiences with M3 because it allows for a secondary assessment of related but distinct research questions (Creswell & Plano Clark, 2011) which supported the complementarity of this research. Complementarity allows for an in depth understanding of the research findings which would not be possible using only a qualitative or a quantitative approach (Hesse-Biber, 2010).

**Descriptive statistics.** Descriptive statistics – in the form of means, graphs and tables – were used to describe the families who participated in the M3 program, parents' attendance at the M3 sessions, family's frequency of skills practice between sessions, and parent's interpretation of the helpfulness of skills practice.

**Inductive content analysis.** This research study relied on an inductive content analysis. The meaning units, or units of analysis, were derived from parent's responses to the question, *What did you find helpful about the sessions? Why?* This question is found on the Parent Feedback Questionnaire. An inductive content analysis was used because it is a flexible and sensitive approach (Cho & Lee, 2014; Elo & Kyngäs, 2008). It was expected that this approach

would enable a greater understanding of participant experiences with the program because rather than the researcher fitting the data into a preconceived set of categories, the concepts, explanations, results, and theories emerged from the data (Patton, 2015). For this reason, the timing of analysis involved assessing the qualitative data first before considering the quantitative data.

Prior to analysis, participant responses were entered onto an Excel spreadsheet and the responses to the question *What did you find helpful about the sessions?* and *Why?* were combined. This resulted in a total of 800 responses. The researcher reviewed each response and began the process of condensation and abstraction (Graneheim & Lundman, 2004). Redundancies were removed while ensuring that relevant responses were not discarded and that the meaning units were not too broad, too narrow, or contained multiple meanings (Graneheim & Lundman, 2004). This process reduced the number of meaning units for analysis to 287 unique statements.

Content analysis began with the researcher reviewing the data and applying codes and categories to organize the data (Scott & Garner, 2013). The codes were condensed and reviewed until 52 unique codes were applied and nine themes were identified (Cho & Lee, 2014; Graneheim & Lundman, 2004; Patton, 2015). A list of the Codes by Theme and Meaning Units by Code can be found in Appendix A and Appendix B.

The author took steps to achieve trustworthiness of the qualitative analysis through credibility, dependability and transferability (Graneheim & Lundman, 2004). Credibility focuses on the fit between the unit of meaning and the method of analysis and their relevance to the goal of the research (Graneheim & Lundman, 2004). The process of condensation and abstraction strengthened the credibility of this study by ensuring that the meaning units were suitable for



assessment; that they were not too broad, had a single meaning, and were not fragmented (Graneheim & Lundman, 2004). Effort was made to ensure that no relevant data was omitted (Graneheim & Lundman, 2004).

Dependability refers to the changes in data and modifications made by the researcher over time and throughout the course of the analysis process (Graneheim & Lundman, 2004). The researcher supported the dependability of this study through the timing of data analysis. Data analysis began only once all data was collected to reduce the likelihood of modifications to the researcher's methods of analysis. Additionally, data collection was structured and unmodified throughout the duration of the study which makes it unlikely that data collection evolved over the course of the study (Graneheim & Lundman, 2004).

Transferability refers to the extent to which the findings can be applied to other groups or contexts (Graneheim & Lundman, 2004). To support the transferability of the data obtained in this study, a detailed description of the participant characteristics was made available. As was a thorough description of the context, data collection, and analysis procedures (Elo & Kyngäs, 2008; Graneheim & Lundman, 2004).

### **Chapter 3: Findings**

This chapter is divided into three sections. The first section describes the sample based on demographic and to-date experiences with adversity. The second section presents the data pertaining to family skills use. The third section outlines the findings obtained via an inductive content analysis of parent responses pertaining to what was found to be helpful about the program. The themes and associated codes are presented.

### Section 1: Demographic Information

**Participants.** Table 4 summarizes the demographic characteristics of the families who participated in the M3 program. A total of 74 families with children ages four to nine ( $M=6.3$ ,  $SD=1.6$ ) participated in the program. Five families had two children attend the sessions and ten families attended with a co-parent, increasing the number of parents who participated in the program to 84. Demographic information was obtained from only one parent per family. The majority of parents ( $n=51$ , 68.9%) self-identified as females and attended the sessions on their own, while 23% ( $n=17$ ) of the sample attended as a female and male couple. Only 8.1% of the participants were self-identified male parents who attended on their own ( $n=6$ ).

Of the parents who attended the M3 program, the majority were mothers ( $n=65$ , 73%) and fathers ( $n=20$ , 22.5%), however, some parents who attended the group were stepparents ( $n=3$ , 3.4%) and grandparents ( $n=1$ , 1.1%). Of the parents who participated in the program, two were same sex co-parents ( $n=2$ , 2.24%).

The majority of the families who attended the program consisted of a mother ( $n=64$ , 86.5%), a father ( $n=40$ , 54%), sister(s) ( $n=30$ , 40.5%), and brother(s) ( $n=27$ , 36.5%). Stepparents, grandparents, aunts, cousins, shared custody arrangements, half-brothers, parent's partners, great aunts and more distant relatives were also identified but in much lower frequency (one to seven times).

Most often parents described their family's ethnic/cultural background as white ( $n=45$ , 60.8%) or as other ( $n=15$ , 20.3%) which was most frequently a combination of white and another ethnic/cultural background ( $n=12$ , 16.2%). Eleven parents did not respond to this question (14.8%). When asked about their child's first language learned, parents overwhelmingly reported that English was their child's first language learned ( $n=66$ , 89.2%).

Parents provided information regarding their own and their co-parent's educational achievement. The majority of parents completed a college diploma (program/specialization) ( $n=36$ , 32.7%), completed high school or GED ( $n=31$ , 28.2%), or completed a University Bachelor's Degree ( $n=17$ , 15.5%).

Table 3  
*Demographic Characteristics of Participants*

Characteristics	<i>n</i>	%
Parent gender		
Male	6	8.1
Female	51	68.9
One male, one female	17	23
Parent's relationship to child		
Mother	65	73
Father	20	22.5
Stepparent	3	3.4
Grandparent	1	1.1
Parent educational level (parent 1 and parent 2 combined)		
Completed high school or GED	31	28.2
Completion of an apprenticeship or trades certificate or diploma	8	7.3
Completed a college diploma (program/specialization)	36	32.7
University Bachelor's Degree	17	15.5
University Master's Degree	7	6.4
University Ph.D.	2	1.8
No completion of a certificate, diploma, degree	8	7.3
Other		
M.D.	1	0.9
Child's gender		
Boys	47	68.1
Girls	22	31.9
First language learned		
English	66	89.2
French/English	1	1.4
Hungarian/English	1	1.4
Missing	6	8.1
Child's living status		
Mother	64	86.5

Father	40	54.1
Stepmother	2	2.7
Stepfather	7	9.5
Grandmother	6	8.1
Grandfather	1	1.4
Sisters	30	40.5
Brothers	27	36.5
Other Relative		
Aunts	3	4.1
Cousin	1	1.4
Two moms	1	1.4
Shared custody between mom and dad	4	5.4
Shared custody between two moms	1	1.4
Great aunt, her wife, daughter, stepson, and grandson	1	1.4
Half brother	1	1.4
Other, please specify		
Dog	1	1.4
Mom's boyfriend	1	1.4
Child's ethnic/cultural background		
White	45	60.8
Aboriginal/First Nations/Metis/ Inuit	1	1.4
Arab	2	2.7
Other	15	20.3
White + Black	3	4.1
White + Aboriginal/First Nations/Metis/Inuit	4	5.4
White + Vietnamese	1	1.4
White + Arab	2	2.7
White + South Asian	1	1.4
Aboriginal/First Nations/Metis/Inuit + Black	1	1.4
Irish	1	1.4
Portuguese	1	1.4
White + Bermudian	1	1.4
Missing	11	14.8

**Adverse Family Experiences.** The Adverse Family Experiences measure was completed by 64 parents. The results obtained from this measure indicate that a large number of families who participated in the program experienced adversity. Financial adversity was the most commonly lived adversity with over half of the participants ( $n=35$ , 56.4%) reporting having experienced it. Residing with someone experiencing mental illness, suicidality, or severe depression ( $n=25$ , 41.3%) and experiencing a parent or guardian's divorce or separation ( $n=22$ ,

34.9%) were also commonly reported. While each adverse experience was reported by at least one family participating in the M3 program, the remaining options on the questionnaire were reported by less than ten percent of participants. Table 5 presents the number and percent of families who reported experiencing each adversity from the questionnaire.

Table 4

*Parent Responses to the Adverse Family Experiences questionnaire*

Characteristics	<i>n</i>	%
Since your child was born, how often has it been hard to get by on your family's income (N = 62)	35	56.4
Ever live with a parent or guardian who got divorced or separated after they were born (N = 63)	22	34.9
Ever live with a parent or guardian who died (N = 64)	1	1.6
Ever live with a parent or guardian who served time in jail or prison after they were born (N = 64)	3	4.7
Ever see or hear any parents, guardians, or any other adults in their home slap, hit, kick, punch, or beat each other up (N = 64)	11	17.2
Ever the victim of violence or witness any violence in their neighborhood (N = 64)	6	9.4
Ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (N = 63)	26	41.3
Ever live with anyone who had a problem with alcohol or drugs (N = 63)	9	14.3
Ever treated or judged unfairly because of their race or ethnic group (N = 63)	1	1.6

**Section 2: Attendance and Skills Use**

The M3 program was attended by 84 parents. Session attendance and skills use data is available for each parent who attended.

**Session Attendance.** Figure 2 presents attendance information in the form of the total number of M3 sessions attended by each parent. Parents attended an average of 6.2 ( $SD=2.15$ ) M3 group sessions and over half of the participants attended 75% of the program ( $n=41$ , 55%). Attendance data was missing from two parents and another two parents did not attend any

sessions after attending the pre-data collection session. Parents attended all eight sessions most frequently ( $n=29$ , 37.8%).

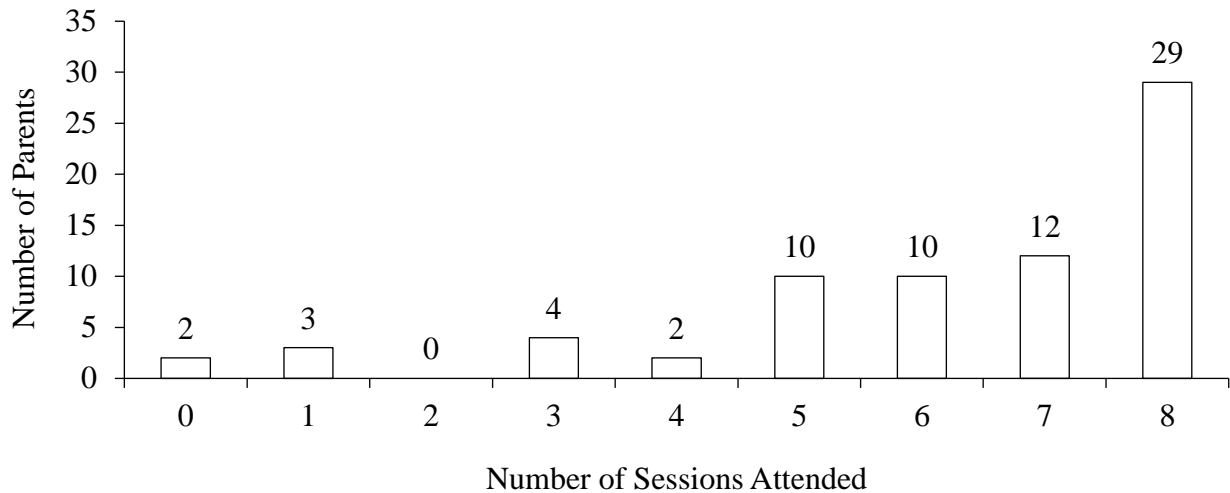


Figure 2. Number of M3 sessions attended by parents.

**Skills Use.** Information pertaining to child and parent individual and joint skills use at home was collected from all parents on a weekly basis. Each week parents were asked the question, *Did you or your child practice an M3 skill since our last session?* Parents had the option to respond by selecting either a "Yes" or "No" to this question. 67% of parents responded to this question. Of those parents who responded, 86.3% of parents responded yes to practicing M3 skills themselves or with their child.

Table 5 presents the parent responses to the question, *About how many times did you or your child practice an M3 Skill?* Those parents who practiced M3 skills in the previous week most commonly reported practicing the skills on their own as opposed to with their child, or their child practicing alone. Most often, parents practiced 1-3 times a week (37.6% of the time), second most often they practiced 4-6 times a week (33.5% of the time), and the third most

common frequency of practice was 7-10 times a week (14.4% of the time). Least frequently, parents practiced 10+ times a week (7.1% of the time).

Table 5  
*Skills Use Between M3 Sessions Across all Groups*

	1-3 times %	4-6times %	7-10times %	10+times %	Missing %
Parent	37.6	33.5	14.4	7.1	7.4
Child	39.7	23.8	7.1	2.4	27.1
Parent and Child Together	45.3	24.1	5.3	2.4	22.9

*Note.* Data presented for those parents who indicated that they practiced M3 skills since the last session and who responded about the frequency of their skills use.

Most frequently parents reported practicing an M3 skill together with their child 1-3 times a week (45.3% of the time) and second most frequently they practiced a skill together 4-6 times a week (24.1% of the time). Parents were less likely to practice the skill with their child 7-10 or 10+ times a week (5.3% and 2.35%).

Parents reported on their child's individual skills use 74.8% of the time over the eight weeks of group. Most frequently, children practiced the skills alone 1-3 times a week (39.7% of the time), second most frequently, children practiced skills 4-6 times a week (23.8% of the time). Less frequently children practiced 7-10 or 10+ times (7.1% and 2.4% of the time). On three separate occasions, or 0.9% of the time, a parent did not select one of the options and wrote their own response instead. These responses are also presented in Table 5.

Parents also reported on whether they found practicing the skills between sessions helpful for themselves and/or for their child. Table 6 presents this information. The results show that parents found practicing M3 skills outside of the session to be helpful for themselves and also for their child. Parents consistently reported that they found the skills were helpful for themselves more so than for their child. Parents rated between session skills practice as helpful for

themselves 96.1% of the time compared to the skills being helpful for their child 79.3% of the time. Parents rated the skills as unhelpful for themselves 2.97% of the time, while the skills were rated as unhelpful for the child 12.3% of the time.

On three occasions, 0.9% of the time, parents did not use the yes or no options to respond to the question of whether they found the skills helpful for themselves. The written responses that they provided read as “Yes and no” and “not sure.” These responses point towards an uncertainty of whether the skills were helpful or not.

This uncertainty was most common when parents were asked if the skills were helpful for their child. In response to this question some parents opted to write a response to the question, rather than selecting the yes/no options. This occurred 8.4% of the time. The more frequently offered written responses included “yes and no,” “sometimes,” “not sure,” and “?”. The remaining responses can be found in Table 6. Each response suggests that parents felt uncertainty about the helpfulness of the skill practice for their child.

Table 6

*Parent Responses to the Question: Did You/Your Child Find M3 Skills Helpful?*

	Yes		No		Other		Other Response	Missing
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Parent	324	96.1	10	2.97	3	0.9	Yes and no (2) Not sure (1)	3
Child	245	79.3	38	12.3	26	8.4	Not sure (3) Yes and no (7) Working on it (1) Wouldn't use it (1) A bit (2) Sometimes (5) Unsure (2) Only for practice (1) ? (3)	34



She keeps  
saying “I don’t  
need it” (1)

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### Section 3: Inductive Content Analysis

At each M3 session parents were asked the questions, *What did you find helpful about the sessions? Why?* A total of 800 responses were obtained from weekly responses from 84 parents who attended the weekly group sessions. Through the process of abstraction this was reduced to 287 unique statements. An inductive content analysis was performed and the themes and associated codes which were derived from these 287 meaning units are presented in this section. The inductive content analysis resulted in nine themes which captured parent’s experience with the M3 program. These themes are 1.) Strengthening my Relationship with my Child, 2.) Content and Format, 3.) New Ways of Responding, 4.) Gaining Insight, 5.) Being Hopeful, 6.) Being in the Present Moment, 7.) Taking Care of Self, 8.) Understanding the Brain, 9.) Barriers to Skills Use.

**Theme 1: Strengthening my Relationship with my Child.** This theme was comprised of parent responses which discussed how the psychoeducation and skills development offered through the M3 curriculum was perceived to contribute to a stronger parent- child relationship. The codes that were combined to develop this theme focused on creating opportunities to connect with one’s child, teaching one’s child, enjoying and observing one’s child, reflecting on the parent-child relationship, as well as becoming aware of one’s own impact on the child and on the parent-child relationship.

Many responses discussed the program as being helpful because it created opportunities for families to connect. One form of connection was to ask the children questions in order to learn about them.

*Asking my children why they're in the state they're in.*

*I can learn more about my kids.*

*Taking time to listen to my kids.*

Some responses also focused on forming emotional connections with the child.

*Allowing the child to experience the emotions safely.*

In addition to connecting by learning about the child, some parents indicated that the connection was reciprocal.

*Better understand each other; the behaviour.*

Other responses suggested that an awareness of shared difficulties was helpful.

*It's nice knowing both my children and I have similar difficulties.*

This statement represents connection between the parent and child because it demonstrates a parent examining their relationship with their child and noticing similarities between one another. This statement suggests that parents have been looking for common experiences between themselves and their child which requires connection to the child and to their experiences.

M3 was helpful in reminding some parents of the love that they have for their child.

*It will remind me how much I love my kids, but also remind them how valued they are.*

In addition to reminding parents of their love for their child, M3 also motivated this parent to connect with the child's perspective in order to assume that their child would like to feel valued. Another way of strengthening the relationship was expressed in parents observing and enjoying their children.

*Focus on child's face, eyes, mannerisms.*

*Noticing posture and body language.*

*Seeing/looking at your child more closely.*

Similarly, parents made statements indicating the helpfulness of appreciating and enjoying their child.

*Appreciate him and enjoy the efforts we put in.*

*Really enjoy your kids this week – see the delight and see what strangers see.*

M3 teaches parents that, when focusing on what they would like to change about their child, they often miss out on experiencing that which is positive about their child. One M3 activity asks parents to observe their child as though someone who had just met them might see them. The above listed responses suggested the helpfulness of appreciating and enjoying one's child.

Co-regulation and mirroring were also identified as being helpful. One parent explained co-regulation from a neurological perspective.

*When my amygdala is calm and under control, that means the child's amygdala can be controlled and to teach them to use their prefrontal cortex.*

Others agreed with the helpfulness of co-regulation.

*Thinking about regulating ourselves to help our children regulate their emotions/reactions.*

*Understanding how my moods/behaviours impact them. Remembering that they are essentially recording everything I do.*

The M3 curriculum offers an analogy of children as video recorders to help parents understand that their children take in, or record, much of what they do. An exercise in the group focuses on considering what the child records on a daily basis. Parent responses reflected their engagement with this exercise and the relevance of it in their daily lives as parents. Furthermore, the statements suggest that parents understand the impact of their own arousal on their child's level

of arousal and that by regulating themselves, their child learns to better self-regulate. Some parents indicated how this understanding has led them to be more aware of their own behaviours and what they are modelling to their children

*It really made me think about the good, the bad, and the ugly that I've been modelling to my child.*

This awareness was also associated with understanding that they could modify their child's behaviour by modifying their own.

*I realize they are learning from me but if I am more focused on what I'm showing them I may see different behaviour.*

*It makes me more conscious of the effect my reactions have on my children.*

Related to parents understanding their own impact on their child is perspective taking. Parent responses commonly suggested consideration of the child's perspective, including their experience and their feelings. Some parents explained that perspective taking helps them to better understand their child.

*Better to understand my child's reactions.*

*From their perspective things seem very different.*

Perspective taking also served as a reminder for parents that there is more to their child than their behaviour.

*Reminder that they may have thoughts other than what we initially see.*

There were also responses which discussed how perspective taking helped to change the way in which parents perceived situations.

*I feel like it will help me to look more at a situation and why is child upset/mad? Bad day? How would I feel?*

*To help understand their stress and be more compassionate.*

Perspective taking was believed to contribute to being better able to support one's child.

*In order to understand how my child is feeling and learn how to support him in difficult situations.*

Some of the responses suggested that parents were reflecting on how they relate to their child and the things they could have done differently.

*I don't really ever take the time to see their perspective.*

*I don't think I have been listening.*

Some responses were related to difficult emotions that this shift in perspective resulted in.

*I feel I have been ignoring my son when he blows his top, because I don't know how to react, so I leave him to deal with it alone. Today I feel very guilty about how I have been dealing with this.*

While others suggested how they can improve in these areas.

*I think I don't pay enough attention to him and am always in a rush, especially when he's telling me a long story. I need to be more present.*

*Have to be patient like I am with adults.*

Numerous responses focused on how parents can serve as positive teachers or models for their child. Some of these comments focused on teaching gratitude through one's own behaviour.

*Being grateful and teaching my children gratitude.*

Others focused on modeling optimism.

*Being optimistic – strategies. Especially 'be a positive role model'.*

*To model more optimism to the kids.*

One parent shared that they could model how to calm to their child.

*The importance of showing how to calm so they know how to calm themselves.*

Some focused on teaching the child about emotions and to be emotionally aware.

*To teach him to become aware of body and how it relates to his emotions and to be more mindful.*

*Helping my son label his feelings and talking through situations to prepare for next time.*

The first theme of Strengthening my Relationship with my Child focuses on M3 as helpful because it enables connection with one's child, enjoyment of one's child, and reflection and greater awareness of the parent-child relationship, including the parent's own impact on the relationship and on the child. These codes were grouped into this theme because they contribute to a stronger parent-child relationship.

**Theme 2: Content and Format.** This theme consisted of parent responses which pertained to the helpfulness of the various features of the M3 program. Specifically, parents suggested that M3 offered a variety of activities and skills which were enjoyable, universal and easy to implement. Parents also made comments about the group format and the visual nature of the information as being helpful.

The analysis resulted in an exhaustive list of the activities that parents found helpful. When comparing this list to the M3 curriculum, skills from each of the sessions were listed which indicates that each parent found a topic from each session helpful. When asked why these items were helpful, parent responses rated the activities and skills as tangible and easy to use.

*Concrete ideas to share and practice.*

*Easy, visual guide to implement.*

*Visual to use that's simple with children.*

A parent discussed how the skills offer an easy way to communicate in difficult moments.

*It will help us both communicate in a non-verbal way which is easier in the moment.*

Another parent suggested that the skills were easy to use because they could be used with little thought.

*Non-verbal signal that requires little thought/chance for argument.*

Others found the strategies easy to implement into their daily routines.

*I can see using it in our daily routines.*

*Learning I can have mindful moments while doing my daily activities will help me to be able to practice more.*

This statement is important because it suggests that parents were cognizant of the need for continued practice for optimum efficacy and that they view the skills as being easily integrated into their daily activities. Parents also specifically reported on the skills as being easy for the child to use and to understand.

*The hand signal is a quick way to signal my child or for him to signal me.*

*Something that he will understand easily.*

Other parent responses appraised the group activities as enjoyable.

*A lot of good stuff this week.*

*Great idea about negative jar, to be aware of how negative you can be.*

*I liked the choosing optimism activities.*

*I'm looking forward to this one I love it and it always put a big smile on my face when he does a kind act.*

A few parents pointed out that M3 was enjoyable specifically for children.

*Kids will find it fun.*

*Fun/different way of making breathing doable for kids.*

Parent responses also reflected an understanding that each skill does not work without fail and the benefit of knowing and trying various strategies.

*Every child is different and maybe one breathing exercise will work but bore them the next day. I like to switch things up but being consistent in the outcome.*

Additionally, parents appreciated the universality of the program and the variety of the skills taught.

*Applicable to everyone.*

*Different strategies to use when their smoke alarm has gone off (putty, marble – rewards for positive behaviour).*

*Different ways to figure out what the kids will gravitate towards.*

Many of the strategies used in the M3 curriculum draw on the use of visuals with the intent of making the material more accessible to children. As an example, an owl, a hippo, and a bulldog stuffy are used to represent the prefrontal cortex, hippocampus, and amygdala. A Hoberman sphere is used to offer a visualization of a child's diaphragm while deep breathing. The flipping your lid hand model is used to model the effects of emotions on the brain and to offer a means for parents and children to communicate about their emotional experience without words. These are but a few examples of how visuals are used throughout the sessions and parents reported that these visuals were helpful for their children, as well as for themselves.

*My son responds well to visuals.*

*Flipping your lid visual to help my child understand.*

*The visual had an immediate impact on me when I saw it.*

Finally, parents found the group format of the program to be helpful.

*Open discussion with other parents.*

*Hearing other parents share how they have used the skills is helpful.*

Parent responses suggest that the content and format of M3 was helpful. Specifically, parents rated the M3 program as enjoyable and easy to use. Parents found the variety and universality of the program to be helpful as well as the various strategies such as visuals. These are important findings that point to the acceptability of the program.

**Theme 3: New Ways of Responding.** This theme consisted of parent responses discussing the ways in which the program would be helpful in creating new ways of responding to their children and to situations. The M3 program aims to teach parents new ways of



responding that will allow parents to be more calm, responsive, and effective in their caregiving role. A foundational concept underlying the M3 program is that combining mindfulness and SEL can lead to more effective responding by providing a space between a situation and a reaction so that individuals may assess a situation and consider more effective ways of responding, such as by using SEL skills. This concept is reflected in parent responses which focused on evaluating a situation, trying to remain calm, challenging negative thoughts, self-regulating, using non-verbal communication, distracting the child, and identifying situations where these new responses would be helpful.

Parents stated that M3 would help them to respond more effectively.

*Helps to create better responses.*

*It will help me provide a more appropriate response than appealing to reason.*

This new way of responding in M3 is taught using the STOP Model of Parenting. The STOP model is a four-step process intended to help parents respond more effectively by taking a moment to step back from the situation, to calm their minds and bodies, to observe what is happening within themselves, with their child and the surroundings, and then to proceed in a mindful, kind and compassionate way with their child, reinforcing the mindful skills their child has learned so their child can also learn to respond, rather than react to situations. Parent responses suggested that they found the STOP Model helpful and that M3 provided them with a process for evaluating a situation.

*Learning to stop and observe things in the moment before reacting. Being mindful and present while communicating.*

*Gives a step by step process to evaluate a situation before reacting.*

Other parent responses suggested that the model provides time to respond more effectively to the situation.

*Gives me time to react and think about the situation in a calm manner.*

Some parents noted the importance of evaluating a situation.

*The sooner we notice the better our reaction will be.*

These statements indicate that parents understood their role in difficult situations and how they may be more effective. One of the new ways of responding that were identified were keeping calm. Parent responses indicated it was helpful to know when they need to calm down.

*Noticing when I need to calm.*

Situations in which calming would be helpful were identified.

*To learn to calm the brain and be more calm in order to better handle stress.*

*To help keep everyone calm and help keep stress down.*

*May help to calm me down so I don't lose it on my son.*

*It will help us be more calm and efficient in situations.*

Parents identified a benefit of keeping calm as helping to connect with their child.

*I constantly try to reason with child when she is upset. I will need to focus on calming activities to bring us both to a place where we can reason together.*

*To get rid of the days' baggage for a few minutes and calm down.*

Another new way of responding that was identified was challenging the negative. Parents made statements related to being more optimistic and challenging negative self-talk. One parent described what challenging the negative required.

*Learning to think differently and enter the situation in a more positive mindset.*

Another parent described how the M3 lesson contributed to insight around mindset.

*As someone who is negative, I see the power that mindset has over you. Reframing your mindset brings more happiness. So important for our kids.*

With prior research supporting the positive effects of mindfulness and SEL programs on self-regulation, it was expected that parents would make statements that indicated that M3 was

helpful in the area of self-regulation. Parents made a number of statements relating to what skills they found helpful for regulating emotions and reactions.

*To remember to regulate my own feeling.*

*Breathe and calm down instead of yelling.*

*Breathe, pause, assess things calmly.*

Interestingly, finding breath and finding calm were often paired and described as contributing to self-regulation.

The concepts of gratitude and kindness, derived from positive psychology, were also identified as contributing to self-regulation

*That practicing gratitude and kindness on a regular basis can help regulate emotions.*

Self-regulation appears to also be seen as helpful in changing ways of responding.

*Might help me pause before reacting.*

Another way of responding is via non-verbal communication. This includes being aware of one's own or their child's body language or using signals to communicate.

*Being aware of body language.*

*Being aware of what my body language is telling my child.*

*Eye contact and reading expressions.*

*Listening to our bodies or our child's more often.*

M3 also provides various visuals to assist parents and children with communicating their needs during difficult situations. Parents identified two visuals that they found helpful.

*Signaling when close to flipping lid.*

*The visual images for chime so when she needs a break she can point to the picture.*

For parents, using the Flipping your Lid hand signal was helpful for communicating with their child when either parent or child was highly emotionally aroused, and the amygdala was activated. This signal is taught in the M3 program as a way for parents and children to communicate to one another non-verbally that they are getting worked up or are getting close to “flipping their lid”. When used in this way, the signal communicates to the other individual that it is time for some calming strategies.

Parents also appreciated the weekly cards that they were provided with. Some of these cards show an image of an M3 strategy. The parent found it helpful to have their child point to an image rather than asking for a calming technique, which can be difficult to do when feeling overwhelmed.

Another way of responding is by finding ways to refocus. One way to refocus is through mindful sensing because it creates a space from the difficult situation or emotion, to respond more effectively. Parents described refocusing.

*Give him something to concentrate on while calming down.*

*Creates a new focus for the child.*

Parents also indicated an understanding of refocusing as providing space.

*Separate from experience rather than be consumed by it.*

Consistent with the foundation of M3, this space can prevent impulsive and often problematic reactions such as engaging in arguing or conflict. A parent identified a mindfulness activity that would work to potentially refocus and prevent conflict.

*The listening walk would definitely help and keep from fighting.*

In addition to avoiding conflict, parents identified strategies they could use in moments that they find difficult.

*Breathing breaks before transition period.*

*Bunny, bear etc. breathing. This will be helpful in many ways. After tantrums, on way to school etc. which is generally a tough time for us beforehand.*

These parent statements indicate that parents have considered moments of difficulty in their family and identified new ways of responding to these situations.

**Theme 4: Gaining Insight.** Many parents discussed how M3 led to new perspectives, greater understanding of the function and presentation of emotions, insights into their own and their child's emotional and behavioural difficulties, as well as awareness of goals when parenting. Parent responses suggested that there was a change in their thinking following their involvement with M3.

*Another take on moment.*

*It gave me a different perspective.*

A parent shared that the session served as a reminder that there is more than one perspective.

*Reminder that everyone sees things differently and or has a different perspective.*

In addition to exploring differing perspectives, parent responses reflected insight into behaviour. Some of these insights pertained to the causes of behaviour.

*The generational stress all the different stressors for parents and children.*

*Pent up energy needs to go somewhere.*

These responses suggest that parents understand that numerous factors contribute to parent and children's behaviours including the body's response to emotions and the need for this emotion or energy to be released in some way.

Parents also gained insight into various presentations of the body's response to stress: the fight, flight, freeze response.

*Didn't recognize some of the fight ('being silly') or freeze reactions.*

Many responses suggested that parents gained insight into the child's ability to control their behaviour.

*I usually jump to the thinking 'she knows what she's doing' etc. so it is helpful to understand she is not in control.*

In addition to having a lack of control, insight appears to have been gained around the understanding that the child is reacting, rather than responding.

*A good reminder that child is not thinking when reacting this way.*

Insight was also connected in regards to unreasonable expectations of the child.

*Because I feel as parents, we expect our children to just understand and 'behave' the way we expect them to, when they aren't capable of it.*

Related to this, parent responses reflected insight into emotions, including the impact of emotions.

*Emotion is powerful.*

*Being aware of the way the body responds to different emotions.*

Additionally, parents suggested that they became aware of the causes of emotions.

*Understanding where the emotion stems from.*

Perhaps some of the most important insights gained were those pertaining to parent's own challenges and reactions. Parent statements suggested that they became aware of their own challenges through the M3 program. Some of these challenges were related to taking care of themselves.

*I often forget about my own health because I'm too focused on the tasks that need to be done.*

As well as considering their own experiences and observations of the world and their impact.

*The mirror neurons – what did I record. I really need to think about this more.*

Others noted what it is that they find difficult when parenting.

*I find it difficult to calm my mind.*

*I get stuck in my own thoughts and sometimes have a hard time remembering people don't think the same way as me.*

The latter statement not only suggests parent's insight into a personal difficulty but also how this personal difficulty may impact their relationship with others.

Several other responses reflected parent's insight into areas for personal growth.

*I find I already relax into the positive moments, but am not really aware of my body when my mind is racing in moments of stress.*

*I never thought to pay so much attention.*

*I try to impose myself and assist in the moment which I think aggravates the situation.*

The later comment is an example of parents exploring how their own behaviour, though well intentioned, might be contributing to difficulties in their relationships.

Some parent responses suggested that they have reflected on the impact of their own ways of responding.

*Talking about optimism and pessimism made me understand just how much I need to be mindful on how I react to situations.*

Others noted the importance of considering reactions related to various situations and sources.

*Paying attention to reactions – from specific events, moods, feelings.*

Yet others, shared the insights that they have gained into their problematic reactions.

*I tend to get angry first.*

*I want to watch my big 'mom' frustrated sighs.*

*When I have an audience (even in my own mind) I react less impulsively.*

Finally, some parents also were influenced by the program to set goals for their parenting.

*Asking what I want as a parenting goal.*

Setting goals was seen as helping parents to consider their well wishes for their child.

*Makes me think about what it is that I want for my daughter long term.*

This is an important theme which reflects the growth that parents experienced throughout their involvement with the M3 program. Particularly, this indication of growth was found in responses focused on shifts in how situations, emotions, and behaviours are understood and through responses that suggest assessment of personal patterns of responding and how these patterns might be changed.

**Theme 5: Being Hopeful.** Parent hopefulness was a common theme of the content analysis. The parent responses which were combined to form this theme focused on an increased sense of control over situations and wellbeing, identification of the circumstances in which the skills will be helpful, including positively influencing the child and leading to happiness. These responses reflected the parents' belief that there is hope for positive change in their personal and family lives.

Control was seen as a component of being hopeful. This included control over one's reactions to a situation as well as having control over situations.

*Awareness that making a change to responses in certain situations is possible.*

*My outward reactions can/will change how the situation ends for better or worse.*

*Reminding myself that my optimism is contagious and I have control over it!*

One parent spoke about control over neurological processes.

*Liked reminders on not being able to erase pathways but you can replace with a more appropriate response.*

Many parent responses suggested hopefulness about what was learned in M3 positively influencing how one feels.

*Help with anxiety.*

*The body scan will help with my anxiety (hopefully).*



*Will be less stressful for the new task.*

*Really helps focusing.*

*Helps put you in a positive state of mind.*

*Makes me forget all the negatives.*

*Will help to calm down, perhaps before a meltdown.*

These responses suggest parent's hope that the skills learned via the M3 program will improve how parents feel by helping with anxiety, reducing stress, helping find calm or focus, and encouraging more positive feelings. Other parents suggested that the skills were helpful because they influenced their parenting.

*Has greatly affected my parenting.*

*Because I know it will help me positively raise my child.*

Such statements reflect hope because they indicate the possibility of improvement in these areas. In addition to comments that show changes in self and in their role as parent, parents also indicated the helpfulness of the skills during shared situations.

*I think these will be helpful for both myself and my children.*

*This will help with high stress situations which that is what we needed.*

*Because it will help defuse situations or help reconnect us.*

Others spoke of how impactful they anticipate the skills will be for their child.

*I feel like it will help him recognize in himself what he needs to eventually calm and soothe himself.*

*It just might help him to not blow up so much.*

*So he will think more before using his hands in a mean way.*

These responses indicate a sense of hope that their child can improve in these areas.

Another aspect of the being hopeful theme was the positive influence that these skills were believed to have on the child. The skills were viewed as being positive and having a positive influence.

*All positive values to instill in my children.*

*Encouraging positive self-talk daily with my kids.*

*Help my children to develop a positive outlook on life and maintain it.*

*To help them see the good in their life.*

While the majority of the statements focused on the positive impact that the skills would directly have on children, others spoke about how the skills can positively influence how the child responds or relates to others.

*He will be a better person, think of others and not only of self.*

*To ensure more of a positive result from my child.*

Finally, some parents spoke about M3 as contributing to feelings of happiness for the child, the parent, and others.

*It will help me and my children be happier people.*

*Keeping that in mind makes for a happy home.*

*Kindness/gratitude makes everyone more happy!*

The responses that were shared by parents suggested that they saw hope in the possibility of gaining some control and hope that the skills they developed through M3 will positively impact them and their children in various ways.

**Theme 6: Being in the Present Moment.** The theme of Being in the Present Moment was derived from parent responses in which various mindfulness strategies that were taught throughout M3 were described as being helpful. This includes being aware of their bodies, their

breath, their senses, parenting mindfully, practicing mindfulness, and slowing down. In M3, formal and informal mindfulness strategies are taught to increase the likelihood that children and parents will make mindfulness a part of their daily routines.

Some parents offered definitions of what mindfulness is.

*To really take the time to live in the moment.*

*Slowing down, taking each moment as it comes.*

Parent responses indicated an understanding that regular practice is necessary.

*About when, how and how many times to practice mindfulness.*

*Practice is key for mindfulness.*

*Bearing in mind that it's a skill and might have to be learned/practiced by child more than others.*

A number of parent responses referred to the general usefulness of being mindful or of being present focused. Additionally, throughout the M3 program, parent's responses indicated that mindfulness was helpful in various ways.

Parents noted that the skills helped them become more present.

*It may help bring me back to present disruption.*

*Forces focus on now.*

Parent statements reflect the belief that mindfulness brings with it benefits such as lower stress.

*It is very important to bring ourselves back to the present, instead of letting our minds race and stress out.*

*Making an effort to be present to prevent stress.*

*Becoming more aware of what I'm feeling in a moment.*

Other parents focused on how mindfulness can be helpful to slow down their busy lives.

*Life gets busy and this reminds me to slow down and use our senses to be mindful.*

*We can sometimes forget and get caught up in our own agendas so we need to slow down and savor each moment.*

One of the lessons of M3 focuses on how being aware of sensations in the body can provide clues as to what one is feeling emotionally. Parents found that this was helpful in determining what they are feeling.

*Being aware of our bodies and the signs that I may be getting upset.*

*Paying attention to my body as things are happening at home.*

*Noticing how good my body feels when my heads up high.*

Parents identified various body awareness strategies as being helpful.

*Body meditation, stretching. Using physical movement.*

*Body scans/progressive tension release/getting child to take a moment when I noticed something in his body to bring attention to it, too.*

*Progressive body relaxation: nature walk.*

*The body scan and being aware of my body language.*

*Whole body listening.*

Parents repeatedly stated that body awareness strategies were helpful for grounding one's awareness in the present moment.

*Causes you to focus on tensing and helps the mind not wander.*

Awareness of the breath, including the practice of breathing breaks, was also found to be helpful.

*Because trying to focus on our breathing stops us from focusing on the thing aggravating us.*

Other parents believed mindful sensing was helpful in facilitating feelings of calm.

*The sound and smell series to help calm the body and reduce stress.*

Some commented on it being helpful to be present when parenting.

*Remembering to be a mindful parent. Taking the time to be present.*

Mindfulness is at the core of the M3 program. Various formal and informal mindfulness activities are used throughout the eight weeks to bring children and parents into the present moment. The content analysis revealed that parents believed M3 was helpful because it brought them into the present moment. Additionally, mindfulness was found to be helpful for becoming aware of what one is feeling and for finding calm particularly when parenting.

**Theme 7: Taking Care of Self.** The theme of Taking Care of Self consisted of responses explaining the ways in which the M3 program's materials contributed to self-caring behaviours such as gratitude, optimism, self-awareness, taking care of self, and relaxation.

Parents identified gratitude as being helpful in their lives. They described gratitude as

*Being grateful in everyday things. The big and the small.*

*Being grateful, focusing on what's important.*

One parent elaborated on the rationale for gratitude being helpful.

*Sharing gratitude with others can make the other person (and me) feel great!*

Here the parent explains that being grateful can positively influence self and others.

Optimism was also identified by parents as being helpful. Optimism was defined as:

*Changing in thinking, helping to turn negative thoughts into better ones in hopes to be able to turn negative thinking around.*

*Changing pessimistic thoughts to positive.*

Optimism was interpreted as a way of taking care of self because parents identified some positive benefits associated with it. Optimism was seen as contributing to positive feelings and wellbeing.

*Making yourself more positive and generally happy.*

*Positive thoughts, positive results.*

*So I can focus more on being positive rather than dwell about the negative.*

Other parents described how they would work towards optimism.

*Learning to be optimistic. Remembering my happy memory.*

*Learning to change my mindset from being more pessimistic to optimistic by changing my own self-talk.*

Another form of taking care of self is to be self-aware and to take ownership of the way one feels. Parents suggested that M3 was helpful for them in this way.

*Gaining perspective of myself.*

*To be conscious of why I feel that way and take ownership.*

Some parent responses focused on taking care of self through relaxation.

*Breathing breaks/relaxation techniques for myself.*

*For myself the whole-body relaxation tool – take a few minutes for me to relax.*

One parent suggested that finding ways to relax would be helpful because it can decrease stress.

*If I'm more relaxed, I'm most likely not as stressed.*

Others noted that some of the exercises were effective in helping them to relax.

*I could really notice how more relaxed I felt after doing this exercise and how it could be beneficial in the moment. I am looking forward to a listening walk.*

Some additional self-care strategies were also noted.

*Allowing self-kindness.*

*Self-compassion.*

*Take time for myself.*

In M3 parents are reminded that self-care is important in order for parents to be present and effective with their child. Parent responses around practicing gratitude, optimism, self-awareness, and relaxation suggest that parents have internalized the need for self-care and realize its benefits.

**Theme 8: Understanding the Brain.** The content analysis revealed that parents developed an understanding of the brain, including brain development, the different areas of the

brain and how the brain responds. A significant focus of the M3 program is neuroscience. The first three sessions are spent primarily discussing the brain and the brain's response to stress. Three important brain regions are introduced – the amygdala, the prefrontal cortex, and the hippocampus. The relationship among these brain regions is discussed and parents are introduced to neuroplasticity and mirror neurons. Many parent responses suggest an understanding of the brain, specific brain regions, the brain's development and the brain's response. In terms of brain development, parents indicated that it was helpful to understanding brain development because it allowed for a better understanding of what is appropriate.

*Brain development, capacity of a person i.e. Age appropriate.*

*Understand how long it takes to develop each area.*

Parents found it helpful to understand how the three brain regions react to stress.

*Understand the upstairs versus downstairs brain and when each is being used.*

*Understanding how emotions affect the reactions of the brain.*

Some found this helpful because it allows them to better understand their own and their child's stress reactions.

*Thinking about what parts of brain are and are not being accessed to better understand why not being reasonable etc.*

*Because it helps to understand what's going on in our/our child's brain in intense situations.*

*Explanation of how my child's brain reacts to situations and how I also react to some.*

This could lead to changes in how they parent in difficult situations.

*I'll be taking a different approach on how I deal with certain situations.*

*Change our path in our brains.*

M3 combines education around the brain to help children and parents understand their stress reactions. Parent responses indicated that they found it helpful to understand the brain because it

allows them to better understand their own and their child's reactions and encourages different ways of responding.

**Theme 9: Barriers to Skills Use.** The final theme that emerged from this content analysis pertained to barriers to using the material learned during the M3 program. While the majority of feedback was positive, some parents offered important suggestions in regards to factors they found to interfere with the effectiveness or the applicability of the program. These parent responses focused on the challenges of fitting regular practice into schedules, negative habits, or not knowing when to use the skills.

Commonly, regular practice was stated as a barrier. Parents suggested that it can be difficult to maintain a regular practice with a busy schedule.

*It's hard to be mindful when stressed with daily 'busy' times.*

Others suggested that reminders are necessary for continued use of these techniques otherwise they easily cease.

*Need lots of reminders of these simple strategies that used to be a regular part of my life in my 20s – and have now gone by the wayside.*

Others discussed that it is easy to fall into negative habits.

*Being negative and taking things for granted is such an easy habit to fall into.*

Some parents discussed uncertainty around the situations which would be suitable for skills use at home.

*Sometimes it's hard to know when to use the skills or reasons behind why it's a good idea.*

While others made suggestions on how to overcome this, such as by increasing time spent in group discussing various difficulties and how to manage them.

*More time on types of behaviour and ways to deal with them at home.*



This feedback suggests that parents considered the factors that interfered with their skills use. Such considerations are important and may be an indication on engagement with the material.

### **Chapter 5: Discussion**

The purpose of the present study was to assess the acceptability of the M3 program for families who have experienced adversity from the parent's perspective. The primary acceptability outcomes were derived from a content analysis which identified themes emerging from parent responses to the question, *What did you find helpful about the sessions? Why?* Nine themes were identified: Strengthening my Relationship with my Child, Content and Format, New Ways of Responding, Gaining Insight, Being Hopeful, Being in the Present Moment, Taking Care of Self, Understanding the Brain, and Barriers to Skills Use. This study also considered parent's self-report data regarding their and their child's individual and joint skills use between sessions, the parent's interpretation of the skills practice as being helpful or not helpful for themselves and/or their child, and group attendance. Combined, this data strongly suggests the acceptability of the M3 program.

Acceptability studies offer insight into how the population responds to the intervention, whether it is seen as appropriate, whether participants are satisfied with it, and whether participants intend to use what they learned (Ayala & Elder, 2011; Bowen et al., 2009; Orsmond & Cohn, 2015). The content analysis revealed that parents responded positively to the M3 program, found it helpful and relevant to their lives, and intend to use what they learned. Data surrounding group attendance and skills use supports the findings from the content analysis. This chapter begins with a discussion of these themes and findings, positions the findings within a theoretical perspective, and compares them with extant literature. The implications of this study, including

the transferability of the findings, are discussed. The limitations and recommendations for future research in this area are also presented.

### **Acceptability Outcomes**

The themes identified through the content analysis, combined with skills and attendance data, reflect parent's acceptability of the M3 program. Parent responses suggested that M3 was associated with strengthening their relationship with their child, particularly, by providing opportunities for connection with, and delight in, one's child. It was also found to be helpful for co-regulating, understanding the parent's own impact on their child, considering their child's perspective, and reflecting on the parent-child relationship.

The content and format of the program were both believed to be accepted based on parent's responses describing the intervention as enjoyable for parents and fun for the children and the strategies as easy to implement into daily routines. Parents also suggested the acceptability of M3's group format and the variety of universal skills, including visual prompts, which were taught. Furthermore, parents identified each of the strategies as being helpful, suggesting that parents were satisfied with the content of the M3 program.

Parents demonstrated the acceptability of M3 by expressing their intent to use the strategies and finding them helpful when responding to their child in difficult moments. The theme *New Ways of Responding* captured parent's responses depicting M3 as helpful because it taught parents to evaluate the situation, to keep calm, to challenge the negative, to self-regulate, to try communicating non-verbally with their child, and to refocus in order to respond more effectively. Parents also identified various situations in which the strategies would be helpful which suggests that the material was perceived to be appropriate for the difficulties that parents encounter.

The theme of Gaining Insight consisted of responses in which parents described their satisfaction with the M3 program for it offered a different perspective, facilitated an understanding of emotions and behaviour, and encouraged reflection of personal challenges and ways of responding. Additionally, goal setting was emphasized.

Parent responses suggested a theme of Being Hopeful as a result of their engagement with the M3 program. In this theme parents discussed M3's role in creating a greater sense of control and improving a variety of situations, as well as its influence on positive parenting and feelings of happiness.

The theme of Being in the Present Moment outlined parent's satisfaction with and intent to use mindfulness skills, to take a present focus, to slow down, to be aware of one's own body, breath, and senses and to parent mindfully. Parents indicated the helpfulness of M3 for taking care of oneself in the theme, Taking Care of Self. Parent responses focused on M3 helping with being grateful, being optimistic, relaxing, practicing self-awareness and engaging in self-care. Parent responses also indicated that learning about the brain was helpful; particularly about brain development, the different brain regions, and how the brain responds. This data formed the theme of Understanding the Brain.

Each of these themes reflect parent's positive experiences and satisfaction with the M3 program and suggest its acceptability. While the primary focus of this study was the inductive content analysis assessing parent's *perception* of what was helpful about M3, information pertaining to family skills use between sessions and parent attendance at the M3 groups was collected because these domains may be associated with acceptability. What the data clearly suggests is that parents were satisfied with M3 and found the skills helpful. Parents overwhelmingly reported that using the M3 skills between sessions was helpful for themselves

(96.1% of the time) and for their child (79.3% of the time). Data pertaining to skills use between sessions also supports the acceptability of M3. A majority of the time, parents reported that during the previous week they or their child practiced an M3 skill. Parents most often practiced the skills on their own, second most often with their child, and third most often the child practiced on their own. Additionally, the frequency of skills use between sessions increased over the eight weeks of group suggesting that parents were engaged in the material. Finally, the M3 program was well attended. Over 60% of parents attended seven or more of the eight weekly group sessions. Attendance could be related to parents' perception of the M3 program as acceptable and therefore contributing to more frequent attendance. While these findings related to group attendance and out of session skills use are promising and may be connected to the acceptability of the M3 program, because no formal analysis was performed, it is unknown whether acceptability factors are actually related to these domains.

### **Support for M3's Theoretical Foundation**

The findings of this acceptability study support the theories which influenced this project. This includes to date knowledge of the impact of ACEs on child development and life outcomes, as well as Harnette and Dawe's integration of Biringen's Theory of Emotional Availability within an ecological framework. Data retrieved from the Adverse Family Experiences questionnaire, confirms that a majority of the families who participated in the M3 program have experienced one or more forms of adversity. This supports the applicability of the findings of this study to a population affected by adversity. Following Harnett and Dawe's (2012) recommendations for interventions aimed at families affected by adversity, the M3 program aims to enhance a parent's capacity to listen, to increase parent's sensitivity to their child's cues, and to encourage non-judgemental acceptance, emotional awareness and compassion. This content

analysis confirmed that parents who participated in the M3 program perceived it to support their growth in these areas.

The theme of Strengthening my Relationship with my Child was comprised of statements in which parents described M3 as encouraging connection with their child, such as by taking the time to listen to their child to better understand them. Other statements in this theme pertained to parents observing and attending to one's child which would increase the parent's sensitivity to their child's cues. For example, parents spoke about noticing their child's posture and body language, facial responses, and mannerisms. Related statements were also found in the New Ways of Responding theme in which parents identified non-verbal communication, such as listening to their child's cues, as being helpful for determining how to best respond in difficult situations. The theme of Gaining Insight included parent responses which indicated that the M3 program was associated with increased parent understanding of emotions and how emotions impact their own and their child's behaviours. Other parents experienced the M3 program as helpful because it reminded them to practice compassion towards themselves and towards their child. This was further reflected in parent responses discussing the value of considering their child's perspective and for understanding their child's reactions which encourages empathy and compassion towards their child. Finally, parents noted a greater awareness of their own reactions to situations in which they had judgements about their children, suggesting that M3 can help when reducing judgements and increasing acceptance.

The concurrent nature of the M3 program was based on prior research which recommended targeting both parents and children to improve the home environment. The rationale for this was that children and parents affect one another's stress levels – a child's behavioural difficulties affect parental stress which increases the likelihood of problematic

parenting (Jones et al., 2014; Neece, Green & Baker, 2012). Parent responses indicate that the M3 program was helpful for decreasing children's difficult behaviours and for providing parents with strategies to manage their own stress. In the Being Hopeful theme, parents expressed hope that the skills taught in M3 would lower stress and they outlined the various strategies that they thought could be helpful; examples include relaxing, practicing gratitude and optimism. Further, parents anticipated that the M3 skills would affect their child's thoughts (making them more positive) and behaviours (calming, preventing outbursts). Parents also found the M3 program positively impacted their parenting. Additionally, the Being in the Present Moment theme was comprised of responses in which mindfulness was reported to prevent and reduce stress for themselves and for their child. Parents explained that the mindfulness aspects of the M3 program were helpful for increasing awareness of their stress levels and that this awareness would allow them to modify their responses to their child. These responses indicate that parents perceived M3 materials to target the areas previously identified as crucial for targeting stress in the parent-child relationship.

Relatedly, parents believed that the M3 program had an impact on their awareness of the effect that they have on their child's behaviour and the importance of co-regulation. These responses are found in the Strengthening my Relationship with my Child theme. Consistent with Biringen's theory, which posits that self-regulation develops in the context of the child-parent relationship (Harnett and Dawe, 2012), parents reported an increased awareness of how their responses and their level of regulation impacts their child. Further, parents disclosed that they were more likely to alter their responses knowing that their reactions influenced their child's behaviour. Parent statements suggest that the program was helpful for targeting self-regulation by providing parents with tools for teaching their child, and for modelling to their child, self-

regulation and effective responding. Adversity during childhood is known to disrupt a child's development of self-regulation (CDC, 2016a). These responses suggest that the M3 program might be a promising intervention for ACE affected families.

### **A Mindfulness Based, Social Emotional Learning Program**

This research study is the first to this writer's knowledge to offer support for the acceptability of a community-based and concurrent, mindfulness based, SEL program for families who have experienced adversity. While there were no prior studies, to this writer's knowledge, with this focus, it was expected that the M3 program would be found to be acceptable by this population. This is because similar school-based programs for children in the target age group have been found to be acceptable (Mendelson, et al., 2010). There is also support for the acceptability of MBI and SEL only interventions for children, parents, and adults (Duncan, Coatsworth, Greenberg, 2009b).

**Combined Mindfulness and SEL Interventions.** Acceptability data is available for MindUP, the school-based program which inspired M3's combined SEL and mindfulness approach. In that study, acceptability was measured by children's level of engagement with, and interest in, the MindUP material (Schonert-Reichl & Lawlor, 2010). While the present study investigated parent's and not children's responses, the parent's group attendance, the frequency of practice, perceived helpfulness of practice, and the themes that emerged from this content analysis, it is clear that parents were engaged with the material and interested in the topics covered by the M3 program. As an example, the theme of Gaining Insight consisted of responses in which parents discussed the new insights and perspectives which emerged related to their own, and their child's, difficulties and response patterns that were facilitated by the M3 program. For such insights to occur it would be expected that the individual was engaged in the material

and would find it relevant enough to consider M3's application in their own life. Additionally, the Being Hopeful theme, was comprised of parent responses which identified various ways in which the material learned through the M3 program would be helpful. This suggests parents' interest in, and consideration of, the application of M3 strategies in their daily lives.

Prior research assessing MindUP suggested that the positive outcomes associated with it were credited to the complementarity of mindfulness and SEL. Specifically, the space that mindfulness creates which allows for children to pause before responding so that they may self-regulate and respond responsibly (Schonert-Reichl et al., 2015). Responses that fall within the New Ways of Responding theme, confirmed that the M3 program helped parents to find calm which facilitated effective responding using a variety of strategies. Parents also discussed the importance of evaluating a situation and finding calm before responding in order to do so more effectively.

**MBIs.** Prior research focused on MBI's for parents deemed the interventions as acceptable among disadvantaged families due to these interventions being less effortful than interventions that focus on establishing parenting routines (Bluth & Wahler, 2011). This is consistent with the responses offered by parents in the present study. As an example, some parents noted that the material was easy to implement and was easy to fit into existing routines; parents believed this increased the likelihood that they would use the strategies.

Other research into MBIs for parents indicated that the intervention was valuable to parents and that they felt it changed their personal lives and their parenting (Bögels et al. 2014). These findings are consistent with the present study in which parents found the program to be helpful in various contexts and noticed positive changes within themselves as individuals and as parents. In the same study, participants described the intervention as most helpful for influencing



self-care, increasing hope that family relationships may improve, managing strong emotions, and becoming more aware of parenting stress and how to effectively manage it (Bögels et al. 2014). The themes that emerged as part of the present study are consistent with these findings. The Taking Care of Self theme identified the M3 program as helpful for influencing parent's engagement in various forms of self-care, including taking time for self, practicing self-compassion, and relaxing. The theme of Being Hopeful discussed the M3 program as helping parents gain control, explore the possibility of change, create more positive interactions within the family, and alleviate stress. The theme of Gaining Insight discussed parents' interpretation of M3 as helpful for increasing their awareness of their own struggles and reactions and how they affect their parenting and their relationship with their child. Finally, the themes, New Ways of Responding and Taking Care of Self, listed various strategies that parents identified as being helpful for managing their stress.

The group format was also accepted by parents. In the present study, hearing other people's experiences with skills use and engaging in open discussions with other parents was a helpful component of the program. This is consistent with prior research in which parents found group conversations to be one of the most useful components of the program (Bögels et al. 2014).

**SEL.** The responses also confirmed parents' acceptability of the SEL component of the M3 program. The themes and codes reflected the helpfulness of the material in the areas of core competency targeted by SEL interventions. These include self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2019a).

Self-Awareness pertains to awareness of one's, thoughts, emotions, values and how they influence behaviour; awareness of own strengths and limitations; adapting a growth mindset; and

developing self-efficacy and self-confidence (CASEL, 2019a). The theme of Gaining Insight supports this area of SEL core competence as it discusses how parents became aware of their emotions and behaviours as well as realistically assessing their own challenges and problematic reactions. Some responses in this theme also discussed the benefit of a growth mindset and parents' desire to modify their reactions and to set parenting goals.

The core competency of Self-Management includes goal setting as well as managing stress, controlling impulses, and regulating thoughts, emotions, and behaviours (CASEL, 2019a). Parent responses in the New Ways of Responding themes considered the various ways in which M3 has been helpful in the area of self-management. For example, parents discussed how self-regulating, by taking a moment to breath, was helpful. The theme of Being in the Present Moment also consisted of multiple responses in which parents shared how mindfulness contributed to their self-management by increasing their awareness of their thoughts and feelings.

Additionally, parents' responses indicated that they were becoming aware of what their children might be thinking. This is consistent with SEL's core competency of Social Awareness which encompasses empathic consideration of varying perspectives (CASEL, 2019a). The responses found in the Strengthening my Relationship with my Child theme, particularly those around taking the child's perspective, reflect the parent's acceptance of M3 due to it's support of this core competency. These responses suggested that M3 was helpful for shifting parents understanding that their child's perspective may differ, and the importance of considering alternative perspectives to better understand and connect with their child.

Responses in the Strengthening my Relationship with my Child theme also suggest that parents found the M3 program helpful for supporting the SEL core competency of Relationship

Skills. This competency pertains to establishing and maintaining healthy and rewarding relationships through communication, listening, and cooperating with others (CASEL, 2019a). The parent responses which made up this theme discussed the role of the M3 program in encouraging connection with and attending to one's child. The responses pertaining to connecting with the child focused on more effective communication during which parents asked their child questions and took the time to listen to what their child was saying. Additionally, the theme of New Ways of Responding encompassed statements pertaining to more effective ways of responding. This included communicating non-verbally either by paying attention to one's own body language and what it might be communicating to their child or by paying attention to their child's body language and what it might be communicating to them. Using visuals to communicate, such as the Flip your Lid hand symbol, were also recognized as being helpful. The theme of New Ways of Responding was also related to the Responsible Decision-Making core competency which encompasses the skills that allow the individual to evaluate situations and make decisions based on ethical standards, safety concerns and social norms (CASEL, 2019a). Parent responses that fell into the New Ways of Responding theme described the M3 program as being helpful for encouraging parents to evaluate situations before reacting and choosing effective ways of responding.

This content analysis revealed that parents found M3 to be helpful in supporting growth in SEL's areas of core competency. Additionally, the analysis suggests that the acceptability of the M3 program is consistent with prior research that assessed the acceptability of SEL interventions. Prior SEL programs for children were considered acceptable by children based on their responses rating the program as enjoyable and stating that they learned a lot (Whitcomb & Merrell, 2012). Parent responses from this content analysis were consistent in that a large

number of parents rated the sessions and content of the M3 program as enjoyable for themselves and for their child. Additionally, on a weekly basis, parents identified distinct strategies which they found to be helpful, suggesting that they learned a lot throughout the duration of the M3 program.

### **Modifications to the M3 Program**

The final theme, Barriers to Skills Use, is distinct from the other eight themes because it does not offer information about the areas of the program which were accepted by parents. It is important to include this theme in this discussion because it provides useful information about how the curriculum could be improved to increase its acceptability among parents.

Parents shared that they believed their own negative habits and difficulties practicing the skills regularly, interfered with the helpfulness of the M3 program. Additionally, parents suggested that it would be beneficial to clarify M3 strategies, such as by spending more time discussing when and how to use the skills. Therefore, an area of future M3 curriculum development would be to increase the time spent on discussing situations in which the various strategies would be helpful to make this information more accessible to parents.

### **Transferability**

The demographic information obtained for this sample reflects a relatively homogeneous group. More than half of the program participants self-identified as white and the majority of parents who attended the sessions were mothers. Application of M3 with culturally and parenting-role diverse populations would benefit from an exploration of acceptability as it is unknown whether diverse cultural groups or various caregiving roles (e.g. Grandparents, fathers, foster parents, etc.) would find the program to be equally acceptable.

Furthermore, while the majority of the families who participated in the M3 program experienced adversity, the most commonly experienced forms of adversity were financial instability, residing with someone experiencing mental illness, suicidality, or severe depression and divorce or separation. Only a handful of families experienced the death of a parent, the incarceration of a parent, domestic violence, victimization or witnessing violence in their neighborhood, live-in exposure to alcohol or drug abuse, or racial or ethnic discrimination. It is possible that individuals who experienced these forms of adversity would respond differently to the material and as such acceptability cannot not be assumed with these populations. If M3 were to be expanded to these populations in the future, acceptability should be revisited.

### **Future Directions and Limitations**

The results of the present study provide strong support for the acceptability of the M3 program by parents. The results suggest that the areas previously identified as being necessary for families affected by adversity are targeted by this program and parents appear to grasp the necessity of regular practice which is essential for generalization of skills to daily life (Jones & Bouffard, 2012; Singh et al., 2006). For these reasons, it is recommended that future assessments explore the outcomes associated with the M3 program. This would enable a greater understanding of whether the program is effective at increasing children's self-regulation, reducing children's problematic behaviours and improving parental stress and the parent-child relationship.

Further recommendations for future research related to the M3 program, and the limitations of the present study, pertain to the homogeneity of the study participants and the research question under investigation.

The primary limitation of this acceptability study is that it inquired about parent's perceptions of what was helpful from each session before parents had any opportunities to apply what they learned. It also only inquired about whether skills practice, and not what specific skills, were or were not helpful. It is possible that what is perceived to be helpful was not helpful when it was practiced, and so responses might differ after parents had opportunity to practice the strategies. Because some parents responded to the helpfulness questions with written responses, such as "yes and no", it is possible that not all skills have been helpful. In order to improve the M3 curriculum by including only the most relevant skills for parents and children, it would be beneficial to assess which strategies from the M3 program were found to be most helpful by parents *after* they had sufficient time to apply the strategies.

Relatedly, the theme of Barriers to Skills Use was comprised of responses in which parents shared their perceived barriers to applying the M3 strategies between sessions. Since these responses were based on perceived rather than experienced barriers, it would be of interest to explore parent's experienced barriers to practicing the skills. Such an investigation might provide direction for modifications to the curriculum which could lead to increased skills practice between sessions.

Many parents expressed uncertainty around the helpfulness of skills practice for their child. It is possible that children required more frequent skills use in order for the skills to be more effective or that parents were unaware of each occurrence in which children practiced the skills. Parents may also have had expectations related to how their child would respond if the skills were helpful and because such a behaviour did not occur, they did not find it to be helpful. In the future, it would be beneficial to assess children's perceptions of the helpfulness of the M3 skills.

Due to the concurrent nature of the program, future research should explore the overall acceptability of M3 among children. This would provide valuable information about whether any changes should be made to the children's curriculum, whether children are satisfied and engaged with the material, and whether they are likely to apply the strategies at home. It is important for the program to be accepted by both children and parents in order to increase the likelihood that the material is absorbed and practiced by both parents and children. This is particularly important because prior research suggested that in order for mindfulness and SEL skills to effectively generalize into an individual's daily life, they must be frequently practiced (Jones & Bouffard, 2012; Singh et al., 2006).

Another area of acceptability worth investigating is the acceptability of the intervention among program deliverers or facilitators. This would provide useful information about whether the M3 program is appropriate for use within a community-based setting and if any modifications should be made to improve the facilitation experience for program deliverers and fit within community-based organizations.

## **Conclusion**

Overall, the findings from this study support the acceptability of the M3 program among parents of children who experienced adversity. This study provides a strong foundation for future research into the feasibility of, and the outcomes associated with, the M3 program.

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## Appendices

### Appendix A: Codes by Theme

Codes by theme:

#### **Theme 1: Strengthening my relationship with my child**

- Connecting with child
- Observe child
- Enjoy child
- Co-regulation
- Own impact on child
- Taking child's perspective
- Reflecting on relationships
- Teaching child

#### **Theme 2: Content and format**

- Easy to implement
- Enjoy
- Fun for child
- Universal
- Variety
- Visuals
- Group setting
- Strategies

#### **Theme 3: New ways of responding**

- Evaluate situation
- Keeping calm
- Challenging the negative
- Self-Regulate
- Communicating nonverbally
- Refocus
- When to use
- Respond effectively

#### **Theme 4: Gaining insight**

- Different perspective
- Learning about behaviour
- Understanding emotions
- Realizing own challenges
- Reflecting on reactions
- Setting parenting goals

#### **Theme 5: Being hopeful**

- Having control
- Helpful
- Positive Parenting
- Happiness

#### **Theme 6: Being in the present moment**

- Mindfulness
- Present focus
- Slow down
- Body awareness
- Breath
- Mindful parenting
- Mindful sensing

#### **Theme 7: Taking care of self**

- Being grateful
- Being optimistic
- Relaxing
- Self-awareness
- Self-care

#### **Theme 8: Understanding the brain**

- Brain development
- Brain regions
- Brain response

#### **Theme 9: Barriers to skills use**

- Clarifying strategies
- Habits
- Regular practice

## Appendix B: Meaning Units by Code

Phrases by code:

### **Theme 1: Strengthening my Relationship with my Child**

#### **Connecting with child**

*Allowing the child to experience the emotions safely.*

*Asking my children why they're in the state they're in*

*I can learn more about my kids*

*Its nice knowing both my children and I have similar difficulties*

*Being able to better identify when it may be happening also asking my child to point it out would be helpful*

*Being able to take these short breaks will help me and my child connect and refocus*

*Better understand each other; the behaviour*

*It will help me remind how much I love my kids, but also remind them how valued they are*

*Knowing where child feels his frustration and anger*

*Recognizing my child's emotions could be too big for them.*

*Taking time to listen to my kids*

*To show acts of kindness with my children.*

#### **Observe child**

*Focus on child's face, eyes, mannerisms*

*Noticing posture and body language*

*Seeing/looking at your child more closely*

*Watch/observe and enjoy child*

#### **Enjoy Child**

*Appreciate him and enjoy the efforts we put in*

*Really enjoy your kids this week - see the delight and see what strangers see*

#### **Co-Regulation**

*When my amygdala is calm and under control, that means the child's amygdala can be controlled and to teach them to use their prefrontal cortex.*

*Co-regulation info. Awareness about the brain.*

*I think it will help me understand his behaviour better so we can find better ways to handle our amygdala*

*Mirroring each other*

*Thinking about regulating ourselves to help our children regulate their emotions/reactions.*

### **Own Impact on Child**

*Be conscious of my reactions as my kids are watching and taking it in.*

*It really made me think about the good, the bad, and the ugly that I've been modelling to my child*

*Brain recorder - what has child taken in over the last day, week, month, year etc. from us parents, siblings, teachers*

*I realize they are learning from me but if I am more focused on what I'm showing them I may see different behaviour*

*It makes me more conscious of the effect my reactions have on my children.*

*Understanding how my moods/behaviours impact them. Remembering that they are essentially recording everything I do*

*Practicing kindness, my child will understand importance of kindness and how it feels. He will then want to provide kindness.*

*Recording some of my mistakes*

### **Taking Child's Perspective**

*Adopting the perspective of my child.*

*Being more aware of the child's perspective.*

*Better to understand my child's reactions*

*From their perspective things seem very different*

*Helps me understand why he is responding the way he is and how my response is playing a role*

*I feel like it will help me to look more at a situation and why is child upset/mad? Bad day? How would I feel?*

*I like the idea of being more active in taking my kids perspective*

*In order to understand how my child is feeling and learn how to support him in difficult situations*

*It will give me more patience to try and understand their viewpoint.*

*Reminder that they may have thoughts other than what we initially see*

*Seeing things from child's perspective - why is he acting out - how can we help him or empathize*

*Taking time to see what child has gone through*

*They may be stressed or just want to relax*

*To help understand their stress and be more compassionate*

*To try to understand what they are feeling*

*Why this child? Why now? Understanding or asking your child what's wrong and not assuming what's wrong*

### **Reflecting on Relationships**

*Child won't come to us for fear of upsetting us*

*Have to be patient like I am with adults*

*I don't really ever take the time to see their perspective*

*I don't think I have been listening*

*I don't want my child to listen to me out of fear.*

*I feel I have been ignoring my son when he blows his top, because I don't know how to react, so I leave him to deal with it alone. Today I feel very guilty about how I have been dealing with this.*

*I think I don't pay enough attention to him and am always in a rush, especially when he's telling me a long story. I need to be more present.*

### **Teaching Child**

*I'm teaching my child how to react*

*Being grateful and teaching my children gratitude.*

*Being optimistic - strategies. Especially 'be a positive role model'.*

*Helping my son label his feelings and talking through situations to prepare for next time*

*Makes me more motivated to model it*

*Remember we are constantly teaching our children. They are always watching/learning/listening*

*The importance of showing how to calm so they know how to calm themselves. Important to live in present.*

*To model more optimism to the kids*

*To teach him to become aware of body and how it relates to his emotions and be more mindful*

*Using my ability to model behaviour.*

*We don't realize how much we teach criticism and negativity*



**Theme 2: Content and Format****Easy to Implement**

*Concrete ideas to share and practice*

*Easy, visual, guide to implement*

*Visual to use that's simple with children*

*I can see using it in our daily routines*

*It will help us both communicate in a non-verbal way which is easier in the moment*

*Learning I can have mindful moments while doing my daily activities will help me be able to practice more*

*Non-verbal signal that requires little thought/chance for argument*

*Something he will understand easily*

*The hand signal is a quick way to signal my child or for him to signal me.*

**Enjoy**

*A great reminder to point out positives*

*A lot of good stuff this week.*

*Application of what was taught.*

*Great distraction*

*Great idea about negative jar, to be aware of how negative you can be*

*I liked the choosing optimism activities.*

*I'm looking forward to this one I love and it always put a big smile on my face when he does a kind act*

**Fun for child**

*Kids will find it fun.*

*Fun/different way of making breathing doable for kids*

**Universal**

*Applicable to everyone*

**Variety**

*Different strategies to use when their smoke alarm has gone off (putty, marble - rewards for positive behaviour).*

*Different ways to figure out what the kids will gravitate towards*

*Different ways to say things*

*Every child is different and maybe one breathing exercise will work but bore them the next day. I like to switch things up but being consistent in the outcome*

*Something that my child can use other than breathing*

### **Visuals**

*Flipping your lid visual to help my child understand.*

*Gives the opportunity to give a visual of emotion*

*My son responds well to visuals*

*The visual had an immediate impact on me when I saw it*

*I found the video to be eye-opening and the hand signal might work*

### **Group Setting**

*Hearing other parents share how they have used the skills is helpful*

*Open discussion with other parents*

### **Strategies**

*30 days of gratitude seems like a great exercise to try.*

*A gratitude journal is a great idea*

*Amygdala jar*

*Animal breathing, just breathe video*

*Attitude of gratitude*

*Breathing breaks - she works on these with EA at school so encouraging at home will be good for her*

*Child loves routine and a 30 day activity will apply to him*

*Growth mindset*

*Happiness advantage*

*How optimism works*

*Labelling emotion, thoughts, experience*

*Mindful sensing*

*Paying attention to breathing and heart rate*

*Performing acts of kindness*

*The chime, the breathing ball, the 1-2-3 forehead shoulders belly breathing, the panda/monkey book.*

*The positive pom-poms game should encourage more positive feelings and thoughts*

*The sphere, chime, box breathing, animal breathing*

*Using the website [www.randomactsofkindness.org](http://www.randomactsofkindness.org). The kindness jar, and using the 30 days of gratitude*

*When to practice brain breaks*

### **Theme 3: New Ways of Responding**

#### **Evaluate situation**

*Gives a step by step process to evaluate a situation before reacting.*

*Gives me time to react and think about the situation in a calm manner*

*STOP model*

*The sooner we notice the better our reaction will be*

#### **Keeping Calm**

*Adding more brain breaks for everyone*

*It will help us be more calm and efficient in situations*

*Calm down*

*I constantly try to reason with child when she is upset. I will need to focus on calming activities to bring us both to a place where we can reason together.*

*May help to calm me down so I don't lose it on my son*

*Noticing when I need to calm down*

*To get rid of the days' baggage for a few minutes and calm down*

*To help keep everyone calm and help keep stress down*

*To learn to calm the brain and be more calm in order to better handle stress*

#### **Challenging the negative**

*As someone who is negative, I see the power that mindset has over you. Reframing your mindset brings more happiness. So important for our kids*

*Being more optimistic*

*Challenging negative self-talk*

*Learning to think differently and enter the situation in a more positive mindset*

### **Self-Regulate**

*Breathe and calm down instead of yelling*

*Breathe, pause, assess things calmly*

*Help find ways to control or manage these reactions*

*Might help me pause before reacting*

*That practicing gratitude and kindness on a regular basis can help regulate emotions.*

*To remember to breathe/stay calm*

*To remember to regulate my own feeling*

### **Communicating non-verbally**

*Eye contact and reading expressions*

*Signaling when close to flipping lid*

*The visual images for chime so when she needs a break she can point to the picture*

*Being aware of what my body language is telling my child*

*Being aware of body language*

*Listening to our bodies or our child's more often*

### **Refocus**

*Creates a new focus for the child.*

*Give him something to concentrate on while calming down*

*The listening walk would definitely help and keep from fighting*

*Separate from experience rather than be consumed by it*

### **When to Use**

*Breathing breaks before transition period.*

*Bunny, bear etc. breathing. This will be helpful in many ways. After tantrums, on way to school etc. which is generally a tough time for us beforehand.*

### **Respond Effectively**

*Helps to create better responses*

*It will help me provide a more appropriate response then appealing to reason*

*Learning to stop and observe things in the moment before reacting. Being mindful and present while communicating*

#### **Theme 4: Gaining Insight**

##### **Different perspective**

*Another take on moment*

*It gave me a different perspective*

*Reminder that everyone sees things differently and or has a different perspective.*

*Really brought a few things to mind*

##### **Learning about behaviour**

*A good reminder that child is not thinking when reacting this way*

*Because I feel as parents, we expect our children to just understand and 'behave' the way we expect them to, when they aren't capable of it*

*Considering the fact that maybe my child cannot control their behaviour when upset.*

*Didn't recognize some of the fight ('being silly') or freeze reactions*

*I usually jump to the thinking 'she knows what she's doing' etc. so it is helpful to understand she is not in control*

*Pent up energy needs to go somewhere*

*The generational stress all the different stressors for parents and children*

##### **Understanding emotions**

*Being aware of the way the body responds to different emotions*

*Better understanding of the emotion*

*Emotion is powerful*

*Understanding where the emotion stems from*

##### **Realizing own challenges**

*I find I already relax into the positive moments, but am not really aware of my body when my mind is racing in moments of stress*

*I find it difficult to calm my mind*

*I get stuck in my own thoughts and sometimes have a hard time remembering people don't think the same way as me*

*I never thought to pay so much attention*

*I often forget about my own health because I'm too focused on the tasks that need to be done*

*I try to impose myself and assist in the moment which I think aggravates the situation*

*The mirror neurons - what did I record. I really need to think about this more.*

### **Reflecting on reactions**

*I tend to get angry first*

*I want to watch my big 'mom' frustrated sighs*

*Makes me think back to where I get my impulses and reactions from childhood*

*Paying attention to reactions - from specific events, moods, feelings*

*Talking about optimism and pessimism made me understand just how much I need to be mindful on how I react to situations.*

*When I have an audience (even in my own mind) I react less impulsively.*

### **Setting parenting goals**

*Asking what I want as a parenting goal.*

*Makes me think about what it is that I want for my daughter long term.*

### **Theme 5: Being Hopeful**

#### **Having Control**

*Awareness that making a change to responses in certain situations is possible*

*Change situation*

*Liked reminders on not being able to erase pathways but you can replace with a more appropriate response*

*My outward reactions can/will change how the situation ends for better or worse*

*Reminding myself that my optimism is contagious and I have control over it!*

#### **Helpful**

*Allowing a path to the good*

*Help with anxiety*

*Helps put you in a positive state of mind*

*I feel like it will help him recognize in himself what he needs to eventually calm and sooth himself.*

*I think these will be helpful for both myself and my children*

*It just might help him to not blow up so much*

*It will be helpful and useful when I experience negative self-talk.*

*It's forming a habit that takes time to form*

*Makes me forget all the negatives*

*Really helps focusing*

*So he will think more before using his hands in a mean way*

*The body scan will help with my anxiety (hopefully)*

*Will be less stressful for the new task*

*This will help with high stress situations which that is what we needed*

*Will help to calm down, perhaps before a meltdown*

*Because it will help defuse situations or help reconnect us*

*All positive values to instill in my children*

*Encouraging positive self-talk daily with my kids.*

*He will be a better person, think of others and not only of self*

*Help my children to develop a positive outlook on life and maintain it*

*To ensure more of a positive result form my child*

*To help them see the good in their life*

### **Positive Parenting**

*Because I know it will better help me positively raise my child*

*Has greatly affected my parenting*

### **Happiness**

*It will help me and my children be happier people*

*Keeping that in mind makes for a happy home*

*Kindness/gratitude makes everyone more happy!*

### **Theme 6: Being in the Present Moment**

#### **Mindfulness**

*About when, how and how many times to practice mindfulness*

*Adding meditation/ self awareness to our days and helping our children to see this as well.*

*Really excited at the thought of adding yoga/meditation to the everyday*

*Formal/informal mindfulness*

*Practice is key for mindfulness*

*Bearing in mind that it's a skill and might have to be learned/practiced by child more than others.*

### **Present Focus**

*It may help bring me back to present disruption*

*Becoming more aware of what I'm feeling in a moment.*

*Forces focus on now*

*To really take the time to live in the moment*

*Making an effort to be present to prevent stress*

*It is very important to bring ourselves back to the present, instead of letting our minds race and stress out*

### **Slow Down**

*Life gets busy and this reminds me to slow down and use our senses to be mindful*

*Slowing down, taking each moment as it comes*

*We can sometimes forget and get caught up in our own agendas so we need to slow down and savor each moment.*

### **Body Awareness**

*Being aware of our bodies and the signs that I may be getting upset.*

*Body meditation, stretching. Using physical movement*

*Body scans/progressive tension release/getting child to take a moment when I noticed something in his body to bring attention to it, too*

*Causes you to focus on tensing and helps the mind not wander.*

*Help him be more aware of his body in certain scenarios*

*Paying attention to my body as things are happening at home.*

*Progressive body relaxation: nature walk*

*The body scan and being aware of my body language*

*Whole body listening.*

*Noticing how good my body feels when my head is up high*

### **Breath**



*Because trying to focus on our breathing stops us from focusing on the thing aggravating us.*

*Being mindful and how to take breathing breaks*

### **Mindful Parenting**

*Remembering to be a mindful parent. Taking the time to be present.*

### **Mindful Sensing**

*Ideas/times to be mindful sensing*

*The sound and smell series to help calm the body and reduce stress*

## **Theme 7: Taking Care of Self**

### **Being Grateful**

*Sharing gratitude with others can make the other person (and me) feel great!*

*Being grateful in everyday things. The big and the small*

*Being grateful, focusing on what's important.*

### **Being Optimistic**

*Changing in thinking, helping to turn negative thoughts into better ones in hopes to be able to turn negative thinking around.*

*Changing pessimistic thoughts to positive.*

*It is a good reminder to always look for the good in each situation.*

*Learning to be optimistic. Remembering my happy memory*

*Learning to change my mindset from being more pessimistic to optimistic by changing my own self-talk*

*Making yourself more positive and generally happy*

*Positive thoughts, positive results*

*So I can focus more on being positive rather than dwell about the negative*

### **Relaxing**

*Breathing breaks/relaxation techniques for myself.*

*For myself the whole-body relaxation tool - take a few minutes for me to relax*

*I could really notice how more relaxed I felt after doing this exercise and how it could be beneficial in the moment. I am looking forward to a listening walk.*

*If I'm more relaxed, I'm most likely not as stressed.*

**Self-Awareness**

*Gaining perspective of myself.*

*To be conscious of why I feel that way and take ownership.*

**Self-Care**

*All: kindness, gratitude and self-care*

*Take time for myself*

*Self-compassion*

*Allowing self-kindness.*

**Theme 8: Understanding the Brain****Brain Development**

*Brain development, capacity of a person i.e. age appropriate*

*Understand how long it takes to develop each area*

**Brain Regions**

*Amygdala reactions*

*The parts of the brain*

*Understand the upstairs versus downstairs brain and when each is being used*

**Brain Response**

*Because it helps to understand what's going on in our/our child's brain in intense situations*

*Change our path in our brains*

*Explanation of how my child's brain reacts to situations and how I also react to some*

*Helps us understand what our brain is doing and why and gives a sign for both of us*

*How the brain works and reacts*

*Stress response*

*The effects on the brain with more gratitude/kindness in life.*

*Thinking about what parts of brain are and are not being accessed to better understand why not being reasonable etc.*

*Understanding how emotions affect the reactions of the brain*

*Understanding how the brain works.*

*I'll be taking a different approach on how I deal with certain situations.*

**Theme 9: Barriers to Skills Use**

**Clarifying Strategies**

*More time on types of behaviour and ways to deal with them at home*

*Sometimes it's hard to know when to use the skills or reasons behind why it's a good idea*

**Habits**

*Being negative and taking things for granted is such an easy habit to fall into*

**Regular Practice**

*It's hard to be mindful when stressed with daily 'busy' times*

*Need lots of reminders of these simple strategies that used to be a regular part of my life in my 20s- and have now gone by the wayside*

### Appendix C: Parent Demographic Questionnaire



**Western**  
Centre for School  
Mental Health



**Western**  
Mary J. Wright Research and  
Education Centre at Merrymount

#### Parent Demographic Form

My child is a BOY or GIRL (circle one)

Her/his birth month is (print): \_\_\_\_\_

Her/his birth year is (print): \_\_\_\_\_

Her/his first language learned: \_\_\_\_\_

My child lives in a home with her/his (check all that apply):

Mom

Dad

Step-mother

Step-father

Grandma

Grandpa

Other relative: \_\_\_\_\_

Siblings

Brother(s)

Sister(s)

Other (Please Specify): \_\_\_\_\_

Education level:

Parent/Guardian 1:

Completed High School or GED

Completion of an apprenticeship or trades certificate or diploma

Completed a College Diploma (program/specialization)

- University Bachelor's Degree
- University Master's Degree
- University Ph.D.
- No completion of a certificate, diploma, degree
- Completed Other (Please Specify): \_\_\_\_\_

Parent/Guardian 2 (if applicable):

- Completed High School or GED
- Completion of an apprenticeship or trades certificate or diploma
- Completed a College Diploma (program/specialization)
- University – Bachelor's Degree
- University Master's Degree
- University Ph.D.
- No completion of a certificate, diploma, degree
- Completed Other (Please Specify): \_\_\_\_\_

My child's ethnic/cultural background is (check all that apply):

- White
- Aboriginal/First Nations/Métis/Inuit
- Chinese
- South Asian
- Black
- Filipino
- Latin American
- Southeast Asian
- Arab
- West Asian
- Japanese
- Korean
- Pacific Islander
- Other (Please Specify) \_\_\_\_\_

Thank-you very much!

### **Appendix D: Adverse Family Experiences Questionnaire**

#### **Adverse Family Experiences(Centre for Disease Control and Prevention, 2011)**

This questionnaire asks questions about adverse events that may have happened during your child's life. Please read each question and circle the appropriate response. Please answer each question to the best of your ability, if you are unsure of whether an event has occurred, please answer "don't know."

1. Since your child was born, how often has it been very hard to get by on your family's income (e.g., hard to cover the basics like food or housing)?

**Very often      Somewhat often      Not very often      Never      Don't know**

2. Did your child ever live with a parent or guardian who got divorced or separated after they were born?

**Yes      No      Don't know**

3. Did your child ever live with a parent or guardian who died?

**Yes      No      Don't know**

4. Did your child ever live with a parent or guardian who served time in jail or prison after they were born?

**Yes      No      Don't know**

5. Did your child ever see or hear any parents, guardians, or any other adults in their home slap, hit, kick, punch, or beat each other up?

**Yes      No      Don't know**

6. Was your child ever the victim of violence or witness any violence in their neighborhood?

**Yes      No      Don't know**

7. Did your child ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

**Yes      No      Don't know**

8. Did your child ever live with anyone who had a problem with alcohol or drugs?

**Yes      No      Don't know**

9. Was your child ever treated or judged unfairly because of their race or ethnic group?

**Yes      No      Don't know**

10. If you answered yes to question 9, during the past year, how often was your child treated or judged unfairly because of their race or ethnic group?

**Very often**

**Somewhat often**

**Not very often**

**Never**

**Don't know**

**Appendix E: M3 Parent Feedback Questionnaire**

Group# _____	Session/Week: _____	Participant ID# _____
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### M3 Parent Feedback Questionnaire

**Please complete the following questions before the start of this group:**

1. Did you or your child practice a M3 skill since our last session? Yes  No  (if no, please go to question 5)

2. If yes, how many times did you and your child practice a breathing break this week?  
\_\_\_\_\_

3. About how many times did you or your child practice a M3 skill?

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| You:                          | Your Child:                   | You and Your Child Together   |
| <input type="checkbox"/> 1-3  | <input type="checkbox"/> 1-3  | <input type="checkbox"/> 1-3  |
| <input type="checkbox"/> 4-6  | <input type="checkbox"/> 4-6  | <input type="checkbox"/> 4-6  |
| <input type="checkbox"/> 7-10 | <input type="checkbox"/> 7-10 | <input type="checkbox"/> 7-10 |
| <input type="checkbox"/> 10+  | <input type="checkbox"/> 10+  | <input type="checkbox"/> 10+  |

4. What situation led up to using the M3 skill?  
 To practice     Due to frustration     Due to anger     other \_\_\_\_\_

5. Did you/your child find it helpful?  
You: Yes  No                       Your Child: Yes  No

6. What kept you from practicing M3 skills this week?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Version Date: November 20, 2018

### Appendix F: Research Ethics Board Approval





**Date:** 15 October 2019

**To:** Dr. Claire Crooks

**Project ID:** 108218

**Study Title:** MindUP for Young Children

**Application Type:** Continuing Ethics Review (CER) Form

**Review Type:** Delegated

**Meeting Date:** 01/Nov/2019

**Date Approval Issued:** 15/Oct/2019

**REB Approval Expiry Date:** 15/Oct/2020

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Dear Dr. Claire Crooks,

The Western University Non-Medical Research Ethics Board has reviewed this application. This study, including all currently approved documents, has been re-approved until the expiry date noted above.

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Daniel Wyzynski, Research Ethics Coordinator, on behalf of Prof. Randal Graham, NMREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*

## Curriculum Vitae

**Name:** Emilia Pacholec

<b>Post-secondary Education and Degrees:</b>	Western University London, Ontario, Canada 2018-2020 M.A. Counselling Psychology
	York University Toronto, Ontario, Canada 2011-2015 Honours B.A., Psychology
<b>Honours and Awards:</b>	Western University Entrance Scholarship 2018
	Cum Laude, Member of the Dean's Honour Roll 2011-2015
	Ontario Volunteer Service Award 2015
	York University Provost's Scholarship 2011
	Humber College Excellence in Psychology Award 2011
<b>Related Work Experience</b>	Graduate Student Intern London Family Court Clinic 2019-2020
	Group Facilitator, The Muslim Resource Centre for Social Support and Integration 2019
	Intake Coordinator, Exposure Coach, Group Facilitator, Broadview Psychology September 2015 – August 2018
	Clinical Volunteer, Centre for Addiction and Mental Health Women's Inpatient Unit, Early Psychosis Unit 2009 – 2016
<b>Research Experience</b>	Research Assistant, Mary J. Wright Research and Education Centre 2018 – Present
	Research Assistant, London Family Court Clinic July 2019 – Present

Research Assistant, Broadview Psychology  
September 2015 – August 2018

Research Assistant, Centre for Addiction and Mental Health  
Temerty Centre for Therapeutic Brain Intervention  
March 2016 – August 2016

Research Assistant, Kids Help Phone  
April 2014 – May 2015

Research Assistant, York University  
Cognitive Flexibility Lab  
July 2014 - December 2014

Research Assistant, York University  
REACH Lab  
October 2013 - December 2013

**Presentations:**

Read, M., Pacholec, E., Babcock, S., Bax, K. (May 2019). Making Mindfulness Matter (M3): Practicing the Skills at Home. Child Health Research Day (Poster)

Bax, K., Wells, S., Read, M., Pacholec, E. (April 2019). The Epidemic of Too Much Stress: Seeing Through the Children's Lens. Faculty Research Partners Day (Round Table)

Bax, K., Hussien, S., Wells, S., Read, M., Pacholec, E. (April 2019). Research and Practice in a Real World Setting: Creating Making Mindfulness Matter (M3) Concurrent Parent-Child Group to Build Resilience Within the Family. Faculty Research Partners Day (Invited Speakers)