Does Mindfulness Mediate the Influence of Stress Upon Parenting Relationships in a Foster Care Population: A Pilot Study of the Effectiveness of a Mindfulness Based Parenting Program for Foster Carers.

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Submitted: March 2014

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This thesis is submitted as partial requirement of the Masters of Clinical Psychology degree.
Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or tertiary institution and, to the best of my knowledge and belief contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University’s Digital Repository**, subject to the provisional of the Copyright Act 1968.

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I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of the thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices.

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Sarah Baker
Statement on the contribution of others

I wish to acknowledge my supervisor Dr Linda Campbell for her commitment and support throughout the duration of this research. The high level of academic support provided to me is truly appreciated.

I would like to acknowledge the contribution of Life Without Barriers for providing Kylie Bear and I the platform on which to access foster carers whilst we were both employed workers. The support of staff provided at Life Without Barriers, in particular Deirdre Thompson was invaluable to the success of this research. I also wish to acknowledge Peter Kelly on behalf of Kylie Bear, for his support and guidance in developing this program.

Finally, I would like to acknowledge the hard work and dedication of Kylie Bear, the creator and facilitator of the Mindful Parenting Program. The commencement of this research and the collection of the invaluable data was completed by Kylie Bear as part of her PhD research. I am eternally grateful to be a part of seeing this through for you Kylie. You are truly missed by all whose lives you touched.
Acknowledgments

This thesis would not have been possible without the help, support and patience of my supervisor Dr Linda Campbell. Thank you for your invaluable support and guidance throughout this process.

I would also like to thank my husband Michael, for being so supportive, so understanding and so patient. I couldn’t have finished this without you.

Finally, I would like to pay the utmost gratitude and thanks to Kylie Bear. This thesis would not exist without you and it is due to your hard work, your persistence and your love for helping others that made this research possible. I am so blessed to have been able to have the opportunity to work with you; you were such a support for me at our time together at Life Without Barriers and at University. I am truly honoured to have been able to be a part of this research that you were so passionate about.
Abstract

There is a shortage of foster carers which has been linked to the stressors associated with the demands of the role. This current shortage of carers in conjunction with an increasing number of children needing out-of-home care placements reflects the need for increased support and training for foster carers. Foster carers are responsible for providing a nurturing and supportive environment to support children to develop positive attachments and to increase the likelihood of positive outcomes. It is for this reason that the parent-child relationship is a crucial factor in a successful foster care placement. High stress levels of fosters carers has been recognised as a substantial contributing factor to placement breakdowns and the resulting difficulty of retaining foster carers. Mindfulness has been found to be an effective strategy in improving parenting relationships in natural parents and their children however there is limited research in using mindfulness based parenting strategies in the foster care population. The aim of this study is to determine if mindfulness is a mediating factor between stress and parenting relationships and to evaluate the effectiveness of a mindfulness based training program within a foster care population with the ultimate aim of improving resilience in foster carers and thereby improving carer retention.
# Table of Contents

Statement of Originality                        2  
Statement on the contribution of others        3  
Acknowledgements                               4  
Abstract                                       5  
Critical Literature Review                     7  
Background                                     7  
Foster Carers and Stress                       9  
Foster Carer Training                          12  
Mindfulness for Stress Reduction               17  
Mindful Parenting                              19  
Summary                                        22  
The Current Study                              23  
**Manuscript**                                 25  
Abstract                                       25  
Introduction                                   26  
Study 1                                        31  
Methodology                                    32  
Results                                        37  
Study 2                                        42  
Methodology                                    42  
Results                                        47  
Discussion                                     49  
References                                     57  
**Appendix A**                                 70  
**Appendix B**                                 73  
**Appendix C**                                 78
Critical Literature Review

Mindfulness as a Mediator of Stress and Parenting Relationships: A Pilot Study of the Effectiveness of a Mindfulness Based Parenting Program for Foster Carers.

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Background

In June 2012 there were 39,621 children in out-of-home care in Australia, representing a 27% increase in children in out-of-home care from 2008 to 2012 (AIHW, 2011-12). Whilst the number of children in out-of-home care has significantly increased, the number of foster carer households reduced from 11,664 in 2011 to 8,824 in 2012. These figures suggest an increased need for foster carers and indeed, that the attraction and retention of skilled foster carers should be a high priority in Australia.

Many children placed in out-of-home care have a history of victimisation including neglect and abuse (McMillen et al., 2005, Tarren-Sweeney & Hazell, 2006). In addition, children in care have a higher likelihood of experiencing delays in speech, difficulties with cognitive processing, reduced motor coordination, major health problems and an increased risk of social problems and mental illness (McMillen et al., 2005; Sawyer, Carbone, Searle & Robinson, 2007). This often leads to children in out-of-home care having difficulties in developing bonds with their new caregivers.
Trauma and attachment issues can be displayed in the form of “challenging behaviours”, including displays of anger and aggression which can be difficult to manage for carers and also can impact the foster carer’s ability not only to establish bonds with the child but also result in the cessation of the placement. In addition, children in foster care may also have poor impulse control and difficulties regulating their emotions, leading to further displays of anger and aggression making effective parenting increasingly difficult for carers (Tarren-Sweeney & Hazell, 2006; Sheperis, Renfro-Michel & Doggett, 2003; Hughes, 2004). As a result of placement breakdowns, children in out-of-home care often experience multiple placements which when explored in the context of a “developmental cascade” (Masten and Cicchetti, 2010) may lead to a downward spiral of mental ill-health and an increase their feelings of instability. These processes are likely to interact with one another leading to the maintenance or increase in these challenging behaviours in a transactional fashion. Indeed, a lack of appropriate social support and positive attachments often lead to these challenging behaviours continuing well into adulthood (Sheperis, Renfro-Michel & Doggett, 2003). Adults raised in out-of-home care, are less likely to complete secondary education, more likely to be unemployed, have mental health problems and/or being involved in criminal activity (McMillen et al., 2005; Stott & Gustavsson, 2010).

Whilst the aim of foster care is to first and foremost remove the child from harm it is also important to allow the traumatised child to experience a positive home setting and to build positive attachments in an environment that offers high quality care and permanence (Wise & Egger, 2008). Collishaw et al (2007) found that
nurturing and supportive family relationships in a foster care home can support children to develop greater resilience and increase the likelihood of positive outcomes. Positive outcomes stemming from being raised in a nurturing environment involve improved self-regulatory behaviours by promoting psychological flexibility, teaching and reinforcing appropriate social behaviours and minimising exposure to further psychologically damaging events. Indeed children who have developed positive attachments to adults display a higher level of resilience when encountering stressful situations (Cook et al., 2005). Hence, it is important to endeavour to provide vulnerable children with these opportunities to increase the likelihood of the child to become a productive member of society as an adult (Biglan et al., 2012).

Foster Carers and Stress

To maintain the welfare of children in foster care and to ensure their social, emotional and behavioural development, the role of the foster carer in providing a nurturing home and building supportive relationships and promoting resilience is hugely important (Horwitz, Balestricci & Simms, 2001, McClung, 2007).

However when faced with parenting children with often extremely challenging behaviours, foster carers experience and report high levels of parenting stress (Cole & Eamon, 2007; Turner, Macdonald, & Dennis, 2005) often with very limited training and support available (Osmond, Scott & Clark, 2008). In addition, there are many systemic and organisational factors that can increase the stress levels for foster carers. Wilson, Sinclair & Gibbs (2000) identified six stressors that fosters carers experience in addition to regular parenting stress; placement breakdowns or disruptive
behaviours, contact with birth families, allegations, family tensions within the foster family, and disagreements with professionals in the out-of-home-care sector. More recently, a national survey of Australian foster carers (N=814), revealed that foster carers were unsatisfied with many aspects of the out-of-home care system including training, support offered, information given about new placements, and the financial support received (AFCA, 2003). This study identified that when exposed to two or more of the identified stressful events foster carers mental health and overall attitude suffered which could potentially impact their desire to continue to provide a foster care placement (AFCA, 2003).

In addition, the lack of permanency that permeates the current Australian child welfare system can also be very stressful for carers, for instance the premature or sudden removal of children in their care can have very significant effects on the foster carer’s wellbeing and also impact on the way they foster in subsequent placements (Tarren-Sweeney, M. 2008 & Whenan, Oxlad, & Lushington, 2009). Bernard & Dozier (2011) examined the concept of permanency in the way that a foster carer interacted with the foster child. This study found that foster carers who perceived the child to be their own and who had interest in an enduring relationship with the child showed a higher level of commitment to the child. In turn, this higher level of commitment was found to reflect the carer’s likelihood to interact more positively toward the child. This reflects the importance of promoting permanence in foster care to allow the foster carer to feel more motivated to develop more positive attachments with the child.
Ultimately foster carers increased stress impacts on the carer’s ability to have positive bonds with the child, to manage the children’s behaviours effectively and to manage their own self-care. For instance, Lipscombe, Moyers & Farmer, (2004) found that high stress levels impact negatively on parenting skills including an increase in aggression towards the foster child and being less effective in providing appropriate disciplinary responses to challenging behaviours. This can turn into a vicious circle with stress further increased as parenting skills decline. High stress levels affect foster carer’s attitude towards continuing in this vital role (Whenan, Oxlad, & Lushington, 2009) and has been recognised as a contributing factor not only to breakdowns of the current placement (NSW Department of Community Services, 2004) but also as a factor in the carers attitudes towards continuing to provide foster care (Delfabbro, Taplin, & Bentham, 2002). This is reflective in a low retention rate of foster carers, with studies indicating that as many as 42% of foster carers have been in the foster care role for less than five years (AFCA, 2003).

It is evident that that there are many factors that are influencing the well-being of foster carers. Whilst many of these are due to the current child welfare system and legislation and whilst there is an urgent need to rethink the current climate in which vulnerable children are being looked after, on a short-term basis there are nevertheless steps that can be taken to improve foster carer well-being and to reduce stress. Indeed, foster carers strongly identify a need for further training to become more proficient in their roles however there is no consensus of what such training would entail. A report by the Committee on Early Childhood, Adoption and Dependant Care (2000) suggests that foster carers should be knowledgeable and informed about the
importance of their role of providing a safe and nurturing environment for the child in out-of-home care. Interventions to promote a better family environment for both foster carer and the children in their care can be employed at different levels. For instance, psychosocial and mental health interventions, including those targeting systemic and behavioural issues can be utilised to reduce child behavioural problems, increase attachment development and social skills. Another possibility is to help the carers to develop ways to manage their own stress responses and self-care.

**Foster Carer Training**

Training programs for foster carers have focused on managing challenging behaviours through the development of parenting skills (Butcher, 2005; Martin & Sanders, 2003; MacDonald & Turner, 2005; Hill-Tout, Pithouse & Lowe, 2003). The type of training provided to foster carers aims to teach carers about how to assess the needs of the child through understanding their behaviour. This training enables carers to respond to challenging behaviours with confidence and within the boundaries of the foster care system behaviour management policies.

With the focus being on behaviour management, training for foster carers to date has been adapted from general parenting skills to implement positive reinforcement strategies, appropriate consequences, praise, and developing the child’s problem-solving skills (Chamberlain, et al., 2008; Pithouse, Hill-Tout & Lowe, 2002). The overall focus of these studies was to assess if behavioural parent training programs which focused on teaching cognitive-behavioural parenting techniques, could reduce the psychopathology of children in care. In some instances, these
programs have aimed to promote an understanding of child development from a physical, emotional, social and cognitive perspective (Chamberlain et al., 2008; MacDonald & Turner, 2005; Minnis & Devine, 2001). However, none of these programs have been found to effectively reduce child psychopathology. (Minnis & Devine, 2001; Pithouse, Hill-Tout & Lowe, 2002; MacDonald & Turner, 2005; Turner, MacDonald & Dennis, 2005).

Meanwhile, more recent studies where carers have undergone training programs in behaviour management, with larger sample sizes from 60 to 700 have shown reductions in challenging behaviours of children in out-of-home care (Chamberlain et al., 2008; Dozier, 2009). These studies also incorporated a more stringent methodology with randomised controlled trials and fidelity checks to ensure consistent treatment protocols. They also assessed treatment effects by incorporating a longitudinal design although limitations included a focus on set age groups such as children under the age of 4 years (Dozier, et al, 2009), or children from 5 to 12 years of age (Chamberlain et al., 2008). This questions the ability to apply this training across the wider population of foster carers. This is particularly pertinent in that adolescents were excluded from several of the studies yet research identifies that adolescents typically experience shorter placement durations (Pallet et al., 2002; Chamberlain et al., 1992).

The need for specialised training for foster carers with a particular focus on trauma and attachment in addition to behavioural parenting techniques has been consistently identified as being of importance (Cairns, 2002; McClung, 2007; Allen & Vostanis, 2005; Golding, 2004). There is increasing evidence that identifies and
demonstrates that children under five years of age who are exposed to abuse, neglect, and threats of violence are more likely to experience neurological problems (Seigel, 2001; Perry & Hambrick, 2008; Dozier et al., 2006). The range of behavioural and psychological problems displayed by children in out-of-home care is related to deficits in the child’s cognitive and emotional development as a result of exposure to abuse and neglect (Tarren-Sweeney, 2008; Blower et al., 2004). Whilst children in out-of-home care often have extremely complex needs, there is a growing body of research that shows that despite this, they can become functioning, resilient adults. It is this resilience that predicts positive outcomes for children in out-of-home care and is displayed by children who experienced a secure and stable foster home. This is also demonstrated in having foster carers who were warm and had a child-focus approach to parenting in their interactions with the child (Cashmore & Paxman, 2007; Collishaw et al., 2007; Sinclair & Wilson, 2003; Schofield, 2002). This growing research into ensuring positive outcomes for children in out-of-home care demonstrates the strong need for foster carers to have an understanding of the importance of their role to foster a safe, protective and secure home environment. This can be achieved through developing relevant training programs for foster carers that emphasise the importance of attachment and trauma and how to effectively respond to the child (Golding, 2004; Cairns, 2002; McClung, 2007).

Whilst there are several programs developed, the evidence base is still in its early stages with strong evidence based not yet accessible. A behavioural parenting program was compared to an attachment-parenting program with foster carers (Golding and Pickens, 2004) revealing that foster carers found the attachment-
parenting program helpful in developing an understanding of children in their care and for the support offered. However this study was limited by its small sample size, lack of fidelity checks and that the primary outcome measure used were focus groups. Another study with a trauma-attachment focus for foster carers found significant results with a program involving clinicians providing home based psychoeducation around attachment and behaviour management strategies. This study focussed only on foster carers providing care for children under four years old (Dozier et al., 2009).

Studies to date have yielded promising results which indicate that there are some improvements in foster carers sensitivity in their parent-child interactions and reports that carers have found these programs helpful however further evidence is still needed into the efficacy of parenting programs with a trauma-attachment focus for foster carers (Golding, 2004; Cairns, 2002; Allen & Vostanis, 2005). The growing evidence-base that demonstrates the impact of trauma on attachment and neurological development highlights the imperative nature of the importance of trauma-attachment training for foster carers. Training to assist foster carers to more accurately understand the emotional needs of children in their care would assist them to develop skills to respond to the complex behaviours are commonly demonstrated as a result of trauma and disrupted attachment.

Whilst some training programs for carers that specifically focused on improving outcomes in the child’s psychopathology have shown limited efficacy in improving the child’s behaviour, there have been some benefits. Foster carers consistently reported overall satisfaction, improved confidence and a reduction in stress levels following this group based training. Golding & Picken, 2004; Hill-Tout,
Pithouse, & Lowe, 2003; Macdonald & Turner, 2005; Minnis & Devine, 2001). Carers also acknowledged that the peer support gained through the use of a group based program was beneficial. It would be beneficial for foster carers to be provided with training that not only focused on parenting strategies, but also incorporated stress management techniques. Stress has been identified as a contributing factor to negative parenting interactions in terms of communication skills and disciplinary decisions (Anthony et al., 2005; Crnic, Gaze & Hoffman, 2005; Jackson, 2000; Snyder, 1991). Ultimately it has been identified that a reduction in stress improves parent child relationships and interactions. The use of stress management training within a foster care population is a new area that to date has not been explored.

The importance of managing stressful events for foster carers is imperative to the success of the placement for the child and also for the carer’s wellbeing and their ability to provide positive parenting. As such, foster carers would benefit from the opportunity to develop skills in stress management strategies (personal stress and that of the foster child’s), emotional awareness of the child and their own emotional awareness. Areas including personal stress management, emotion regulation training, maintaining emotional awareness of self and child, strategies to de-escalation stressful situations, and exercises to assist carers to maintain a present-focus (Butcher, 2005). The benefits of skill development in these areas are great in that they allow the foster carer the ability to self-regulate their own emotions and as a result, be better equipped to manage the emotional and behavioural needs not only of themselves but also to the needs of the child (Duncan, Coatsworth & Greenberg, 2009; Singh et al., 2007).
Mindfulness for Stress Reduction

There is increasing evidence on the positive effects mindfulness has in reducing overall stress (Kabat-Zinn et al., 1998, Gold et al., 2010) and is beneficial in the treatment of a range of mental health problems (Biegel et al., 2009), and increasing positive relationship characteristics (Carson et al., 2004; Wachs & Cordova, 2007). Mindfulness has been defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994). The mindful awareness of one’s situation can allow for a more controlled and clearer response to situations, enabling a clearer awareness of the surroundings, emotions and immediate thought processes.

Mindfulness has also been defined as being “a heightened state of involvement and wakefulness” (Langer & Moldoveanu, 2000). These two definitions imply that there are varying ways that mindfulness can be conceptualised and therefore practiced. The growing psychological literature on mindfulness often focuses on using a combination of mediation practices and improving ones awareness of their interactions that aim to improve one’s health, wellbeing and relationships (Hart, Ivtzan & Hart, 2013). This often includes practical elements such as guided meditation or skilled techniques.

Dahl, Wilson & Nilsson, (2004) identified that regular practice of mindfulness results in a decrease in overall stress. Mindfulness has also been shown to have benefit in the treatment and overall management of mental health issues (Biegel et al., 2009). Mindfulness as a tool used for emotional regulation has been given increased attention in the psychological literature through Dialectical Behaviour Therapy.
(Linehan, 1993), Acceptance Commitment Therapy (Hayes et al., 2006) and Mindfulness-Based Stress Reduction techniques (Kabat-Zinn et al., 1994). The practice of mindfulness is intended to focus the mind and provide a clearer awareness of the immediate situation in terms of the individual’s emotions, physical presence, environment and thought processes. The trends in the literature support the use of mindfulness and encourage further exploration into different psychological areas of study.

There is a growing evidence base that supports mindfulness, an increased awareness of one’s surroundings and self, as having positive effects on interpersonal relationships. Current research into the effects of mindfulness in couples has shown that mindfulness training has positive impacts on emotional and behavioural self-regulation in addition to more adaptive stress responses when in conflict (Wachs & Cordova, 2007). In these random controlled trials, increased levels of mindfulness were found to be related to interpersonal factors including: communication skills; emotional literacy; perspective taking; and relatedness (Block-Lerner et al., 2007; Carson et al., 2004). Overall, increased mindfulness was associated with satisfaction in one’s relationship and an increased satisfaction with life (Barnes et al., 2007).

Mindfulness has also been found to be associated with the ability to be compassionate to one’s self and an overall life satisfaction in studies utilising random controlled designs (Jain et al., 2007) and pre-post quantitative research designs (Shapiro, Brown & Biegel, 2007; Beddoe & Murphy, 2003). These results support further exploration of the impact of mindfulness on improving stress levels and overall life satisfaction.
Carmody and Baer (2008) investigated the effects of a mindfulness based stress reduction program on a population dealing with stress related issues. This study suggests that symptom reduction and improved well-being can be achieved by practicing mindfulness techniques. Whilst this study yielded positive results it highlights a component of mindfulness that it often not focussed on, the importance of regular and consistent time spent engaging in home based practice of the skills. Whilst the literature leans to supporting mindfulness as an effective stress management tool, the effectiveness of mindfulness on stress reduction is often conditional to regular practice and commitment of the activities.

Interpersonal interactions and the potential accompanying stress is a vital part of the role of a foster carer and as such, it has been proposed that the skills practiced in mindfulness would be beneficial for foster carers to undertake when faced with challenging situations and behaviours (Hill-Tout, Pithouse & Lowe, 2003). It is proposed that practicing mindfulness on a regular basis could assist foster carers to assess the needs of the child and themselves by noticing their behavioural, emotional and cognitive processes allowing them to determine the most appropriate response.

**Mindful Parenting**

The term “mindful parenting” refers to parents focusing on being in the present moment with their child, enabling them to notice their own behavioural, emotional and cognitive processes and assess theirs and their child’s needs non-judgementally and respond accordingly (Brown & Ryan, 2003; Dumas, 2005). There is an emerging body of research that indicates when parents are provided with training
in mindfulness techniques this can help improve the parent-child relationship (Cohen & Semple, 2010).

By utilising mindful parenting, parents and carers are less likely to be reactive in their responses to challenging behaviours (Dumas, 2005). This has been proposed to be effective in several ways; the parent becomes more attuned to the child as a result of being less emotionally reactive, the use of more positive and appropriate behaviour management skills as a result of the carer being less “reactive” to challenging situations and whilst the parent is learning to self-regulate their own emotions, the child also learns this from the parent (Duncan, Coatsworth & Greenberg, 2009). As a result, mindful parenting allows the carer to recognise alternate and often more effective ways of responding to the child and situation.

As stated above, mindful parenting is an emerging field. Mindfulness has been found to be an effective strategy in improving parenting relationships in natural parents and their children (Coatsworth et al, 2010). This study aimed to assess the efficacy of a mindfulness based parenting program and a randomised trial design was utilised to test the effects of this program. Positive effects were identified in increasing parent’s use of mindfulness techniques, increased parents use of child management practices and enhanced the parent child relationship.

Mindful parenting has been identified to be an effective tool for biological parents to achieve more positive parenting experiences and an increased confidence in their ability to respond to their children’s challenging behaviours (Singh et al., 2007). This research has shown decreases in parenting stress, increased personal satisfaction with parenting skills and parent-child social interactions, increases in children’s social
skills and a decrease in children’s oppositional behaviours following parents’ participation in a mindful parenting program (Singh et al., 2010; Singh et al., 2007). To date, the sample sizes for these studies were quite low with fewer than five participants.

In another study, Altmaier & Maloney (2007) conducted a random controlled trial of a mindful parenting program and found that mindfulness had no benefits in reducing parental stress and parent-child connectedness. This was another small study (N=12) and was focused specifically on divorced parents of pre-schoolers. This study focused purely on mindfulness skills and did not introduce any other skill development. A combination of mindfulness training in addition to parenting skills such as behaviour management, communication skills, and psycho education around attachment may assist in reducing parenting stress and the parent-child relationship.

Coatsworth et al., (2010) conducted a random controlled study (n=65) which incorporated mindfulness into a behaviourial parenting program for adolescents. This type of combined training program yielded positive results showing increases in mindful parenting, more appropriate behaviour management strategies and improved parent-adolescent interactions. Whilst the positive effects of the use of mindful parenting are not definite, further study into this emerging concept is warranted as research to date suggests that mindful parenting has some positive effects on the parent child relationship.

It would appear that whilst the positive effects of mindful parenting are not absolute, there are suggestions that it may be beneficial and therefore warrant further study. Despite the promising findings for clinical and non-clinical populations for
mindfulness there have been a number of conceptual and methodological issues. There is no research (known to the author) in using mindfulness based parenting strategies in the foster care population. Determining if mindfulness can reduce stress and improving parenting relationships in a foster care population may provide foster care agencies with the information needed to introduce a mindfulness based parenting program with the ultimate aim of improving resilience in foster carers and thereby increase the likelihood that they will remain as foster carers.

**Summary**

There is a shortage of foster carers which has been linked to the stressors associated with the demands of the role (Farmer, Lipscombe & Moyers, 2005). This current shortage of carers in conjunction with the increasing number of children needing out-of-home care placements reflects the need for increased support for foster carers and additional training in stress management strategies. Research on mindful parenting to date has been focused on biological parents, there is no research using mindful parenting in a foster carer population. It has been established that foster carers experience varying stressors and as such, it would be beneficial to introduce a mindfulness based parenting program to this population. Determining if mindfulness can reduce stress and improve parenting relationships in a foster care population may provide foster care agencies with the information needed to introduce a mindfulness based parenting program with the ultimate aim of improving resilience in foster carers and thereby increase the likelihood that they will remain as foster carers.
The current study: Mindful Parenting Training for Foster Carers

Since promoting positive parenting relationships is the aim of foster care, it is important to look at which of the identified factors predict positive parenting relationships. To capture this information it is proposed that it would be appropriate to determine initially what the relationship is between stress and parenting relationships and what role mindfulness plays in mediating these factors in addition to exploring other potential predictors. As mindfulness has been shown to be directly related to stress and as previously discussed it can be a useful tool in stress reduction, mindfulness may be an important factor in foster carers stress levels which may lead the path for further exploration into this phenomenon.

Hence in the current study, we aim to investigate the relationship between foster carer psychological distress (stress, depression and anxiety), parent-child relationships and mindfulness and to investigate if mindfulness mediates the relationship between stress and parent-child relationships. It is hypothesised that foster carers who report to be highly stressed, will be lower in mindfulness and also report more a more negative parenting relationships with children in their care. By determining the relationship between these, more consistent targeted training programs can be developed and any other avenues for further study into this vital area of research.

Based on the current evidence into the stress levels of foster carers and the impact that this can have on carer’s ability to form bonds of attachment and positive parenting relationships, it is proposed that further training is needed for foster carers. A training program with a mindfulness focus would be appropriate as it has been
identified that mindfulness is showing good evidence of being effective in stress management.

Being a pilot program, it is important to gain insight into the population to ensure that this training is targeted correctly and to allow any additional needs for future training and support to be identified. As this is new research, it would be also be beneficial to explore other constructs of interest that may be impacting on foster carers stress, mindfulness and parenting relationships. If understood, more targeted carer training and support can be identified with the aim to not only retain fosters carers but provide guidance for carer recruitment.
Mindfulness as a Mediator of Stress and Parenting Relationships: A Pilot Study of the Effectiveness of a Mindfulness Based Parenting Program for Foster Carers.

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Abstract

Australian welfare agencies are faced with increasing numbers of children needing out-of-home care placements and a shortage of foster carers. High levels of stress reported by foster carers have been recognised as a significant contributor to placement breakdowns and difficulty retaining foster carers. These factors suggest a need for increased support and training for foster carers. While a number of training programs have been developed, these focus primarily on addressing carers’ capacity to manage challenging behaviours. A growing evidence base reports the usefulness of mindfulness in reducing stress and improving parenting relationships in natural parents and their families. However there is little research reporting on the use of mindfulness in the foster care population. This paper reports the outcomes of a two-phase project. The initial phase examined the relationship between stress and foster parenting relationship and the effect of self-reported capacity for mindfulness. Mindfulness was found to partially mediate the relationship between stress and some aspects of parenting. The second phase of the project involved the development and delivery of a 4-week mindfulness-based training program focusing on deepening
participants understanding of trauma and attachment issues in foster children. The findings from the second phase showed no difference in outcomes between the participants in the mindful parenting program and the treatment as usual group.

Introduction

Background

Foster carers are undertaking an incredibly important and often underestimated role by looking after some of the most vulnerable children in our society. The role of the foster carer is to provide nurturing and supportive relationships to assist children in developing resilience to allow them to grow up to be functioning and capable adults (Horwitz, Balestricci & Simms, 2001). It is also the role of the foster carer to build positive attachments in an environment that offers high quality care and permanence (Wise & Egger, 2008). With many children placed in out-of-home care having a history of neglect and abuse, with an increased risk of future trauma and attachment issues (McMillen et al., 2005, Tarren-Sweeney & Hazell, 2006), it is important to ensure that the foster carers are as well-equipped as possible to facilitate the welfare of the children in their care as well as promoting their social, emotional and behavioural development (McClung, 2007). However, being a foster carer can be a stressful experience and there is currently a high attrition rate of foster carers with the majority of Australian carers fostering for less than five years (AFCA, 2003). This attrition rate coupled with more children in out-of-home care has resulted in a significant shortage of foster carers in Australia (AIHW, 2011-12).
The most pertinent issues that foster carers deal with on a daily basis are the wide ranging needs that children in care often present with. Many of the children they care for have delays in fundamental developmental milestones including speech; social-emotional development, cognitive processing, and some children have major health problems, challenging behaviours and mental illness (McMillen et al., 2005; Sawyer, Carbone, Searle & Robinson, 2007). Out of these, challenging behaviours are some of the most difficult issues to deal with and is often an effect of the trauma and attachment issues that many of these children have experienced. Challenging behaviours can include displays of anger and aggression that are difficult to manage for carers. This can hinder the foster carer’s ability not only to establish bonds with the child but can result in social isolation for the family and ultimately leading to the cessation of the placement (Tarren-Sweeney & Hazell, 2006; Sheperis, Renfro-Michel & Doggett, 2003; Hughes, 2004).

The role of the foster carer is complex involving not only responsibilities toward the child in care but also requiring carers to juggle multiple concurrent placements, managing family tensions within the foster family, dealing with uncertainty with regards to the duration of the placement and frequent negotiations and interactions with foster care agencies, case workers, medical professionals, child protection agencies and, birth parents to mention just a few (Wilson, Sinclair & Gibbs, 2000). More specifically, foster carers describe that they do not have access to sufficient professional support to deal with problems that may arise such as behavioural issues. They also report a lack of sufficient background information about the child in their care and a range of issues around the bureaucracy of the foster care
system (Thomas & McArthur, 2010). Foster carers also experience societal stigma leading to carers frequently concealing their foster carer status for fear of being stereotyped negatively by the wider community (Blythe et al, 2012). The stigma experienced by foster carers has been shown to add significant stress to the foster caring experience.

When faced with some or many of these challenges, foster carers experience and report high levels of stress (Cole & Eamon, 2007; Turner, Macdonald, & Dennis, 2005; Lipscombe, Moyers & Farmer, 2004) with a negative impact on parenting skills. This can include an increase in frustration and hostility towards the foster child and less efficacious disciplinary responses to challenging behaviours. In the long run increased stress impacts on the carer’s ability to have positive bonds with the child, to care for their own family and to manage their own self-care.

Whilst stress has been identified as a key area of concern for foster carers, there has been little focus on what measures could improve or support psychological wellbeing. Health research with other populations demonstrates increasing evidence of the positive effects mindfulness has in reducing overall stress and improving mental health outcomes (Kabat-Zinn et al., 1998, Brown, Ryan & Creswell., 2007; Gold et al., 2010; Biegel et al., 2009). Mindfulness has been defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994). It is argued that the mindful awareness of one’s situation can allow for more controlled and clearer responses, this allowing the person to have a clearer and more conscious awareness of their surroundings, their emotional responses and their immediate thoughts (Gold et al, 2010). An important component
of the effectiveness of mindfulness is the time spent engaging in home based practice of the skills. The current literature is trending to support mindfulness as an effective tool in stress reduction however it is imperative that regular practice is undertaken.

The practice of mindfulness has also been used in contemporary parenting practices, with ‘mindful parenting’ referring to a focus on being in the present moment with the child. Mindful parenting enables parents to manage their responses to their child’s needs by firstly being aware of their own behavioural, emotional and cognitive manners (Brown & Ryan, 2003). It has been argued that mindful parents are more attuned to the needs of the child and better able to provide less reactive responses to challenging situations. These more controlled responses to challenging behaviours may result in improved parent-child relationships (Cohen & Semple, 2010). For instance, Coatsworth et al (2010) report that providing training that is focussed on encouraging parents to pay closer attention to their children at the time of an interaction enhanced their capacity to be open-minded, more caring and less reactive. This supports the idea that mindfulness is an effective strategy in improving parenting relationships at least among natural parent-child dyads. With regards to foster carers, it is possible that training mindful parenting skills may facilitate a decrease in overall stress and allow carers to concentrate on building trust and attachment, be more involved in the child’s development, implement more effective discipline practices and become an overall more confident carer.

Training is often described as something that foster carers would like to see more of (Butcher, 2004) however limited training is available (Osmond, Scott & Clark, 2008). Whilst, the existing training programs for foster carers focus on
managing challenging behaviours through the development of behavioural parenting skills (Butcher, 2005; Martin & Sanders, 2003; MacDonald & Turner, 2005; Hill-Tout, Pithouse & Lowe, 2003); a growing body of research into how to work towards positive outcomes for children in out-of-home care demonstrates the strong need for foster carers to also have an understanding of the importance of their own role in fostering a safe, protective and secure home environment. Hence, there is a need for specialised training for foster carers with a particular focus on the impact on trauma and attachment for child development, behavioural parenting techniques and also mindfulness to promote stress management (Cairns, 2002; McClung, 2007; Allen & Vostanis, 2005; Golding & Picken, 2004).

Current Studies

To conclude, it is timely to investigate ways of better supporting foster carers, in looking after themselves and in providing well-informed quality parenting to the children in their care, given the critical decline of available foster carers (AIHW, 2011-12). In the following sections, we will present you with two studies. Study 1 aims to investigate how foster carers perceive their stress levels, what stressors they are experiencing, how they perceive their relationship with children in their care and if mindfulness mediate these factors.

In order to investigate this, we asked the question does mindfulness mediate the relationship between stress and parenting relationships. Based on the trends in the literature we predicted that mindfulness would mediate the relationship between stress levels of carers and the reported quality of their relationships.
In study 2 the impact of a pilot training program for foster carers focusing on trauma, attachment, behaviour management and mindfulness skills will be assessed. In order to investigate this we questioned if participation in a mindfulness training program would reduce foster carers stress levels. Based on previous literature we predicted that participants in the Mindful Parenting Program would show a significant decrease in stress levels when compared to participants in the Treatment As Usual group. We also predicted that participants in the Mindful Parenting Program would show a significant improvement in parenting relationships when compared to participants in the Treatment As Usual group. Lastly, we predicted that participants would show an increase in mindfulness in the Mindful Parenting Program when compared to participants in the Treatment As Usual group.

**Study 1: Mindfulness as a Mediator of Stress and Parenting Relationships**

The primary aim of the current study is to investigate the relationship between foster carer psychological distress (stress, depression and anxiety), parent-child relationships and mindfulness and to investigate if mindfulness mediates the relationship between stress and parent-child relationships. This was examined using a cross sectional survey based design.

It is expected that increased levels of foster carer psychological distress; as measured by the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) and the Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 1983), is associated with lower quality parent-child relationships; (as measured by the Parenting Relationship Questionnaire (Kamphaus & Reynolds, 2006). In addition, it is hypothesised that
Mindfulness; as measured by the Mindful Attention Awareness Scale (Brown & Ryan, 2003) and the Interpersonal Mindfulness in Parenting Scale (Duncan, 2007), will mediate the relationship between psychological distress and parenting relationships.

This study also aims to determine if there are any predictors of high quality parenting relationships from the demographic data collected including age of the carer, experience of the carer and the social support reported by carers. It will also be examined if stress and mindfulness are predictors of high quality parenting relationships.

It is expected that high quality parenting relationships is associated with more experienced carers (in years), increased social support, lower stress levels (as measured by the Depression Anxiety Stress Scale and the Perceived Stress Scale) and higher reported mindfulness (as measured by the Mindful Attention Awareness Scale and the Interpersonal Mindfulness in Parenting Scale).

**Methodology**

*Participants*

Foster carers who are currently caring for children and young people in out-of-home care were sourced from Life Without Barriers (LWB), a not-for-profit organisation providing out-of-home care services. LWB out-of-home care services encompass recruitment and management of foster carers, training of foster carers and the case management and clinical support of children in their care. The children in
their care range from children with minimal needs to those who require intensive group home support.

Letters were sent to LWB foster carers in New South Wales inviting them to participate in the study. LWB staff were not involved in this process and as such they had no role in selecting or excluding participants. Sixty-nine (64 females) foster carers aged between 21 to 73 years ($M=47.19$, $SD=10.51$), consented to participate in the current study. The foster carers had an average of 2 foster children in their care. 85% were full time carers with 24% of these full time carers also providing respite care. The participants experience of being foster carers ranged from 1-24 years ($M=4.68$, $SD=4.11$). The majority of foster carers (60%) had a child in their care under twelve years old with 34% of carers having a child in their care under five years old. 50% of carers were married and 27% indicated that they were separated/divorced. Ethical approval for the study was given by the University of Newcastle Human Ethics Committee (H-2010-1268).

Procedure

Packets containing study information, consent information was distributed to foster carers who had been provided with information about the study by their Supporter of Carers (SOCS), their clinician or their foster child’s case manager. See Appendix A for this information and consent that carers were provided with. The survey which contained questions of demographic natures and five standardised questionnaires was distributed by post or at home visits (whichever was indicated as
convenient for the participant). See Appendix B for the questionnaire used in this study.

Measures

Demographic information was explored in a survey including items pertaining to gender, age, employment, family support in the family home, period of time as a foster carer, age of children currently in their care, length of time that current children have been in care, and experience as carer to date.

The Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006) assesses the parent/carers perspective on their parent-child relationship with a focus on; Attachment, Communication, Discipline Practices, Involvement, Parenting Confidence, Relational Frustration and Satisfaction with School. Each of these subscales has high internal reliability with median correlation coefficient scores ranging from .82 to .87. The test re-test reliabilities are reportedly high over a month ranging from .71 to .81. For the purpose of this study, the following sections were included; Attachment, Discipline Practices, Involvement, Parenting Confidence and Relational Frustration. Items in each subscale are summed to obtain a total subscale score then converted to a standardised T score.

The Depression Anxiety Stress Scale (DASS 21; Lovibond & Lovibond, 1995) assesses symptoms of depression, anxiety and stress in adults. The scale has high reliability for depression (α = .91), anxiety (α = .84) and stress (α = .90) scales,
and good discrimination and concurrent validity. Additionally, the retest reliability is strong.

Items on the Perceived Stress Scale (PSS-10) are designed to tap into how unpredictable, uncontrollable and overloading people find their lives. Items are scored on a 5 point Likert scale. The internal reliability for the PSS-10 was $\alpha = .87$ (Cohen, Kamarck & Mermelstein, 1983).

The Mindful Attention Awareness Scale (MAAS) is a 15 item instrument that measures people’s tendency to be mindful of moment to moment experience. Thus, the instrument focuses on the presence or absence of attention and awareness of what occurs in the present. This scale has been shown to relate to various aspects of well-being and to how effectively people deal with stressful life events (Brown & Ryan, 2003). The MAAS has good internal consistency, with correlation coefficients ranging of .82 and .87 in student and adult samples respectively.

The Interpersonal Mindfulness in Parenting Scale (IEM-P) is an 8-item scale designed to look at the use of mindfulness in parenting interactions. The validity and reliability are adequate, with the internal reliability being $\alpha = .72$ (Duncan, 2007).

Analysis

Data was analysed using SPSS version 20 (IBM SPSS Statistics for Windows, Version 20.0., 2011). Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. Correlations between the outcome variables PRQ and mindfulness scales were examined. Multiple
regression and mediation analyses were conducted to examine the relationships between the variables. Firstly, preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity.

Initially, standard multiple regression was used to evaluate the direct and indirect effects of stress and mindfulness on parenting relationships. Three regression equations were performed to determine if the independent variable predicts the mediator variable, if the independent variable predicts the dependent variable, and if the mediator variable predicts the dependent variable. To proceed with mediation analysis, the correlations from the multiple regression analyses between all variables must be significant. The strength of the mediation effect is determined by the reduction in the relationship between the independent and dependent variables (Baron & Kenny, 1986).

To estimate and test mediation effects, the SPSS Macro for Multiple Mediation (Preacher & Hayes, 2008) was used to look at significance of indirect mediator path which included a bootstrapping method which is generally perceived to be a more appropriate test than the Sobel test (Howell, 2012). Preacher & Hayes (2008) recommend performing a bootstrapping analysis to avoid making type I or type II errors when determining if a mediation effect is present. Bootstrapping analysis was used to test the mediation effects of mindfulness on stress and parenting relationships and to determine if this effect was statistically significant. In mediation
analysis, mediation is determined to be significant if zero is not within the bias
corrected confidence intervals for the indirect effect (Preacher & Hayes, 2008).

There were 69 participants in this study however due to some missing values
for some correlations the sample size was 64 or 65. To determine significance, an
alpha value of .05 was employed.

**Results**

The relationships between parenting relationship (as measured by the
Parenting Relationship Questionnaire; Attachment, Discipline Practices, Involvement,
Parenting Confidence and Relational Frustration), psychological distress (measured
by the PSS-10 and DASS 21) and mindfulness (measured by MAAS and the IEM-P)
were investigated using Pearson product-moment correlation coefficients.

Significant negative correlations were identified between psychological
distress, mindfulness and parenting relationship. Table 1 presents the correlation
matrix among the study variables.
A significant negative correlation was found between stress (when measured by the PSS-10) and mindfulness (when measured by the IEM-P) \((r = -.363, n= 69, p<.01)\) indicating that foster carers who reported higher stress levels were more likely to be less mindful.

Significant correlations were found between stress (when measured by the PSS-10) and three parenting relationship variables; Attachment \((r = -.256, n= 65, p<.05)\), Relational Frustration \((r = .456, n= 64, p<.01)\) and Parenting Confidence \((r = -.462, n= 65, p<.01)\). This indicates that foster carers who reported higher stress levels are more likely to feel less attached to their foster child, were more likely to be frustrated with their relationship with the foster child and may have less confidence in their ability to provide appropriate parenting to their foster child.
Significant correlations were found between mindfulness (when measured by the IEM-P) and three parenting relationship variables; Attachment ($r = .296$, $n=65$, $p<.05$), Relational Frustration ($r = -.567$, $n=64$, $p<.01$) and Parenting Confidence ($r = .562$, $n=65$, $p<.01$). This indicates that foster carers who reported to be more mindful reported feeling more attached to their foster child, feeling less frustrated with their relationship with the foster child and more confident in their ability to provide appropriate parenting to their foster child.

Other significant relationships were found using the other measure of stress (DASS 21) and mindfulness (MAAS) however only those interactions which were significantly correlated in all three directions were used for further mediation analysis, meeting the assumption of mediation that all paths are significantly correlated (Howell, 2012).

After determining significant interactions and conducting multiple regression analyses as described above (Baron & Kenny, 1986), mindfulness was found to partially mediate the relationship between Stress and Parenting Confidence. Figure 1 represents the mediating relationship between Parenting Confidence, Stress and Mindfulness whereby the correlation coefficients are shown.

![Mediation model of Stress, Parenting Confidence and Mindfulness](image)

**Figure 1** Mediation model of Stress, Parenting Confidence and Mindfulness
Table 2 shows the results of mediation analysis for Attachment, Relational Frustration and Parenting Confidence. Direct path estimates (with the mediator included in the model) and the indirect path estimates are reported in table 2.

Table 2 Path Coefficients of the Relationships Among Stress, Mindfulness and Parenting Relationships

<table>
<thead>
<tr>
<th>Path</th>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>PSS→Attachment</td>
<td>-0.22</td>
<td>0.17</td>
<td>[0.19, 0.31]</td>
<td>0.19</td>
</tr>
<tr>
<td>Indirect</td>
<td>PSS→IEM-P→Attachment</td>
<td>-0.12</td>
<td>0.08</td>
<td>[-0.31, -0.01]</td>
<td></td>
</tr>
<tr>
<td>Direct</td>
<td>PSS→Relational Frustration</td>
<td>0.39</td>
<td>0.15</td>
<td>[0.01, 0.71]</td>
<td>0.011</td>
</tr>
<tr>
<td>Indirect</td>
<td>PSS→IEM-P→Relational Frustration</td>
<td>0.24</td>
<td>0.10</td>
<td>[0.08, 0.46]</td>
<td></td>
</tr>
<tr>
<td>Direct</td>
<td>PSS→Parenting Confidence</td>
<td>-0.39</td>
<td>0.14</td>
<td>[-0.63, -0.15]</td>
<td>0.008</td>
</tr>
<tr>
<td>Indirect</td>
<td>PSS→IEM-P→Parenting Confidence</td>
<td>-0.23</td>
<td>0.09</td>
<td>[-0.42, -0.07]</td>
<td></td>
</tr>
</tbody>
</table>

* For the indirect effects the SE's and CI's are based on bootstrapped analysis. For the direct effect they are normal theory results. The measures analysed are the Perceived Stress Scale (PSS) and the Interpersonal Mindfulness in Parenting Scale (IEM-P). Attachment, Relational Frustration and Parenting Confidence are subscales of the Parenting Relationship Questionnaire.

Partial mediation was observed between Stress, Parenting Confidence and Mindfulness. This can be seen as the direct path between Stress and Parenting Confidence is significant (p = .008), therefore the indirect path is also significant (CI = [-0.42, -0.07]). Whilst p is not significant, the confidence intervals do not include 0 and as such we have a significant indirect path which suggests partial mediation has occurred for the above relationships.

The same pattern has occurred for the other two mediation analyses; and in each case the regression coefficient for the direct path was larger than the indirect path so it appears that the mediation effect is present however not strong as the mediator variable did not reduce the relationship between the independent and dependent variables to a significant level.
Other constructs of interest were examined and it was determined that there was a significant positive relationship between foster care duration and depression as measured by the depression scale of the DASS 21 ($r = .241$, $n = 69$, $p > .05$). This result indicates that more experienced foster carers are slightly more likely to report higher depressive symptoms. 44% of carers reported a score above a “moderate” level of stress 21% of carers reported a score above a “moderate” level of depression and 18% of carers reported a score above a “moderate” level of anxiety (as measured by the DASS 21). This indicates that a large percentage of the population of carers may meet clinical levels for stress and certainly indicates a moderately higher than normal level of experienced stress. Table 3 shows the descriptive statistics for all of the variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DASS Depression</td>
<td>30</td>
<td>0</td>
<td>30</td>
<td>4.93</td>
<td>6.25</td>
</tr>
<tr>
<td>2. DASS Anxiety</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>3.71</td>
<td>5.14</td>
</tr>
<tr>
<td>3. DASS Stress</td>
<td>36</td>
<td>0</td>
<td>36</td>
<td>9.54</td>
<td>8.26</td>
</tr>
<tr>
<td>4. PSS-10</td>
<td>35</td>
<td>0</td>
<td>35</td>
<td>13.04</td>
<td>7.21</td>
</tr>
<tr>
<td>5. IEM-P</td>
<td>18</td>
<td>15</td>
<td>33</td>
<td>22.93</td>
<td>3.55</td>
</tr>
<tr>
<td>6. MASS</td>
<td>58</td>
<td>31</td>
<td>89</td>
<td>68.42</td>
<td>13.56</td>
</tr>
<tr>
<td>7. Attachment</td>
<td>49</td>
<td>20</td>
<td>69</td>
<td>46.49</td>
<td>9.69</td>
</tr>
<tr>
<td>8. Discipline</td>
<td>50</td>
<td>15</td>
<td>65</td>
<td>43.45</td>
<td>11.15</td>
</tr>
<tr>
<td>9. Confidence</td>
<td>39</td>
<td>29</td>
<td>68</td>
<td>49.17</td>
<td>9.77</td>
</tr>
<tr>
<td>10. Frustration</td>
<td>41</td>
<td>34</td>
<td>75</td>
<td>51.19</td>
<td>10.24</td>
</tr>
<tr>
<td>11. Involvement</td>
<td>47</td>
<td>31</td>
<td>78</td>
<td>52.16</td>
<td>10.04</td>
</tr>
</tbody>
</table>

*The measures analysed are the Depression Anxiety and Stress Scale (DASS), the Perceived Stress Scale (PSS-10), the Interpersonal Mindfulness in Parenting Scale (IEM-P), the Mindful Attention Awareness Scale (MASS) and Attachment, Discipline, Confidence, Frustration and Involvement are subscales of the Parenting Relationship Questionnaire (PRQ).*

Results also indicated a significant negative relationship between the age of a foster carer and Attachment ($r = -.249$, $n = 69$, $p > .05$). This result indicates that the
older the carer, the slightly less likely they are to report having a good attachment to the foster child.

Study 2: A Pilot Study of the Effectiveness of a Mindfulness Based Parenting Program for Foster Carers.

Based on the current evidence of high stress levels of foster carers (Cole & Eamon, 2007; Turner, Macdonald, & Dennis, 2005; Lipscombe, Moyers & Farmer, 2004) and the impact that this can have on carers ability to form bonds of attachment and positive parenting relationships, it is proposed that specifically targeted training is needed for foster carers. Thus, the aim of the current study is assess the effects of a mindfulness-based parenting program on the stress levels and parenting relationships of foster carers in a pseudo-randomised control trial.

It is expected that participants of the Mindful Parenting Program will show an increase in mindfulness, a decrease in stress levels and improved parent-child relationships when compared to participants in the Treatment As Usual group.

This was examined using a pseudo randomised control trial design with crossover. The study was designed in this manner to allow for carers to designate the day which was most appropriate for them to attend the training to ensure maximum participation. As such the distribution of participants to different groups was not truly random. This study is a pilot analysis and a larger sample is intended to be recruited.

Methodology

Participants
Of this sample, nine (8 females) participated in the Mindful Parenting Program and thirteen (12 females) participated in the Treatment as Usual conditions. All of the participants in this study partook in the study above, with their baseline data included as part of study 1. The foster carers participating in this component had an average of 2 foster children in their care. 91% were full time carers and the participants experience of being foster carers ranged from 1-24 years ($M= 5.86$, $SD=5.29$). The majority of foster carers (86%) had a child in their care under twelve years old with 41% of carers having a child in their care under five years old. 50% of carers were married and 23% indicated that they were separated/divorced.

The pseudo-randomised design employed here involved the participants allocating a day of the week (out of two listed) that would be most convenient for them to attend the training. Their preference was asked to be indicated on the initial information sheet. The training day was pre-determined (with the participants unaware of which day this was) and from this information they were then assigned to either the TAU or the training group.

**Procedure**

Baseline data was collected from the foster carers participating in the study the week prior to the commencement of the training program in home visits. At this initial home visit carers were requested to choose which out of two possible days would be most suitable to them to participate in the training program. This was a pseudorandomised design in that the two days provided were nominated (unbeknownst to the carers) as either Treatment As Usual or Mindful Parenting.
Program conditions. Following selection of their preferred day, participants were informed of either their participation in the Mindful Parenting Program or Treatment as Usual.

The program consisted of four-hour weekly appointments over four consecutive weeks on Life Without Barriers premises in the town where the training was held. The duration of the program is consistent with other research projects in this area (Minnis & Devine, 2001; Turner & Sanders, 2006; Martin & Sanders, 2003; Macdonald and Turner, 2005) that have yielded positive results. The training program covered topics including identifying values as a foster carer, being in the present moment, stress management skills, the importance of attachment and loss, functions of challenging behaviour, communication skills, and using consequences and positive reinforcement (see Appendix C for Program information). Childcare was provided on the premises as well as a light lunch. At the completion of the program, the participants were asked to fill in the same questionnaires as prior to the start. Two months after the completion of the program a four-hour ‘booster’ sessions were attended by participants with follow up data collected. The program was run a total of six times across four Life Without Barriers sites in New South Wales (Maitland, Newcastle, Rouse Hill and Tuggerah). All sessions were run by a registered psychologist experienced in working as a clinician in foster care (K.B).

Treatment As Usual consisted of fortnightly home visits from a case manager who advocates for the child in out-of-home-care and the supporter of carers who advocates and supports the foster carers. Where there was the need, a clinician was
allocated to the placement with a responsibility of providing psychoeducation and behaviour management strategies to assist carers to respond to a child’s challenging behaviours. To ensure consistency of care, those participants in the training program who prior to the training program commencing were receiving TAU still continued to receive this support. Those who were enrolled in the TAU group did not receive the training program.

**Measures**

The participants in the study completed the baseline measures as described earlier and also completed them again at the completion of the pilot study and following a booster session. As described in detail above, the measures used were the Parenting Relationship Questionnaire (PRQ), the Depression Anxiety Stress Scale (DASS 21), the Perceived Stress Scale (PSS), the Mindful Attention Awareness Scale (MAAS) and the Interpersonal Mindfulness in Parenting Scale (IEM-P).

*Home mindfulness practice and activities.* Practice of the mindfulness techniques) were guided by a CD produced by K.B and provided to participants to assist with practice at home. Participants were expected to practice these mindfulness skills daily, with thirty minutes the recommended allocated period. Participants were given a CD of mindfulness exercises; with exercises of varying lengths and focussing on different mindfulness skills (see Appendix D for script of mindfulness CD). Other activities such as; recording the antecedents, behaviours and consequences of a child’s behaviour were also expected between sessions. Participants were able to provide regular feedback on the program with evaluation forms available for completion.
Training

A Mindfulness Parenting Program for foster carers was developed by a registered psychologist (K.B) in collaboration with colleagues (D.T and P.K). A brief overview of the program can be found in Appendix C. For further information about the program please, visit www.findlab.net.au. The sessions introduce information and skills similar to that included in previous studies on training with foster carers and birth parents (Coatsworth et al, 2010; Macdonald & Turner, 2005; Minnis & Devine, 2001) with a more specific emphasis on trauma, attachment and mindful parenting skills. Topics covered included: identifying values as a foster carer, being in the present moment, stress management skills, the importance of attachment, loss, functions of challenging behaviour, communication skills, and using consequences and positive reinforcement. The Mindful Parenting Program has a strong emphasis on group discussion, role plays and experiential mindfulness exercises. Home practice of formal and informal mindfulness exercises was expected for the duration of the program and a diary was provided for foster carers to log their practice. Additional resources were provided to foster carers with simple exercises for them to complete between sessions if they choose. A CD was provided to foster carers to assist with their mindfulness home practice. The mindfulness exercises selected for the CD were also introduced in the training sessions. To ensure reliability of the program intervention, fidelity checks were randomly conducted by an independent observing psychologist attending one session per program to ensure consistency and fidelity to the program. The sessions attended by the independent observer were chosen by the observer at random. A copy of the training guide was provided to the observer.
Analysis

A linear mixed effects model was used to test two main effects; group (control, treatment) and time (baseline, post treatment, follow up) and the group by time interaction. We used a residual covariance structure to model the correlation over time. Several structures were tested with the Akaike’s Information Criterion/Schwarz’s Bayesian Criterion (AIC/BIC) information criterion used to determine the most appropriate covariance structure.

Three covariance structures were tested with Compound Symmetry (CS) found to be the most appropriate. All the results reported are based on the CS structure.

Results

Table 3 represents the fitted model means and standard errors for the pre and post intervention and the booster session for all study variables separately in the two study conditions. The significance of the group by time interaction is also shown. There were no significant differences between the treatment group across time or the control group across time.

There was also no significant difference across the groups over time, with the group by time interaction shown in table 3. This indicates that the treatment group effect was no different to the control group or there was insufficient statistical power to identify a treatment effect.
Table 4 Result of Mixed Model Analysis For Each Study Outcome Fitted Model Means, Standard Errors and Significance of the Intervention between Group and Time

<table>
<thead>
<tr>
<th>Measure</th>
<th>Control group</th>
<th>Treatment group</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASS Depression</td>
<td>4.22 (4.22)</td>
<td>2.00 (2.00)</td>
<td>2.77 (2.77)</td>
</tr>
<tr>
<td>DASS Anxiety</td>
<td>3.78 (1.19)</td>
<td>0.22 (1.19)</td>
<td>0.73 (1.26)</td>
</tr>
<tr>
<td>DASS Stress</td>
<td>10.44 (2.37)</td>
<td>6.22 (2.37)</td>
<td>10.30 (2.50)</td>
</tr>
<tr>
<td>PSS</td>
<td>13.11 (2.16)</td>
<td>14.33 (2.16)</td>
<td>14.07 (2.27)</td>
</tr>
<tr>
<td>IEM-P</td>
<td>24.11 (1.13)</td>
<td>22.56 (1.13)</td>
<td>22.08 (1.19)</td>
</tr>
<tr>
<td>MASS</td>
<td>70.89 (4.64)</td>
<td>73.00 (4.64)</td>
<td>67.64 (4.81)</td>
</tr>
<tr>
<td>Attachment</td>
<td>45.33 (2.65)</td>
<td>50.56 (2.65)</td>
<td>46.42 (2.76)</td>
</tr>
<tr>
<td>Discipline</td>
<td>45.04 (3.98)</td>
<td>41.00 (3.84)</td>
<td>44.22 (3.98)</td>
</tr>
<tr>
<td>Confidence</td>
<td>48.78 (2.90)</td>
<td>49.11 (2.90)</td>
<td>50.22 (3.04)</td>
</tr>
<tr>
<td>Frustration</td>
<td>50.56 (2.92)</td>
<td>53.67 (2.92)</td>
<td>51.37 (3.17)</td>
</tr>
<tr>
<td>Involvement</td>
<td>51.56 (2.47)</td>
<td>53.22 (2.47)</td>
<td>46.65 (2.60)</td>
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</table>

* Significance of the group by time interaction

Anonymous feedback was received regularly from carers. Overall satisfaction with the mindfulness parenting program was high. Questions asking about the relevance and how informative the program was all had average ratings above four. When asked “do you feel less stressed than when you began the program” carers consistently indicated “yes”. The Mindful Parenting Program participants’ anonymous feedback indicated that delivery of the program in a group setting was useful; particularly the ability to talk about individual cases and being able to practice tasks in session was high.
Discussion

Foster carers are a population who provide an invaluable service to the community by providing support to children who have often experienced significant abuse. However, until recently the welfare of foster carers and the implications of poor psychological wellbeing of foster carers for the children in their care have not received a great deal of interest (Murray, Tarren-Sweeney & France, 2011). In the current study we set out to investigate foster carer stress and the relationships with mindfulness and parent-child relationship. In agreement with earlier studies, the results of the current study support that foster carers are experiencing high levels of stress (with 44% of carers reporting over a moderate level of stress) and that this in turn affect their ability to perform well in their role of developing good parenting relationships with the children in their care (McClung, 2007). More specifically, we found that foster carers who experienced high stress levels reported lower quality parenting relationships and were more likely to have poorer attachment to their foster child. This lower attachment refers to the carer’s perception of the closeness, understanding and empathy they have towards their foster child (Kamphaus & Reynolds, 2006). Thus it can be seen that a carer’s experience of stress has a detrimental impact on their ability to attach with their foster child, ultimately decreasing their capacity to perform the core component of the role. In turn, issues in developing good attachment can also lead to an increase in stress, and as such a cyclical effect of increased stress leading to further inability to attach can occur.

Foster carers who reported higher stress levels were also more likely to become frustrated when dealing with common parenting situations and when trying to
control their child’s behaviour. Rising frustration with their foster child may have a significant impact on the carer’s ability to feel competent that they are providing the support required, in addition to impeding their ability to look after their own needs. Parenting confidence in specific relation to their ability to be actively involved in parental decision making was found to decrease significantly when higher stress levels were reported.

Involvement refers to the foster carer’s participation with their foster child’s activities in addition to their knowledge of the foster child’s activities. Whilst involvement in this study was not found to be significantly impacted by carer stress, it was trending towards significance. Lowered involvement was found to be significantly associated with decreased attachment and as such less involvement in a foster child’s life may lead to further feelings of detachment and an inability to form positive attachment with the child.

Lastly, higher stress levels were associated with a foster carer’s impaired ability to apply appropriate behavioural consequences when the child did not adhere to rules or was misbehaving. Given the strict nature of the limits to a foster carer’s use of behavioural consequences and the context of the child’s trauma history, it is important to ensure more damage is not being inflicted on the child as a result of harsher, less controlled discipline practices. Findings of the current study suggest that all of these parenting factors were associated with higher stress levels, adding further weight to the discussion that foster carers experience and feelings of competence in their role is diminished by stressful factors. In turn, stressful events, an inability to
provide positive parenting and a decreased capacity to experience positive parenting relationships can also lead to increased stress. As such, a vicious cycle of increased stress as a result of negative parenting relationships can occur.

The results of the study also revealed that foster carers who experienced higher stress levels reported that they were less mindful in their life and indeed, in their interactions with their foster child. These findings are consistent with our hypothesis and support literature indicating that foster carers stress levels may impede their ability to self-care (Lipscombe, Moyers & Farmer, 2004). The ability to look after one’s self requires awareness that one needs to reduce stress; however stress itself can impair this insight. This combination of stress and a lack of insight can lead to the carer not implementing self-care strategies such as accessing support or taking time to do their own pleasant activities, thus further impacting on their frustration towards the child, or their role as a carer. By mindfully attending to the child’s needs the carer has the increased ability to be able to perform their role effectively. In the current study, foster carers who were less mindful also reported poorer quality parenting relationships with their foster children. When a foster carer is unable to act mindfully as a result of increased stress, they are unable to attend appropriately to the child’s needs.

Finally, a mediation analysis revealed that mindfulness had a partially mediating effect on the relationship between stress and parenting relationship. This implies that stress has an adverse effect on mindfulness and thereby exerts a negative influence on parent-child relationships. With the presence of mindfulness, there was a
slightly improved relationship identified between stress and parenting relationships. Whilst mindfulness does not account for the total relationship and was not found to completely predict this relationship, it can be seen that that mindfulness does play a role in the relationship between stress and parenting relationships. Further research is thus warranted to explore this phenomenon further in this population. These results also lend preliminary support for the importance of targeting mindfulness as an underlying pathway between stress and poor parent-child relationship to improve outcomes.

Foster carers are a unique population in that they are often dealing with the extremes of challenging behaviours and as such it may be beneficial to provide them with a longer, more intensive and highly supported program as an extension of that which was implemented in this study. The ability and capacity to implement mindful parenting practices and to also improve one’s own mindfulness relies on the person to be able to have the skills to do so. By providing a mindfulness training program specifically targeted at foster carers, they are introduced to these skills, encouraged and supported to practice them and to ensure that they feel supported in the group environment.

Mindfulness has been shown to be effective in reducing stress in populations such as those with mental illness (Biegel et al., 2009), those experiencing relationship difficulties (Wachs & Cordova, 2007) and in natural parents (Coatsworth et al., 2010). Hence a mindfulness based training program with a trauma and attachment focus was designed and provided to carers. The aim of the training program was to provide
foster carers with the tools to increase their level of mindfulness and to assist them to
develop the habit of using mindfulness strategies in their daily life. Whilst the
feedback from the carers was positive, with reports that the program was helpful in
regards to feeling less stressed and more confident, no statistically significant
difference between the treatment-as-usual across time or the treatment group across
time were identified, nor were any difference across the groups seen. These findings
are contrary to those of Coatsworth et al., (2010) who found positive results in
showing increases in mindful parenting, more appropriate behaviour management
strategies and improved parent-adolescent interactions in a natural parent population.
They concluded that whilst the positive effects of the use of mindful parenting were
not absolute, further study was warranted as research to date suggests that mindful
parenting has some positive effects on the parent child relationship. As this is the first
training program to specifically target foster carers it is important to recognise the
limitations of the study and the potential for further research.

The current study focused on providing mindfulness training to foster carers in
addition to training on attachment and trauma. In considering the duration, length and
intensity of the program compared to the program conducted by Coatsworth et al.,
(2010), it may have been beneficial to provide carers with training that spanned over a
longer period, as the additional content of attachment and trauma may have taken the
focus from the program being sufficiently on mindfulness. Coatsworth et al., (2010)
also involved the adolescents in the training yielding positive results; this inclusion of
foster children may be considered for further studies however careful consideration
must be taken on the potential risk factors for this to occur.
Perhaps the introduction of regular mindfulness based sessions that carers could access may be appropriate in order to encourage them to continue with their practice of these empirically based strategies. Being a pilot program with a small sample size, it would be beneficial to conduct the study with a larger sample size. High dropout rates were experienced and in future studies it would be beneficial to address these to look at ways that more foster carers can access this program and be able to complete it.

To summarise, the key finding in the current studies is that foster carers do experience stress which in turn impacts their parenting relationships. The identified issues and stressors that foster carers are significant (Wilson, Sinclair & Gibbs, 2000; Thomas & McArthur, 2010) and as such further examination into the mechanisms of their stress experience would be beneficial. Our research indicates that mindfulness play a mediating role in this relationship. However, whilst trying to reduce stress through mindfulness exercises will not take away all of the issues that foster carers face it may provide an avenue to improve foster carer psychological well-being. Findings from the implementation of a mindfulness based parenting program with a trauma and attachment focus indicate that whilst significant reductions in stress were not found, carers reported qualitative benefits from undertaking the training. By providing carers with a setting in which to be educated about the impact of trauma on a child, the importance of improving attachments and a setting to learn proven stress reduction strategies as mindfulness based is likely to have some effect even if not statistically significant.
It is important to acknowledge that for foster carers who experience significant stressors; placement issues, disagreements with agencies, dealing with challenging behaviours to name a few (Wilson, Sinclair & Gibbs, 2000) that some support is better than no support. As mindfulness has been found to be consistently effective in reducing stress in natural parents (Coatsworth et al., 2010), further research of the effectiveness of a mindfulness based program for foster carers with a larger sample size would be appropriate. It is vital that this research be continued to ensure that the most effective and relevant training and support is offered to foster carers to ensure that carer retention is maintained.

Limitations to this current study include a small sample size. Given that the small sample size impacted on the statistical significance of this research it would be beneficial to replicate this study on a larger scale. The limited response from foster carers to participate in this program impacted this study and as such there were no significant results. Another avenue for exploration would be to examine a single case design to further explore an individual’s response to a mindfulness based training program.

Unfortunately given the nature of the study (the lead author passing away prior to the data collection being completed) the resulting response rate and the amount of carer letters sent was unable to be determined and as such non-responders were unable to be characterised. Being able to characterise non responders in future studies would be valuable data to collect.
Research has previously supported that time spent practicing mindfulness skills at home is an important component of the effectiveness of mindfulness based programs (Carmody and Baer, 2008). As identified, foster carers have significant stressors and are often very busy with competing demands (Wilson, Sinclair & Gibbs, 2000). Whilst the carers who participated in this study were strongly encouraged to complete homework tasks and regular practice, perhaps a further emphasis to carers on the long term benefits of regular practice would be beneficial for future research.

To conclude, foster carers play a vital role in society by providing a safe and nurturing home to children who have often experienced quite substantial abuse. The stress foster carers are placed under whilst doing this role is often forgotten and they report significant deficits in their ability to develop good quality parenting relationships as a result of their stress experience. More support is needed to assist foster carers to decrease their stress levels through training and other means of support to allow them to continue to provide care and support to vulnerable children and young people.
References


taking and empathic concern? *Journal of Marital and Family Therapy, 33*(4), 501-516.


Appendix A: Mindful Parenting Program

Session 1

Part A: Stress Management and Mindfulness
Includes rapport building, establishing group rules, encouraging group participation.
Background information on stress including physical, emotional and behavioural symptoms, identifying stressors, ways of managing stressors. Introduce mindfulness through an experiential mindful breathing exercise.

Part B: Attachment
Includes presenting information on how attachment is formed and the different attachment styles, causes of disrupted attachment, symptoms of attachment problems, and possible interventions. Noting the role of classical conditioning in developing attachment and arousal levels in terms of neurological impact of disrupted attachment. Highlight how classical conditioning reflects mindlessness as opposed to mindfulness.

Session 2

Part A: Grief and Loss
Includes identifying loss children in care experience and the symptoms that children may display at different ages. Discuss ways to respond to children experiencing loss. Identify a range of losses foster carers experience.

Part B: Understanding Challenging Behaviours
Discuss the importance of identifying the Antecedent, Behaviour and Consequences for challenging behaviours. Discuss the different kinds of challenging behaviours giving examples of behaviours, responses, and identifying that these behaviours are all pain-based. Discuss arousal curve and the conflict cycle, and the need for the foster carer to monitor their arousal level through mindfulness to perform effectively.

**Session 3**

*Part A: Consequences and Positive Reinforcement*

Discuss consequences, difference between consequences and punishment, group discussions around appropriate consequences for challenging behaviours and methods of implementing these consequences. Introduce positive reinforcement, difference between positive reinforcement and bribery, and ways to implement positive reinforcement. Highlight role of arousal in the ability to communicate effectively and brief mindfulness exercise to be in the present moment.

*Part B: Communication Skills*

Discuss different aspects of communication skills (tone of voice, body language, content) and ways to communicate in difficult situations. Highlight role of arousal in the ability to communicate effectively and brief mindfulness exercise to be in the present moment. Introduce mindful listening.

**Session 4**
Using case studies and examples that foster carers provide in the session discuss in a group setting the factors impacting on the child’s behaviour, present for the foster carer, ways to approach the situation, responding to the situation. Participants shall be including attachment theory, understanding behaviours as pain-based, the role of mindfulness in reducing the foster carer’s arousal and being present in order to respond effectively.

**Booster Session**

(3 months after completion of the Mindful Parenting Program)

This session involves a general recap of the information presented in the Mindful Parenting Program. How the foster carers utilised the information and skills gained from the program
Appendix B: Mindfulness CD Script

**Breathing Script:**

I invite you to sit up straight, let your shoulder drop and gently push your feet into the floor...... And get a sense of the ground beneath you.... And you can either fix your eyes on a spot, or close them, whichever you prefer.

Now just take a moment to notice how you are sitting.... And notice how you are breathing ... Notice what you can see ... And notice what you can hear.... And notice what you taste or sense in your mouth..... Notice what you can smell or sense in your nostrils ....and notice what you are feeling.... Notice what you are doing.

So there’s a part of you in there that can notice everything that you can see, hear, touch, taste, smell, think, and feel. We don’t have a good work for this part of you in everyday language. I’m going to call it the “observing self”, but you don’t have to call it that. You can call it whatever you like.

Life is like a stage show. And on that stage show are all your thoughts, and all your feelings, and everything that you can see, hear, touch, taste, and smell. The observing self is that part of you that can step back and watch the stage show: focus in on any part of it, or step back and take it all in at once.
Now for the next few breath, I’d like you to focus on emptying out your lungs; push all the air out of them until there’s no more left, and then allow them to gently fill. All by themselves. Really notice the breath – notice it flowing in and out. Observe it as if you’re a curious scientist who has never encountered breathing before. Notice how once the lungs are empty, they automatically refill, all by themselves. You can take a deep breath in if you want to, but notice how there’s really no need to: the breath just happens by itself. And I invite you now to undertake a challenge: for the next couple of minutes, keep your attention on your breath, observing it as it flows in and out.....

You will find this hard, because your mind is a masterful storyteller. It will tell you all sorts of interesting stories to grab your attention and pull you away from what you’re doing. See if you can let those thoughts come and go, as they are merely passing cars – just cars driving past outside your house – and keep your attention on your breath. Notice your breath flowing in and out. Notice your stomach, rising and falling. Notice the rise and fall of your chest. Let your mind chatter as if it’s just a radio playing the background. Don’t try to turn the radio off; it’s impossible – not even Zen masters can do that. Just let it play on in the background, and keep your attention on the breath.

From time to time, your mind will succeed in distracting you: it will hook you in with a good story, and you’ll lose track of your breathing. This is normal and natural, and it will happen repeatedly. The moment you realise this has happened, take a moment to note what hooked you, and then gently refocus on your breathing.
Again and again and again, you will drift off into your thoughts. This is normal and natural. It happens to everyone. As soon as you realise it, gently acknowledge it and refocus on your breath.

So life is like a stage show. And on that stage are all your thoughts and all your feelings, and everything that you can see, hear, touch, taste and smell. In this exercise, you dimmed the lights on the stage and you focused a spotlight on your breathing. And now it’s time to bring up the lights on your body: sit up in the chair, and notice your arms and legs, head, neck, chest and stomach. And your body is inside a room, so now bring up the lights on the room around you. Look around, and notice what you can see and hear, and smell and taste and touch. And notice what you’re feeling. And notice what you’re thinking. So there’s a part of you in there that can notice everything: whatever you see, hear, touch, smell, think, feel, or do in any moment.

**Soles of Feet Mindfulness Exercise**

- Stand or sit with soles of feet flat on the floor
- Breathe normally
- Shift focus to soles of feet
- If your mind starts telling you a story, let those thoughts pass by like cars driving by outside
- Notice the way your toe sits in your shoe
• Notice the way your feet rest on the floor
• Notice the gravity from your head down to your feet

When you are calm bring yourself back to the situation

**Notice Five Things**

1. Pause for a moment

2. Notice the space around you the way your body is sitting

3. Look around and notice five things that you can see

4. Listen carefully and notice five things that you can hear

5. Notice five things that you can feel in contact with your body (e.g. Your watch against your wrist, your trousers against your legs, the air on your face, your feet upon the floor, your back against the chair).

6. Finally, do all of the above at the same time.

**Make Room**
Where are you experiencing the feeling? Name the feeling. What does it look like?
What shape is it? What colour is it? How heavy is it? Just notice it. 10 mindful breaths...Observe

Notice the feeling. It is a part of you; now allow some room for the feeling. Make room around the feeling.

10 mindful breaths.
Appendix C: Scope of Journal

*Children Australia* is a quarterly journal which aims to provide an opportunity for professional staff, academics and others concerned with children, youth and families, to report on research and practice in Australia and beyond. The journal is highly relevant to a wide readership, including academics, administrators, teachers, students, mental health professionals, and all professionals working in related human services fields. In encouraging debate and discussion about how to achieve well-being for children, young people and their families, *Children Australia* contributes to maintaining the voice of the sector with a view to improving policy, practice and program development.

The Journal was first established in 1976 with the title *Australian Child and Family Welfare*, and it was published as the quarterly journal of the Child and Family Welfare Council of Australia. This organisation became the Children's Bureau of Australia in 1979, then the National Children's Bureau of Australia (NCBA) in 1990, at which time the journal changed its title to *Children Australia*. In July 1993, NCBA joined with Family Action and Family Focus to form OzChild: Children Australia Inc.

Contributions to Children Australia from those interested in the wellbeing of children, young people and their families are encouraged. The preferred length of paper submitted is 3500–4500 words. However, some flexibility on length is exercised and longer papers on topics of particular significance may be accepted in
consultation with the editors. Also in consultation some non-peer reviewed work is accepted by the editors.

The Journal publishes only original articles, with a preference for research and practice-based papers. Papers that have been previously published elsewhere, with the exception of working papers series, are not accepted. Authors of articles published in the Journal assign copyright to Cambridge University Press (with certain rights reserved) and you will receive a copyright assignment form on acceptance of your paper.

Manuscripts, unless otherwise negotiated with the editors, will be sent for anonymous review either by members of the editorial board, or by individuals of similar standing in the field. Authors are responsible for obtaining permission to reproduce any material in which they do not own copyright, to be used both in print and electronic media, and for ensuring that the appropriate acknowledgements are included in their manuscript.

Manuscripts may be accepted for publication, returned for revision or rejected. However, every effort will be made to help authors bring their manuscript up to the required standard for publication. Minor amendments may be made by editorial staff following review to ensure that reasonable standards of content, presentation and readability are maintained. The editors’ decision is final.
In addition to the above, Children Australia welcomes brief reports (500–1500 words) on program development, practice, policy development or research. Acceptance for publication will be on the basis of review by the editorial team.