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EXAMINING THE FABRIC OF MINDFUL PARENTING AND MINDFULNESS-  
BASED PARENTING INTERVENTIONS

Section A: Examining the Mechanisms of Change of  
Mindfulness-based Parenting Interventions:  
A Narrative Review based on a Systematic Literature Search

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Section B: A Delphi Study Examining how Stakeholders Define Mindful Parenting  
and whether there is Consensus regarding the  
Essential Elements of Mindfulness-based Parenting Interventions

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Do not ask your children  
to strive for extraordinary lives.  
Such striving may seem admirable,  
but it is the way of foolishness.  
Help them instead to find the wonder  
and the marvel of an ordinary life.  
Show them the joy of tasting  
tomatoes, apples and pears.  
Show them how to cry  
when pets and people die.  
Show them the infinite pleasure  
in the touch of a hand.  
And make the ordinary come alive for them.  
The extraordinary will take care of itself.

**William Martin**

## Summary of Major Research Project

**Section A:** This narrative review, based on a systematic literature search examined mechanisms of change that underpin Mindfulness-based Parenting Interventions, based on quantitative studies. Ten studies and thirteen potential mechanisms of change were identified and organised into three categories: i) parent mindfulness/emotion regulation, ii) mindful parenting/relational factors and iii) other mechanisms (parent self-compassion, parent stress, and child symptoms of attention deficit hyperactivity disorder). The review indicates inconsistent and/or limited evidence that parent mindfulness/emotion regulation and mindful parenting/relational factors predict positive outcomes. Based on single studies, it was not possible to draw conclusions regarding parental self-compassion, parental stress and child symptoms of ADHD. Overall, due to methodological weaknesses and the heterogeneity of results, evidence regarding the mechanisms of change associated with MBPIs remains unclear.

**Section B:** A three-round Delphi study was used to explore both how Mindful Parenting stakeholders understood the concept of Mindful Parenting and the essential elements of a Mindfulness-based Parenting Interventions (MBPIs). Based on Round 1 interviews, 124 statements were developed. Participants reviewed the statements over two rounds, and at the end of round 3, there was high consensus and agreement for 120 statements. Results indicate high consensus amongst experts regarding both the concept of mindful parenting and the essential elements of MBPIs, with most statements reviewed in this study, strongly endorsed by the participants. Study limitations, and both the clinical and research implications are discussed.

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**ANN GRIFFITHS BSc Hons BN**

**Section A**

Examining the Mechanisms of Change of

Mindfulness-based Parenting Interventions:

A Narrative Review based on a Systematic Literature Search

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## **Abstract**

**Background:** Research to date suggests Mindfulness-based Parenting interventions are beneficial for parents, children, and the parent-child relationship. Alongside examining efficacy, researchers have also begun to examine mechanisms of change.

**Aim:** This narrative review, based on a systematic literature search examined mechanisms that underpin Mindfulness-based Parenting Interventions, drawing on the findings of quantitative studies.

**Method:** Ten studies were identified and their quality reviewed using quality appraisal checklists. Based on a narrative synthesis, thirteen potential mechanisms of change were identified and organised into three categories: a) parent mindfulness/emotion regulation, b) mindful parenting/relational factors, and c) other mechanisms of change. The third category included mechanisms examined by single studies.

**Results:** There is inconsistent and/or limited evidence that mindfulness/emotion regulation and mindful parenting/relational factors predict positive outcomes. Based on single studies, it was not possible to draw conclusions regarding three mechanisms.

**Conclusion:** Whilst the review indicated several mediating variables predicted positive outcomes, the lack of consistency, contradictory results, and methodological weaknesses of studies are a barrier to drawing firm conclusions. The outcome of this review and recommendations for further research is discussed.

**Keyword(s):** Mindful parenting, Mindfulness, Mechanisms of change, Mediation, Narrative Review, Parenting Interventions

## Introduction

Research indicates childhood experiences, including both formative relationships and adverse childhood experiences (Edwards et al., 2003; Felitti et al., 1998; Schore, 2003;) shape wellbeing, hence vulnerability to mental health difficulties often originates in the formative years (Felitti et al., 1998; Fonagy, 2003; Kim-Cohen et al., 2003). Therefore, interventions that either prevent or mitigate mental health difficulties during this period, may offer lifelong benefit (Kim-Cohen et al., 2003; Wittkowski, 2020). Safeguarding and promoting the wellbeing of children is the focus of several policies and campaigns (Vaivada et al., 2022; Wittkowski., 2020; World Health Organisation., 2018). Alongside tackling the social and ecological contributors of children's mental health problems (Bronfenbrenner, 1979; Colizzi et al., 2020; Marmot et al., 2010, 2020), there is increased emphasis on prevention (The Children's Society, 2022), early intervention (Colizzi et al., 2020; Doyle et al., 2009), trauma informed approaches (Asmussen et al., 2022) and the provision of evidence-based treatment (Ludlow et al., 2020; NICE, 2013; NICE, 2012).

Whilst the factors influencing families are multidetermined and complex (Bronfenbrenner, 1979; Marmot, 2010; Kabat-Zinn & Kabat-Zinn, 2021), the parent-child relationship is often considered one of the most important predictors of child mental health (King et al., 2015; Masten & Shaffer, 2006; Stewart-Brown & Schrader-Mcmillan, 2011) and several effective (Asmussen et al., 2022) and cost-effective parenting interventions have been developed (Knapp et al., 2011; Public Health England, 2018). Initiatives range from universal interventions, targeted group programmes, to specialist individual interventions (Asmussen et al., 2022; DiLemma et al., 2019; Hughes et al., 2018).

Mindfulness-based Parenting Interventions (MBPIs) are comparatively novel parenting interventions, conveying potential benefits for both parents and children (Parent & DiMarzio, 2021). The literature indicates MBPIs can be tailored to different client groups (Parent & DiMarzio, 2021), including expectant parents (Bardacke, 2012), new parents (Potharst et al., 2017), and the parents of adolescents (Chaplin et al., 2021) and are offered in both clinical and non-clinical settings (Bardacke, 2012; Potharst et al., 2018). Therefore, the intervention is aligned with the present focus on prevention and early intervention. Evidence also indicates it is a feasible intervention, which is well accepted by parents (Bögels et al., 2013; Fernandes et al., 2021; Potharst et al., 2021). Finally, whilst several mainstream parenting interventions focus on behavioural strategies, targeted at changing child behaviour (Bögels & Restifo, 2013; Deater-Deckard, 2008; Grienberger et al., 2015), literature indicates MBPIs typically focus on parental wellbeing, which includes cultivating self-care, self-compassion and reducing parental stress (Bögels & Restifo, 2013; Potharst et al., 2017; Lönnberg et al., 2018; Duncan & Bardacke, 2010). However, it unclear whether a focus on parental wellbeing is a consistent feature of MBPIs, is a mechanism of change and whether this is related to the parent-child relationship and child wellbeing.

Despite the growing evidence base and utility of MBPIs, they are not widely available and are not a consistent feature of the wider initiatives/programmes offered to families within the United Kingdom. Therefore, alongside research that examines both effectiveness and cost effectiveness, increased understanding regarding the "how and why" (Kazdin, 2009) the intervention is effective may also support further implementation.

MBPIs are often based on established mindfulness-based interventions (MBIs), therefore the main features of mindfulness and theorised mechanisms of change will be discussed in further detail.

## **Mindfulness-based interventions**

### ***Mindfulness***

Mindfulness is a feature of several ancient and contemporary contemplative traditions, and secular, evidence based MBIs (Khoury et al., 2015; Strauss et al., 2014), typically draw on a Buddhist perspective (Kabat-Zinn, 1982). The word 'mindfulness' is a nineteenth century, English translation of both the Pali word 'sati' which derives from the Buddhist tradition, and the Sanskrit word 'smṛti' from the Hindu religion (Gethin, 2013). Mindfulness is a complex construct (Shapiro et al., 2018; Crane et al., 2017) and several definitions have been proposed, including:

“Mindfulness means paying attention to what’s happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness” (Mindful Nation UK, 2015, p. 5).

Mindfulness has also been operationalised as a five-dimensional construct with “observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience” identified as key factors (Baer et al., 2006, p. 329”).

## ***Pedagogy and Theory of MBIs***

MBIs typically share several common features and empirically examined interventions are often based on the original Mindfulness-based Stress Reduction (MBSR) course developed by Kabat-Zinn (1982). Whilst MBSR is a highly structured, manualised group programme, the approach also draws on inquiry and experiential based pedagogy (Crane et al., 2017). The MBSR programme has been tailored to the needs of different populations (Mindful Nation UK, 2015) with Mindfulness based Cognitive Therapy (MBCT, Segal et al., 2018) one of most well-established adaptations. The effectiveness of both MBSR and MBCT have been examined, with research indicating several benefits for well-being (Khoury et al., 2015; Strauss et al., 2014).

To date, several theoretical explanations of MBIs focus on cognitive processes and highlight how mindfulness supports adopting an objective or observing relationship to experiences, in particular thoughts (Hayes-Skelton & Graham, 2013). Cognitive theories drawing on this premise include, decentering (Safran & Segal, 1990), interacting cognitive subsystems (Teasdale & Barnard, 1993), cognitive defusion (Hayes, 2004), re-perceiving (Shapiro et al., 2006) and meta-cognitive awareness (Flavell, 1979). Alongside cognitive processes, attitudes (Kabat-Zinn, 2013), attentional processes (Malinowski, 2013), positive states (Jain et al., 2007) and self-compassion (Gilbert, 2014; Kuyken et al., 2010) are also considered key features of MBIs.

## **Mechanisms of Change**

Increased clarity regarding how MBIs lead to therapeutic change, offers an opportunity to strengthen, enhance and streamline programmes (MacKinnon et al.,



2007), through focusing on strategies that “trigger the critical change process(es)” (Kazdin, 2007, p.4). Mediation research has been informed and advanced by the contributions of Kazdin (2007), Baron and Kenny (1986), MacKinnon et al. (2002), and Hayes (2009). Kazdin (2007) recommends a robust approach to identifying mechanisms of change, based on establishing a strong and initial association between three variables: the intervention, hypothesised mediator of change and therapeutic change. Kazdin (2007) advocated that the association is confirmed across several studies and stressed the benefits of varying the ‘dose’ of the theoretically informed variables, to reveal the impact of the independent variable. Additionally, experimental designs which demonstrate a change in the mediator variable precedes a change in the outcome, supports making causal inferences (Kazdin, 2007).

Mechanisms of change and mediation variables associated with MBIs have been examined (Kuyken et al., 2010; Gu et al., 2015) and a systematic review and meta-analysis of mediation studies (Gu et al., 2015) found "strong, consistent evidence for cognitive and emotional reactivity, moderate, consistent evidence for mindfulness, worry and rumination, and initial but insufficient evidence for both self-compassion and psychological flexibility" (p. 1). Whilst informative, the review highlighted several methodological shortcomings of primary studies, including the lack of active controls and most studies did not evaluate temporal precedence (Kazdin, 2007). They recommended further investigations were necessary to reveal the underlying process and mechanisms of MBIs.

## **Mindfulness-based Parenting Interventions**

Jon and Myla Kabat- Zinn shared a personal account of mindful parenting in their seminal book *Everyday Blessings: Mindfulness for Parents* (1997) and their account ignited interest in mindful parenting (Parent & DiMarzio, 2021). MBPIs have been tailored for different populations (Bardacke, 2012; Bögels & Restifo, 2013; Jones et al., 2018) and have an expanding evidence base, indicating benefits for parents (Anand et al., 2021; Burgdorf et al., 2019), children (Burgdorf et al., 2019; Meppelink, et al., 2016) and the parent-child relationship (Turpyn & Chaplin, 2016). The efficacy of MBPIs for several outcomes has been demonstrated by a meta-analytic review undertaken by Anand et al. (2021). Furthermore, a systematic review and meta-analysis by Burgdorf et al. (2019) was tentative regarding the potential benefits due to the methodological weakness of studies reviewed, including small sample sizes resulting in lack of statistical power, lack of randomisation and concerns regarding both treatment adherence and integrity.

### ***Conceptual Framework of Mindful Parenting:***

Mindful parenting, defined by Jon and Myla Kabat- Zinn is:

an ongoing creative process, not an endpoint. It involves intentionally bringing non-judgmental awareness, as best we can, to each moment. This includes being aware of the inner landscape of our own thoughts, emotions, and body sensations, and the outer landscape of our children, our family, our home, and the broader culture we inhabit (as cited in Bögels & Restifo, 2014, p. 104).

Drawing on both theoretical and empirical literature, a conceptual framework of Mindful Parenting was proposed by Duncan et al. (2009). The framework includes five main dimensions, a) listening with full attention; b) maintaining emotional

awareness of oneself and one’s child during parenting interactions; c) practising non-judgmental openness and receptivity when children share their thoughts and feelings; d) regulating one’s own automatic reactivity to child behaviours; e) adopting compassion to oneself as a parent and toward the struggles one’s child faces.

Additional models of Mindful Parenting have also been developed based on qualitative studies (Townshend et al., 2019; Haydicky et al., 2017) and an overview of three models is presented in Table 1.

**Table 1**

*Theoretical Models of Mindful Parenting*

<b>Duncan et al. (2009)</b>	<b>Townshend &amp; Caltabiano (2019)</b>	<b>Haydicky et al. (2017)</b>
Listening with full attention	Reflective functioning	Relating Differently to Internal and External Experiences (e.g., detached self-observation, self-awareness).
Non-judgmental acceptance of self and child	Secure attachment	
Emotional awareness of self and child	Cognitive processes	Regulating Behaviour, Emotions, and Cognitions (e.g., attention regulation, behavioural regulation).
Self-regulation in the parenting relationship	Emotional processes	
Compassion for self and child	Somatic regulation	Impact on Interpersonal Relationships (e.g., empathy and perspective taking within families, Mindful Communication Within Families).
	Social learning	

## ***Mindful Parenting: Mechanisms of Change***

Whilst mindfulness interventions typically focus on change in the individual, MBPIs incorporate a systemic and relational perspective (Bögels & Emerson, 2019). Therefore, the processes associated with mindfulness-based interventions, offered within the context of the parent-child relationship, may differ from mainstream and existing mindfulness theory. Furthermore, increased insight into how MBPIs work, may also offer an opportunity to both enhance and tailor interventions (Kazdin & Nock, 2003).

Researchers have begun to examine the potential mechanisms of change of MBPIs, drawing on both qualitative (Burgdorf, et al., 2022; Haydicky, 2014), and cross-sectional studies (Parent et al., 2016; Han et al., 2021; Turpyn & Chaplin, 2016; Moreira et al., 2016). Based on existing evidence and individual studies, several potential mechanisms of change have been proposed, including self-compassion (Burgdorf et al., 2022; Moreira et al., 2016), self-regulation (Haydicky et al., 2014), empathy (Burgdorf et al., 2022), de-centering (Haydicky et al., 2014), and self-awareness (Haydicky et al., 2014).

Two meta-analyses and systematic reviews, examining mechanisms of change, based on quantitative studies have also been undertaken (Burgdorf et al., 2019; Kil et al., 2021). However, the parameters of those reviews were narrow and focused on the specific mediating variables of mindful parenting (Kil et al., 2021) and parenting stress (Burgdorf et al., 2019). The review by Kil et al. (2021) found a positive correlation between mindfulness and both mindful parenting and positive parenting. However, “mindful parenting did not significantly mediate the link between mindfulness and children’s difficulties” (p. 2593). Whilst the review by Burgdorf et al.

(2019) suggested improvements in youth externalizing outcomes may be explained by reductions in parenting stress, it did not predict a reduction in child internalizing outcomes.

## **Review Aims**

Whilst there is a growing evidence base for MBPIs, the specific mechanisms of change underlying MBPIs remain unclear. To date, several potential mediators have been proposed, including processes associated with self-compassion, cognition (e.g., decentering) and relational factors (e.g., empathy). However, at present, there is no consistency or synthesis regarding the main mechanisms of change and further research is necessary to clarify how families benefit from MBPIs (Bögels et al., 2010; Burgdorf et al., 2019; Cowling et al., 2021; Kil et al., 2021; Medeiros, et al., 2016; Parent et al., 2016; Townshend et al., 2016). A search of the literature and Prospero database indicated that a review exploring how MBPIs “transmits the effect” (MacKinnon, et al., 2007), drawing on a broad range of predictor variables and experimental design, had not been undertaken.

Studies which incorporate both an intervention and experimental design are considered one of the most informative methods of examining mechanisms of change (MacKinnon et al., 2007) and will be the focus of this review. This narrative review, based on a systematic literature search, is concerned with answering the following question:

- Based on a review of studies which incorporate quantitative analysis, what are the mechanisms of change of MBPIs?

## **Method**

### **Design**

A narrative review based on a systematic literature search was undertaken, with the aim of offering an overview of the existing evidence (Popay et al., 2006). Due to the limited number of studies and heterogeneity of the mechanisms examined, it was not feasible to undertake a meta-analysis. A narrative review is a systematic method of integrating the results of several studies and used to address a broad range of research questions, often beyond whether an intervention is effective (Popay et al., 2006). With the capacity to synthesise either qualitative or quantitative data, a narrative synthesis can inform the development of theories, including explanatory theories for how interventions works (Popay et al., 2006). Furthermore, the review process was based on an approach outlined by Khan et al. (2003), which included: "framing questions for review, identifying relevant work, assessing the quality of studies, summarising the evidence, and interpreting the findings" (p. 118).

### **Eligibility Criteria**

Studies were identified using a systematic search strategy, with search terms and inclusion and exclusion criteria pre-determined (Aromataris & Riitano, 2014; Charrois, 2015). Eligibility criteria was informed by the revised PICOS approach (Saaq & Ashraf, 2017), which included identifying the parameters regarding population, intervention, control, outcome, and study design. The inclusion and exclusion criteria were based on a review of the literature, prior to undertaking the search (see Table 2).

The aim was to include studies that examined a mindfulness-based intervention offered to parents or expectant parents and included an examination of either mediation or mechanism of change using quantitative analysis. An initial review of the literature indicated a range of MBIs are offered to parents and how the parenting aspect is operationalised differs. Whilst parents are often offered MBIs that have not been adapted to the parenting context (e.g., generic programmes MBCT/MBSR), several MBPIs have also been developed.

This review included studies that examined interventions specifically designed or adapted for parents that incorporated mindfulness. The minimum requirement was that the researcher indicated the parenting context was acknowledged (i.e., evident that mindful parenting was discussed within programme, participants were invited to reflect on parenting and/or engage in mindful parenting practice) and mindfulness was both an integral and consistent feature of the intervention (i.e., a feature of most sessions). The decision to include a broad range of interventions was based on the absence of a shared definition/criteria for MBPIs. For further information about the interventions see Table 2.

**Table 2**

*Inclusion and Exclusion Criteria*

<b>Inclusion Criteria</b>	
<b>Population</b>	
<i>Participants:</i>	parents or expectant parents (parallel interventions for children were included but not a requirement)
<i>Age:</i>	interventions for parents of children and adolescents (up to 18 years), and expectant parents
<b>Intervention</b>	<ul style="list-style-type: none"> <li>- studies examined a mindfulness-based intervention offered to parents or expectant parents</li> <li>- the parenting context was acknowledged (i.e., evident that parenting approaches and/or mindful parenting was discussed/explored, participants were invited to reflect on parenting and/or engage in mindful parenting practice).</li> <li>- mindfulness was both an integral and consistent part of the intervention (i.e., a feature of most sessions).</li> </ul> <p><i>Studies were included irrespective of whether they were:</i></p> <ul style="list-style-type: none"> <li>- in person or online</li> <li>- included a parallel intervention for children</li> <li>- individual or group-based interventions</li> <li>- offered in clinical &amp; non-clinical settings</li> </ul>
<b>Control</b>	Studies were included regardless of whether they used a control group.
<b>Outcome</b>	Study examined mediation or mechanism of change using quantitative analysis.
<b>Study design</b>	<p>RCT (pilot) and quasi-experimental study designs involving statistical analysis to examine:</p> <ul style="list-style-type: none"> <li>- causal mechanisms</li> <li>- indirect pathways and /or proximal change</li> <li>- mediation</li> </ul>



### Exclusion Criteria

- studies that examined trait or dispositional mindfulness
- qualitative studies
- quantitative studies that examined the efficacy or effectiveness of MBPIs but did not investigate potential mechanisms of change
- meta-analyses, systematic reviews
- conference posters, book chapters, thesis, and dissertations
- studies that focused solely on parent experiences (e.g., parental wellbeing, pain, or childbirth) rather than parenting and the parent-child relationship

### Literature search

Prior to the search, a literature review was undertaken, with the aim of identifying terms associated with MBPIs and mechanisms of change. The final literature search was undertaken in April 2022, using a combination of the terms outlined in Table 3. The electronic databases Cinahl, Medline, PsychINFO, Embase were searched. The review was limited to articles published in English, within peer reviewed journals, with no date limits applied. Searches were limited either to title, or title and abstract.

All citations were imported into RefWorks. RefWorks was used to identify duplicates and for reviewing the titles and abstracts of each citation. Duplicates were also checked and removed by hand. Next, the references of 65 texts which appeared to reach criteria were transferred to excel. A full review of the 65 texts was undertaken, with reasons for excluding any papers recorded. Finally, ten papers reached criteria for inclusion and were included in the review.

The process undertaken to identify studies is outlined in a flow diagram, which is based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram (Page et al., 2021). Whilst the diagram is used to illustrate the process of identifying studies, the review is not based on the PRISMA 2020 (Page et al., 2021) guideline/checklist.

**Table 3**

*Search terms*

<b>Search and Boolean Terms</b>
<ul style="list-style-type: none"> <li>- mindful* (title) AND</li> <li>- parent* OR Family OR birth* OR father OR mother OR maternal OR perinatal OR prenatal OR antenatal (title) AND</li> <li>- mechanism* OR effect OR mediat* OR predict* OR process* OR structural equation modelling OR caus* OR path* OR correlat* OR relationship OR associat* OR regress* OR change OR indirect OR proximal chang* (title OR abstract) AND</li> <li>- group* OR therap* OR program* OR intervention* OR training OR course (title OR abstract)</li> </ul>

**Quality appraisal**

Quality appraisal tools were used to assess the quality of the studies. Tools developed by the Joanna Briggs Institute were used to critique the general features of the studies. Based on study designs, either the checklist for (pilot) randomized controlled trials (Tufanaru et al., 2020) or for quasi-experimental studies/non-randomized experimental studies (Tufanaru et al., 2020) was used. Whilst quality

appraisal tools often assign either an overall rating and/or categorise the quality of studies, the Joanna Briggs Institute (JBI; Barker et al., 2023; Robertson-Malt, 2014) does not recommend generating an overall rating/category. Neither is there a cut off score. JBI recommend using the checklists to review features of the study and that results are reported narratively (Barker et al., 2023).

To critique the eight studies that measured mediation, an additional quality assessment tool developed by Mansell et al. (2013) was used. This tool was chosen because it aligned with several key recommendations by Kazdin (2007). Mansell et al. (2013) recommend undertaking a narrative review, rather than ascribing an overall rating, as it is considered a more interpretable and reliable approach (Mansell et al., 2013).

## **Synthesis**

The author reviewed each paper and data was extracted regarding relevant contextual information and study characteristics (see Table 4 for further information). The quality of each study was reviewed (see appendices, A, B and C), features of the MBPIs summarised (see appendix D) and a narrative summary of the reported mediating variables was developed (see results).

## **Results**

### **Selected studies**

The initial search identified 724 articles. With 252 duplicates removed, the titles and abstracts of 472 articles were reviewed and ten studies met the criteria for this review. See Figure 1 for a summary of the search process. See Table 4 for an overview of the studies.

### **Intervention**

Eight studies examined MBPIs, whilst two examined adapted parenting programmes that incorporated mindfulness (Coatsworth et al., 2010; Zhang et al., 2019). Most MBPIs used either MBSR or MBCT as their foundation, and consistently incorporated group format and home practice. Whilst some interventions combined mindfulness with a behavioural and directive intervention, others indicated they were non-directive. Additionally, four interventions included a parallel intervention for children and/or offered family sessions (see appendix D).

### **Quality Assessment**

The quality appraisal of the studies was informed by how they performed against the quality assessment tools. The review indicated methodological issues were a feature of all studies and none met all of the standards stipulated. However, most studies met approximately three quarters of the standards and recommendations. The main weaknesses included the reliance on self-report measures, power calculations not undertaken prior to recruitment, missing data and the reasons for attrition were not routinely examined. Furthermore, few studies

included an active control that matched the format of the MBPI and temporal precedence was rarely established or the reporting was unclear. A more detailed critique is offered below.

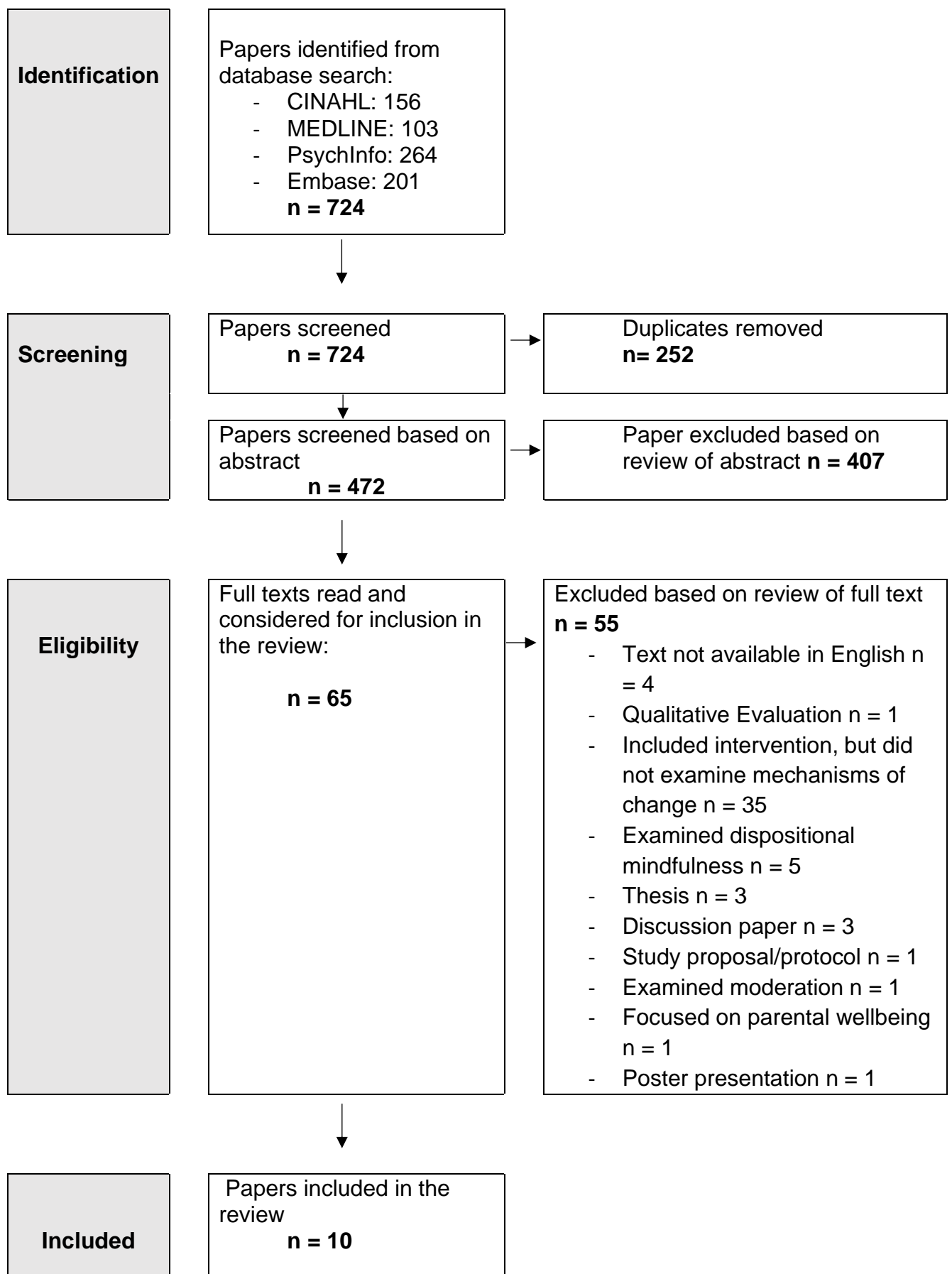
### ***Sample***

The studies were published between 2010 and 2021 and half were conducted in the United States (Coatsworth et al., 2010; Chaplin et al., 2021; May et al., 2016; Turpyn et al., 2021; Zhang, 2019), followed by the Netherlands (Emerson et al., 2019; Meppelink et al., 2016; Potharst et al., 2018) and China (Liu et al., 2021; Lo et al., 2020). Most studies either did not include fathers or they were significantly underrepresented. Whilst each quality appraisal tool recommends calculating power (Mansell et al., 2013; Tufanaru, et al., 2020; Tufanaru, et al., 2020), none of the studies appeared to calculate power a-priori. Potharst et al. (2018) calculated power post-hoc; whilst most randomised controlled studies (RCTs) stated power influenced how the results were interpreted.

### ***Attrition***

Whilst studies which invited feedback on the intervention indicated parents valued MBPIs (Chaplin et al., 2021; Lo et al., 2020; Potharst et al., 2018), attrition was a feature of several studies (Chaplin et al., 2021; Liu et al., 2021; Potharst et al., 2018; Zhang et al., 2019). Consistent with the appraisal checklist for RCTs (Tufanaru, et al., 2020), all studies that included a control group, addressed missing data using the conservative intention to treat (ITT analysis, Gupta, 2011) procedure, apart from Coatsworth et al. (2010) who used a multiple imputation procedure (Schafer, 1999). Few studies examined whether differences in baseline assessments, related to attrition.

**Figure 1: PRISMA Flow Chart** (Page et al., 2021)



**Table 4**  
*Summary of Research Papers Included in the Review*

Study Authors, year and country	Study participants	Setting	Intervention predictor and control	Mediator / Mechanism of Change measure	Outcome / Observed change measure	Design and follow up	Mechanism of change / mediation analysis (including measure of significance)
<p><b>Coatsworth et al., 2010</b></p> <p>United States</p>	<p>N = 65 mothers</p> <p>Child age: 5<sup>th</sup> to 7<sup>th</sup> grade US reports</p> <p><i>Included parallel intervention and reports from adolescents</i></p>	<p>Non-clinical</p>	<p>Mindfulness-Enhanced Strengthening Families Program (Duncan et al. 2009)</p> <p><i>Active control:</i> Strengthening Families Program 10–14 (Molgaard et al. 2001)</p> <p><i>Delayed Intervention</i></p>	<p>Mindful Parenting (IM-P scale, Duncan, 2007)</p>	<p>Child management practices (Spoth et al, 1998)</p> <p>Parent youth Relationship Quality (Spoth et al, 1998)</p>	<p>Pre and post measures</p>	<p><i>Mediation analyses:</i></p> <p>Mediation assessed using a variation of the causal steps test (Baron and Kenny) using the joint significance test (MacKinnon et al 2002)</p> <p><i>Measure of significance:</i></p> <p>PRODCLIN test of significance</p>
<p><b>Emerson et al., 2019</b></p> <p>Netherlands</p>	<p>N = 89 parents</p> <p>Child age: 1.5 to 18 years old</p> <p><i>Children not involved in the study</i></p>	<p>Clinical</p> <p>Children receiving support from secondary health care</p> <p>Nonspecific diagnosis</p>	<p>Mindful Parenting Training (Bögels and Restifo 2014)</p> <p><i>Control:</i> No control group</p>	<p>Mindful Parenting (IM-P scale, Duncan, 2007)</p> <p>Parent General Mindful Awareness (FFMQ, Baer et al, 2006)</p>	<p>Child Psychopathology (Child Behavior Checklist. CBCL, Achenbach and Rescola 2001)</p> <p>Internalizing problems, Externalizing problems, Attention problems</p>	<p>Longitudinal: Base line, 8 weeks/post intervention, 16-week follow up, 12 months follow up</p>	<p><i>Mediation analyses:</i></p> <p>Multi-level regression</p> <p><i>Measure of significance:</i></p> <p>Standardized parameter estimates were calculated and interpreted. (Similar to Cohen’s d effect sizes,</p>

							Cohen 1988). Calculating the p value
<b>Chaplin et al 2021</b>  United States	N = 96 families/mothers  Child age: 11-17 years  <i>Included parallel intervention and reports from adolescents</i>	Non-clinical  Inclusion criteria: Parents self-report of stress	Parenting Mindfully (Chaplin et al, 2021)  <i>Active control:</i> Parent Education (Chaplin et al, 2021)	Mother's mindfulness (MAAS; Brown & Ryan 2003)  Mother-adolescent relationship quality (The SIPA Adolescent-Parent Relationship Domain scale, Sheras et al. 1998)	Adolescent substance use (Youth Risk Behavior Survey 2011 National Version (YRBS; CDC, 2017).	Longitudinal: Base line, post intervention, 6 and 12 months follow up	<i>Mediation analyses:</i>  Path analysis model (multiple regression) tested using PROCESS Macro for SPSS with model 4  <i>Measure of significance:</i>  5,000 bootstrap samples.
<b>Liu et al 2021</b>  China	N = 113 parents  Child age: Intervention: 9.84 ± 2.48, waitlist: 10.27 ± 2.22)  <i>Children not involved in the study</i>	Clinical  Children diagnosed with ADHD referred to a Child and Adolescent Psychiatry Outpatient Clinic	Mindful Parenting Program (based on programme by Bögels and Restifo, 2014)  <i>Control:</i> Treatment as usual (TAU) waitlist-control group	Parental mindfulness, (FFMQ. Baer et al., 2006)  Parental self-compassion (Self-Compassion Scale (Neff, 2003)  Mindful parenting (IMP-C, Lo et al, 2018; Duncan 2007)	Parental stress (Parenting Stress Index, short form, Abidin, 1995)  Parental mental health symptoms (Hamilton Depression Scale Hamilton, 1960; Hamilton Anxiety Scale Hamilton, 1959)	Pre and post measures	<i>Mediation analyses:</i>  Path analysis mediation model, tested using Process macro  <i>Measure of significance:</i>  Bootstrap method.



<p><b>Lo et al 2020</b></p> <p>China</p>	<p>N = 100 families</p> <p>5- 7-year-olds</p> <p><i>Included parallel intervention and child-report</i></p>	<p>Clinical</p> <p>Children diagnosed with ADHD or referred for an ADHD assessment.</p>	<p>Family-based mindfulness intervention (intervention developed by Lo based on Bögels &amp; Restifo, 2014; Coatsworth, Duncan, Greenberg, &amp; Nix, 2010)</p> <p><i>Control:</i> Waitlist control group</p>	<p>Symptoms of ADHD (Strengths and Weaknesses of ADHD Symptoms and Normal Behaviours Rating Scale, Swanson et al., 2012)</p> <p>Child Behaviour Attention (CBCL, Achenbach and Rescola 2001, attention score)</p> <p>Child Attention (Child Attention Network Test, Conflict monitoring)</p>	<p>Parental Stress (Parenting Stress Index–Short Form, Abidin, 1995)</p> <p>Parental Wellbeing (World Health Organization Well-Being Index)</p> <p>Child Behaviour (CBCL, Achenbach and Rescola 2001, total score)</p>	<p>Pre and post measures</p>	<p>Mediation analyses:</p> <p>Path analysis mediation model, tested using PROCESS macro</p> <p><i>Measure of significance:</i></p> <p>Bootstrapped estimates of confidence intervals (CIs) for indirect effects were calculated.</p>
<p><b>May et al, 2016</b></p> <p>United States</p>	<p>N = 18 parents</p> <p>Child age: 9-13 years</p> <p><i>Included parallel intervention and child-report</i></p>	<p>Clinical and Non-Clinical</p> <p>Included non-clinical and families on a Psychology Developmental Database (diagnosis not reported)</p>	<p>Mindful Families Stress Reduction (MFSR, including adaptations for children, Saltzman, and Goldin 2008)</p> <p><i>Control:</i> No control group</p>	<p>Parent attention (indicated by activation in the frontoparietal attention network)</p> <p>Parent emotion regulation (indicated by activation in regions such as dorsomedial)</p>	<p>Child Reports of Family Relationships (Community Action for Successful Youth, CASY, Parenting and Family Measures, Metzler et al. 1998).</p>	<p>Pre and post measures</p>	<p><i>Mechanism of change:</i></p> <p>Correlation</p>

				<p>prefrontal cortex, ventrolateral prefrontal cortex, and dorsal anterior cingulate cortex; Ochsner et al. 2012).</p> <p>Parent general mindfulness (FFMQ; Baer, 2006)</p>			
<p><b>Meppelink et al, 2016</b></p> <p>Netherlands</p>	<p>N = 70 mothers</p> <p>Mean age of children 8.7 years</p> <p><i>Children not involved in the study</i></p>	<p>Clinical</p> <p>Mental health care clinic</p> <p>Nonspecific diagnoses</p>	<p>Mindful Parenting Program (based on programme by Bögels and Restifo, 2014)</p> <p><i>Control: No control group</i></p>	<p>General Mindful Awareness (short 24-item Dutch version of the FFMQ; Baer et al. 2006; De Bruin et al. 2012)</p> <p>Mindful Parenting (Dutch version of short Interpersonal Mindfulness in Parenting scale; IM-P; De Bruin et al. 2014; Duncan 2007)</p>	<p>Parent's Psychopathology (The Dutch version of the Adult Self Report; ASR; Achenbach and Rescorla 2003)</p> <p>Child's Psychopathology (Dutch version of the Child Behavior Checklist for both the ages 1.5–5 and 6–18; CBCL; Achenbach 1991; Achenbach and Rescorla 2000)</p>	<p>Longitudinal:</p> <p>Baseline, post intervention and 8-week follow up</p>	<p><i>Mediation analyses:</i></p> <p>Muti-level modelling (within and between score were separated)</p> <p><i>Measure of significance:</i></p> <p>Statistical significance – calculating the p value</p>

<p><b>Turpyn et al., 2021</b></p> <p>United States</p>	<p>N = 20 parents</p> <p>Child age: 12-17 years</p> <p><i>Adolescents engaged in one observational measure</i></p>	<p>Clinical and non-clinical</p> <p>Included non-clinical and families attending community mental health centres.</p> <p>Inclusion criteria: elevated parent self-reported stress.</p>	<p>Parenting Mindfully (PM) intervention (based on MBSR, Kabat-Zinn, 1990; MBCT, Segal, et al., 2012 - adapted for parenting context)</p> <p><i>Active minimal-control group:</i> Parent education</p>	<p>Maternal emotional awareness (brain responsivity in left posterior insula and altered resting state functional connectivity - regions involved in self-reference, behavioural regulation, and social-emotional processing.)</p>	<p>Mindful parenting behaviour (IM-P, Duncan 2007).</p> <p>Decreased negative emotional reactivity (Parent-adolescent interaction task; PAIT, Sheeber et al. 1997, Prinz et al. 1979),</p> <p>Mothers' emotional reactivity to the PAIT</p>	<p>Pre and post measures</p>	<p>Mechanism of Change:</p> <p>Brain – behaviour associations</p> <p>ANCOVA T-tests Linear Regressions</p>
<p><b>Zhang et al., 2019</b></p> <p>United States</p>	<p>N = 313 mothers</p> <p>Child age: 4-13 years</p> <p><i>Children engaged in a structured family interaction task and observation measure</i></p>	<p>Non-clinical</p> <p>Military families (at least one parent had been deployed)</p>	<p>After Deployment Adaptive Parenting Tools (ADAPT) integrated with mindfulness</p> <p>Control: Services as usual, alongside being emailed a tip sheet and online parenting resources.</p>	<p>Parental trait mindfulness (FFMQ; Baer, 2006)</p>	<p>Self-Reported Parenting Skills (APQ, ref)</p> <p>Supportive Parental emotion socialization (PES)</p> <p>Non-supportive PES</p> <p>Parenting Self-Efficacy (PLOC)</p>	<p>Baseline, one year follow up, two years follow up</p>	<p><i>Mediation analyses:</i></p> <p>Structural equation modelling (including moderated mediation).</p> <p><i>Measure of significance:</i></p> <p>Joint significant test</p>

					Observed Behavioural Parenting Skills		
<b>Potharst et al., 2021</b>	N = 185	Clinical and non-clinical	<i>Clinical setting:</i> Mindful parenting training (Bögels and Restifo, 2013)	Mindful parenting (Dutch version by De Bruin et al. 2014 of IM-P; Duncan 2007)	Dutch version of the Well-Being Index WHO-5 (Hajos et al. 2013; World Health Organization 1998)	Longitudinal	<i>Mediation analyses:</i>
Netherlands	Child age: mean age of children in non-clinical setting = 8.9, SD = 5.4 Mean age of children in clinical setting = 11.7, SD = 4.4  <i>Children not involved in the study</i>	Child either diagnosed with a mental health problem or attending treatment in an outpatient mental health clinic	<i>Preventative / non-clinical group:</i> Adapted version of Mindful parenting training (Bögels and Restifo, 2013)  Control: No control group		Dutch version (Van Widenfelt et al. 2003) of the Strengths and Difficulties Questionnaire for parents of children between ages 2 and 4 or between ages 4 and 17 (SDQ P2-4 and P4-17; Goodman 1997).	Pre-intervention, post-intervention and 8-week follow-up	Multilevel modelling  <i>Measure of significance:</i>  Calculated the p value. Significant when $p < 0.05$ .

### ***Control groups***

Four studies incorporated an active control group (Chaplin et al., 2021; Coatsworth et al., 2010; Turpyn et al., 2021; Zhang et al., 2019), however, only Coatsworth et al. (2010) included an intervention that appeared to match the format of the MBPI. Four studies did not incorporate a control group and the remaining included a waitlist control (Liu et al., 2021; Lo et al., 2020). Only one study (Coatsworth et al., 2010) appeared to conceal allocation; therefore, the potential influence of expectancy effects and demand characteristics were overlooked. For example, Liu et al. (2021) found significant improvement in parent anxiety, in both the intervention and control group and indicated this may be related to expectancy effects.

### ***Measuring effectiveness***

All ten studies measured effectiveness, pre- and post- intervention and five studies incorporated additional follow-ups. Both Meppelink et al. (2016) and Potharst et al. (2018) incorporated an eight-week follow-up and three studies incorporated longer follows-ups (Emerson et al., 2019; Chaplin et al., 2021; and Zhang et al., 2019). The longest study undertaken, included measures up to two years following the intervention (Zhang et al., 2019).

All ten studies reported both significance and effect sizes, whilst four studies (Chaplin et al., 2021; Liu, et al., 2021; Lo et al., 2020; Potharst et al., 2018) also reported confidence intervals. Methods of describing and interpreting the data such as clinical significance and reliable change were not reported (Jacobson & Truax, 1992). Effectiveness was measured using established statistical methods and

overall, the results suggest that parents and children benefitted from the interventions.

### ***Appraisal of mediation methods***

All eight studies that incorporated mediation, identified the mediating variable based on theoretical frameworks and reported the psychometric characteristics of both mediating and outcomes variables. Measures predominantly relied on parent self-report and parent report of child behaviour and mental health. For further details regarding measures, see Table 4.

Consistent with the recommendations of Mansell and colleagues (2013), each study examined baseline differences and addressed potential confounding variables. Neither Chaplin et al. (2021), Lo et al. (2020), Turpyn et al. (2021), nor Zhang et al. (2019) identified significant differences between the groups at baseline. Liu et al. (2021) identified differences and controlled for several variables (parental age and gender, pre-test values of the Hamilton Depression Scale, and children's treatment with atomoxetine). Whilst it appears Coatsworth et al. (2010) did not examine differences at baseline, they used the urn approach to balance group variables (school location and demographic characteristics). Additional characteristics which were controlled for included child age (Lo et al., 2020; Meppelink et al., 2016), child gender (Meppelink et al., 2016) previous experience of meditation (May et al., 2016), and both the gender and age of parents (Meppelink., et al 2016). Based on gender differences highlighted in previous studies, Chapin et al. (2021) examined moderation. As already indicated, sample sizes were not established based on power calculations, therefore this is a limiting factor.

### ***Appraisal of Data Analysis: Mechanisms of Change***

Eight studies examined mechanisms of change using mediation analyses and two studies measured psychological constructs theorised to be a mechanism of change, based on neuroimaging (May et al., 2016; Turpyn et al., 2021). Researchers indicate the following approaches were used to measure mediation: path analysis mediation model, using PROCESS macro (Lo et al., 2020; Liu et al., 2021; Chaplin et al., 2021), multilevel modelling (Meppelink et al., 2016; Potharst et al., 2018), multilevel regression (Emerson et al., 2019), structural equation modelling (Zhang et al., 2019), and a variation of the causal steps test, using the joint significance test (Coatsworth et al., 2010). Multilevel regression (Emerson et al., 2019; Meppelink et al., 2016; Potharst et al., 2018) was also used to examine mediation, acknowledging relevant contextual factors, which may moderate the results, such as the parent-child dyad (Emerson et al., 2019; Potharst et al., 2018) and setting (Meppelink et al., 2016).

Approaches used to calculate significance included the bootstrap method (Lo et al., 2020; Liu et al., 2021; Chaplin et al., 2021), calculating the p value (Emerson et al., 2019; Meppelink et al., 2016; Potharst et al., 2021) and the PRODCLIN test of significance (Coatsworth et al., 2010). At present, bootstrap methods are considered the method of choice (MacKinnon et al., 2002; Kazdin, 2007). Zhang et al. (2019) also examined moderated mediation.

Finally, both May et al. (2016) and Turpyn et al. (2021) examined mechanisms of change based on neurological measures, self-report, observational measures and brain-behaviour correlations. Turpyn et al. (2021) focused on examining changes in regions associated with self-reference, behavioural regulation, and social-emotional processing, whilst May et al. (2016) focused on regions

associated with attention and emotion regulation. Overall, each study included in the review appeared to use a suitable approach to analysis, consistent with exploring mediation and mechanisms of change.

### ***Temporal precedence***

Finally, both Kazdin (2007) and Mansell et al. (2013) recommend establishing temporal precedence. Five studies, based on pre- and post- design, did not establish temporal precedence. The remaining studies (Chaplin et al., 2021; Emerson et al., 2019; Meppelink et al., 2016; Potharst et al., 2018; Zhang et al., 2019) were based on a longitudinal design. One study examined temporal precedence (Zhang et al., 2019) and it was clearly reported. However, it was unclear whether a further two studies (Chaplin et al., 2019; Potharst et al., 2018) examined temporal precedence. Finally, Meppelink et al. (2016) state causal inferences could not be made, whilst Emerson et al. (2021) also indicated that the 'causal chain' could not be confirmed.



## **Review findings: Mechanisms of Change**

Thirteen potential mechanisms of change (parent facets of mindfulness skills, emotion regulation, emotional awareness, experiential avoidance, over-reactivity, attention, emotional processing, empathy, self-compassion, stress, mindful parenting, quality of mother-adolescent relationship, child symptoms of ADHD) were examined. Mechanisms were identified using tabulation and organised into three categories: i) parent mindfulness/emotion regulation, ii) mindful parenting/relational variables and iii) other mechanisms of change, which included mechanisms examined by single studies (parent self-compassion, parent stress, child symptoms of ADHD). Each mechanism is presented in turn, and the first two categories are organised by outcome, including parent, child, and parent-child related outcomes.

### **Mechanism 1: Parent Mindfulness/Emotion Regulation**

Six studies (Chaplin et al., 2021; Emerson et al., 2021; Liu et al., 2021; May et al., 2016; Meppelink et al., 2016; Zhang et al., 2019) examined whether general mindfulness skills, measured using the Five Facets of Mindfulness Questionnaire (FFMQ, Baer et al. 2006) was a mediating variable. Studies also examined mediating variables aligned with both the facets of mindfulness and skills associated with emotional regulation (Hölzel et al., 2011), including maternal emotional awareness (Turpyn et al., 2021), experiential avoidance (Emerson et al., 2019), parental over-reactivity (Emerson et al., 2019), emotional processing (May et al., 2016) and parental attention (May et al., 2016) using unidimensional measures. For further information regarding outcome measures, see Table 4.

### **a) Parent Mindfulness/Emotion Regulation and Parent Outcomes**

Two studies examined parent outcomes (Meppelink et al., 2016; Liu et al., 2021) and found increased general parental mindfulness had an indirect effect on parental wellbeing. Meppelink et al. (2016) found parent general mindfulness predicted a reduction in parental mental health problems (small effect size), whilst Liu et al. (2021) found that it predicted improvement in parental stress and mental health symptoms (medium effect size).

### **b) Parent Mindfulness/Emotion Regulation and Child Outcomes**

Chaplin et al. (2021) found that mothers' increased general mindfulness (report focused on mothers' data, due to low recruitment of fathers) had an indirect effect on mother-reported adolescent externalising symptoms (medium and large effect sizes) and speculate that a mother's ability to respond calmly to their child may explain this outcome. They did not find an effect on other outcomes, including internalizing behaviours, adolescent substance use, and adolescent reports of externalising behaviours. They hypothesise that either low power or the influence of another more robust mediator, such as parents' own symptoms influenced the results. Liu et al. (2021) found that parental mindfulness predicted improvements in their child's symptoms of ADHD. Neither Meppelink et al. (2016) nor Emerson et al. (2021) found that parental general mindfulness predicted a reduction in child externalising and internalising behaviours.

Alongside examining parental general mindfulness, Emerson et al. (2019) also measured parent experiential avoidance and reactivity. They found that a reduction in parent experiential avoidance predicted a decrease in child internalizing

problems (small effect). The combined effects of decreased experiential avoidance and an increase in mindful parenting, predicted a decrease in child attention problems (small effect). They also found that a reduction in parental reactivity predicted a reduction in child and adolescent externalizing problems (small effect), but not improvements in attention or internalizing symptoms.

### ***c) Parent Mindfulness/Emotion Regulation and Parent-child Outcomes***

Researchers also examined whether parent mindfulness skills mediated the effect of the intervention on parent-child outcomes. May et al. (2016) observed changes in neural regions associated with emotional processing, was consistent with child reports of changes and improvements in family relationship. May et al. (2016) also examined regions connected with parent attention, however, this was not associated with child reports of family relationships.

Turpyn et al. (2021) found that MBPIs had an effect on a neurobiological level and that changes in maternal emotional awareness, were associated with a reduction in emotional reactivity. They suggested that this allowed for more mindful parenting behaviours in the context of challenging interactions.

Zhang et al. (2019) examined whether changes in parental trait mindfulness (PTM) predicted changes in self-reported parenting. Whilst they did not find a main effect for the intervention, changes in parental trait mindfulness (PTM) at 1-year follow up, predicted self-reported parenting at 2-year (but not observed parenting skills), moderated by baseline PTM (small effect sizes). The results also indicated that parents low in PTM at baseline reported increased mindfulness at one-year follow-up, whilst parents high in mindfulness at baseline reported decreased PTM at

one-year follow-up, although, this effect disappeared at 2-years follow-up. They speculated that the behavioural component of the programme influenced how parents high in PTM at baseline, become more engaged in evaluating and responding to children's behaviours following the programme, which caused dissonance with their mindful approach and parenting efficacy.

### ***Summary and synthesis***

Research to date suggests parental mindfulness may mediate the effects of MBPI programmes in relation to both parent (Liu et al., 2021; Meppelink et al., 2016) and parent-child outcomes (Liu et al., 2016; May et al., 2016; Turpyn et al., 2021; Zhang et al., 2019). However, the mediating effects of mindfulness on child outcomes was inconsistent and more nuanced. Whilst some studies indicated parent mindfulness skills may mediate the effect of the intervention on child outcomes (Chaplin et al., 2021; Emerson et al., 2021; Liu et al., 2021; May et al., 2016), this was not supported by all studies included in the review (Chaplin et al., 2021; Emerson et al., 2021; Meppelink et al., 2016). Studies reported contradictory results, particularly in relation to externalising and internalising behaviours. Finally, the results of the study by Zhang et al. (2019) suggested a change in self-reported parenting behaviour may be moderated by baseline parent trait mindfulness. Overall, too few studies exist to draw firm conclusions regarding this mechanism of change.

## **Mechanism 2: Mindful parenting/relational variables**

Five studies examined whether mindful parenting was a mediating variable (Coatsworth et al., 2010; Emerson et al., 2019; Liu et al., 2021; Meppelink et al., 2016; Potharst et al., 2018) using the Interpersonal Mindfulness in Parenting scale (IM-P; Duncan et al., 2007). A further two studies examined relational variables, including parent empathy (May et al., 2016) and the quality of the mother - adolescent relationship (Chaplin et al., 2021). For further information regarding outcome measures, see Table 4.

### ***a) Mindful Parenting/Relational Variables and Parent outcomes***

Meppelink et al. (2016) found that increased mindful parenting did not predict reductions in parental mental health problems, measured using the Adult Self Report (ASR; Achenbach & Rescorla, 2003) and this outcome is explored in the discussion.

### ***b) Mindful Parenting/Relational Variables and Child outcomes***

Four studies indicated mindful parenting had an indirect effect on child outcomes (Emerson et al., 2019; Liu et al., 2021; Meppelink et al. 2016; Potharst et al., 2018), whilst three found that it did not have the anticipated effect (Chaplin et al., 2021; Emerson et al., 2019; Meppelink et al., 2016). Emerson et al. (2019) found that increased mindful parenting predicted improvements in child attention problems (small effect size), whilst Liu et al. (2021) similarly found improvements in Mindful Parenting correlated with improvements in child ADHD behaviour symptoms (small effect sizes).

Potharst et al. (2018) found mindful parenting predicted child outcomes, however, differences were detected based on the setting for the intervention. They found increased mindful parenting predicted a reduction in child behaviour problems in non-clinical settings (small to medium effect size), but predicted improved child wellbeing in clinical settings (small to medium effect size). Therefore, children in both clinical and non-clinical settings benefitted from mindful parenting, despite having different outcomes. Finally, Meppelink et al. (2016) found that increased Mindful Parenting predicted improvements in child mental health, specifically externalizing problems (small effect size).

Studies which did not find an indirect effect, examined child internalising behaviour (Emerson et al., 2019; Meppelink et al., 2016), child externalizing behaviour (Emerson et al., 2019) and child attention problems (Meppelink et al., 2016).

Finally, Chaplin et al. (2021) examined whether the quality of the mother-adolescent relationship had an indirect effect on any of the study outcomes including substance use and adolescent internalizing and externalizing behaviours. They did not find an effect.

### **c) *Mindful Parenting/Relational Variables and Parent-child Outcomes***

Coatsworth et al. (2010) found changes in mindful parenting predicted changes in the quality of parent-youth relationships and these outcomes were consistent across both parent and youth reports. Whilst parents also reported positive changes in the behaviour of their adolescents, this was not consistent with adolescent self-reports

(reports remained stable for positive affective behaviour and slight increase in negative behaviour).

Based on neurological measures (small to medium effect sizes), May et al. (2016) found changes in regions of the brain which are associated with empathy corresponded with the child's perception and reports of the family relationship. They suggest parental empathy is important in the parent child relationship and therefore may be a mechanism of change. Finally, Coatsworth et al. (2010) examined whether mindful parenting mediated changes in discipline consistency, mothers' anger or affective behaviour, however, the results did not support their hypotheses.

### ***Summary and synthesis***

Whilst evidence suggests mindful parenting has an indirect effect on outcomes, this was not a consistent finding. To date, there appears to be evidence that mindful parenting mediates improvements in child ADHD behaviour symptoms (Emerson et al., 2019; Liu et al 2021), child behaviour (Potharst et al., 2018), child wellbeing (Potharst et al., 2018), child externalising behaviours (Meppelink et al., 2016) and the quality of parent-child relationship (Coatsworth et al., 2010; May et al., 2016). However, increased mindful parenting did not predict reductions in parental mental health problems (Meppelink et al., 2016), child internalizing problems (Emerson et al., 2019; Meppelink et al., 2016), and discipline consistency (Coatsworth et al., 2010). Whilst the study by Meppelink et al. (2016), suggests mindful parenting mediated the effect on child externalising behaviours, this was not supported by Emerson et al. (2019). Again, due to the limited number of studies examining each variable, it is not possible to draw firm conclusions.

## **Other mechanisms**

The remaining mechanisms were based on single studies and examined self-compassion (Liu et al., 2021), parenting stress (Emerson et al., 2019) and child ADHD symptoms (Lo et al., 2020).

Self-compassion (Neff & Germer, 2013) was a component of several MBPIs examined and has been proposed as a mechanism of change within MBI studies (Kuyken et al., 2010). However, only one study (Liu et al., 2021) examined whether it was a mediating variable. Li et al. (2021) found that increased parental self-compassion correlated with improvements in ADHD inattention (small effect size) and mediated the effect of the programme on parental stress and mental health (medium effect size). Emerson et al. (2019) examined whether changes in parenting stress mediated changes in child attention problems. Based on this study, parenting stress did not predict improvements in child attention problems, internalizing nor externalizing behaviour. Finally, Lo et al. (2020) hypothesised changes in child attention mediated changes in children's behaviour problems, parental stress, and parent wellbeing. Examining this mediating variable was justified because children attended a parallel intervention (Snel, 2014) and two sessions with their parents. Overall, changes in child attention and behaviour predicated reductions in parental stress (small effect). Whilst these studies have highlighted mechanisms of change that may warrant further investigation, based on single studies these results cannot be synthesised and the outcome is therefore inconclusive (Kazdin et al., 2007).



## Discussion

The aim of this review was to synthesise existing knowledge regarding the potential mechanisms of change of MBPIs. Establishing how MBPIs exert their effects is essential for determining how the intervention works and maximise their benefits (Kazdin, 2007). Overall, the review indicates there is inconsistent and/or limited evidence that interventions exert their effect through increasing parent mindfulness/emotion regulation (e.g., increased emotional awareness, reduced parental experiential avoidance and reduced over-reactivity) and mindful parenting/relational variables (e.g. increased empathy). However, based on single studies (Kazdin, 2007), it is not possible to draw conclusions regarding the final three mechanisms categorised as 'other mechanisms' (parental stress, parental self-compassion, child ADHD symptoms). The 'other mechanisms' were included in the review because this was consistent with the aim of offering a complete overview and critique of the evidence to date. The challenges of drawing conclusions due to the methodological limitations of the studies is consistent with other reviews which have examined of mechanisms of change associated with both MBIs and MBPIs (Burgdorf et al., 2019; Gu et al., 2015; Kil et al., 2021).

Establishing whether MBPIs support the development of general mindfulness skills is essential, particularly as it is a means of confirming whether this intervention is an MBI. Two studies indicated mindfulness predicted benefits for parents and improvement in parental mental health (Liu et al., 2021; Meppelink et al., 2016) which is consistent with existing reviews of both MBPIs (Anad et al., 2021; Burgdorf et al., 2019) and MBIs (Khoury et al., 2015). Support for general mindfulness being a mediating variable, is also consistent with the finding of MBI mediating variables, undertaken by Gu et al. (2015). However, based on the results of these studies,

there is little and inconsistent evidence that increased parental mindfulness has an indirect effect on child outcomes and several studies reported contradictory results regarding child externalising and internalising behaviours.

When both mindfulness and mindful parenting are measured using multi-dimensional tools (FFMQ, Baer et al., 2006; IM-P; Duncan et al., 2007), several nuanced processes which mediate the effect, may be overlooked. Therefore, it is helpful that additional unidimensional mediating variables, such as experiential avoidance and parental over-reactivity were also examined. Parental experiential avoidance has been associated with child anxiety (Cheron et al., 2009) and defined as an “attempt to escape or avoid the form, frequency, or situational sensitivity of private events, even when the attempt to do so causes psychological harm” (Hayes, et al., 2004, p. 27). The results of Emerson et al. (2019) indicate MBPIs may operate through supporting parents to relate differently to both internal and external experiences. Perhaps a parents' openness or willingness to engage with experiences, either models or influences how parents support their child to engage with, rather than avoid difficult experiences (Emerson et al., 2019).

Parental over-reactivity is also a common response to challenging parental experiences and a predictor of child externalizing problems (Miller-Lewis et al., 2006). Emerson et al. (2019) examined ‘parental over-reactivity’, whilst May et al. (2016) examined parental emotion regulation. The studies indicated these mediating variables either predicted (Emerson et al., 2019) or were associated (May et al., 2016) with positive outcomes, improvements in child externalizing problems (Emerson et al., 2019) and child reports of changes in the family relationship (May et al., 2016). Perhaps increased parental emotional regulation, models responding rather than reacting to challenges (Emerson et al., 2019) and/or strengthens parent-

child relationship. This outcome is also consistent with the findings of Gu et al. (2015) who found that emotional reactivity was a potential mediating variable in MBIs. The results also support the findings Burgdorf et al. (2022) who identified self-regulation as a predictor variable, and is consistent with both the mindful parenting models proposed by Haydicky et al. (2017) and Duncan (2009). Whilst the evidence for changes in emotion regulation remains weak due to the limited number of studies, they warrant further investigation. It may also be useful to hold in mind that alternative and unique variables (e.g., experiential avoidance and parental over-reactivity) may mediate improvements in child externalizing and internalizing behaviours (Emerson et al., 2019).

Examining whether mindful parenting and relational variables are mediating variables, again informs the validity of MBPIs and ascertains the value of offering this intervention in the parenting context. Meppelink et al. (2016) found that mindfulness mediated the reduction in parental psychopathology, whilst changes in mindful parenting mediated the reduction in child psychopathology. Their explanation is that mindful parenting influences how parents relate with a child, whilst general mindfulness supports personal coping strategies. Therefore, Meppelink et al. (2016) recommended that in the parenting context, MBPIs rather than generic mindfulness interventions may be the most useful intervention, with both parents and children potentially benefitting from the intervention.

Consistent with the findings of Burgdorf et al. (2022), empathy was found to be associated with positive outcomes (May et al., 2019). However, the results indicate 'mother-adolescent relationship quality' (Chaplin et al., 2021) may not be a mechanism of change. Although mindful parenting was found to mediate the effects of the MBPI and was associated with several positive outcomes for children, studies

reported contradictory results in relation to each variable, apart from child wellbeing which was only explored by one researcher. Due to the small number of studies and diverse outcomes, again it is difficult to draw firm conclusions.

### **Strengths and limitations of the review**

To the best of the author's knowledge, this is the first narrative review examining a broad range of potential mechanisms of change for MBPIs. Previous reviews of the mechanisms of change associated with MBPIs (Burgdorf et al., 2019; Kil et al., 2021) tested specific mechanisms, therefore this review offers a broader review. Whilst the results are inconclusive, potential variables have been identified, which may inform future research regarding mechanisms of change. Whilst most studies included a measure of mediation, two studies focused on neurological changes and did not include a measure of mediation. Due to the rigour of these studies, they were included in the review because they potentially offered useful insight into the mechanisms of change, drawing on brain-based changes.

Whilst the review offers a preliminary overview of the evidence, research into mechanisms of change associated with MBPIs remains in its infancy. Due to the limited number of studies and heterogeneity of the mechanisms examined, it was not possible to undertake a meta-analysis, nor a review based on quantitative aggregation. Furthermore, whilst there were key similarities across the interventions in relation to format, the heterogeneity of both the interventions (e.g. parallel intervention for children) and population group may result in different mechanisms of change, which is a further barrier to drawing conclusions.

## **Clinical implications**

Because the outcome of this review is inconclusive, it is not possible to make recommendations for clinical practice. In order to gain further clarity regarding the mechanisms of change and support clinical practice, it will be necessary to repeat this review when additional, robust studies have been published. Nevertheless, the results have identified a gap in the evidence base and mechanisms of change which warrant further investigation.

## **Directions for future research**

Based on this review, several recommendations for future research are proposed and summarised as: a) strengthening our theoretical understanding of mindful parenting and MBPIs b) general recommendations for research c) recommendations related to establishing mechanisms of change.

### ***a) Strengthening our theoretical understanding of mindful parenting and MBPIs***

The results highlight this topic is an under researched area and both the paucity of evidence and lack of replicated studies is a barrier to drawing firm conclusions. Therefore, the main recommendation is a call to research potential mechanisms of change based on robust studies and to undertake a review the evidence based on statistical aggregation. It may also be useful to further explore the mechanisms identified in this review, including multidimensional and in particular unidimensional mechanisms, which may offer a more precise insight into the key mechanisms of change. Exploring whether mechanisms of change are moderated by

internalising and externalising behaviours may also be key to establishing both how and who is most likely to benefit from this intervention and whether tailoring MBPIs to differing presentations is necessary. Alongside identifying distinct processes, as highlighted by Hölzel et al. (2011), examining how mechanisms are interrelated is also necessary.

Whilst several studies indicated either MBSR or MBCT was used as the foundation for the intervention, it remains difficult to ascertain how the parenting component was addressed and whether there is consensus on this aspect of the intervention. For example, not all interventions incorporated a parallel intervention for children. Therefore, examining and revealing the key ingredients of MBPIs may strengthen the integrity of this intervention and support further adaptations. Finally, because the studies reviewed were conducted in only three countries, had the results been conclusive this would be a further barrier to interpreting and generalising the results. Therefore, appraising how cultural and socio-political factors either shape or are overlooked in within Mindful Parenting research is also necessary.

#### ***b) Recommendations related to research methods***

The review highlights that reliance on self-report and parent reports of children's outcomes is a disadvantage, with both Chaplin et al. (2021) and Coatsworth et al. (2010) indicating parent and adolescent reports were inconsistent. Informant discrepancy is often a feature of child and adolescent research (De Los Reyes & Kazdin., 2005), therefore, needs to be addressed within this field. Furthermore, because MBPIs influence parent perceptions (Coatsworth et al., 2010), perhaps existing measures are detecting a process of re-perceiving (Shapiro et al., 2006) rather than a

change in behaviour. Therefore, in this context the use of both objective measures and child self-reports is recommended.

The literature indicates a range of objective measures such as direct observations undertaken by trained informants (e.g., parent infant observation tools) and physiological measures, such as cardiovascular, immune, neurobiological and endocrine functions (Pascoe et al., 2017; Revive, 2019) could either complement or validate the ubiquitous use of self-report measures. Exploring biological markers has particular relevance within this field because MBIs incorporate both experiential practice (Williams et al., 2014) and a mind-body component (Revive, 2019). Furthermore, there is emerging evidence that mindfulness causes structural and functional changes in regions of brain associated with attention, self-awareness and emotions (Tang et al., 2015). Therefore, examining neural mechanisms and measuring the outcome of MBIs drawing on neuroscience, is a promising area. However, regardless of the method used, discrepancies based on different informants will remain a challenge and require careful interpretation (De Los Reyes, 2013).

An additional factor for consideration within the field, is the impact of expectancy effects. For example, Liu et al. (2021) found significant improvement in children's mental health in both the intervention and control group, and propose being on a waiting list, expecting an intervention, ameliorated parent concerns and confounded the results, highlighting the importance of addressing expectancy effects.

Establishing the necessary sample size, based on a power calculation prior to undertaking recruitment would be particularly beneficial for future studies exploring mechanisms of change, particularly as mediation analyses are prone to being

underpowered (MacKinnon, 2002). Missing data and low attendance, which is often a feature of preventative interventions (Chaplin et al., 2021) also has a significant impact on interpreting the results of these studies. Whilst researchers offered several potential explanations, the reasons for attrition were not routinely examined and further qualitative feedback from participants may be useful.

Whilst the review included six RCTs, only Coatsworth et al. (2010) included an active control which appeared to match the format of the MBPI. Therefore, to establish whether Mindful Parenting is effective beyond 'therapeutic effects' (Margison et al., 2000), measuring the effectiveness of this intervention against another established intervention is necessary. Offering all participants an intervention may also be advantageous from an ethical perspective (Kazdin, 2015).

### ***c) Recommendations related to establishing mechanisms of change***

Studies which examine mechanisms of change often incorporate longitudinal design, a method typically regarded superior to cross-sectional design within this field (Argyriou, 2021). However, this design feature alone does not provide assurance that temporal precedence is established (Rizzo et al., 2022; Turnes & Ernst., 2016). Berli et al. (2021) highlighted the challenge of establishing causal mechanisms, including the direction of effects and recommend researchers attend to these features of the design when examining mechanisms of change.

Literature indicates the reporting of mediation analysis is heterogeneous (Vo et al., 2020), inconsistent, often incomplete (Cashin et al., 2019) and 'suboptimal' (Lee et al., 2021). Consistent with the findings of this review, reporting of temporal order of change is often unclear (Cashin et al., 2019). Cashin et al. (2019)



recommend further guidance is necessary and Lee et al. (2021) have recently published guidance for reporting mediation analyses, with the aim of ensuring both accuracy and transparency. Implementing the latest recommendations regarding research methods and reporting the results (Cashin et al., 2019) may strengthen the evidence and further understanding of Mindful Parenting.

## **Conclusion**

Whilst this review indicated several mediating variables predicted positive outcomes, both the lack of consistency (Kazdin, 2007) and contradictory results limit our understanding of the processes and further research is necessary. Based on the current review, there is both limited and inconsistent evidence that parent mindfulness/emotion regulation and mindful parenting/relational variables are amongst the key processes. Furthermore, when children engage in parallel interventions, additional mediating variables should be examined.

To date, researchers appear to be examining variables which are consistent with existing theory and evidence base for both MBIs and MBPIs. However, because the results of the review are inconclusive, at present, it is not possible to make recommendations for clinical practice. Furthermore, several recommendations for future research have been identified. Finally, the diverse range of mediating variables examined in this review confirm Mindful Parenting is a complex process and establishing the main mechanisms of change for MBPIs will prove challenging.

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**ANN GRIFFITHS BSc Hons BN**

**Major Research Project**

**Section B**

A Delphi Study examining how stakeholders define  
Mindful Parenting and whether there is consensus regarding  
the essential elements of Mindfulness-based Parenting Interventions

Word count: 7447 (503)

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SALOMONS INSTITUTE

CANTERBURY CHRIST CHURCH UNIVERSITY

## Abstract

**Background:** Mindfulness-based Parenting Interventions have been tailored to different populations and a shared understanding, regarding the main features of both mindful parenting and related interventions is necessary to safeguard integrity, inform practice and direct future research.

**Aim:** The aim of this study was to examine whether there is consensus among mindful parenting stakeholders regarding both the concept of Mindful Parenting and essential features of Mindfulness-based Parenting Interventions.

**Method:** A three-round Delphi study was used to explore consensus, with 20 participants taking part (7 parents, 8 teachers and 5 teacher/researchers). In Round 1, experts were interviewed and thematic analysis used to develop 124 statements. Participants reviewed the statements over two rounds, and at the end of round 3, there was high consensus, agreement for 120 statements.

**Results:** Results indicate high consensus amongst experts regarding both the concept and essential elements of MBPIs, with most statements reviewed in this study strongly endorsed by the experts.

**Conclusion:** The results indicate Mindful Parenting is a complex and multi-faceted concept, which addresses both the intrapersonal and interpersonal mechanisms of parenting. The results also outline the main features of Mindfulness-based Parenting Interventions and adaptations necessary for the parenting context. However, due to methodological limitations, further research is necessary.

**Keyword(s):** Mindful parenting, Parenting, Mindfulness-based parenting interventions, Delphi, Mindfulness

## **Introduction**

Mindfulness is an ancient practice and a feature of several cultures and religious traditions. Therefore, there is a long history of humanity drawing on mindfulness practice to engage with the challenges associated with everyday life. Forty years ago, the benefits of mindfulness practice within both mainstream health care and secular settings was realised by Kabat-Zinn (1982), who defined mindfulness as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). Working with individuals experiencing chronic pain, for whom medicine offered limited benefit, Kabat-Zinn (1982) developed the Mindfulness–Based Stress Reduction Course (MBSR). Drawing on an empirical approach, the intervention was found to be effective (Kabat-Zinn, 1982,1985) and ignited considerable interest in secular mindfulness (Mindful Nation UK, 2015), with Mindfulness-Based Cognitive Therapy (MBCT, Teasdale et al., 2000), for depression, the most established adaptation. Both MBSR and MBCT are highly structured, well-defined programmes, which share core features, pedagogy and are effective for treating a range of mental health problems (Fumero et al., 2020; National Institute for Health and Care Excellence, NICE, 2022; Sharma, & Rush, 2014). Subsequently, both MBSR and MBCT have undergone further adaptations and tailored to the needs of different populations (Mindful Nation UK, 2015), including parents (Anand et al., 2021; Burgdorf et al., 2019).

## **Models of Mindful Parenting**

Drawing on both theoretical and empirical literature, Duncan et al. (2009) proposed the first comprehensive model of Mindful Parenting (see Table 1 for overview of the

five dimensions). Whilst the model proposed by Duncan et al. (2009) is frequently referenced in the literature, Ahemaitijiang et al. (2021) indicate researchers also draw on an alternative understanding of Mindful Parenting. For example, based on qualitative studies, both Haydicky et al. (2017) and Townshend and Caltabiano (2019) have shared alternative models of Mindful Parenting. Haydicky et al. (2017) developed a 'co-regulatory process of change' model based on adolescents and parents' experiences, whilst Townshend and Caltabiano (2019) proposed the 'anchor model' based on the experiences of four clinicians. See Table 1 for an overview of the three models (Duncan et al., 2007; Haydicky et al., 2017; Townshend & Caltabiano., 2019).

Each model (Duncan et al., 2009; Haydicky et al., 2017; Townshend & Caltabiano., 2019) highlights Mindful Parenting is a complex, multi-faceted concept that features both inter-and intrapersonal processes (Coatsworth et al., 2010). The models indicate Mindful Parenting strengthens a parent's personal resources and in particular their ability to regulate their own emotions. The models also propose Mindful Parenting has a direct and/or indirect influence on the child and parent-child relationship. Furthermore, the models highlight how Mindful Parenting is associated with a parent's capacity to mentalize, based on their capacity to develop self-awareness and hold in mind the perspective of the child.

**Table 1***Models of Mindful Parenting*

<b>Duncan et al. (2009)</b>	<b>Townshend &amp; Caltabiano (2019)</b>	<b>Haydicky et al. (2017)</b>
Listening with full attention	Reflective functioning	Relating Differently to Internal and External Experiences (e.g., detached self-observation, self-awareness).  Regulating Behaviour, Emotions, and Cognitions (e.g., attention regulation, behavioural regulation).  Impact on Interpersonal Relationships (e.g., empathy and perspective taking within families, Mindful Communication Within Families).
Non-judgmental acceptance of self and child	Secure attachment	
Emotional awareness of self and child	Cognitive processes	
Self-regulation in the parenting relationship	Emotional processes	
Compassion for self and child	Somatic regulation	
	Social learning	

However, whilst the models share common features, there are key differences in how Mindful Parenting is conceptualised. For example, attitudinal and affective components (receptivity, compassion, and non-judgement) are a feature of the model developed by Duncan et al. (2009), whilst both Townshend and Caltabiano (2019) and Haydicky et al., (2017) appear to focus on processes and cognitive factors. Townshend and Caltabiano (2019) also highlight the relationship between mindful parenting, attachment (Ainsworth & Bowlby, 1991) and reflective functioning (Fonagy et al., 1991). Finally, the authors focused on the experiences of experts either from a small geographical location and/or with similar experiences and perspectives, which could limit the utility of these models.

## **Mindfulness-based Parenting Interventions**

Mindfulness-based Parenting Interventions (MBPIs) support parents to develop mindfulness, relate mindfulness to parenting and alleviate parenting stress (Ahemaitijiang et al., 2021). Both Mindfulness based Stress Reduction (MBSR) and Mindfulness based Cognitive Therapy (MBCT) often form the foundation of established MBPIs (Anand et al., 2021; Bardacke, 2012; Bögels et al., 2013; Shorey & Ng, 2021), offered in both clinical and non-clinical settings (Bardacke, 2012; Potharst et al., 2018).

MBPIs have an expanding evidence base, indicating benefits for parents (Anand et al., 2021; Burgdorf et al., 2019), children (Burgdorf et al., 2019; Meppelink, et al., 2016) and the parent-child relationship (Turpyn & Chaplin, 2016). Anand et al. (2021) undertook a meta-analysis of twenty studies of MBPIs and focused on both intrapersonal and interpersonal parental outcomes. The review indicated several positive outcomes for parents. Moderate effect sizes were observed for improved general stress, internalizing psychological symptoms and well-being, and a small to moderate effect for mindfulness, parenting stress and parenting behaviours.

A meta-analysis by Burgdorf et al. (2019) reviewed the outcomes of twenty-five mindfulness-based interventions offered to parents, with the aim of either reducing parental stress or offering psychological benefits for the child. Eighteen studies reviewed MBPIs, whilst the remaining studies examined either MBSR or MBCT. Post-intervention, a small reduction in parenting stress was followed by a moderate reduction at the two months follow up. Whilst a change in parenting stress predicted a change in adolescent externalizing and cognitive effects, it did not predict a change in internalizing behaviours. Burgdorf et al. (2019) indicated several methodological weaknesses and the overall risk of bias was high. Acknowledging



methodological weaknesses, research to date (Anand et al., 2021; Burgdorf et al., 2019) suggests MBPIs may reduce parenting stress, and offer benefits for children (externalizing and cognitive effects). However, it remains unclear whether MBPIs have a positive effect on child internalizing behaviours (Burgdorf et al., 2019).

### **Consensus regarding Mindful Parenting and MBPIs**

Whilst there is emerging evidence regarding the effectiveness of MBPIs, recent reviews indicate a lack of consensus regarding both the general concept of Mindful Parenting and the main features of MBPIs. Based on a narrative review of existing literature, Townshend et al. (2016) highlighted the absence of a consistent model of mindful parenting and interventions varied in their “content, dose and theoretical underpinnings” (p. 144). They reviewed seven RCTs of MBPIs and the outcome of the review was limited by the lack of clarity regarding the mechanisms of change. They recommended a shared understanding of mindful parenting would strengthen future research. A narrative review of the literature by Cowling and Gordon (2021) explored recent advances within the field of Mindful Parenting. They concluded that the absence of a shared definition for mindful parenting, established protocols and uncertainty regarding the mechanisms of change, were a barrier to examining the effectiveness of MBPIs. Finally, a systematic review and meta-analysis by Shorey and Ng (2021) highlighted similar concerns. Their review of eleven studies examined the efficacy of MBPIs and highlighted the heterogeneity of intervention protocols, outcome measures and study contexts were a barrier to drawing firm conclusions regarding the efficacy of MBPIs.

## **The ‘Warp and the Weft’ of Mindfulness-based Interventions (Crane et al., 2017)**

Concerns regarding the integrity and heterogeneity of MBPIs correspond with the challenges encountered within the general field of MBI (Crane et al., 2017; Davidson & Kaszniak, 2015; Williams et al., 2021). For example, maintaining the integrity of novel MBIs in the context of the "proliferation of quick-fix courses and techniques offered by often minimally trained teachers" (Kenny et al., 2020, p.1) is a challenge. Furthermore, mindfulness is often considered a “panacea” (van Dam et al., 2018) and adopting both a ‘cautious approach’ (Williams et al., 2021) and critical perspective to adapting MBIs has been recommended (Loucks et al, 2022). Therefore, experts collaborating often on an international level (Kenny et al., 2020) are examining several aspects of MBIs, including the construct of mindfulness (Bishop et al., 2004), the key components of MBIs (Crane et al., 2017; Williams et al., 2021) and regulation of mindfulness teachers (Crane et al., 2013; Kenny et al., 2020).

Furthermore, Crane and colleagues (2017) shared their understanding regarding the universal features of MBI’s, using the ‘warp and weft’ metaphor of threads running transverse through a fabric (see Appendix E). The fixed ‘warp’ of the fabric represents the “essential, constant and integral threads that define an MBP [mindfulness-based programme] regardless of population or context” (p. 992) whilst the ‘weft’ represents the unique aspects of an intervention, tailored to a specific population.

Drawing on this metaphor, in the context of an MBPIs, the 'weft' represents the parenting component of an MBPI, an aspect of the intervention that is presently unclear. Furthermore, although either MBSR or MBCT are typically used as the

foundation for MBPIs, because several MBPIs have been developed and promptly adapted for diverse populations (e.g., expectant parents, parents to adolescents), conveying the essential features of these interventions beyond the mindfulness component remains a challenge.

## **Research Aim**

Whilst both innovation and enthusiasm for MBPIs is encouraging, Mindful Parenting remains perhaps an unwieldy concept. Furthermore, recent reviews of MBPIs indicate the salient features of interventions vary and are not well defined (Cowling & Gordon, 2021; Shorey & Ng, 2021; Townshend, et al., 2016). Therefore, the aim of this study was to examine whether there is consensus among mindful parenting stakeholders regarding both the generic concept of Mindful Parenting and the essential features of MBPIs. This study explored the following questions:

1. How do Mindful Parenting stakeholders (clinicians, researchers, and parents) understand the concept of Mindful Parenting?
2. What do purposively sampled stakeholders consider to be the essential elements of an MBPI?

Two secondary research questions were explored:

1. Do stakeholders consider consensus regarding Mindful Parenting and the key ingredients of MBPIs helpful?
2. Are there differences in how stakeholders construct the concept of mindful parenting and understand the essential elements of an MBPI? (this question would be explored, only if the sample size was sufficient).

## Method

### Design

Incorporating both qualitative and quantitative approaches, the Delphi methodology has the capacity to survey (Fish & Osborn, 1992) and 'distil' the perceptions of a diverse group of experts (Skulmoski et al., 2007). Through an iterative process and structuring of group opinion (Goodman, 1987), experts direct, revise and fine-tune how research questions are answered, with the aim of arriving at a measure of consensus (Brady, 2015; Norcross et al., 2002). The Delphi methodology also supports collaboration whilst maintaining anonymity (Pare et al., 2013). Anonymity prevents several unhelpful social and group processes, (Williams & Webb, 1994) and supports honest and "freer expression of opinion" (Suto et al., 2019, p. 25), especially from participants who typically hold less power (Brady, 2015). Therefore, the Delphi method is a means of capturing diverse opinions. Finally, the Delphi methodology is often used to improve clarity and offer guidance within complex fields (Grisham, 2009).

Whilst multiple rounds of the Delphi facilitate communication and rigorous examination of an issue, it is also a demanding process (Turoff & Linstone, 2002). A three-round approach was chosen for this study, because it is considered acceptable to participants (Turoff & Linstone, 2002) and has the potential to offer sufficient feedback and stability in responses (Turoff & Linstone, 2002), whilst maintaining the engagement of panellists (Fish & Osborn, 2005; Turoff & Linstone, 1975).

The process of developing the initial Delphi questionnaire is often based on a literature review, however, researchers may also draw on participant experiences. Therefore, qualitative approaches, in particular thematic analysis, are often a feature

of modified Delphi studies (Brady, 2015), offering a deeper understanding of participant feedback (Djurtoft, 2022). A reflexive approach to thematic analysis (Braun & Clarke, 2019) was used in this study, as it offered a means of obtaining and preserving rich descriptions of Mindful Parenting.

### **Epistemological Position**

The aim of this study was to contribute to the dialogue regarding Mindful Parenting, drawing on the experiences and opinions of interested participants with expertise gained through education and/or experience. Mindfulness is an ancient, nuanced, personal and complex psychological concept (Qu et al., 2015), which is difficult to define and articulate. Furthermore, the literature indicates Mindful Parenting is a complex concept and the essential elements of MBPIs are unclear, partly due to innovation and considerable adaptations of the programmes. Furthermore, because this is a new and evolving field, concepts related to MBPIs may change and evolve. Therefore, due to both the subject matter and methodological approach, the study drew on a critical realist position (Bhaskar, 2013; Frauenberger, 2015). A critical realist position acknowledges that new knowledge is co-constructed by participants and researcher, but an underlying reality has shaped that construction.

## **Participant Recruitment**

Because interest in Mindful Parenting extends beyond the UK, the aim was to undertake an international study and recruit participants with diverse experience of Mindful Parenting and MBPIs. This approach is consistent with other Delphi studies which frequently recruit international participants (Castro-Calvo, 2021; Williams et al., 2021) and experts by both education and experience (Nasa et al., 2021; Niederberger & Spranger, 2020). Therefore, a purposive sampling strategy was used to recruit three groups of experts, including researchers of mindful parenting, mindfulness teachers and parents who had experience of mindful parenting.

### ***Recruitment strategies: All participants***

Advertisements for the study (see Appendix F) were placed on social media sites that either focused on parenting, mindfulness or both (Facebook, twitter, LinkedIn). Participants indicating their interest in the study or recruited using the methods outlined below were provided with a brief letter regarding the study (see Appendices G, H and I) and invited to share details of the study with other interested parties, drawing on the snowballing method. Additional strategies were used to reach mindfulness teachers and researchers (please see below).

***Recruitment of Mindfulness Teachers:*** Five international organisations offering training in MBPIs and six offering training in MBIs were invited to advertise the study. These organisations were approached as the research team considered these the most established providers. Nine members of the International Mindfulness Integrity Network (IMI) working party group were also asked to advertise the study. The aim

of the IMI is to strengthen the integrity of MBIs, and expert members represent a range of geographical locations.

Mindfulness teachers working in private practice, offering MBPIs, who had undertaken formal training in mindfulness-based interventions were also invited to participate. Whilst some teachers had undertaken further training in an established MBPI, others had developed their own mindful parenting course. Following an initial search using the search engine (Google) which gave precedence to teachers offering interventions in the UK, a broader search was undertaken, focused on countries who had an IMI representative. Finally, a professional body for mindfulness professionals (British Association of Mindfulness-based Approaches, BAMBA) was asked to advertise the study with their members. Equivalent associations in other countries may exist, but were not identified by the research team.

### ***Recruitment of Mindfulness Researchers***

Google scholar was used to identify research articles that examined Mindful Parenting (search term 'Mindful Parenting'). The search was limited to articles published between 2016 and 2020 (with the aim of reaching researchers with a present interest in the topic) and the first 10 pages of results. Corresponding authors were contacted and invited to both take part and share details of the study with colleagues. The researcher also had access to the programme for a conference held by the Centre of Mindfulness Research and Practice (University of Wales, Bangor) titled 'Supporting all aspects of Family Life' (2016) and researchers presenting on Mindful Parenting were invited to take part. For further information regarding the recruitment strategy, see Appendix J.

## Screening

Both inclusion and exclusion criteria are presented in Table 2 and participant expertise was ascertained through screening questionnaires (see Appendix K). The aim was to recruit parents who had either engaged in an MBPI or applied what they had learned from attending an MBI to their parenting experiences. This decision was informed by the anticipated challenge of recruiting parents with experience of MBPIs, particularly as it is novel intervention.

**Table 2**

*Participant Screening and Inclusion Criteria*

Screening and inclusion criteria
<b>Researchers:</b> Individuals who have conducted research into mindful parenting programmes as evidenced through published (empirical) journal articles and books.
<b>Clinicians/Mindfulness Teachers:</b> Mindfulness teachers who have undertaken formal teacher training lasting at least 12 months. Teachers have either undertaken additional training in an MBPI or have either developed or adapted a mindfulness programme for parents.
<b>Parents:</b> Parents who have either attended a mindful parenting course or have attended a mindfulness course and applied what they have learned to parenting. Parents continue to engage in formal or informal mindfulness practice and apply this to their parenting.



### ***Number of participants***

Limited guidance exists regarding the optimum number of participants necessary for a Delphi and wide variation of opinion is evident in the literature. For example, Powell (2003) recommends decisions should be guided by the topic and resources available. Nasa et al. (2021) recommend a panel of approximately 30-50 participants in concluding rounds. Black et al. (1999) recommend reliability of the judgement increases with sample size, but there are 'diminishing returns' when the sample is greater than twelve participants. Increased sample size may also operate as protection against attrition in subsequent rounds of the study (Ogbeifun, 2016), with the aim of creating a 'stable expert panel' (White, 1991).

Based on a review of the literature (Hsu & Sandford, 2010; Keeney et al., 2011; Turoff & Linstone, 2002) and to support diversity of opinions, the aim was to invite 15-20 participants, (approximately 5 individuals from each of the three expert groups) to take part in Round 1. A sample of 15-20 participants was considered suitable for several reasons, including the time frame of study and because Mindful Parenting remains a relatively small field. This sample size is also aligned with published guidance regarding Delphi methodology (Hsu & Sandford, 2010) and recommendations for researchers undertaking qualitative analysis, in the context of a professional doctorate (Clarke & Braun, 2013). Due to time constraints, it was not possible to randomise participants to Round 1, therefore the aim was to invite the first five participants recruited to each group to take part in Round 1.

The aim was to recruit additional participants for Round 2 and increase the sample to 15-50 participants (including round 1 participants). Participants from Round 1 and 2 would be retained and invited to take part in Round 3 of the study.

## Participant Information

In total, 20 participants engaged in the study (7 parents, 8 teachers and 5 teacher/researchers). Four participants (1 teacher/researcher, 1 parent, two teachers) withdrew from the study prior to Round 3 and the submitted data of two participants was not included in the analysis, because it was incomplete. Participants who either withdrew or submitted incomplete data, did not give a reason and were not required to do so, as per study guidelines.

The aim was to interview an equal number of participants from each expert group in Round 1, however due to recruitment difficulties this was not possible. Thirteen participants took part in Round 1. Following further recruitment (7 participants joined in Round 2), 16 participants took part in round 2 (85% of participants retained from round 1) and 14 participated in round 3 (87.5% of participants retained from round 2). See table 4 for additional demographic information and Appendix L for a copy of the sociodemographic form.

**Researcher and Teacher/Researcher Participants.** During the Round 1 interviews, it became apparent from responses to the warm-up questions that Round 1 registration had not captured that several teacher participants were also researchers. Therefore, in Round 2 all participants were asked to share whether they had undertaken research and if necessary, their demographic form was revised. Therefore, the researcher category was revised to 'researcher/teacher and researcher'.

**Table 3***Participants demographics*

		<b>Round 1 (N=13)</b> (n, %)	<b>Round 2 (N=16)</b> (n, %)	<b>Round 3 (N=14)</b> (n, %)
<b>Expertise</b>				
	Parent	5 (38)	4 (25)	4 (29)
	Teacher	3 (23)	8 (50)	6 (43)
	Teacher/Researcher	3 (23)	3 (19)	3 (21)
	Researcher	2 (15)	1 (6)	1 (7)
<b>Age</b>				
	35 – 44	6 (46)	7 (44)	7 (50)
	45 – 54	4 (31)	5 (31)	4 (29)
	55 – 65	2 (15)	2 (13)	2 (14)
	65 and over	1 (8)	2 (13)	1 (7)
<b>Gender</b>				
	Male	1 (8)	1 (6)	1 (7)
	Female	12 (92)	15 (94)	13 (93)
<b>Country of residence</b>				
	UK	8 (62)	9 (56)	9 (64)
	Australia	2 (15)	1 (6)	1 (7)
	Netherlands	1 (8)	1 (6)	1 (7)
	Sweden	1 (8)	1 (6)	1 (7)
	Indonesia	1 (8)	0	0
	USA		2 (13)	1 (7)
	Luxembourg		1 (6)	1 (7)
	New Zealand		1 (6)	0
<b>Ethnicity</b>				
Asian	- Asian 'other'	1 (8)	0	0
White		8 (62)	12 (75)	10 (71)
	- White British	1 (8)	1 (6)	1 (7)
	- White Jewish	1 (8)	1 (6)	1 (7)
Other ethnic group		1 (8)	0	0
Not answered		1 (8)	2 (13)	2 (14)

Further information on teacher and researcher training, experience, professional roles and/or publications is reported in Appendix M.

**Teacher Participants.** All mindfulness teachers ( $n = 8$ ) and teacher/researchers ( $n = 3$ ) had engaged in an accredited course and most ( $n = 8$ ) subscribed to standards/guidance for mindfulness teachers. The average number of years teaching was 7.9 years, ranging from 1 to 20 years. Most teachers taught several MBIs, including MBSR, MBCT, and other established and peer reviewed interventions. Several teachers ( $n = 6$ ) had either developed or adapted one or more MBPI either themselves or in collaboration with others. Whilst three of these novel programmes were in early development, five programmes had been examined empirically. Further information regarding their training, and experience of teaching MBPIs is reported in Appendix N.

**Parent participants.** Most ( $n = 6$ ) parents drew on the experience and understanding of mindfulness gained from either generic or secular mindfulness-based courses (MBSR, MBCT). Several participants indicated they were also drawing on Buddhist mindfulness practice (Vedic practice, Vipassana training). One parent had attended a Mindfulness based Childbirth and Parenting course (MBCP). Further information regarding their experience of mindfulness is reported in the Appendix O. Furthermore, all participants taking part in the study regardless of their area of expertise, indicated they were parents and practised mindful parenting.

## **Overview of MBI, MBPIs and additional information**

Altogether, participants drew on their experience with 12 MBPIs and experience of several generic MBIs (secular and non-secular). See Appendix P for a list of the mindfulness-based programmes participants attended, facilitated and/or researched.

## **Data collection and plan for analysis**

The data gathering process lasted 10 months. For an overview of the process and participation, see Figure 1.

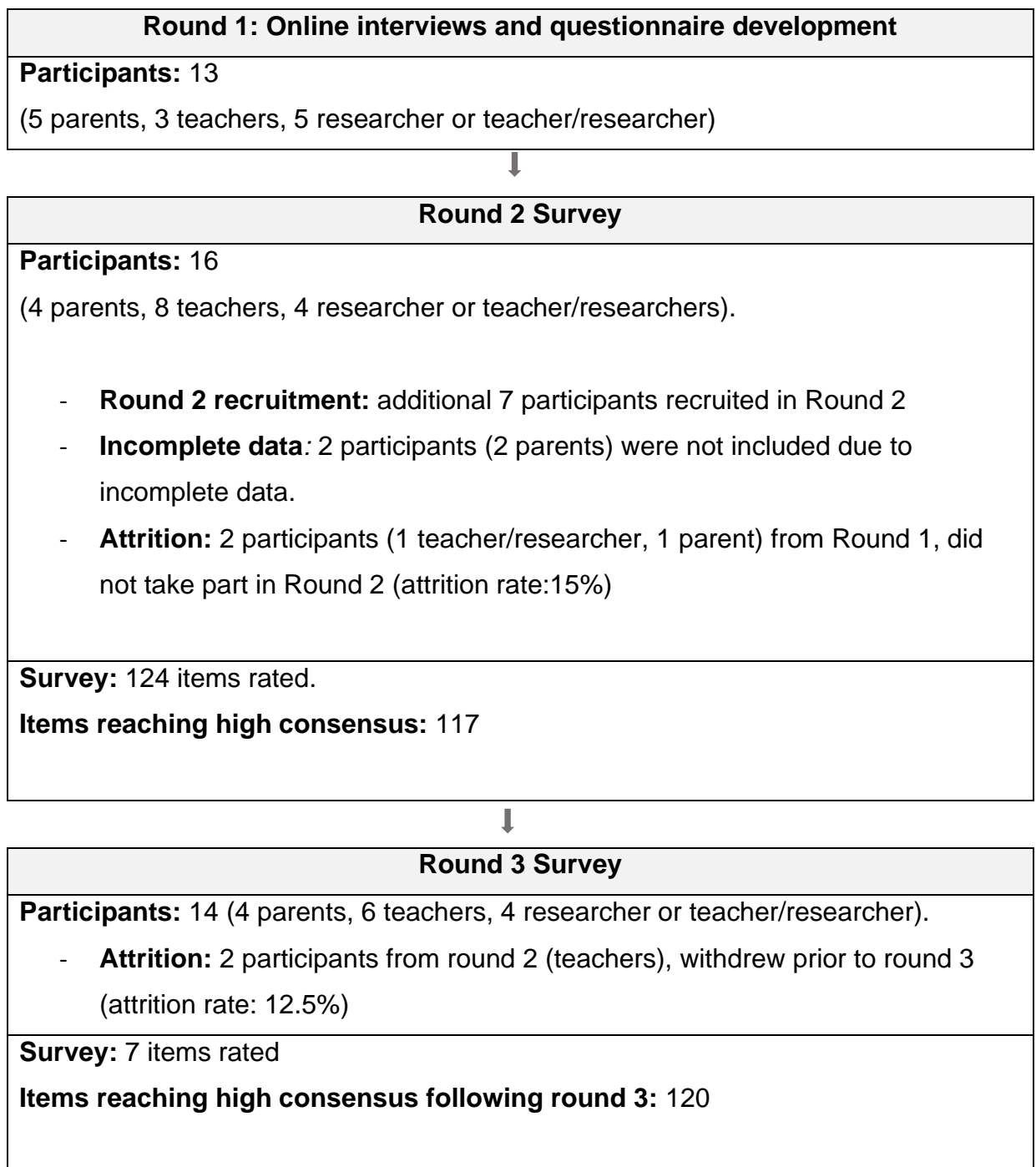
### ***Round 1***

A semi-structured interview was developed for Round 1 interviews. See Appendix Q for an overview of the standard interview schedule. Prior to interviewing participants, the researcher explored and documented several aspects of their personal and professional experience that influenced their 'personal positioning' to the research question both within a reflexive research journal (Braun & Clarke, 2021) and supervision meetings (Nowell et al., 2017). This aspect of the analysis is discussed further in the section regarding quality assurance.

Alongside sharing their opinions regarding the research questions, participants were also invited to share their thoughts regarding the premise of the study to examine consensus. Interviews were undertaken online and recorded on a password protected Dictaphone. Interviews lasted between 20-40 minutes.

## Figure 1

Overview of the research procedure



All parents taking part in the study indicated they practised mindfulness and had participated in a mindfulness intervention, however, only one parent was drawing on their experience of engaging in an MBPI. Therefore, for parents who did

not have experience of MBPIs, the interview question was altered and they were invited to envisage the key ingredients of an MBPI programme based on both their experience of other MBIs and their lived experience of Mindful Parenting (see Appendix R).

All participants were invited to engage in an optional mindfulness practice, which lengthened the interview by approximately 10 minutes and influenced how the semi-structured interview questions were asked (see Appendix S). The aim of the mindfulness practice was to support participants to connect experientially with the semi-structured interview questions and their personal experience of Mindful Parenting. Incorporating a mindfulness practice was considered consistent with both with the research question and experience of participants. Three participants engaged in the mindfulness practice.

The researcher transcribed the interviews and a reflexive approach to thematic analysis was used to analyse the transcripts (Braun & Clarke, 2006; 2019). The analysis was informed by the six phases of Braun and Clarke's approach to thematic analysis (2019). For further information, regarding the six phases see Appendix T. Familiarisation with the data incorporated a mindful and subjective approach, with the researcher holding both a receptive and curious attitude (Lemon, 2017; Nicholls, 2019). The aim was to maintain self-awareness and strengthen the integrity of the analysis. Therefore, the researcher recorded how the statements influenced their immediate thoughts and their internal dialogue (Tobin & Begley, 2004), alongside potential codes. Furthermore, when participants shared concrete examples of mindful parenting, the researcher reflected both on the potential meaning and intention of the practice. Therefore, both semantic and latent analysis were a feature of the process. Participant feedback regarding the study aim to reach

consensus was also analysed, however, as this did not pertain to the primary research, a summary of the feedback rather than statements was developed.

Coding was undertaken using NVivo; a total of 240 codes were developed. The initial codes were reviewed by the researcher with the aim of identifying repetition and reducing the number of codes, whilst also maintaining the richness and nuanced meaning in the data. Clusters of codes which seemed to speak to a similar theme were collated and initial labels assigned to each group. Based on the codes and group labels, brief statements were developed. The researcher also examined the transcripts to identify quotes which conveyed the essence of each statement.

The researcher reflected on all the provisional codes and themes with their supervisors (both supervisors are experts in mindfulness and one supervisor also has expertise in mindful parenting). The aim was to support the researcher to further engage with the data, consider the data from different perspectives and explore alternative interpretations, consistent with the reflexive thematic approach (Braun & Clarke, 2019). This resulted in the researcher amending some themes and theme titles. Therefore, whilst the analysis was informed and enriched by the reflective process, themes were constructed by the researcher.

Finally, 124 statements were organised into themes, aligned to the two main research questions. The themes and statements were used to develop the questionnaires for Round 2. Whilst this overview describes a linear approach, the process was iterative as the researcher revisited several steps in the process of refining both the statements and themes. For further information regarding the process of analysing the data, see Appendix U.



## Round 2

Participants were invited to complete the questionnaire and share their level of agreement with a series of statements, using a 5-point Likert scale, ranging from 'strongly disagree' to 'strongly agree'. See Figure 2 for an example question and Appendix V for the instructions.

### Figure 2

*Example question from Round 2*

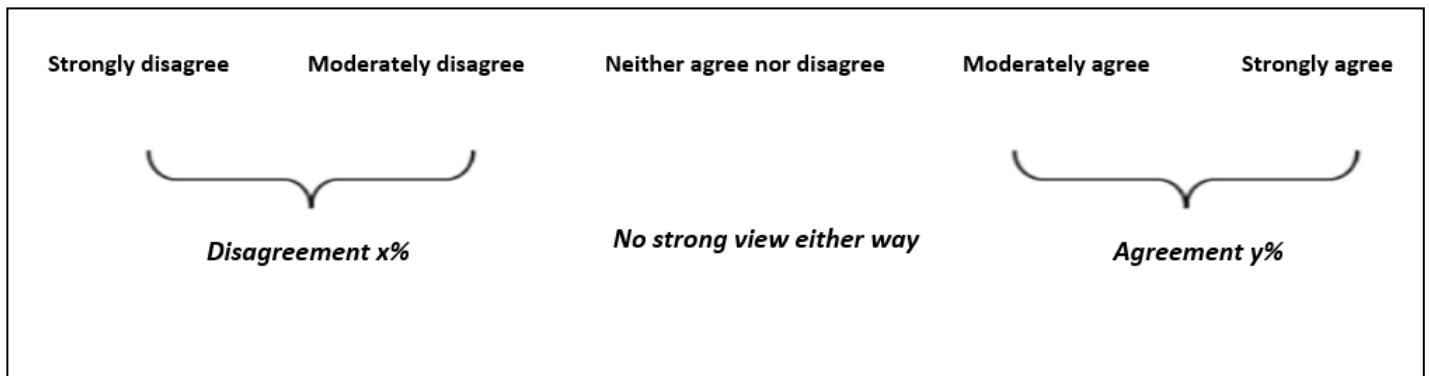
Mindful parenting...				
is being sensitive to the needs of the child				
Strongly Disagree	Moderately Disagree	Neither agree nor disagree	Moderately Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In addition to closed questions, participants were invited to share qualitative feedback on the statements, themes, and summary of the feedback regarding consensus. This offered participants the opportunity to expand on their answers, suggest additional topics for consideration (Thompson et al., 2019) and alert the researcher to topics which may have been overlooked during the analysis. The aim was to review and share the qualitative feedback with participants in Round 3, if the researcher believed it would inform the process.

Round 2 responses were examined to establish which items arrived at a consensus or 'collective agreement' (Keeney et al., 2011). The process for establishing consensus was informed by an approach used by Graham and Milne, (2003) and the five items of the Likert scale combined into three response categories: 'disagree', 'no strong view either way' and 'agreement'. See Figure 3 for the scale used in this study. Based on an approach used by South et al. (2015), items falling below 50% endorsement were excluded (see Table 4), and the remaining items were categorised as either weak, medium, or high consensus (see Table 5.).

### Figure 3

*Response categories (South et al., 2015)*



**Table 4**

*Consensus categories (South et al., 2015)*

<b>Consensus category</b>	<b>Level of agreement/disagreement</b>
Weak consensus	50 - 66.76%
Medium consensus	66.68 - 83.34%
High consensus	higher than 83.34%

**Round 3**

Participants were invited to review questions which did not reach high consensus in Round 2. Questionnaires were tailored to each participant and highlighted their individual response in Round 2, alongside a summary of how the group answered each question (percentages). See Figure 4 for an example item and Appendix W, for the instructions. Participants were invited to review their answers and offered the opportunity to either change their responses or stick with their original answer. Consistent with Delphi methodology (South et al., 2015), round 2 responses from participants who dropped out from round 3 were considered final (South et al., 2015), unless participants had requested to withdraw from the study.

## Figure 4

### Example question from Round 3

**Mindful parenting is acknowledging and valuing children's affinity for mindfulness**

In round 2, your response was: **strongly agree**

Please see below how other participants rated this item.

Strongly agree: 31.25%  
Moderately agree: 50.00%  
Neither agree nor disagree: 18.75%  
Moderately disagree: 0%  
Strongly disagree: 0%

Based on this information, how do you now rate the statement.

Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finally, because it was not possible to recruit the number of participants outlined in the proposal, this had an impact on the plan to explore one of the secondary research questions. The aim was to examine differences in how stakeholders constructed the concept of mindful parenting and understood the essential elements of an MBPI. However, the sample was too small to derive meaningful conclusions from an analysis of this data, therefore this was not undertaken.

## Quality Assurance

The design for this study was based on best practice guidance and approaches used within peer reviewed studies (Braun & Clarke, 2019; Graham & Milne, 2003; Iqbal & Pison-Young, 2009; Powell, 2003; South et al., 2015). Furthermore, the approach

used for data analysis and establishing consensus was determined prior to the study starting and as already indicated, the analysis was explored with supervisors.

Finally, Reflexive Thematic Analysis is a subjective process and in order to develop insight into how their own experiences influenced the analysis, the researcher completed a reflexive journal (Braun & Clarke, 2021) both prior and during the qualitative analysis. The researcher had pre-existing interest in mindful parenting, therefore reflected on the research questions and how they might answer these if they were a participant. They also reflected on wider factors regarding their identity and life experiences (Braun & Clarke, 2021). This process alerted the researcher both to their assumptions and biases (Bradbury-Jones, 2007), including potential narratives and explanations which they may be more or less drawn towards.

### **Ethical considerations**

Ethical approval for the study was granted by the Salomons Institute for Applied Psychology Ethics Panel on the 13<sup>th</sup> of October 2020 (see Appendix X). Subsequent adjustments to the study, including revisions to the Round 1 interview and the inclusion of an incentive/donation to a charity, were discussed and approved by the committee prior to the study starting.

***Informed consent & withdrawal:*** Participants were invited to read a participant information sheet prior (see Appendices Y & Z) to completing a consent form (see Appendix AA). They were asked to confirm that they had read and understood the information, offered an opportunity to ask questions and to confirm their consent to

take part by sharing an electronic signature. Prior to Round 1 interviews, participants were given a verbal outline of study and offered an opportunity to ask further questions prior to taking part. Participants were informed they could withdraw from the study at any time, however, due to the nature of the study, data from Round 1 used to develop the questionnaire could only be removed up to two weeks following the interview. Participants taking part in Round 1 interviews were also informed of their right to request for a break or to end the interview early.

**Confidentiality:** Participants were informed regarding the limits to confidentiality, if the researcher learned they or anyone else was at risk of harm. Participants were informed that any audio files and/or documents shared between the researcher and supervisors would be password protected and a university email used to communicate and share confidential data. However, during the study it was not necessary to share confidential information with supervisors.

**Risk of Participant Distress:** Participants were not asked to share personal information or draw on their personal experiences. Therefore, the anticipated risk of distress to participants was considered low. However, because this topic may prompt reflection on personal experiences of mindful parenting, there was a small risk that engaging with this topic may cause distress. Therefore, measures were put into place to mitigate and support participants, including; a detailed information sheet about the purpose of the study, clear information about their right to pause and/or withdraw from the study and a debrief form which included the contact detail of the researcher and means of accessing further support (see appendices BB & CC).

**Support for participants outside the UK:** Because the aim was to undertake an international study, signposting participants to additional support if participation in the study caused distress was identified as a challenge, prior to study commencement. Therefore, participants from outside the UK were asked to consider whether they had access to mental health support, should the study cause distress and confirm support was available to them.

**Additional considerations:** At the end of the project, participants were sent a summary of the findings. Because the study included international participants, it was not possible to reimburse participants directly for their time. However, to encourage engagement, for each person taking part in the study a £10 donation was made to UNICEF UK.

## Results

### Round 1

#### ***Research Question 1: How do mindful parenting stakeholders understand the concept of mindful parenting?***

Eighty statements and 14 themes were developed from participant responses to interview questions associated with research question 1. All statements and themes and sample quotes from Round 1 interviews are presented in Appendix DD. The themes highlight parent, child and relational features of Mindful Parenting, and an outline of key attitudes, skills and values. See Appendix EE for an overview of all statements presented to participants, alongside representative quotes.

#### ***Research Question 2: What do stakeholders consider to be the essential elements of an MBPI?***

In relation to question 2, 44 statements, organised into seven themes were developed and are presented in Appendix FF. The themes highlighted several key features of the intervention, including practical considerations, pedagogy and teacher attitudes.



***Research Question 3: Do stakeholders consider consensus on mindful parenting and the key ingredients of MBPIs helpful?***

A sample of statements related to consensus, are presented in Appendix HH. Based on participant feedback, views on consensus were summarised (see Figure 5). Participants had an opportunity to review and share qualitative feedback on the summary in Round 2.

**Figure 5:**

***Overview of panel members' feedback on the value of examining consensus***

The statements are based on the expertise of parents, teachers and researchers who have experience of mindful parenting interventions. Drawing on the expertise of the panel, the statements offer an indication of the essential elements of a mindful parenting intervention. Whilst these statements could be used as guidance for practitioners, it is neither a prescriptive nor an exhaustive list of considerations. The expert panel does not align with any organisation and does not have the authority to impose these ideas. Therefore, alongside potentially using these ideas within practice, local guidance regarding best practice should also be followed (e.g., regarding teacher qualifications and management of risk). Whilst the list of statements offers an indication of what the panel considered as essential elements, they acknowledge this will change and this will be an ongoing conversation within the field. The experts who have contributed to this research, value both innovation and evidence-based practice and hope others find these ideas helpful.

## **Round 2: Overview of Consensus**

In Round 2, sixteen participants rated the 124 statements on a five-point Likert scale. Participants agreed with all statements presented; 117 statements reached high consensus (agreement), 5 statements reached medium consensus (agreement) and 2 statements reached weak consensus (agreement). See Appendix II for further information regarding the 7 statements that did not achieve high consensus in Round 2.

## **Round 3: Overview of Consensus**

In Round 3, participants were presented with the seven statements that did not reach high consensus in Round 2. There was no change in consensus for two statements (with one remaining weak consensus and one remaining medium consensus), an increase in consensus for three statements (three reached medium consensus in Round 2 and reached high consensus in Round 3) and a decrease in consensus for two statements (from weak to no consensus, and from medium to weak). Therefore, at the end of Round 3, there was high consensus (agreement) for 120 statements, medium consensus (agreement) for 1 statement, weak consensus (agreement) for two statements, and no consensus for one statement (see Appendix JJ for further details). See Tables 5 and 6, for an overview of the results and level of agreement in the final round of the study.

**Table 5***How do mindful parenting stakeholders understand the concept of mindful parenting? Level of agreement following Round 3*

<b>Theme 1: Mindful parenting is being present with a child</b>		<b>% agree</b>
Mindful parenting...	is being sensitive to the needs of the child	100
	fosters intimacy in the parent-child relationship	100
	supports mindful listening and communication	100
<b>Theme 2: Mindful parenting is a relational practice</b>		
Mindful parenting...	is being mindful during everyday moments of family life	100
	is being receptive and learning about mindfulness through experiences with children	93.75
	is parents and children learning from and with one another	93.75
	is shared present awareness	87.50
	is increased togetherness	87.50
<b>Theme 3: Mindful Parenting is connecting with a child's perspective and needs</b>		
Mindful parenting...	fosters perspective taking and curiosity into their child's needs and experiences (i.e., mentalising, mind-mindedness)	100
	connecting with the emotional experiences of the child (i.e., 'being with')	100
	strengthens parental cognitive/mindfulness skills (including flexible thinking, focused attention, meta-cognition, present moment awareness)	100

strengthens attunement	100
is being open to and tolerating a child's difficult emotions	100
promotes empathy	100
supports a child's capacity to reflect and understand their own emotional landscape	100
is attending to own perspective whilst also being curious about their child's perspective	93.75
is supporting children to label emotions and use language to convey their experiences	93.75
supports parents to repair ruptures and re-connect with their child	93.75
is validating a child's experiences and emotions	93.75

#### **Theme 4: Mindful Parenting supports the child's experience of feeling emotionally held**

<i>Mindful parenting...</i>	is relating to child experiences with openness and curiosity	100
	is acknowledging the emotional experiences of the child	100
	is authenticity in the parent-child relationship	100
	is conveying that all emotions can be explored and tolerated	100
	is being with a child during moments of distress	100
	is supporting a child to tolerate and accept their own difficult experiences	100
	is being curious and trying to make sense of a child's experiences	100

<b>Theme 5: Nurtures compassion and acceptance for a child</b>		
Mindful parenting...	cultivates self-compassion which strengthens compassion towards the child	100
	is modelling for children, the value of self-compassion and acceptance	100
	acceptance for the child	93.75
	is engaging in the practice because they are motivated to support their child	93.75
<b>Theme 6: Mindful Parenting cultivates curiosity regarding the parent-child relationship</b>		
Mindful parenting...	is cultivating expanded awareness of the parent-child relationship	100
	supports curiosity and insight into own parenting behaviours	100
	is holding in mind the context and influence of wider factors	100
	being curious about what is influencing their relationship with their child	100
	holding in mind impermanence and the dynamic quality of the parent-child relationship	100
	is being aware of reciprocity and interaction within the parent-child relationship (i.e., bi-directional influence/synergy)	93.75
<b>Theme 7: Mindful Parenting strengthens a child's innate capacity for mindfulness</b>		
Mindful parenting ...	supports child emotional development	100
	is modelling attitudes (e.g., self-compassion, acceptance, value of self-care) which either indirectly or organically strengthens these attitudes in the child	100
	supports children to internalise adaptive coping strategies, including mindfulness attitudes	100

	has an indirect influence on the child through parental behaviour	93.75
	sustains and nurtures child's capacity for mindfulness	87.50
	is acknowledging and valuing children's affinity for mindfulness	75
	focuses on change in the parent	37.50
<b>Theme 8: Mindful parenting acknowledges and cultivates acceptance for the challenges of parenting</b>		
Mindful parenting...	acknowledges parenting is an intense and challenging experience	100
	normalizes the challenges parents experience	100
	is an acceptance that difficulties and/or fluctuations in connection will happen within the parent-child relationship	100
	is acceptance that parents will often struggle and face challenges, despite their best intentions	100
	supports authoritative parenting (i.e., relationship based both on maintaining appropriate boundaries and warmth)	87.50
	acknowledges the importance and need for gentle/mindful discipline	87.50
	informs parental use of boundaries	87.50
<b>Theme 9: Mindful parenting nurtures parental self-care and self-compassion</b>		
Mindful parenting...	holds in awareness the needs of parents	100
	supports parents to acknowledge and value their own strengths and competencies	100
	supports parents to hold more realistic expectations of themselves (i.e., good enough parenting)	100
	fosters a non-judgmental attitude towards the self	100

	supports a sense of common humanity and connection with other parents	100
	builds capacity to be authentic and vulnerable	100
	is letting go of expectations to always be the expert or get it right.	93.75
	supports balancing and meeting the needs of both parents and children	93.75
<b>Theme 10: Mindful parenting connects with a parent’s innate capacity for mindfulness and is an approach to life</b>		
Mindful parenting ...	is a way of being (i.e., rather than a technique or strategy)	100
	strengthens a parent’s natural capacity for mindfulness	100
	integrates with a parent’s natural capacity for mindfulness	100
<b>Theme 11: Mindful parenting cultivates intimacy with the self and what is personally meaningful</b>		
Mindful parenting...	connects with personal values and intentions	100
	supports connection with parental instincts and/or personal wisdom	100
	is a values-based approach	93.75
	may connect with personal meaning or philosophical/spiritual beliefs	87.50
	may support a sense of interconnectedness with something “greater than you” (e.g., nature, philosophy, religion, common humanity).	87.50

<b>Theme 12: Mindful parenting supports parental equanimity</b>		
Mindful parenting...	supports responding rather than reacting	100
	supports responding in a way which is consistent with values	100
	is connecting with the personal landscape (i.e., with what is happening internally for the parent)	100
	responding with what is required or most effective (e.g., asking, what do I need or what will serve me well?)	100
<b>Theme 13: Mindful parenting is connecting with the joy of parenting</b>		
Mindful parenting...	offers increased capacity to notice positive experiences	100
	cultivates gratitude	100
	is attending to precious moments	100
	is valuing everyday parenting experiences	100
	is realising everyday parenting tasks are meaningful	100
	is savouring precious moments	100
<b>Theme 14: Mindful parenting supports beginning again</b>		
Mindful parenting...	is being willing to learn/grow	100
	is repeatedly connecting with intentions and beginning again (i.e., equivalent of 'coming back to the breath')	100
	supports parents to repair ruptures and re-connect with their child	100



promotes a hopeful attitude

100

is maintaining a commitment to the parent-child relationship

93.75

**Table 6**

*What do stakeholders consider to be the essential elements of an MBPI? Level of agreement following Round 3*

<b>Theme 1: General principles for good practice</b>		<b>% agree</b>
Mindfulness based parenting interventions...	draw on the existing evidence base for mindfulness-based interventions.	100
	include thoughtful adaptations, which make the intervention relevant for parents holding in mind context, the needs of families and diversity.	100
	encourage parents to learn from and support one another.	100
	hold in mind features of established mindfulness courses (e.g., inquiry-based approach, formal practice, home practice).	100
	hold in mind the challenges and competing demands parents are facing.	93.75
	draw on the expertise of relevant professionals who support parents (e.g., midwives, health visitors, social workers), particularly when working with families who experience mental health, learning or health difficulties or are a vulnerable.	87.50

<b>Theme 2: Experiential learning and mindfulness practice</b>		
Mindfulness based parenting interventions...	incorporate and adapt core mindfulness-based intervention practices (e.g., 'sitting practice' and 'body scan' Kabat-Zinn 1982)	100
	include adaptations, which have the potential to enhance the intervention and hold in mind the relational aspects of parenting.	100
	incorporate increased emphasis on informal and everyday mindfulness practice.	100
	include shorter mindfulness practices.	100
	introduce practices which can be incorporated into everyday life (e.g., informal practice; 'three step breathing space', Segal et al, 2012)	100
	incorporate mindful listening and speaking practices (i.e., relational practice).	100
	incorporate loving kindness practice or an adapted kindness practice.	100
	consider reduced emphasis on formal home practice and/or shorter formal practices.	87.50
	include practices which have been thoughtfully adapted for the parental context (e.g., 'parent-child breathing space' Potharst, et al, 2022; 'being with baby practice', Bardacke, 2012).	93.75

<b>Theme 3: Key themes and content</b>		
Mindfulness based parenting interventions may explore the following themes		
Draw on evidence-based theories		100
If relevant, explore mind-body connection (e.g., childbirth, breastfeeding).		100
Explore parents' relationships with their support network (e.g., how parents support one another)		93.75
Parenting values, including their own experience of being parented (see theme 4 for further information).		93.75
Parental self-care		93.75
Relevant parenting and child development theory (e.g., attachment theory, Bowlby, 1988).		93.75
Increased emphasis on self-compassion		87.50
Encourage parents/group members to discuss and share self-nurturing practices with each other.		87.50
<b>Theme 4: Potential adaptations and special considerations</b>		
Mindfulness based parenting interventions hold in mind:		
exploring parenting values and personal experiences may be challenge for some groups. Therefore, teachers should use their judgement re: appropriateness of exploring this topic.		93.75
there may be resistance to self-care. Therefore, self-compassion is introduced with sensitivity.		93.75
if applicable, discuss post-natal depression.		87.50

<b>Theme 5: Pedagogy</b>	
Parents feel supported by the teacher (i.e., teacher holds the parent, parent holds the child)	100
Teacher embodies and models key mindfulness attitudes	100
Teachers offer a non-judgemental space to speak openly about parenting, values, and challenges.	100
Teacher embodies self-compassion	100
Teacher invites reflection (e.g., facilitates discussion/inquiry)	100
Offer an intervention which is enabling and empowering (i.e., holding a 'non-fixing stance', and avoid 'doing to')	100
Acknowledge difficulties (i.e., it is not about being a perfect parent)	100
Being authentic and vulnerable is considered a strength and empowering	100
Learning happens predominantly through teacher led inquiry	56.25

<b>Theme 6. Integrity and drawing on expertise</b>		
Teachers are experienced and have necessary qualifications and expertise in mindfulness-based interventions.		100
Teachers draw on their own personal practice.		93.75
Teachers may find it necessary to adapt the mindfulness-based interventions drawing on theory and expertise.		93.75
Teachers actively engage with the theory.		93.75
<b>Theme 7: Practical considerations</b>		
Ensure the intervention is accessible (e.g., convenient time, brief interventions, inclusive of different carers)		100
Adopt different modalities (e.g., apps, online groups) and offer choice in how families engage with the intervention.		100
Mindful Parenting can be a gateway to cultivating a mindfulness practice and parents benefit from a wide range of options/interventions.		100
Support connections and offer group intervention whenever possible (i.e., developing a community/village).		100
Consider offering a parent-child intervention		62.60

## Discussion

The aim of this study was to examine how mindful parenting stakeholders understood the concept of mindful parenting and what they considered to be the essential elements of MBPIs. Most statements reviewed in this study were strongly endorsed by the experts and results indicated high consensus among the stakeholders regarding both the concept and salient features on MBPIs. The results will be interpreted and discussed, drawing on both the wider literature and study limitations. For a full overview of the themes, statements and additional quotes, see appendices KK and LL.

### **How did mindful parenting stakeholders understand the concept of mindful parenting?**

Based on the opinion of an expert panel, 14 main themes were developed. The results of this study indicate Mindful Parenting is relational practice, which has an influence on both the parent and child. Mindful parenting, as it is conceptualised in this study, supports being present with a child, connecting both with their perspective and needs and cultivates a parents' curiosity regarding the parent-child relationship. Mindful parenting nurtures compassion and acceptance for the child and supports their wellbeing, as their sense of being emotionally held and innate capacity for mindfulness is strengthened. Mindful parenting also attends to parent wellbeing and strengthens their innate capacity for mindfulness. The approach supports parents to acknowledge both the joy and challenges of parenting, cultivates self-care and self-compassion. Finally, Mindful Parenting supports parental equanimity and their capacity to begin again.

Whilst almost every statement was endorsed by participants, the results also highlight one area of divergence. Results indicate a difference of opinion about whether the focus of change is within the child or the parent, highlighting an area which could be explored further.

The themes developed in this study appear to correspond with how mindfulness is conceptualised in the literature and shares several common features, including present moment awareness (Mindful Nation UK, 2015), acceptance (Kabat-Zinn, 2013), self-compassion (Kuyken et al., 2010), and reduced cognitive and emotional reactivity (Gu et al., 2015). Therefore, the results suggest the skills cultivated through mindfulness practice, generalise effortlessly to the intrapersonal context of the parent-child relationship and indicate, unsurprisingly, that both concepts are closely aligned.

Several of the main themes also correspond with existing models of Mindful Parenting and highlight how the practice strengthens a parent's ability to regulate their own emotions and mentalize (Duncan et al., 2009; Haydicky et al., 2017; Townshend & Caltabiano, 2019). Several attitudes also correspond with existing models of Mindful Parenting, including acceptance (Haydicky et al., 2017), receptivity (Duncan et al., 2009) and compassion (Duncan et al., 2009). Alongside similarities with existing models, feedback from participants highlighted how Mindful Parenting connects with both the challenges and joy of parenting, supports a curious or meta-perspective of the parent-child relationship, and is often considered a personally meaningful practice. Therefore, the findings of this study appear to both support and expand our understanding of mindful parenting.

The results also indicated that Mindful Parenting is a complex and multi-faceted concept. Therefore, perhaps Mindful Parenting does not lend itself to a



succinct description and this complexity may account for the lack of consensus regarding the 'weft' (Crane et al., 2017) of Mindful Parenting in the literature.

### **What do purposively sampled stakeholders consider to be the essential elements of an MBPI?**

Participants shared their understanding regarding the core components of an MBPIs and all statements were endorsed. Key features included, holding in mind the needs of families and incorporating mindfulness practices that have been adapted for the parental context. To make the intervention more accessible for busy parents, participants recommended reduced emphasis on formal practice and increased emphasis on incorporating informal practice and shorter formal practices.

Participants also endorsed drawing on different modalities (e.g. apps, online groups), with the aim of making the intervention as accessible as possible. Finally, participants also highlighted relevant themes that could be incorporated within programmes (e.g., the challenges of parenting, parental self-care, self-compassion) and the value of tailoring the content of programmes to each client group.

Whilst participants endorsed including either a loving kindness practice or an adapted kindness practice, neither MBSR nor MBCT include an explicit emphasis on self-compassion. Within those programmes, self-compassion is cultivated implicitly through teacher embodiment (Segal, et al 2018). However, it would appear that formal self-compassion practices are often a feature of MBPIs (Bardacke, 2012; Bögels and Restifo., 2013; Chaplin et al., 2018; Coatsworth et al., 2010; Herman Hay-ming Lo, 2020). Alongside an emphasis on self-compassion, participants also highlighted how the invitation to practice self-compassion could be met with

resistance and the practice of self-compassion needed to be addressed with sensitivity.

Whilst all statements regarding the essential elements of MBPIs were endorsed by participants, the results again highlight a few areas of divergence and two statements reached weak consensus. A statement which reached weak consensus was whether a parent-child intervention is offered. Parallel interventions are often a feature of MBPIs (Coatsworth et al., 2010; Chaplin et al., 2021) however, it is unclear whether this aspect of the intervention has been systematically evaluated. Whilst beyond the scope of this study, further discussion within the field regarding how, when and whether to offer parallel interventions is warranted.

Several statements regarding the main features of MBPIs, appear to correspond with the pedagogy and "warp" of MBIs (Crane et al., 2017), including the importance of drawing on evidence-based practice, formal mindfulness practice and teachers drawing on personal practice and "embodiment". Whilst Crane et al. (2017) indicate inquiry-based learning is a feature of MBIs, one statement regarding inquiry ('learning happens predominantly through teacher led inquiry') reached weak consensus. However, perhaps the researcher phrased this statement too strongly and contrasting inquiry-based learning with didactic based learning may have captured participant perspective more accurately. It is useful to note that the statement 'teacher invites reflection (e.g., facilitates discussion/inquiry)' reached high consensus agreement, indicating inquiry was considered a feature of MBPIs.

Crane et al. (2017) also recommend teachers who offer an intervention to specialist populations should have professional training, knowledge and experience with the client group. Whilst participants in this study did not explore training requirements in detail, they nevertheless highlighted the importance of drawing on

the expertise of professionals who support parents, particularly when working with families who experience mental health, learning or health difficulties or are a vulnerable group.

Although participants made several references to pedagogy, there is insufficient detail regarding the governance and training requirements of MBI facilitators, because this was not the main focus of the study. Therefore, it is important the field draws on the wider literature for guidance regarding training and therapist competencies, for example the international guidance developed by Kenny et al. (2020) and the Mindfulness-Based Interventions: Teaching Assessment Criteria (MBI: TAC, Crane et al., 2013).

## **Consensus**

The high consensus achieved amongst experts could be considered remarkable, especially as the participants were drawing on their experience of a wide range of MBPIs. The high consensus also suggests there is perhaps less variation in the essential elements of MBPIs programmes than originally anticipated in the literature (Cowling & Gordon, 2021; Shorey & Ng, 2021; Townshend et al., 2016). Perhaps the results of this study suggest that the 'weft' of MBPIs exists, but prior to this study had not been articulated. However, several limitations impact the validity of the study and the degree to which these results can be generalised. These limitations are discussed in the next section.

## **Strengths and limitations**

The study assembled the opinions of participants who would not normally have an opportunity to collaborate, both due to geographical barriers and their different areas of expertise. Furthermore, participants were drawing on their experience of twelve different MBPI programmes and whilst there may be similarities in the programmes, the diversity of their experience nevertheless strengthens the results and validity of this study. Recruiting several participants with experience of developing novel MBPIs could also be considered a strength, because these individuals were drawing on their expertise in mindfulness, were invested in developing effective programmes for parents and could therefore be considered at the forefront of this field.

With the aim of recruiting international experts and secure a broad perspective, the researcher explored a range of recruitment methods, however, this approach was not entirely effective. For example, whilst the researcher had some success in collaborating with formal mindfulness networks and organisations, due to time constraints it was not possible to implement a sustained recruitment programme. Furthermore, no budget was available for advertising and in order to reach international participants, it may be necessary to invest in a sustained advertising strategy. Finally, one of the study supervisors is an expert in Mindful Parenting and reaching out to their network also influenced the demographic profile of participants.

Ultimately, barriers to recruitment resulted in eight out of the twenty participants being from the UK and this is a limitation, particularly in the context of the research question and the aim to undertake an international study. Furthermore, most remaining participants were from western countries and demographically alike, being

predominantly white and female. Therefore, the attributes and demographics of participants has likely shaped how both Mindful Parenting and MBPIs was conceptualised in this study.

Alongside recruitment bias, perhaps the demographics of participants was also influenced by the attributes of researchers, teachers and parents currently invested in mindful parenting. This is perhaps exemplified by surveying the membership of organisations such as the IMI and researchers contributing to the Mindful Parenting literature (Parent, & DiMarzio, 2021) who are typically based in western countries including the US, Netherlands, Sweden, and the UK. Furthermore, a systematic review by Burgdorf et al. (2019) indicates most research participants engaging in an MBPIs are mothers. Therefore, whilst there is a bias towards participants from the UK within the study, the demographics of other participants appear to be aligned with stakeholders typically invested in Mindful Parenting. Therefore, the results may be relevant and applicable to current stakeholders.

Whilst the aim was to recruit parents with experience of MBPIs to take part in the study, due to recruitment difficulties this was not achieved and most parent participants were drawing on their experience engaging with MBIs and their applied experience of mindful parenting. Perhaps failing to recruit parents with experience of MBPIs was related to the reliance on social media and the novelty of this intervention. Furthermore, inviting parents to take part in a demanding study in the midst on the covid-19 pandemic, which placed unprecedented demands on families (Calvano et al., 2021) perhaps influenced recruitment.

Nevertheless, including the perspective of parents in this study was considered worthwhile as they could offer a unique qualitative perspective, particularly regarding the acceptability and accessibility of interventions. Therefore, to accommodate this

participant group, the research interview was altered, and they were invited to take a more forecasting/prospective stance (see method section). Taking a prospective stance is consistent both with the Delphi methodology and its original purpose in relation to forecasting (Baker et al., 2006; Dalkey and Helmer, 1963). Furthermore, how expertise is defined in the context of a Delphi remains complex (Baker et al., 2006; Mauksch, et al 2020), particularly when recruiting experts by experience who do not have access to the technical knowledge (Baker et al., 2006). Whilst Baker et al. (2006) highlight expertise has been characterised as knowledge, experience and/or ability to influence policy, Nasa et al., (2021) indicate that labelling participants as experts remains contentious and difficult to both measure and quantify.

Ultimately, recruiting parents who did not have experience of MBPIs may have been an unhelpful compromise and it is unclear whether this decision influenced ratings, particularly as the fourth research question ('Are there differences in how stakeholders construct the concept of mindful parenting and understand the essential elements of an MBPI?') could not be examined. Acknowledging the impact of this compromise on the results is pertinent because the premise of a Delphi studies is to draw on expert opinion (Nasa et al., 2021) and this is a potential threat to the validity of this study.

Whilst the researcher undertook a significant recruitment strategy, few individuals contacted directly by the researcher took part in the study. Perhaps individuals who declined to take part either disagreed with the premise of the study or believed sufficient consensus already existed. Therefore, the study may preclude these participants and only participants who were either curious about examining this concept and/or considered it is necessary to establish consensus took part.

Furthermore, the small sample size also restricts the degree to which the findings can be generalised.

An additional aim of the study was to explore differences in group perspectives based on their area of expertise. However, as already indicated, the sample size was not large enough to undertake this analysis and due to the high level of consensus, it is unlikely that statistical analysis would reveal notable differences between the groups.

Finally, participants were invited to share qualitative comments regarding the statements in Round 2 and the aim was to review and share these comments with participants in Round 3. However, due to the volume of statements generated and concerns regarding the time it would take to both review and incorporate additional statements into the Round 3 questionnaire, these were not shared with participants. It is important to note that only two participants shared qualitative feedback in Round 2 and none indicated that the participant disagreed with the statements.

## **Clinical Implications**

Because the results of this study are constrained by methodological weaknesses, it is difficult to draw firm conclusions. Therefore, the following recommendations for practice are offered tentatively and will require further investigation.

The results indicate Mindful Parenting simultaneously addresses the intrapersonal and interpersonal mechanisms of parenting (Coatsworth et al., 2010) and participants perceived the needs of both parents and children are interwoven in the practice of Mindful Parenting. The themes and statements that were developed, also indicate aspects of Mindful Parenting may correspond with established parenting theories, including mentalization (Fonagy et al., 2016), mind-mindedness (Meins et al., 2002), containment (Bion, 1962), holding (Winnicott, 1960) and object-relations theory (Winnicott, 1951, 1963). Therefore, MBPIs may offer an additional means of operationalising these approaches or mechanisms. The intervention also appears to incorporate features that could be unique to this intervention, for example cultivating both compassion and a non-judgemental attitude, encourages beginning again, and supports a meta-perspective of parenting. However, as indicated, further investigation regarding the potential benefits of this intervention is necessary.

Furthermore, whilst the study indicates high consensus for the key components of both Mindful Parenting and MBPIs, it is important to recognise that most participants were drawing on a western and perhaps a narrow perspective of mindfulness and mindful parenting. Therefore, this perspective and understanding of Mindful Parenting may create a barrier and limit access for some participants. Services need to be alert to who may be excluded, whether the intervention needs to be tailored to different populations or consider offering a different intervention.



## Directions for Future Research

To further scrutinise the results and ascertain whether these can be generalised, it may also be helpful to repeat this study and present the statements to a new panel of experts. Ideally, future studies would include parents who have direct experience of MBPIs and include participants from a broad range of countries. Perhaps before embarking on an international study, it would also be beneficial to work in partnership with several international agencies, allow increased time for recruitment and consult with experts on how to use social media advertising to the full. In the context of undertaking an international study, the use of the snowballing method could also be reviewed, as this may again introduce bias and over-representation from some countries.

Building on the results of this study, several features of both Mindful Parenting and MBPIs could be explored further. For example, establishing whether the locus of change for an MBPI is the parent, child or the parent-child relationship, may direct how the efficacy of this intervention is measured. Alongside proposing a definition of Mindful Parenting, the outcome has also pointed to several processes (e.g., connecting with the joy of parenting, supports beginning again), that cannot be substantiated using this methodology. Therefore, the results could also be used to direct further research regarding prospective mechanisms of change.

Several features of MBPIs could also be examined further. For example, the results revealed a dilemma regarding whether it is advantageous to offer an intervention to parents only (i.e., children not included), family sessions (parent and children attend together) or parallel interventions for parents and children. Finally, because self-compassion practice appears to be both a novel and key feature of

MBPIs, it may be helpful to explore how self-compassion practice is operationalised in this context and whether it strengthens this intervention.

## **Conclusion**

The aim of this study was to offer a definition of Mindful Parenting and an outline of the essential elements or the 'weft' of MBPIs, based on a broad range of perspectives. In the absence of both professional registration and established protocols for MBPIs, further clarity, and specificity are necessary to safeguard the public from harm. Guided by the input of experts in the field, the results indicated high consensus amongst experts regarding Mindful Parenting as a concept and the key features of MBPIs. However, the results of the study should be considered provisional and a tentative contribution, predominantly due to recruitment bias. Therefore, the main recommendations are to strengthen international collaboration and to further examine mindful parenting both as a concept and intervention, again drawing on the expertise of relevant stakeholders.

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**Section C**  
**Appendices**



## Appendix A

### Quality Appraisal Checklist for Randomized Controlled Trials (Tufanaru, 2020)

	Coatsworth et al. (2010)	Chaplin et al. (2021)	Liu et al. (2021)	Lo et al. (2020)	Turpyn et al. (2021)	Zhang et al. (2019)
1. Was true randomization used for assignment of participants to treatment groups?	Yes - urn randomisation	Yes	Yes	Yes	Yes	Yes
2. Was allocation to groups concealed?	No	No	Yes	Yes	No	No
3. Were treatment groups similar at the baseline?	Yes	Yes	Yes	Yes	Yes	Yes
4. Were participants blind to treatment assignment?	Yes	No	No	No	No	No
5. Were those delivering treatment blind to treatment assignment?	No	No	No	No	No	No
6. Were outcomes assessors blind to treatment assignment?	No	No	No	No	No	Yes

7. Were treatment groups treated identically other than the intervention of interest?	Yes	No	Yes	Yes	Yes	No
8. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analysed?	Yes	Yes	Yes	No	Yes	Yes
9. Were participants analysed in the groups to which they were randomized?	Yes	Yes	Yes	Yes	Yes	Yes
10. Were outcomes measured in the same way for treatment groups?	Yes	Yes	Yes	Yes	Yes	Yes
11. Were outcomes measured in a reliable way?	Yes	Yes	Yes	Yes	Yes	Yes
12. Was appropriate statistical analysis used?	Unclear*	Unclear*	Unclear*	Unclear*	Unclear*	Unclear*
13. Was the trial design appropriate for the topic, and any deviations from the standard RCT design accounted for in the conduct and analysis?	Yes	Yes	Yes	Yes	Yes	Yes

\* Unclear due to lack of power calculation. See text for further discussion.

## Appendix B

### Quality Appraisal Checklist for Quasi-experimental Studies (Tufanaru, 2020)

	Emerson et al. (2019)	May et al. (2016)	Meppelink et al. (2016)	Potharst et al. (2018)
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e., there is no confusion about which variable comes first)?	Yes	Yes	Yes	Yes
2. Were the participants included in any comparisons similar?	Yes (pre-post design)	Yes (pre-post design)	Yes	No *
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Yes **	N/A (pre-post design)	N/A (no control group)	No ***
4. Was there a control group?	No	No	No	Yes (5-week waitlist control)
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	Yes	Yes	Yes	Yes
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	No	Yes	Partly (reasons for attrition not discussed)	Yes

7. Were the outcomes of participants included in any comparisons measured in the same way?	N/A (no control group)	N/A (no control group)	N/A (no control group)	N/A (no control group)
8. Were outcomes measured in a reliable way?	Yes	Yes	Yes	Yes
9. Was appropriate statistical analysis used?	Unclear ****	Unclear ****	Unclear****	Yes

\* Study compared outcomes in clinical and non-clinical settings \*\* Participants recruited from four different secondary mental health care centres \*\*\* Interventions tailored to the different settings. \*\*\*\* Unclear due to power calculation

## Appendix C

### Quality Appraisal Checklist for Mediation Studies (Mansell et al., 2013)

	Coatsworth et al., 2010	Emerson et al., 2019	Chaplin et al., 2021	Liu et al., 2021	Lo et al., 2020	Meppelink et al., 2016	Zhang et al., 2019	Potharst et al., 2018
Did the study cite a theoretical framework?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Were the study measures/procedures designed to influence mediating variables?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Were pilot studies conducted/ reported to test the effect of the intervention on mediators?	No **	No	No	No	No	No	No	No **
Were the psychometric characteristics of the mediator and outcome variables reported?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Did the study use an experimental design?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the study report a power calculation? If so, was the study adequately powered to detect mediation?	No	No	No	No	No	No	No	Yes
Were statistically appropriate/ acceptable methods of data analysis used?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Did the study ascertain whether changes in the predictor variable preceded changes in the mediator variable?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Did the study ascertain whether changes in the mediating variables preceded changes in the outcome variables?	No (pre-post design)	Unclear	Unclear	No (pre-post)	No (pre-post)	Unclear	Unclear	Unclear
Did the study report a change between baseline and follow-up for each mediator tested/reported?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the change in the potential mediator correlated with change in outcome?	Yes ** / ****	Yes ** / ****	Yes ** / ****	Yes	Yes ***	Yes ** / ****	Yes	Yes **
Did the study control for possible confounding factors, e.g., baseline values?	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes

\* This was a pilot / explorative study \*\* Tested using regression \*\*\* Bootstrap correlation \*\*\*\* Not for every variable

## Appendix D

### Summary of Mindful Parenting Interventions

Study	Intervention <i>including control group</i>	Main features of intervention	Type of intervention and content <i>description of intervention, based on detail contained in the paper</i>
<p><b>Coatsworth et al., 2010</b></p>	<p><b>Intervention:</b> Mindfulness-based adaptation of the SFP program (MSFP)</p> <p><b>Control group intervention:</b> Strengthening Families Program: For Parent and Youth 10–14 (SFP)</p>	<p><b>Number and length of sessions:</b></p> <ul style="list-style-type: none"> <li>- Seven weeks</li> <li>- 2-hour sessions</li> </ul> <p><b>Intervention included children / adolescents:</b> Yes</p>	<p><b>MSFP: mindfulness informed, family intervention / Group intervention.</b></p> <p><b>SFP</b></p> <ul style="list-style-type: none"> <li>- Intervention is based on the SFP.</li> <li>- SFP has been designed to reduce risk factors and enhance protective factors.</li> <li>- Aim is to prevent adolescent substance use and problem behaviours.</li> <li>- For a full description of the intervention, see Molgaard et al. 2000</li> </ul> <p><b>MFSP</b></p> <ul style="list-style-type: none"> <li>- Parents and young people meet in separate groups for the first hour and together in a family session during the second hour.</li> <li>- SFP was adapted to include mindfulness practice in the parent session only.</li> <li>- Adaptations included, facilitator led mindfulness practice (including compassion focused practice), short reflections at both the end and beginning of sessions and home practice.</li> <li>- For a full description of the intervention, see Duncan et al. 2009</li> </ul>

<p><b>Emerson et al., 2019</b></p>	<p><b>Intervention:</b> Mindful parenting training program (Bögels and Restifo 2014)</p> <p><b>Control group intervention:</b> Waitlist control</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 3-hour sessions</li> </ul> <p>Included daily home practice (1 hour) and 3-h meditation 3-h follow-up session</p> <p><b>Intervention included children / adolescents:</b> No</p>	<p><b>MPP: Mindful parenting programme / Group intervention.</b></p> <ul style="list-style-type: none"> <li>- Intervention based on a treatment manual by Bögels and Restifo 2014</li> <li>- Programmes applies mindfulness training with the aim of reducing parental stress.</li> <li>- Includes training in both meditative practices and everyday mindfulness.</li> <li>- For a full description of the intervention, see Bögels and Restifo 2014</li> </ul>
<p><b>Chaplin et al., 2021</b></p>	<p><b>Intervention:</b> Parenting Mindfully (PM)</p> <p><b>Control group intervention:</b> Parent Education (PE)</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 2-hour sessions</li> </ul> <p><b>Home practice:</b></p> <ul style="list-style-type: none"> <li>- 30 min of formal practice</li> <li>- 15-30 min of informal practice</li> <li>- 6 days a week</li> </ul> <p><b>Intervention included children / adolescents:</b> Adolescents were invited to attend session 6</p>	<p><b>PM: Mindful parenting intervention, with one family session / Group intervention.</b></p> <ul style="list-style-type: none"> <li>- Based on mindfulness interventions for adults (e.g., MBSR, MBCT) and models of mindful parenting (e.g., Duncan et al. 2009).</li> <li>- Included formal and discussion of informal mindfulness practice, discussion regarding the application of mindfulness to parenting, home practice (30 mins) and reflecting on personal parenting values.</li> <li>- Did not include explicit parent training</li> </ul>



<p><b>Liu et al., 2021</b></p>	<p><b>Intervention:</b> Mindful Parenting Program (MPP), Bögels and Restifo (2014)</p> <p><b>Control group intervention:</b> TAU waitlist-control group</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 3-hour sessions</li> </ul> <p><b>Home practice:</b></p> <ul style="list-style-type: none"> <li>- 45 min of formal and informal practice, daily</li> </ul> <p><b>Intervention included children / adolescents:</b> No</p>	<p><b>MPP: Mindful parenting intervention / Group Intervention</b></p> <ul style="list-style-type: none"> <li>- Based on an intervention and protocol developed by Bögels and Restifo (2014)</li> <li>- Included formal mindfulness practice, mindful parenting practice, self-compassion practice (each session) and group discussion.</li> <li>- Programme was translated into Chinese, with minor adjustments made to content (considering differences in context/culture).</li> </ul>
<p><b>Lo et al., 2020</b></p>	<p><b>Intervention:</b> Family-based mindfulness intervention (FBMI), consisting of a parent and child programme:</p> <ol style="list-style-type: none"> <li>1. Mindfulness Training for Parents (Herman Hay-ming Lo, 2020).</li> <li>2. Child Program of Family-Based Mindfulness Intervention (Developed by Snel, 2014).</li> </ol> <p><b>Control group intervention:</b> Wait-list group</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 6 weeks</li> <li>- 1.5-hour sessions</li> </ul> <p><b>Home practice:</b> Not reported, however typically a component of the programmes.</p> <p><b>Intervention included children / adolescents:</b> Yes, parallel intervention, including two joint sessions.</p>	<p><b>FBMI: Family mindfulness intervention / Group intervention.</b></p> <ul style="list-style-type: none"> <li>- Mindfulness Training for Parents based on existing mindful parenting programs (Bögels &amp; Restifo, 2014; Coatsworth, Duncan, Greenberg, &amp; Nix, 2010).</li> <li>- Included formal practice, short practices, and self-compassion / loving kindness.</li> <li>- Parallel intervention offered to children, based on “Mindfulness Matters” Snel, 2014.</li> </ul>

<p><b>May et al., 2016</b></p>	<p><b>Intervention:</b> Mindful Families Stress Reduction Course</p> <p><b>Control group intervention:</b> N/A</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 1.5-hour sessions</li> </ul> <p><b>Home practice:</b></p> <p>Children: 3–12 min daily Parents: 40 min Daily informal mindfulness practices</p> <p><b>Intervention included children / adolescents:</b> Yes, both parents and children attended together</p>	<p><b>MFSR: family mindfulness intervention / Group intervention</b></p> <ul style="list-style-type: none"> <li>- MFSR mindfulness course was based on Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn 1990) and included adaptations for children (Saltzman and Goldin 2008).</li> <li>- Parents and children practice mindfulness techniques together</li> <li>- No parenting guidance offered</li> <li>- Adaptations included: removing the silent retreat, shorter sessions, including age adapted activities (e.g., more experiential).</li> </ul>
<p><b>Meppelink et al., 2016</b></p>	<p><b>Intervention:</b> Mindful Parenting training (Bögels and Restifo, 2014)</p> <p><b>Control group intervention:</b> N/A</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 3-hour sessions</li> </ul> <p><b>Home practice:</b></p> <p>1 hour per day</p> <p><b>Intervention included children / adolescents:</b> No</p>	<p><b>Mindful parenting intervention / Group intervention</b></p> <ul style="list-style-type: none"> <li>- Based on manual by Bögels and Restifo (2014)</li> <li>- Included formal mindfulness practice, discussion of mindful parenting principles and stress reduction.</li> </ul>
<p><b>Turpyn et al., 2021</b></p>	<p><b>Intervention:</b> Parenting Mindfully (PM) intervention</p> <p><b>Control group intervention:</b> Parent Education (PE)</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 2-hour sessions</li> </ul> <p><b>Home practice:</b></p> <ul style="list-style-type: none"> <li>- included home practice</li> </ul>	<p><b>PM: Mindful parenting intervention</b></p> <ul style="list-style-type: none"> <li>- Intervention was based on existing interventions (Kabat-Zinn’s (1990); Segal, Williams, and Teasdale’s (2012) and adapted to include a focus on parenting interactions.</li> <li>- Intervention incorporated formal mindfulness practice, parenting-focused mindfulness exercises (e.g., child-directed activities, mindful listening), and discussion of mindfulness practices in the context of parenting.</li> </ul>

		<p><b>Intervention included children / adolescents:</b> Not stated in the paper. <i>Note: In other reports regarding this intervention, adolescents attended two sessions, unclear if this was a feature of this intervention.</i></p>	<ul style="list-style-type: none"> <li>- Included self-compassion</li> <li>- See Chaplin et al. (2018) for further details</li> </ul>
<p><b>Zhang et al., 2019</b></p>	<p><b>Intervention:</b> After Deployment Adaptive Parenting Tools (ADAPT)</p> <p><b>Control group intervention:</b> Services as usual including access to a list of “tip sheets” and online parenting resources</p>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 14 weeks</li> <li>- 2-hour sessions</li> </ul> <p><b>Home practice:</b></p> <ul style="list-style-type: none"> <li>- included home practice</li> </ul> <p><b>Intervention included children / adolescents:</b> Unclear</p>	<p><b>ADAPT: Mindfulness informed Parenting Programme</b></p> <ul style="list-style-type: none"> <li>- Intervention based on Parent Management Training—Oregon model (PMTO, Forgatch and Gewirtz, 2018).</li> <li>- PMTO is behavioural parent training program designed to prevent child conduct problems</li> <li>- Mindfulness and emotion coaching was integrated into the ADAPT intervention</li> <li>- Formal mindfulness practice incorporated into every session.</li> <li>- Additional resources included: online mindfulness exercises and handouts including tips for mindfulness practice and home practice assignments.</li> </ul>
<p><b>Potharst et al., 2018</b></p>	<p><b>Intervention:</b></p> <ol style="list-style-type: none"> <li>1. <b>Clinical setting:</b> Mindful parenting training (Bögels and Restifo, 2013)</li> <li>2. <b>Preventative / non-clinical group:</b> Adapted version of Mindful parenting training (Bögels and Restifo, 2013)</li> </ol>	<p><b>Number of sessions:</b></p> <ul style="list-style-type: none"> <li>- 8 weeks</li> <li>- 3-hour / 2-hour sessions (non-clinical)</li> <li>- 3-hour follow up following last session (omitted for non-clinical group)</li> </ul> <p><b>Home practice:</b></p>	<p><b>Mindful parenting intervention</b></p> <ul style="list-style-type: none"> <li>- Intervention based on protocol by Bögels and Restifo, 2013.</li> <li>- The preventative mindful parenting intervention was adapted (shorter sessions, no follow up session, shorter home practice).</li> </ul>

	<b>Control group intervention:</b> Wait list control in non-clinical setting	- Home practice included  <b>Intervention included children / adolescents: No</b>	
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## Appendix E

**Image of 'The essential (warp) and flexible (weft) ingredients of MBPs' taken Crane et al. (2017, p. 4).**

Warp	Weft
<b>MBP</b>	
<ol style="list-style-type: none"> <li>1. Is informed by theories and practices that draw from a confluence of contemplative traditions, science, and the major disciplines of medicine, psychology and education</li> <li>2. Is underpinned by a model of human experience which addresses the causes of human distress and the pathways to relieving it</li> <li>3. Develops a new relationship with experience characterized by present moment focus, decentering and an approach orientation</li> <li>4. Supports the development of greater attentional, emotional and behavioral self-regulation, as well as positive qualities such as compassion, wisdom, equanimity.</li> <li>5. Engages the participant in a sustained intensive training in mindfulness meditation practice, in an experiential inquiry-based learning process and in exercises to develop insight and understanding</li> </ol>	<ol style="list-style-type: none"> <li>1. The core essential curriculum elements are integrated with adapted curriculum elements, and tailored to specific contexts and populations</li> <li>2. Variations in program structure, length and delivery are formatted to fit the population and context</li> </ol>
<b>MBP teacher</b>	
<ol style="list-style-type: none"> <li>1. Has particular competencies which enable the effective delivery of the MBP</li> <li>2. Has the capacity to embody the qualities and attitudes of mindfulness within the process of the teaching</li> <li>3. Has engaged in appropriate training and commits to ongoing good practice</li> <li>4. Is part of a participatory learning process with their students, clients or patients</li> </ol>	<ol style="list-style-type: none"> <li>1. Has knowledge, experience and professional training related to the specialist populations that the mindfulness-based course will be delivered to</li> <li>2. Has knowledge of relevant underlying theoretical processes which underpin the teaching for particular contexts or populations</li> </ol>

## Appendix F

### Advert for use on Social Media

#### The Canterbury Mindful Parenting Study



**Do you teach, research or practice Mindful Parenting?**

If yes, you could help us to develop our understanding of Mindful Parenting.

For further information, please click or copy the link.

[https://cccusocialsciences.az1.qualtrics.com/jfe/form/SV\\_08nKqNfiM0yV8j4](https://cccusocialsciences.az1.qualtrics.com/jfe/form/SV_08nKqNfiM0yV8j4)

You can also email Ann Griffiths [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk)



*For each person who completes the study, a £10 donation will be made to UNICEF UK*

## Appendix G

### Letter to Mindfulness Teachers



Dear ...,

My name is Ann Griffiths and I am a trainee clinical psychologist at Canterbury Christ Church University, United Kingdom. I am writing to let you know about an international research project about Mindful Parenting which I am conducting as part of my Doctorate in Clinical Psychology. This research project will be supervised by Dr Tamara Leeuwerik and Dr Maret Dymond-Bassett. We would like to include the perspectives of mindfulness teachers and I am writing to let you know why this research is being conducted and if you wish, how you can become involved.

Mindful parenting courses have been tailored to the needs of different populations and it is encouraging to see this innovation. With interest in the area continuing to grow, I believe the field may benefit from greater clarity around the concept of mindful parenting. Greater clarity could offer benefits for professional governance, measuring effectiveness, developing new evidence-based interventions, and articulating the potential benefits of mindful parenting.

This study aims to bring together a broad range of different perspectives, with the intention of developing a shared understanding of Mindful Parenting. I will invite researchers, mindfulness teachers and parents who have undertaken a mindfulness course to become members of an expert panel. Your participation would be greatly appreciated, and the study has been designed to as not to be too demanding of your time. Here is an outline of the maximum time commitment over three time points:

- Brief 1:1 conversation with me online    20 – 30 mins
- Complete an online survey                30 mins
- Review the online survey                    10 mins

If you are interested in contributing to a shared understanding of Mindful Parenting and would like to learn more, please follow, or copy the link below to access the information sheet and registration form.

*[Link to the survey](#)*

If you know anyone else who may be interested in taking part, please feel free to share this information with them too. For each person who completes the study, a £10 donation will be made to UNICEF UK.

I appreciate how valuable your time is and thank you for taking the time to read this email. If you would like additional details or wish to discuss the study further, please contact me by email: [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk).

Warmest wishes,

Ann Griffiths

*Trainee Clinical Psychologist*

**Salomons Institute for Applied Psychology**

Canterbury Christ Church University | United Kingdom

1 Meadow Road | Tunbridge Wells | Kent | TN1 2YG



## Appendix H

### Letter to Researchers



Dear ...,

My name is Ann Griffiths and I am a trainee clinical psychologist at Canterbury Christ Church University, United Kingdom. I am writing to let you know about an international research project about Mindful Parenting, which I am conducting as part of my Doctorate in Clinical Psychology at Canterbury Christ Church University Study, United Kingdom. This research project will be supervised by Dr Tamara Leeuwerik and Dr Maret Dymond-Bassett.

Mindful parenting courses have been tailored to the needs of different populations and it is encouraging to see this innovation. With interest in the area continuing to grow, I believe the field may benefit from greater clarity around the concept of mindful parenting. Greater clarity could offer benefits for professional governance, measuring effectiveness, developing new evidence-based interventions, and articulating the potential benefits of mindful parenting.

The idea to define and establish a shared understanding of mindful parenting, corresponds with how the mindfulness field more generally has been committed to defining mindfulness, examine the essential elements of mindfulness interventions, and offer guidance on training (Bishop et al, 2004, Crane et al., 2017 & Kenny et al, 2020). I believe a similar focus, drawing on the different perspectives and expertise of different stakeholders, is equally important within mindful parenting. This study aims to include a broad range of different perspectives and I will invite researchers, mindfulness teachers and parents who have undertaken a mindfulness course to take part. Here is an outline of the maximum time commitment over three time points:

- Brief 1:1 conversation with me online      20 – 30 mins
- Complete an online survey                      30 mins
- Review the online survey                        10 mins

If you are interested in taking part and would like to learn more please follow the link below to the information sheet and survey.

*[Link to the survey](#)*

If you know researchers, mindful parenting teachers or parents who have completed a mindful parenting course who may be interested in taking part, please feel free to share this

information/email with them. For each person who completes the study, a £10 donation will be made to UNICEF UK.

I appreciate how valuable your time is and thank you for taking the time to read this email. If you would like additional details or wish to discuss the study further, please contact me by email: [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk).

Warmest wishes,

Ann Griffiths

*Trainee Clinical Psychologist*

**Salomons Institute for Applied Psychology**

Canterbury Christ Church University | United Kingdom

1 Meadow Road | Tunbridge Wells | Kent | TN1 2YG

## Appendix I

### Letter to Parents



Dear ...,

My name is Ann Griffiths and I am a trainee clinical psychologist at Canterbury Christ Church University, United Kingdom. I am writing to let you know about an international research project about Mindful Parenting, which I am conducting as part of my Doctorate in Clinical Psychology at Canterbury Christ Church University Study, United Kingdom. This research project will be supervised by Dr Tamara Leeuwerik and Dr Maret Dymond-Basset.

With interest in Mindful Parenting continuing to grow, additional understanding around Mindful Parenting could be beneficial in terms of developing new interventions. This study aims to include several different perspectives and people taking part will be asked to share their ideas on the following two questions:

- What is Mindful Parenting?
- What are the essential elements of Mindful Parenting courses?

Based on this feedback, I will prepare a summary and publish these the ideas. Here is an outline of the maximum time commitment over three time points:

- Brief 1:1 conversation with me online    20 – 30 mins
- Complete an online survey                    30 mins
- Review the online survey                    10 mins

If you are interested in taking part and would like to learn more, please follow, or copy the link below to the information sheet and survey.

*[Link to study](#)*

If you know any parents or mindfulness teachers who may be interested in taking part, please feel free to share this email with them too. For each person who completes the study, a £10 donation will be made to UNICEF UK.

I appreciate how valuable your time is and thank you for taking the time to read this email. If you would like additional details or wish to discuss the study further, please contact me by email: [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk).

Warmest wishes,

Ann Griffiths

*Trainee Clinical Psychologist*

**Salomons Institute for Applied Psychology**

Canterbury Christ Church University | United Kingdom

1 Meadow Road | Tunbridge Wells | Kent | TN1 2YG

## Appendix J

### Recruitment Strategy

#### Mindfulness teachers

- Five organisations offering training in MBPIs were invited to share information with both course teachers and participants. The organisations were based in the United States, India, United Kingdom, Amsterdam, and an international training provider.
- Six established mindfulness training providers were asked to advertise the study. Whilst these providers did not offer training in specific mindful parenting courses, the aim was to reach mindfulness teachers with an interest in Mindful Parenting. The course providers were based in Canada, Australia/New Zealand, United States, Europe and three were based in the UK.
- Mindfulness teachers advertising MBPIs, indicating they had undertaken formal training in mindfulness-based interventions and either attended further training in an established mindful parenting intervention or had developed their own mindful parenting course were approached by email. Following an initial search using a search engine which gave precedence to teachers offering interventions in the UK, a broader search was undertaken focused on countries who have a representative on the International Mindfulness Integrity Network (IMI) working party group.
- Nine members of the IMI were asked to advertise the study. These individuals were based in Australia / New Zealand, Germany, South Africa, US, Netherlands, Canada, and the UK.
- The British Association of Mindfulness-based Approaches (BAMBA) is a professional body of mindfulness teachers in the UK, and they were asked to advertise the study with their members.
- Advertisements were placed on social media sites which either focused on parenting, mindfulness or both (Facebook, Twitter, LinkedIn).

- All participants recruited to the study were invited to share details of the study with other interested parties.

#### **Recruitment of Mindfulness Researchers**

- Google scholar was used to identify research articles on Mindful Parenting: search term 'Mindful Parenting'
- Search was limited to articles published between 2016 and 2020, with the aim of reaching researchers with a present interest in this topic.
- Recruitment was limited to the first 10 pages of results.
- The researcher had access to the programme for a conference held by the Centre of Mindfulness Research and Practice (University of Wales, Bangor) titled 'Supporting all aspects of Family Life' (2016). Researchers presenting on Mindful Parenting were contacted and invited to take part.
- Advertisements were placed on social media sites which either focused on parenting, mindfulness, or both (Facebook, twitter, LinkedIn).
- All participants recruited to the study were invited to share details of the study with other interested parties.

#### **Recruitment of Parents with experience of Mindful Parenting**

- Advertisements were placed on social media sites which either focused on parenting, mindfulness, or both (Facebook, twitter).
- All participants recruited to the study were invited to share details of the study with other interested parties.

## Appendix K

### Screening Questions

#### **Teacher Screening Questions**

Please choose the category which best describes your experience of teaching Mindful Parenting.

- I teach a secular Mindful Parenting / Mindful Birthing course.
- I teach a secular Mindfulness course and have adapted it for parents. Please share further details about the course.
- I teach a secular Mindfulness course, which has not been tailored for parents.
- I teach a Mindful Parenting course which is based on a Buddhist perspective.
- Other. If other, please describe the course offered.
- None of the above

*Participants met the criteria if they had any of the experiences above, apart from 'I teach a secular Mindfulness course, which has not been tailored for parents', or 'none of the above'. If they indicated other, they were invited to share further details, which were checked by the researcher.*

#### **Researcher Screening Questions**

Please choose the category which best describes your experience with Mindful Parenting Research.

- I research Mindful Parenting / Mindful Birthing.
- I do not research Mindful Parenting / Mindful Birthing.

## **Parent Screening Questions**

Please choose the category which best describes your experience with Mindful Parenting.

- I have completed a Mindful Parenting / Mindful Birthing course
- I have completed a Mindfulness course and apply what I have learned to parenting.
- I practice Mindful Parenting; however, I have not attended a Mindfulness course.
- Other. If other, please describe your experience.
- None of the above

*Participants met the criteria if they had any of the experiences above, apart from 'I practice Mindful Parenting; however, I have not attended a mindfulness course' or 'none of the above'. If they indicated 'other', they were invited to share further details, which were checked by the researcher.*



## Appendix L

### Sociodemographic Form

Please complete the following questionnaire. This information will be kept confidential.

<b>Age</b>	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65 and over. <input type="checkbox"/>
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<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Other <input type="checkbox"/>	Please use this space, if you wish to add additional information.
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#### Ethnicity

<p><b>White</b></p> <ul style="list-style-type: none"> <li>• English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/></li> <li>• Irish <input type="checkbox"/></li> <li>• Gypsy or Irish Traveller <input type="checkbox"/></li> <li>• Any other White background <input type="checkbox"/></li> </ul> <p><b>Asian / Asian British</b></p> <ul style="list-style-type: none"> <li>• Indian <input type="checkbox"/></li> <li>• Pakistani <input type="checkbox"/></li> <li>• Bangladeshi <input type="checkbox"/></li> <li>• Chinese <input type="checkbox"/></li> <li>• Any other Asian background <input type="checkbox"/></li> </ul>	<p><b>Black / African / Caribbean / Black British</b></p> <ul style="list-style-type: none"> <li>• African <input type="checkbox"/></li> <li>• Caribbean <input type="checkbox"/></li> <li>• Any other Black / African / Caribbean background <input type="checkbox"/></li> </ul> <p><b>Mixed / Multiple ethnic groups</b></p> <ul style="list-style-type: none"> <li>• White and Black Caribbean <input type="checkbox"/></li> <li>• White and Black African <input type="checkbox"/></li> <li>• White and Asian <input type="checkbox"/></li> <li>• Any other Mixed / Multiple ethnic background <input type="checkbox"/></li> </ul> <p><b>Other ethnic group</b></p> <ul style="list-style-type: none"> <li>• Arab <input type="checkbox"/></li> <li>• Any other ethnic group <input type="checkbox"/></li> </ul>
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*Note: This demographic form was presented to participants on Qualtrics. Was unable to share a good quality image of the form as it was presented in the survey.*

## Appendix M

### Researcher and Teacher / Researcher Experience

Teacher / researcher participants (n = 3) Researcher (n = 2)	Experience / Answer	N (%)
Job title	The participants were senior researchers and academics *	
Highest academic qualification	MSc	1 (20)
	Doctorate	2 (40)
	PhD	2 (40)
Most senior academic role / job title	The participants were senior researchers and academics *	
Course researched	Five different interventions researched *	
Number of publications related to Mindful Parenting / Mindful Birthing	Researchers had published between 3 and 13 publications *	2 (40)
		2 (40)
		1 (20)
Do you have a personal mindfulness practice?	Yes	3 (60)
	No	0
	Not answered	2 (40)
Are you a parent?	Yes	5 (100)
Do you practice Mindful Parenting?	Yes	5 (100)

\* specific details not disclosed to maintain confidentiality

## Appendix N

### Teacher Experiences

*Overview of teacher experience (includes teaching experience of teacher/researchers)*

Teacher participants (n = 8) Teacher / researchers (n = 3)	Experience / Answer	N
Have you undertaken accredited training in a Mindful Parenting Intervention?	Yes	11 (100)
	No	0
Please share details regarding your mindfulness training	MBCP	3
	Elternkompass - Arbor Seminare	1
	MBSR	3
	Mindfulness for stress courses	1
	Conscious parenting by Dr Tsabary	1
	Nurturing parents	2
	Growing up mindful	1
	Mindful Parenting by Susan Bögels	1
Name of training provider (if provided by the participant)	Centre for Mindfulness Research and Practice, Bangor University	3
	Mindfulness based Childbirth and Parenting (MBCP), by Nancy Bardacke	2
	Oxford Mindfulness Centre	2
	Breathworks	1
Have you developed your own mindful parenting course/intervention?	Yes	6 (55)
	No	5 (45)
If you have developed a new course or adapted an existing intervention, please share additional details about the content <i>Note: some participants</i>	Intervention based on MBCP	2
	Intervention based on Breathworks,	1
	Conscious Parenting and personal practice/experience	1
		1

<i>had experience of developing more than one intervention</i>	Developed a mindfulness workshop for parents	1
	Offer 1:1 coaching and education	3
	Developed online mindfulness workshop for parents and children	
	Peer reviewed intervention	
Do you teach other mindfulness courses (e.g., MBSR, MBCT, other)?	Yes No	9 (82) 2 (18)
If yes, please share name of the course:	MBSR Mindful communication MBCT Mindfulness for stress Mindfulness in schools programme (MiSP) Mindfulness-based Cognitive Therapy for Life Finding Peace in a Frantic World Frame by Frame	5 1 4 1 1 1 1 1
Do you have a special interest or experience of working with parents who face additional barriers to accessing a Mindful Parenting course?	Yes No	9 (82) 2 (18)
If yes, please describe the experience / intervention below: <i>Note: Specific details not included to maintain anonymity</i>	vulnerable parents / fathers / support for adoptive parents / support for parents who have experienced challenging experiences around childbirth / individuals with learning disabilities / foster carers / socially vulnerable women / single parents / parents involved in social justice and child protection / families experiencing financial difficulties / addressed distance to course / raised awareness of intervention / those for whom English as a second language / stress / cultural barriers	

Number of years teaching mindfulness?	M = 7.9 years Number of years ranged from 1 year to 20 years	
Do you subscribe to any national or international guidelines?	Yes No	8 (73) 3 (27)
If yes, please indicate which you subscribe to.	Good practice guidelines, UK British British Association of Mindfulness-based Approaches MBI-TAC	5 2 1
Are you a parent?	Yes No	11 (100) 0 (0)
Do you practice mindful parenting?	Yes No	11 (100) 0 (0)

## Appendix O

### Parent Experience

*Parent Experience*

Parent participants (n=7) questions	Experience / Answer	(n)
Number of years practising mindfulness	<i>M</i> = 9 yrs. Years of practice ranged from 2 yrs. – 20 yrs.	N/A
Which Mindful Parenting course did you attend? If you have not attended a Mindful Parenting Course, please indicate which Mindfulness courses you have attended.	Mindfulness association introduction Mindfulness based childhood and parenting Mindfulness based stress reduction (MBSR) Vipassana meditation course Mindfulness based cognitive therapy (MBCT)	1 1 3 1 2
Please share details regarding the course duration	Weekend workshop 8 - week course 20-day course	1 (14) 5 (71) 1 (14)
Course provider	Mindfulness association Oxford mindfulness association Private provider / mindfulness teacher Not answered Openground Mindfulness Training	1 2 1 2 1
Name(s) of any other mindfulness courses you have attended.	Courses at London Buddhist Centre Kagyu Samye Dzong MBSR MBCT Gaia House Paws B. and .breathe teacher training (Mindfulness in Schools Programme) Foundation course to teach MBCT Mindfulness retreats	1 1 1 1 1 1 1 1

Did you experience or need to overcome any barriers to access a Mindful Parenting course?	Yes	5 (71)
	No	2 (29)
Are you currently experiencing any barriers to practising Mindful Parenting?	Yes	4 (57)
	No	3 (43)
If you answered yes to either question, please share additional details about the barriers and if / how you managed to overcome these.	Time	1
	Cost	2
	Courses not available	1
	Covid-19 lockdown	1
	Childcare	1
	Single parent, working full time	1
Do you know anyone else who has experienced barriers to accessing Mindful Parenting?	Yes	4 (57)
	No	2 (29)
	Not answered	1 (14)
If you answered yes, please share additional details about the barriers.	Cost	2
	Childcare	1
	Location and distance to provider	2
	Not answered	3
Personal mindfulness practice. Do you engage in informal, formal practice or a combination of the two?	Informal practice	0 (0)
	Formal practice	0 (0)
	Combination of formal and informal practice	7 (100)
Do you use guided practice or practice in silence?	Guided	1 (14)
	In silence	0 (0)
	Combination of guided and silent practice	6 (86)
	Neither	0
Frequency of mindfulness practice	Daily	4 (57)
	Weekly	1 (14)
	Occasional	2 (29)
Length/duration of practice	0 - 5 mins	1 (14)
	5 - 30 mins	6 (86)
	30 mins +	0

## Appendix P

### Participant experience of MBPIs and MBIs

<b>Mindfulness based Parenting Intervention</b>
Nurturing Parents (Jones et al., 2018) Islamic-based Mindful Parenting programme * Mindfulness based Childbirth and Parenting (MBCP) and Mind in Labour (MIL, Bardacke, 2012; Duncan et al., 2017) Mindful Parenting (Bögels & Restifo, 2013) Mindful with your Baby (Potharst et al., 2017) Mindful with your Toddler (Potharst et al., 2021) My Mind Training incorporating Mindful Parenting (de Bruin et al., 2015) Mindfulness based early parenting (MBEP) ** Growing with Children- Parent Compass (Elternkompass - Arbor Seminare) ** Note: an additional 3 novel programmes developed by the participant, which have not been examined empirically were also included.
<b>Generic / additional mindfulness-based interventions</b>
Buddhist informed programmes and retreats MBSR (Kabat-Zinn, 1982). MBCT (Segal et al., 2018) Mindfulness in Schools Project (MiSP, Kuyken et al., 2013) Mindful communication ** Mindfulness-Based Cognitive Therapy for Life (MBCT-L) ** Finding Peace in a Frantic World (Williams & Penman, 2011) Frame by Frame (Mark Williams **) Living in the Present (Silverton & Dorjee **).

\* Details withheld to preserve participant confidentiality. \*\* No references were available



## Appendix Q

### Interview schedule - Not Incorporating Mindfulness Practice

<b>Introduction and information about the study</b>	<ul style="list-style-type: none"> <li>- Thank participant for taking part in the research.</li> <li>- Share overview of interview process (e.g., how long).</li> <li>- Remind participant of the aim of the study, which is to develop our understanding of             <ul style="list-style-type: none"> <li>a) Mindful Parenting and</li> <li>b) the main elements of a Mindful Parenting Interventions.</li> </ul> </li> <li>- Share an overview of the study, including who is taking part (parents, researchers, teachers) and the Delphi methodology.</li> <li>- Discuss confidentiality</li> <li>- Review consent form and remind them of their right to withdraw at any time and/or pause interview</li> <li>- Invite questions from participant</li> <li>- Remind participants that the conversation will be recorded</li> <li>- Offer opportunity to include mindfulness practice and explain how this will influence the interview and extend the time</li> <li>- Inform participant that the recording has started</li> </ul>
<b>Warm up questions</b>	<ul style="list-style-type: none"> <li>- Invite participants to talk about the Mindful Parenting Course they attended / teach / research.</li> </ul>
<b>Research question</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following: "Imagine you are either attending a Mindful Parenting intervention or perhaps designing your own programme. Drawing on you experience of mindfulness and mindful parenting, what do you think would be the main features or key ingredients of the Mindful Parenting intervention?"</li> </ul>
	<p><b>Prompt Questions</b></p> <ul style="list-style-type: none"> <li>- <i>Were there any key topics or ideas which stood out to you?</i></li> <li>- <i>What did you consider the core ingredients of the Mindful Parenting course?</i></li> <li>- <i>Were there any key Mindful Parenting practices?</i></li> <li>- <i>Was there any aspect of this Mindful Parenting course which meant it was unique or different to any or Mindfulness course?</i></li> <li>- <i>Is there anything else you think is helpful to include in mindful parenting courses?</i></li> <li>- <i>Did anything else come to mind?</i></li> </ul>
<b>Research question</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following: <b>"How would I define Mindful Parenting?"</b></li> </ul>

	<p><b>Prompt questions</b></p> <ul style="list-style-type: none"> <li>- <i>What do you think are the main features of Mindful Parenting?</i></li> <li>- <i>What sort of ideas or attitudes do you think are involved or encouraged through Mindful Parenting?</i></li> <li>- <i>Do you think mindful parenting is related or different to mindfulness? How?</i></li> <li>- <i>Did anything else come up for you?</i></li> </ul>
<b>Reaching consensus</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following question:  <b>"Do you think there are the advantages or disadvantages to having agreement on a definition MP and the core ingredients of MP interventions? "</b></li> </ul>
<b>Ending</b>	<ul style="list-style-type: none"> <li>- Is there anything else you would like to share about your experience of Mindful Parenting?</li> </ul>
<b>End of Interview</b>	<ul style="list-style-type: none"> <li>- Invite feedback and share verbal debrief.</li> <li>- Thank participant.</li> </ul>

## Appendix R:

### Interview schedule: Amended for parents who had not undertaken an MBPI

<b>Introduction and information about the study</b>	<ul style="list-style-type: none"> <li>- Thank participant for taking part in the research.</li> <li>- Share overview of interview process (e.g., how long).</li> <li>- Remind participant of the aim of the study, which is to develop our understanding of             <ul style="list-style-type: none"> <li>a) Mindful Parenting and</li> <li>b) the main elements of a Mindful Parenting Interventions.</li> </ul> </li> <li>- Share an overview of the study, including who is taking part (parents, researchers, teachers) and the Delphi methodology.</li> <li>- Discuss confidentiality</li> <li>- Review consent form and remind them of their right to withdraw at any time and/or pause interview</li> <li>- Invite questions from participant</li> <li>- Remind participants that the conversation will be recorded</li> <li>- Offer opportunity to include mindfulness practice and explain how this will influence the interview and extend the time</li> <li>- Inform participant that the recording has started</li> </ul>
<b>Warm up questions</b>	<ul style="list-style-type: none"> <li>- Invite participants to talk about the Mindful Parenting Course they attended / teach / research.</li> </ul>
<b>Research question 1</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following:  <b>"For me... what were/are the key ingredients of the mindful parenting course I attended / teach / research?"</b></li> </ul>
	<p><b>Prompt Questions</b></p> <ul style="list-style-type: none"> <li>- <i>Were there any key topics or ideas which stood out to you?</i></li> <li>- <i>What did you consider the core ingredients of the Mindful Parenting course?</i></li> <li>- <i>Were there any key Mindful Parenting practices?</i></li> <li>- <i>Was there any aspect of this Mindful Parenting course which meant it was unique or different to any or Mindfulness course?</i></li> <li>- <i>Is there anything else you think is helpful to include in mindful parenting courses?</i></li> <li>- <i>Did anything else come to mind?</i></li> </ul>
<b>Question 2</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following:  <b>"How would I define Mindful Parenting?"</b></li> </ul>
	<p><b>Prompt questions</b></p> <ul style="list-style-type: none"> <li>- <i>What do you think are the main features of Mindful Parenting?</i></li> <li>- <i>What sort of ideas or attitudes do you think are involved or encouraged through Mindful Parenting?</i></li> <li>- <i>Do you think mindful parenting is related or different to mindfulness? How?</i></li> </ul>

	<ul style="list-style-type: none"> <li>- <i>Did anything else come up for you?</i></li> </ul>
<b>Reaching consensus</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following question:  <b>"Do you think there are the advantages or disadvantages to having agreement on a definition MP and the core ingredients of MP interventions? "</b></li> </ul>
<b>Ending</b>	<ul style="list-style-type: none"> <li>- Is there anything else you would like to share about your experience of Mindful Parenting?</li> </ul>
<b>End of Interview</b>	<ul style="list-style-type: none"> <li>- Invite feedback and share verbal debrief.</li> <li>- Thank participant.</li> </ul>

## Appendix S

### Interview - Incorporating Mindfulness Practice

<b>Introduction and information about the study</b>	<ul style="list-style-type: none"> <li>- Thank participant for taking part in the research.</li> <li>- Share overview of interview process (e.g., how long).</li> <li>- Remind participant of the aim of the study, which is to develop our understanding of             <ul style="list-style-type: none"> <li>a) Mindful Parenting and</li> <li>b) the main elements of a Mindful Parenting Interventions.</li> </ul> </li> <li>- Share an overview of the study, including who is taking part (parents, researchers, teachers) and the Delphi methodology.</li> <li>- Discuss confidentiality</li> <li>- Review consent form and remind them of their right to withdraw at any time and/or pause interview</li> <li>- Invite questions from participant</li> <li>- Remind participants that the conversation will be recorded</li> <li>- Offer opportunity to include mindfulness practice and explain how this will influence the interview and extend the time</li> <li>- Inform participant that the recording has started</li> </ul>
<b>Warm up questions</b>	<ul style="list-style-type: none"> <li>- Invite participants to talk about the Mindful Parenting Course they attended / teach / research.</li> </ul>
<b>Research question 1</b>	<ul style="list-style-type: none"> <li>- Share information about the mindfulness practice.</li> <li>- Invite participants to engage either with mindfulness of breath or sensations in the feet.</li> <li>- Mindfulness practice for approx. 3 minutes.</li> <li>- Invite participants to reflect on the following (similar to the stone in the well practice)  <b>"For me... what were/are the key ingredients of the mindful parenting course I attended / teach / research?"</b> </li> <li>- Invite participants to share their thoughts.</li> </ul>
	<p><b>Prompt Questions</b></p> <ul style="list-style-type: none"> <li>- <i>Were there any key topics or ideas which stood out to you?</i></li> <li>- <i>What did you consider the core ingredients of the Mindful Parenting course?</i></li> <li>- <i>Were there any key Mindful Parenting practices?</i></li> <li>- <i>Was there any aspect of this Mindful Parenting course which meant it was unique or different to any or Mindfulness course?</i></li> <li>- <i>Is there anything else you think is helpful to include in mindful parenting courses?</i></li> <li>- <i>Did anything else come to mind?</i></li> </ul>

<b>Question 2</b>	<ul style="list-style-type: none"> <li>- Invite participants to engage either with mindfulness of breath or sensations in the feet.</li> <li>- Mindfulness practice for approx. 3 minutes.</li> <li>- Invite participants to reflect on the following (similar to the stone in the well practice) <b>“How would I define Mindful Parenting?”</b></li> <li>- Invite participants to share their thoughts.</li> </ul>
	<p><b>Prompt questions</b></p> <ul style="list-style-type: none"> <li>- <i>What do you think are the main features of Mindful Parenting?</i></li> <li>- <i>What sort of ideas or attitudes do you think are involved or encouraged through Mindful Parenting?</i></li> <li>- <i>Do you think mindful parenting is related or different to mindfulness? How?</i></li> <li>- <i>Did anything else come up for you?</i></li> </ul>
<b>Reaching consensus</b>	<ul style="list-style-type: none"> <li>- Invite participants to reflect on the following question: <b>"Do you think there are the advantages or disadvantages to having agreement on a definition MP and the core ingredients of MP interventions? "</b></li> </ul>
<b>Ending</b>	<ul style="list-style-type: none"> <li>- Is there anything else you would like to share about your experience of Mindful Parenting?</li> </ul>
<b>End of Interview</b>	<ul style="list-style-type: none"> <li>- Invite feedback and share verbal debrief.</li> <li>- Thank participant.</li> </ul>

## Appendix T

### Six phases of reflexive thematic analysis (Braun & Clarke., 2019)

#### Six phases of reflexive thematic analysis (Braun & Clarke., 2019)

1. Familiarisation with the data
2. Coding
3. Generate initial themes
4. Develop and review themes
5. Refine, define, and name themes
6. Write up

## Appendix U

### Process of analysing the data

#### Process of analysing the data

**1. Complete reflexive diary.**

**2. Transcribe the interviews.**

**3. Familiarisation / read the transcripts incorporating mindfulness practice:** This included:

- a. Reading the transcripts at a time when the researcher was able to be fully present.
- b. Reading the transcripts slowly, allowing time for reflection.
- c. Paying attention to their capacity to engage with the material. For example, noticing if there was an urge to rush or they became distracted. Acknowledging this was a sign to postpone the analysis.
- d. Noticing their initial response to statements and noting this in the margin. Holding in awareness any images, memories, theories, or quotes which the statements invoked.
- e. Re-reading the statement, being curious about both the semantic and latent meaning and noting this in the margin.

**4. Generating initial codes:**

- a. Uploading the transcript (including researcher notes in the margin) to NVivo.
- b. Re-reading the statements and notes on NVivo.
- c. Coding the statements.
- d. Reviewing the statements for replication and overlapping meaning.



**5. Developing themes:**

- a. Reviewing the codes by hand. Creating clusters of codes which seemed related.
- b. Reviewing the clusters and exploring different combinations.
- c. Drafting initial themes and theme titles.
- d. Re-reading transcripts and identifying quotes which appeared to convey both the themes and codes.
- e. Organising the quotes alongside the codes and themes.

**6. Reviewing and defining potential themes:**

- a. Amending or deleting codes/themes which did not adequately represent the ideas conveyed by participants (checking data twice for any evidence which had been potentially overlooked).
- b. Researcher reflected on the provisional codes and themes with their supervisors. Supervisors did not code the data and whilst the analysis was informed by this process, the supervisors did not direct the author to make any changes.
- c. Final themes and codes developed by the lead researcher.

## **Appendix V**

### **Instructions for Round 2 Survey**

#### **Welcome to round 2 of the Canterbury Mindful Parenting Study**

**Thank you again for contributing both your time and expertise to this study.**

The aim of this study is to bring together a broad range of different perspectives, with the aim of developing a shared understanding of Mindful Parenting. We are inviting participants to share their understanding of two research questions:

- 1. What is Mindful Parenting?**
- 2. What are the main ingredients / essential elements of a Mindful Parenting intervention?**

Based on the information shared in round 1, we have developed a list of statements organised into themes.

#### **What will I be asked to do?**

We anticipate it will take approximately 15-20 minutes to complete this survey. We will invite you to:

1. Review the statements and give an indication of how much you agree or disagree with them.
2. Share feedback on the main themes.

*Example question from Round 2*

**Question 1: What is Mindful Parenting**

Please rate how much you agree or disagree with the following statements.

---

**Theme 1: Mindful parenting is being present with a child**

Mindful parenting...

---

is being sensitive to the needs of the child

Strongly Disagree	Moderately Disagree	Neither agree nor disagree	Moderately Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## Appendix W

### Instructions for Round 3 Survey

## The Canterbury Mindful Parenting Study: Round 3

Thank you again for your ongoing support and contribution to this study. This is the third and final round of the study.

In round 2 of the study, you were invited to share your understanding of two research questions:

**1. What is Mindful Parenting?**

**2. What are the main ingredients / essential elements of a Mindful Parenting intervention?**

In the final round of the study, you are invited to review the **7 statements** which did not reach high consensus. We anticipate it will take **less than 5 minutes** to complete the survey.

*Example question from round 3*

<b>Mindful parenting is acknowledging and valuing children's affinity for mindfulness</b>				
In round 2, your response was: <b>strongly agree</b>				
Please see below how other participants rated this item.				
Strongly agree: 31.25%				
Moderately agree: 50.00%				
Neither agree nor disagree: 18.75%				
Moderately disagree: 0%				
Strongly disagree: 0%				
Based on this information, how do you now rate the statement.				
Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Appendix X**

### **Ethics approval letter**

This has been removed from the electronic copy due to confidentiality reasons.

## Appendix Y

### Participant Information Sheet for Researchers and Mindfulness Teachers

#### Examining the concept and essential elements of Mindful Parenting Interventions: A Delphi Survey of Researchers, Clinicians and Parents Perceptions

##### *Information about the research*

My name is Ann Griffiths and I am a trainee clinical psychologist at Canterbury Christ Church University, United Kingdom. I would like to invite you to take part in a research study, which I am conducting as part of my Doctorate in Clinical Psychology, supervised by Dr Tamara Leeuwerik and Dr Maret Dymond-Bassett. Before deciding whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Part 1 tells you the purpose of this study and what will happen to you if you take part.

Part 2 gives you more detailed information about the study.

##### **Part 1**

###### **What is the purpose of the study?**

Mindfulness courses have been tailored to the needs of different populations and it is encouraging to see this innovation. With interest in the area continuing to grow, I believe the field may benefit from greater clarity around the concept of mindful parenting. Increased understanding could be helpful in terms of measuring effectiveness, developing new interventions, and communicating the potential benefits of Mindful Parenting. The aim to define and establish a shared understanding of mindful parenting, corresponds with how the mindfulness field has invested in defining the essential elements of mindfulness, mindfulness interventions, and professional training (Bishop et al, 2004,

Crane et al., 2017 & Kenny et al, 2020). I believe a similar focus, drawing on the different perspectives and the expertise of different stakeholders, is equally important within mindful parenting.

This study aims to include a broad range of perspectives and I will invite researchers, mindfulness teachers and parents who have undertaken a mindful parenting course to take part. I am also interested to know whether there are any similarities or differences in the feedback, based on whether the people taking part are parents, mindfulness teachers or researchers.

### **Why have I been invited?**

You have been invited to take part in this research because you have experience of Mindful Parenting. I believe your understanding and insight is important to this study and the field more generally.

### **Do I have to take part?**

It would be very much appreciated if you did take part, however, it is up to you to decide whether to join the study. If you agree to take part, I will ask you to sign a consent form. You are free to withdraw from the study at any time, without giving a reason.

### **What will happen to me if I take part?**

If you agree to take part in the study, you will be contacted either 2 or 3 times (maximum of 3 times) in a 12-month period. Your time commitment would be approximately 15 - 30 minutes at each time point. You will be invited share your understanding and thoughts about mindful parenting during a short online conversation (1:1) and by completing two questionnaires. You will also be asked to complete one short demographic questionnaire. Please see below for a more detailed schedule.

#### **Time 1:**

- You will be invited to meet (online) with the researcher and share your thoughts on Mindful Parenting and mindful parenting courses.
- This conversation will last approximately 20 mins.
- You will also be invited to engage in a short mindfulness of breath and body practice before reflecting and sharing your thoughts regarding the research questions. Engaging in the mindfulness practice is optional and will lengthen the conversation by approximately 10

minutes. You will be invited to share your preference (i.e., whether to engage in the mindfulness practice) at the beginning of conversation.

- The conversation will be recorded and take place online.
- Information from time 1 will be used to create a set of statements about mindful parenting and the list will be used in the next part of the study.
- Please note: Not everyone will be asked to take part in time 1 because we will need a much smaller group of participants to complete this part of the study. Therefore, those who do not take part in time 1, will experience an interval at the beginning of the study.
- We will be contacting everyone when time 2 starts.

#### **Time 2:**

- At time two, everyone will be asked to read the statements (created following time 1).
- You can indicate whether you agree or disagree with the list of statements.
- You can also share additional comments at the end.
- This is likely to take approximately 15-20 minutes.

#### **Time 3:**

- Everyone will be sent another copy of the same questionnaire.
- This copy will include your original answers from time 2.
- You will also see a summary of the answers other participants have shared. No one's name will be shared. The questionnaire may also include a selection of anonymised comments.
- You will be asked to look at your original answers and either stick with your original answers or change them. Again, you are invited to share additional comments.
- This is likely to take approximately 10 – 15 minutes.
- Gathering this information will take approximately 6-12 months and in that time you will be contacted either two or three times.

For each person who completes the study, a £10 donation will be made to UNICEF UK.

#### **Results and feedback**

I will continue working on the research for another 12 months, analysing the results, writing a summary, and preparing to share the results. Information used will be anonymised and your confidentiality maintained. You will receive a summary of the results approximately 6- 12 months



after taking part.

**What are the possible disadvantages and risks of taking part?**

If you find taking part in the study leads to distress, you are welcome to take a break or stop taking part altogether. Further information about how to access support, will be shared if you take part in the study. If you live outside of the UK, you may find it helpful to seek the support of your local services and health practitioners. When completing the consent form, you will be asked to confirm that there are local health services available to you should you need them.

**What are the possible benefits of taking part?**

I cannot promise the study will help you personally. However, information from this study will increase our understanding of mindful parenting and mindful parenting interventions.

**What if there is a problem?**

If you became concerned about anything or wanted to make a complaint, I would want address these. For more details, please read Part 2.

**Will information from or about me from taking part in the study be kept confidential?**

Yes. I will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information will need to be shared with others. The details are included in Part 2.

This completes part 1. If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

## **Part 2**

**What will happen if I don't want to carry on with the study?**

If you change your mind about taking part in the study, you can withdraw from the study at any time, you do not need to give a reason and will not be persuaded to continue. Where possible, all of the information you have provided will be deleted. However, information that helped me to develop the questionnaire can only be removed up to two weeks following the interview. Given the nature of

the study, it cannot be removed later in the study.

### **Concerns and Complaints**

Any complaints will be taken very seriously and addressed by me and, if necessary, Canterbury Christ Church University. If you have a concern about any aspect of this study, you should ask to speak to me, and I will do my best to address your concerns. You can contact me either by email [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk) or by leave a message on the voicemail phone number +44 (0)1227 927070. Please leave your name, a contact number and say that the message is for me, Ann Griffiths and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology, [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)

### **Will information from or about me from taking part in the study be kept confidential?**

The study will include a mixture of online interviews and questionnaires. Only researchers connected to the study will have access to your personal information and this will be anonymised as soon as possible. Your name and any other identifying information will be removed and replaced with an ID (a unique series of letters chosen by each participant). Only the research team will have access to the password protected file which links this ID to your personal information. This will be kept on a secure university drive and destroyed when the study closes. The questionnaire data, ID and recordings of the interview will be password protected. Interviews will be recorded on a password protected Dictaphone and paper documents will be kept in a secure locked cabinet. Information connected with the study will be kept at the Salomons Centre for applied Psychology for 10 years (in line with Medical Research Council requirement) from the date of study completion and disposed of securely. We will be working according to ethical guidelines and General Data Protection Regulation (GDPR / UK Data Protection Act 2018).

I may ask someone to transcribe the interviews. This individual will be asked to sign a confidentiality agreement and will not have access to any personal, identifiable information, other than the recording. Information shared with the transcriber will be password protected and recordings will be destroyed at the end of the study.

The only other time I would be obliged to pass on information from you to a third party would be if,

as a result of something you told me, I were to become concerned about your safety or the safety of someone else.

You are entitled to see and check that the information is correct and can inform me about any errors. With your consent, I may consider sharing the additional comments you have shared in the questionnaire with other research participants. These comments would be anonymised.

### **What will happen to the results of the research study?**

I will be identifying different themes and ideas which contribute to our understanding of Mindful Parenting. The results will be summarised in a report and this will be assessed as part of my studies. I also intend to publish the results of this study and disseminate the results with interested stakeholders, including peer reviewed journals e.g., Mindfulness. The results may also inform a guidance document for mindful parenting interventions. Anonymised quotes from the interviews and questionnaires will be used in published reports. You will not be identified in any report/publication, unless you have given your consent.

### **Who is sponsoring and funding the research?**

This study was designed by me the lead researcher, Ann Griffiths with the support of the lead supervisor Dr Tamara Leeuwerik and the external supervisor Dr Maret Dymond. I am doing my doctoral training in Clinical Psychology at Canterbury Christ Church University; United Kingdom and the university has funded this study.

### **Who has reviewed the study?**

This study has been reviewed and approved by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

### **Further information and contact details**

If you would like to speak to me, find out more about the study or have any questions, you can contact me either by email [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk) or leave a message for me on a 24-hour voicemail phone line at + 44 (0)1227 927070. Please say that the message is for Ann Griffiths and leave a contact number so that I can get back to you.

Version 3 - 09/05/2021

*Note: This information sheet was presented to participants on Qualtrics. However, it was not possible to share a good quality image of the form as presented on Qualtrics.*

## **Appendix Z**

### **Participant Information Sheet for Parents**

#### **Information about the research**

My name is Ann Griffiths and I am a trainee clinical psychologist at Canterbury Christ Church University, United Kingdom. I would like to invite you to take part in a research study, which I am conducting as part of my Doctorate in Clinical Psychology, supervised by Dr Tamara Leeuwerik and Dr Maret Dymond-Bassett. Before deciding whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Part 1 tells you the purpose of this study and what will happen to you if you take part.

Part 2 gives you more detailed information about the study.

#### **Part 1**

##### **What is the purpose of the study?**

With interest in Mindful Parenting continuing to grow, the field may benefit from greater clarity around the concept of mindful parenting. I believe parents who have completed a mindful parenting course, could offer useful insight into the concept of mindful parenting. The study will include the perspectives of parents, researchers, and mindfulness teachers. I am also interested to know whether there are any similarities or differences in the feedback based on whether the people taking part are parents, mindfulness teachers or researchers.

##### **Why have I been invited?**

You have been invited to take part in this research because you have experience of Mindful Parenting. I believe your understanding and insight is important to this study and the field more generally.

##### **Do I have to take part?**

It would be very much appreciated if you did take part, however, it is up to you to decide whether to join the study. If you agree to take part, I will ask you to sign a consent form. You are free to

withdraw from the study at any time, without giving a reason.

### **What will I be asked to do?**

If you agree to take part in the study, you will be contacted either 2 or 3 times (maximum of 3 times) in a 12-month period. Your time commitment each time would be approximately 15 - 30 minutes.

During the study you will be invited to the following:

- Take part in an online conversation with me (1:1) and share your thoughts about mindful parenting
- Complete two multiple choice questionnaires about Mindful Parenting
- Complete one short demographic questionnaire.

Please see below for a more detailed schedule.

### **Time 1:**

- Take part in an online conversation regarding Mindful Parenting.
- This conversation will last approximately 20 mins.
- You will also be invited to engage in a short mindfulness of breath and body practice before reflecting and sharing your thoughts regarding the research questions. Engaging in the mindfulness practice is optional and will lengthen the conversation by approximately 10 minutes. You will be invited to share your preference (i.e. whether to engage in the mindfulness practice) at the beginning of conversation.
- The conversation will be recorded and take place online.
- Information from time 1 will be used to create a set of statements about mindful parenting and the list will be used in the next part of the study.
- Please note: Not everyone will be asked to take part in time 1 because we will need a much smaller group of participants to complete this part of the study. Therefore, those who do not take part in time 1, will experience an interval at the beginning of the study. We will contact everyone when time 2 starts.

### **Time 2:**

- At time two, everyone will be asked to read a list of statements (created following time 1).
- You can indicate whether you agree or disagree with the statements.

- You can also share additional comments at the end.
- This is likely to take approximately 15-20 minutes.

### **Time 3:**

- Everyone will be sent another copy of the same questionnaire/statements.
- This copy will include your original answers from time 2.
- You will also see a summary of the answers other participants have shared.
- No one's name will be shared. The questionnaire may also include a selection of anonymised comments.
- You will be asked to look at your original answers and either stick with your original answers or change them. Again, you are invited to share additional comments.
- This is likely to take approximately 10 – 15 minutes.

For each person who completes the study, a £10 donation will be made to UNICEF UK.

### **Results and feedback**

Gathering this information and feedback will take approximately 6-12 months and, in that time, you will be contacted either two or three times. I will continue working on the research for another 12 months, analysing the results, writing a summary, and preparing to share the results. Information used will be anonymised and your confidentiality maintained. You will receive a summary of the results approximately 6 - 12 months after taking part.

### **What are the possible disadvantages and risks of taking part?**

If taking part and talking about Mindful Parenting brings up difficult feelings, you are welcome to take a break or stop taking part altogether. Further information about how to access support, will be shared if you take part in the study. If you live outside of the UK, you may find it helpful to seek the support of your local services and health practitioners. When completing the consent form, you will be asked to confirm that local health service available to you should you need them.

### **What are the possible benefits of taking part?**

I cannot promise the study will help you personally. However, information from this study will increase our understanding of Mindful Parenting and how we design courses.

**What if there is a problem?**

If you became concerned about anything or wanted to make a complaint, I would want address these. For more details, please read Part 2.

**Will information from or about me from taking part in the study be kept confidential?**

Yes. I will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information will need to be shared with others. The details are included in Part 2.

This completes part 1. If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

**Part 2****What will happen if I don't want to carry on with the study?**

If you change your mind about taking part you can withdraw from the study at any time, you do not need to give a reason and will not be persuaded to continue. Where possible, all the information you have provided will be deleted. However, information that helped me to develop the questionnaire can only be removed up to two weeks following the interview. Given the nature of the study, it cannot be removed later in the study.

**Concerns and Complaints**

Any complaints will be taken very seriously and addressed by me and, if necessary, Canterbury Christ Church University. If you have a concern about any aspect of this study, you should ask to speak to me, and I will do my best to address your concerns. You can contact me either by email [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk) or by leaving a message on the voicemail phone number +44 (0)1227 927070. Please leave your name, a contact number and say that the message is for me, Ann Griffiths and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology, [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)

**Will information from or about me from taking part in the study be kept confidential?**

The study will include a mixture of online interviews and questionnaires. Only researchers connected to the study will have access to your personal information and this will be anonymised as soon as possible. Your name and any other identifying information will be removed and replaced with an ID (a unique series of letters chosen by each participant). Only the research team will have access to the password protected file which links this ID to your personal information. This will be kept on a secure university drive and destroyed when the study closes. The questionnaire data, ID and recordings of the interview will be password protected.

Interviews will be recorded on a password protected Dictaphone and paper documents will be kept in a secure locked cabinet. Information connected with the study will be kept at the Salomons Centre for applied Psychology for 10 years (in accordance with Medical Research Council requirement) from the date of study completion and disposed of securely. We will be working according to ethical guidelines and General Data Protection Regulation (GDPR/ UK Data Protection Act 2018).

I may ask someone to transcribe the interviews. This individual will be asked to sign a confidentiality agreement and will not have access to any personal, identifiable information, other than the recording. Information shared with the transcriber will be password protected and recordings will be destroyed at the end of the study. The only other time I would be obliged to pass on information from you to a third party would be if, because of something you told me, I were to become concerned about your safety or the safety of someone else.

You are entitled to see and check that the information is correct and can inform me about any errors. With your consent, I may consider sharing the additional comments you have shared in the questionnaire with other research participants. These comments would be anonymised.

**What will happen to the results of the research study?**

I will be identifying different themes and ideas which contribute to our understanding of Mindful Parenting. The results will be summarised in a report and this will be assessed as part of my studies. I also intend to publish the results of this study and share the results with others who are interested in this topic. The results may also be summarised and used as a guide for people developing new mindful parenting courses. Anonymised quotes from the interviews and questionnaires will be used



in published reports. You will not be identified in any report/publication, unless you have given your consent.

**Who is sponsoring and funding the research?**

This study was designed by me, the lead researcher, Ann Griffiths with the support of the lead supervisor Dr Tamara Leeuwerik and the external supervisor Dr Maret Dymond. I am doing my doctoral training in Clinical Psychology at Canterbury Christ Church University, United Kingdom and university has funded this study.

**Who has reviewed the study?**

This study has been reviewed and approved by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

**Further information and contact details**

If you would like to speak to me, find out more about the study or have any questions, you can contact me either by email [ag693@canterbury.ac.uk](mailto:ag693@canterbury.ac.uk) or leave a message for me on a 24-hour voicemail phone line at +44 (0)1227 927070. Please say that the message is for Ann Griffiths and leave a contact number so that I can get back to you.

Version 3 - 09/05/2021

*Note: This information sheet was presented to participants on Qualtrics. However, it was not possible to share a good quality image of the form as presented on Qualtrics.*

## Appendix AA

### Consent Form

*This study has been reviewed and approved by the  
Ethics Committee of Canterbury Christ Church University*

**If you want to take part in the study and agree with following statements, please initial each box.**

Please note the final two statements, may not apply to everyone. One of these is highlighted 'optional' and the second only applies to individuals taking part outside the UK. If these statements do not apply to you, please move on to the next statement.

*Consent form: 04/09/2020*

I confirm that I have read and understand the information sheet dated 9.05.2021 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily (please initial the box).

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If you withdraw from the study, whilst we will delete as much of the information you have shared as we can, there are limitations particularly, as we will be developing a new questionnaire.

I agree that any feedback I provide in the interview can be audio-recorded and transcribed with the purpose of finding themes from the data that represent the construct of Mindful Parenting.

I agree that anonymous quotes I provide in the interview may be used in published reports of the study findings.

I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified (except as might be required by law).

I understand that the study may require participation at multiple time points to seek consensus on the constructs of Mindful Parenting and that my anonymised opinions will be appraised by the other participants.

I understand that data gathered in this study will be stored anonymously and securely for ten years before being destroyed.

I understand that in the event that I disclose information which may indicate a risk to me or anyone else, the researcher will be obliged to break confidentiality and that may require a release of my personal data. The researcher would endeavour to speak with me about this first.

I understand that this is an international study, which has been approved in the UK and follows UK guidance in relation to ethics and data protection.

**Optional:** I agree that my anonymous data can be used in further research studies

**Please note, this next statement only relates to individuals who are taking part and are not from the UK.**

After taking part, everyone will be offered additional information about the study and information about how to access additional support. If you live outside of the UK, you may find it helpful to seek the support of your local services and health practitioners. Please confirm that there are local health service available to you, if necessary

- I agree to take part in the study
- I do not agree to take part in the study

Thank you for agreeing to take part in this study.  
In order to confirm that you wish to take part, please sign below.

*Note: This consent form was presented to participants on Qualtrics. Was unable to share a good quality image of the form.*

## Appendix BB

### Debrief Round 1 and 2



**Thank you for participating in this round of the study.**

**Rationale for the study:** Researchers and clinicians have begun to consider the potential benefits of Mindful Parenting and interest in this area continues to grow. We believe additional understanding around Mindful Parenting could strengthen this field. Increased understanding could be helpful in terms of measuring effectiveness, developing new interventions, and communicating the potential benefits of Mindful Parenting.

Our aim is to invite and include a broad range of different perspectives and examine the following questions:

- What is Mindful Parenting?
- What are the essential elements of Mindful Parenting courses?

Your participation and the information you have shared with the researcher will help us to answer these questions. We aim to produce a summary of the ideas shared, which could offer greater clarity and guidance for this new and complex field.

**Additional support and concerns:** If you have any queries or concerns about the study please contact Ann Griffiths by email: [agriffiths693@canterbury.ac.uk](mailto:agriffiths693@canterbury.ac.uk) or leave a message on the voicemail phone number 01227 927070. Please leave your name, a contact number and say that the message is for Ann Griffiths. If you remain unhappy and wish to make a formal complaint, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk).

If participating in this study raised any negative emotions for you, or if you would like to talk to someone about your well-being. If you live in the UK, you may find the following websites or helplines useful:

Mind  
<http://www.mind.org.uk>

NHS Choices  
<http://www.nhs.uk>  
Phone: 111

Samaritans  
<http://www.samaritans.org>  
Phone: 116 123

You may also want to consult your GP for further guidance and support.

If you live outside of the UK, you may find it helpful to seek the support of your local services and health practitioners.

If this study has raised any difficulties, you may also wish to inform the researcher Ann Griffiths (see contact details above).

**Next steps:** Feedback from this round of the study will be summarised in preparation for the next part of the study. In a few weeks, we contact you again and ask you to look at this summary and offer further feedback. Your continued involvement in this study is appreciated.

**Again, we thank you for your participation in this round of the study  
and will be in touch again soon.**

Ann Griffiths

*Trainee Clinical Psychologist*

*Canterbury Christ Church University*

## Appendix CC

### Debrief following Round 3



**Thank you for participating in the final round of the study.**

**Rationale for the study:** Researchers and clinicians have begun to consider the potential benefits of Mindful Parenting and interest in this area continues to grow. We believe additional understanding around Mindful Parenting could strengthen this field. Increased understanding could be helpful in terms of measuring effectiveness, developing new interventions and communicating the potential benefits of Mindful Parenting.

Our aim is to invite and include a broad range of different perspectives in order to examine the following questions:

- What is Mindful Parenting?
- What are the essential elements of Mindful Parenting courses?

Your participation and the information you have shared with the researcher will help us to answer these questions. We aim to produce a summary of the ideas shared, which could offer greater clarity and guidance for this new and complex field.

**Additional support and concerns:** If you have any queries or concerns about the study please contact Ann Griffiths by email: [agriffiths693@canterbury.ac.uk](mailto:agriffiths693@canterbury.ac.uk) or leave a message on the voicemail phone number 01227 927070. Please leave your name, a contact number and say that the message is for Ann Griffiths. If you remain unhappy and wish to make a formal complaint, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology [fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk).

If participating in this study raised any negative emotions for you, or if you would like to talk to someone about your well-being you may find the following websites or helplines useful:

Mind  
<http://www.mind.org.uk>

NHS Choices  
<http://www.nhs.uk>  
Phone: 111

Samaritans  
<http://www.samaritans.org>  
Phone: 116 123

You may also want to consult your GP for further guidance and support.

If you live outside of the UK, you may find it helpful to seek the support of your local services and health practitioners.

If this study has any raised difficulties, please consider informing the researcher Ann Griffiths (see contact details above).

**Next step:** You have now completed the last round of study. We have appreciated your continued support and involvement. Feedback from this round of the study will be analysed by the researchers and we hope to share a summary of the results with you within the next twelve months.

**Thank you for taking part in this study.**

Ann Griffiths

*Trainee Clinical Psychologist*

*Canterbury Christ Church University*

## Appendix DD

### Question 1: What is Mindful Parenting? Themes, statements and sample quotes

Theme	Statements	Example quotes
<b>Theme 1: Mindful parenting is being present with a child</b>	Mindful parenting... <ul style="list-style-type: none"> <li>- is being sensitive to the needs of the child</li> <li>- fosters intimacy in the parent-child relationship</li> <li>- supports mindful listening and communication</li> </ul>	<p>“...just being present with one another, this sense of togetherness. Really allowing ourselves to be present with one another”</p> <p>“It is the ability to be with them in the moment, without the mind racing ahead, missing out on what is happening right in front of you”</p> <p>“I think mindful parenting comes down to moments, moments with the parent and child with at least one of them, or both of them pausing and noticing. All parents can have moments like that, even without having a mindfulness practice, or this training. So, I guess what we are aspiring towards is supporting as many parents as possible to have more of those moments.”</p>
<b>Theme 2: Mindful parenting is a relational practice</b>	Mindful parenting... <ul style="list-style-type: none"> <li>- is being mindful during everyday moments of family life</li> </ul>	<p>“So, it’s about the family unit recognising that presence, awareness, and noticing can be part of that family life. ...recognising that we can</p>



	<ul style="list-style-type: none"> <li>- is being receptive and learning about mindfulness through experiences with children</li> <li>- is parents and children learning from and with one another</li> <li>- is shared present awareness</li> <li>- is increased togetherness</li> </ul>	<p>pause, we can take breaths, in family moments, whether that is in the park or just pausing together and noticing the birds...So it is really bringing that kind of compassionate noticing, curiosity and noticing into everyday life, rather than seeing it as something where the parent needs to be away from the child”</p> <p>“When he was much younger he would stop and notice things along our walks and it was times quite challenging to move out of that space of just rushing always and allowing for that real presence. I think we can learn a lot from our children, and now we try to do that.”</p>
<p><b>Theme 3: Mindful Parenting is connecting with a child’s perspective and needs</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- fosters perspective taking and curiosity into their child’s needs and experiences (i.e., mentalising, mind-mindedness</li> <li>- strengthens parental cognitive/mindfulness skills (including flexible thinking, focused attention, meta-cognition, present moment awareness)</li> <li>- is attending to own perspective whilst also being curious about their child’s perspective</li> <li>- connecting with the emotional experiences of the child (i.e., ‘being with’)</li> </ul>	<p>“He was having a really tough time, crying at the top of his lungs and she would take him in her arms and go to a room and just hug him the whole time and say ‘you are upset’ ‘you are angry. Being with him in his pain and letting him cry it out his feelings. It took what felt like an eon and it would have been so exhausting. But I do applaud her for doing that. Mindful parenting for me, at its best, would be that...”</p> <p>“To take a pause and take a look, and just the skill to be able to do that... and they learn they have this ability to harness their attention, to place it where it is needed, when it is needed... you know from a point of view of acknowledging what those child’s needs are in any given moment”</p>

	<ul style="list-style-type: none"> <li>- strengthens attunement</li> <li>- is being open to and tolerating a child's difficult emotions</li> <li>- is validating a child's experiences and emotions</li> <li>- promotes empathy</li> <li>- supports a child's capacity to reflect and understand of their own emotional landscape</li> <li>- is supporting children to label emotions and use language to convey their experiences</li> </ul>	<p>"I understand you are tired and it's difficult for you"</p>
<p><b>Theme 4: Mindful Parenting supports the child's experience of feeling emotionally held</b></p>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is relating to child experiences with openness and curiosity</li> <li>- is acknowledging the emotional experiences of the child</li> <li>- is authenticity in the parent-child relationship</li> <li>- is conveying that all emotions can be explored and tolerated</li> <li>- is being with a child during moments of distress</li> <li>- is supporting a child to tolerate and accept their own difficult experiences</li> <li>- is being curious and trying to make sense of a child's experiences</li> </ul>	<p>"So, at times they do realise there is some discomfort for the child. And then they can just practice with the discomfort, and communicate it is ok, I'm here with you, I can handle it"</p> <p>"So, I feel this exercise is really important, for the parents to relate to difficulties of the child and stay there with them"</p> <p>"Being with him in his pain, however, long it took"</p> <p>"I understand you are tired, it's ok and it's difficult for you now. So, the child gets the permission. I've seen it so many times that children fall asleep during the breathing space, in their mothers' arms it is really beautiful to see"</p>

<p><b>Theme 5: Nurtures compassion and acceptance for a child</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is engaging in the practice because they are motivated to support their child</li> <li>- cultivates self-compassion which strengthens compassion towards the child</li> <li>- is modelling for children, the value of self-compassion and acceptance</li> <li>- acceptance for the child</li> </ul>	<p>“If you are a parent going to a mindful parenting course, you are going to be doing your best and definitely failing sometimes. Yes, that self-compassion, which means you have more, compassion towards your children, towards your partner if you have one and towards the wider society”</p> <p>“There is also acceptance, which is also really important. And that again takes a lot of practice. Can we accept the children the way that they are”?</p> <p>“Compassion towards yourself and also towards your children as well and I think that sort of modelling is really important as well”</p>
<p><b>Theme 6: Mindful Parenting cultivates curiosity regarding the parent-child relationship</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- cultivating expanded awareness of the parent-child relationship</li> <li>- is being aware of reciprocity and interaction within the parent-child relationship (i.e., bi-directional influence / synergy)</li> <li>- is holding in mind the context and influence of wider factors</li> <li>- being curious about what is influencing their relationship with their child</li> </ul>	<p>“And they may also discover things about how they communicate, they may learn for example that they are too quick to interrupt. In doing this practice, they develop an awareness and then have an opportunity to do something around that, if they want to”.</p> <p>“And I think for me as a parent, noticing little patterns, and inherited ways to approach things. So not only raising the awareness in the moment in the presence with what is happening now, but also those patterns”.</p>

	<ul style="list-style-type: none"> <li>- holding in mind impermanence and the dynamic quality of the parent-child relationship</li> </ul>	
<p><b>Theme 7: Mindful Parenting strengthens a child's innate capacity for mindfulness</b></p>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is acknowledging and valuing children's affinity for mindfulness</li> <li>- has an indirect influence on the child through parental behaviour</li> <li>- sustains and nurtures child's capacity for mindfulness</li> <li>- supports child emotional development</li> <li>- focuses on change in the parent (<b>no consensus</b>)</li> <li>- is modelling attitudes (e.g., self-compassion, acceptance, value of self-care) which either indirectly or organically strengthens these attitudes in the child</li> <li>- supports children to internalise adaptive coping strategies, including mindfulness attitudes</li> </ul>	<p>"I still try to meditate every morning and now we try and do that a bit more together. You know just this morning just noticing the mist, rising from the grass, the condensation on the grass, the frost, and as that mist was evaporating it was just beautiful. So, we just stood there and watched. I think I am just hoping that he won't completely lose that sense of wonder"</p> <p>"My youngest is more articulate about what is going for him with mental health, he is more, emotionally intelligent, kinder, and accepting and I wonder if this is because during his last years at home, I was more modelling those behaviours...because of the journey and the practice I have become much, much calmer myself and I do think it has had an effect on him".</p> <p>"Compassion towards yourself and also towards your children as well and I think that sort of modelling is really important as well. Also, you know when your children recognise that you are allowing yourself to take that time and that space to bring to the centre. It also teaches them those skills as well. So, modelling, not just that 3 step breathing space but also modelling giving yourself permission to sit or to take twenty minutes to go for a walk".</p>

<p><b>Theme 8: Mindful parenting acknowledges and cultivates acceptance for the challenges of parenting</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- acknowledges parenting is an intense and challenging experience</li> <li>- normalizes the challenges parents experience</li> <li>- is an acceptance that difficulties and/or fluctuations in connection will happen within the parent-child relationship</li> <li>- is acceptance that parents will often struggle and face challenges, despite their best intentions</li> <li>- supports authoritative parenting (i.e., relationship based both on maintaining appropriate boundaries and warmth)</li> <li>- acknowledges the importance and need for gentle/mindful discipline</li> <li>- informs parental use of boundaries</li> </ul>	<p>“I notice, from my own personal experience, some days are good days, but mostly it is pretty challenging, on every level really”.</p> <p>“If you are a parent going to a mindful parenting course, you are going to be doing your best and definitely failing sometimes”</p>
<p><b>Theme 9: Mindful parenting nurtures parental self-care and self-compassion</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- holds in awareness the needs of parents</li> <li>- supports parents to acknowledge and value their own strengths and competencies</li> </ul>	<p>“...we sometimes need to change and doing that with a sense of curiosity and kindness. We are not always going to get it right, but we can bring that friendliness to ourselves in order to bring change”</p> <p>“Giving permission to look after oneself...holding oneself, that theme of kindness”</p>

	<ul style="list-style-type: none"> <li>- supports parents to hold more realistic expectations of themselves (i.e., good enough parenting)</li> <li>- fosters a non-judgmental attitude towards the self</li> <li>- supports a sense of common humanity and connection with other parents</li> <li>- supports balancing and meeting the needs of both parents and children</li> <li>- builds capacity to be authentic and vulnerable</li> <li>- is letting go of expectations to always be the expert or get it right.</li> </ul>	<p>“No one is perfect, and this is not about being a perfect parent”</p>
<p><b>Theme 10: Mindful parenting connects with a parent’s innate capacity for mindfulness and is an approach to life</b></p>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is a way of being (i.e., rather than a technique or a strategy)</li> <li>- strengthens a parent’s natural capacity for mindfulness</li> <li>- integrates with a parent’s natural capacity for mindfulness</li> </ul>	<p>“Because naturally we already have the main ingredients for mindful parenting. Mindful parenting is not a new thing, every parent can be mindful. It is about enhancing this”</p> <p>“Beginning from the morning, from waking up until we sleep, when we eat, when we communicate, when we speak, when we listen, when we do any activities we can be mindful... we don’t do mindfulness, we are mindful”</p> <p>“I think mindful parenting comes down to moments, moments with the parent and child with at least one of them, or both of them pausing and noticing. All parents can have moments like that, even</p>

		<p>without having a mindfulness practice, or this training. So, I guess what we are aspiring towards is supporting as many parents as possible to have more of those moments.”</p> <p>“Typically, our soil is impoverished, through farming, and it’s a bit like we are all impoverished through political and cultural environment. Just as we need to replenish ourselves, we add these amendments of micro bacteria to the soil re-vitalise it. I see mindfulness a bit like that, a form of amendment. It’s not like it exists on its own. It integrates with who we are, with what we already know. So, if we are talking about mindful parenting, we are relying on blending with the skills people already have. For some that may be quite impoverished, it may be very impoverished. You’re adding these amendments, you’re not removing this and adding a better model, you’re integrating.”</p>
<p><b>Theme 11: Mindful parenting cultivates intimacy with the self and what is personally meaningful</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- connects with personal values and intentions</li> <li>- supports connection with parental instincts and/or personal wisdom</li> <li>- may connect with personal meaning or philosophical/spiritual beliefs</li> <li>- is a values-based approach</li> <li>- may support a sense of interconnectedness with something “greater than you” (e.g., nature,</li> </ul>	<p>“It is about really listening to yourself...it is also a perspective and philosophy”</p> <p>“I think one of the most helpful things about parenting with mindfulness is that you are tapping into that greater than you...I am very aware if the importance of connecting with the greater than. You know that sense of compassion, love, gratitude, just the beauty of everything. Even when things are really complex and difficult. The beauty that we feel, and it is so very present in parenting”</p>

	philosophy, religion, common humanity).	
<b>Theme 12: Mindful parenting supports parental equanimity</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- supports responding rather than reacting</li> <li>- supports responding in a way which is consistent with values</li> <li>- is connecting with the personal landscape (i.e., with what is happening internally for the parent)</li> <li>- responding with what is required or most effective (e.g., asking, what do I need or what will serve me well?)</li> </ul>	<p>“I am sure most parents do find it offers that little bit of space with the reactivity. Because when children behave in a particular way, we get triggered in predictable ways and it makes sense in terms of our history...so it is providing that little bit of space and curiosity, so you get to a point where there are other options, where it is not just, kind of this automatic reaction, and you’re stuck in this ugly dynamic”.</p>
<b>Theme 13: Mindful parenting is connecting with the joy of parenting</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- offers increased capacity to notice positive experiences</li> <li>- cultivates gratitude</li> <li>- is attending to precious moments</li> <li>- is valuing everyday parenting experiences</li> <li>- is realising everyday parenting tasks are meaningful</li> <li>- is savouring precious moments</li> </ul>	<p>“When I started working with parents they reminded me that mindfulness also connects to us in with joy, and it was like a light bulb moment for me. Oh yes, they are telling me about wonderful things they had noticed because of their mindfulness practice”.</p> <p>“Being present and noticing that it is not all stress and worry and drudgery, and all those things that parents carry around with them. The worries and stress are there, but they are not all that’s there”.</p> <p>“To develop gratitude, to be grateful and thankful, for me and for our family”</p>



		<p>“A mindful approach means we try to enjoy every activity and the meaning of that activity”</p>
<p><b>Theme 14: Mindful parenting supports beginning again</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is maintaining a commitment to the parent-child relationship</li> <li>- is being willing to learn/grow</li> <li>- is repeatedly connecting with intentions and beginning again (i.e., equivalent of ‘coming back to the breath’)</li> <li>- supports parents to repair ruptures and re-connect with their child</li> <li>- promotes a hopeful attitude</li> </ul>	<p>“and I feel that one of the key things to being able to meditate is to know it is all failure. It is all coming back. It all the realising that you have wandered off again and the gentleness with that. That to me is success. And I feel that is entirely parenting to me. There is no success. There is just attempting every morning to be the loving, present, amazing parent that you want to be and when you fail, which inevitably happens some days, like when there is more pressure. Of course, you fail more often, and you are then correcting and apologizing”.</p> <p>“There is the awareness about how we can disconnect, through the patterns when we are alert in that fight or flight. So that awareness and how to reconnect. So yes, connection is a big one a big thread as well, through it”.</p>

## Appendix EE

### Question 1: How do mindful parenting stakeholders understand the concept of mindful parenting?

#### Quotes and related statements

Themes	Example Quote	Example statement
<b>Mindful parenting is being present with a child</b>	"...just being present with one another, this sense of togetherness. Really allowing ourselves to be present with one another"	Mindful parenting fosters intimacy in the parent-child relationship
<b>Mindful parenting is a relational practice</b>	"So, it's about the family unit recognising that presence, awareness, and noticing can be part of that family life. Recognising that we can pause, we can take breaths, in family moments, whether that is in the park or just pausing together and noticing the birds...So, it is really bringing that kind of compassionate noticing, curiosity and noticing into everyday life, rather than seeing is as something where the parent needs to be away from the child"	Mindful parenting is being mindful during everyday moments of family life
<b>Mindful parenting is connecting with a child's perspective and needs</b>	"To take a pause and take a look, and just the skill to be able to do that... and they (parents) learn they have this ability to harness their attention, to place it where it is needed, when it is needed... you know from a point of view of acknowledging what those child's needs are in any given moment"	Mindful parenting fosters perspective taking and curiosity into a child's needs and experiences (i.e., mentalising and mind-mindedness)
<b>Mindful parenting supports the child's experience of feeling emotionally held</b>	"So, at times they do realise there is some discomfort for the child. And then they can just practice with the discomfort, and communicate it is ok, I'm here with you, I can handle it"	Mindful parenting is conveying that all emotions can be explored and tolerated

<b>Mindful parenting nurtures compassion and acceptance for a child</b>	"If you are a parent going to a mindful parenting course, you are going to be doing your best and definitely failing sometimes. Yes, that self-compassion, which means you have more compassion towards your children, towards your partner if you have one and towards the wider society"	Mindful parenting cultivates self-compassion which strengthens compassion towards the child
<b>Mindful parenting cultivates curiosity regarding the parent-child relationship</b>	"And I think for me as a parent, noticing little patterns, and inherited ways to approach things. So not only raising the awareness in the moment in the presence with what is happening now, but also those patterns".	Mindful parenting is cultivating expanded awareness of the parent-child relationship
<b>Mindful parenting strengthens a child's innate capacity for mindfulness</b>	"You know just this morning, just noticing the mist, rising from the grass, the condensation on the grass, the frost, and as that mist was evaporating it was just beautiful. So, we just stood there and watched. I think I am just hoping that he won't completely lose that sense of wonder".	Mindful parenting sustains and nurtures child's capacity for mindfulness
<b>Mindful parenting acknowledges and cultivates acceptance for the challenges of parenting</b>	"If you are a parent going to a mindful parenting course, you are going to be doing your best and definitely failing sometimes".	Mindful parenting is acceptance that parents will often struggle and face challenges, despite their best intentions
<b>Mindful parenting nurtures parental self-care and self-compassion</b>	"...we sometimes need to change and doing that with a sense of curiosity and kindness. We are not always going to get it right, but we can bring that friendliness to ourselves in order to bring change"	Mindful parenting supports parents to hold more realistic expectations of themselves
<b>Mindful parenting connects with a parent's innate capacity for mindfulness and is an approach to life</b>	"Because naturally we already have the main ingredients for mindful parenting. Mindful parenting is not a new thing, every parent can be mindful. It is about enhancing this"	Mindful parenting integrates with a parent's natural capacity for mindfulness

<b>Mindful parenting cultivates intimacy with the self and what is personally meaningful</b>	"It is about really listening to yourself...it is also a perspective and philosophy"	Mindful parenting supports connection with parental instincts and/or personal wisdom
<b>Mindful parenting supports parental equanimity</b>	"...so, it is providing that little bit of space and curiosity, so you get to a point where there are other options, where it is not just, kind of this automatic reaction, and you're stuck in this ugly dynamic".	Mindful parenting supports responding rather than reacting
<b>Mindful parenting is connecting with the joy of parenting</b>	"Being present and noticing that it is not all stress and worry and drudgery, and all those things that parents carry around with them. The worries and stress are there, but they are not all that's there".	Mindful parenting offers increased capacity to notice positive experiences
<b>Mindful parenting supports beginning again</b>	"...and I feel that one of the key things to being able to meditate is to know it is all failure. It is all coming back. It all the realising that you have wandered off again and the gentleness with that. That to me is success. And I feel that is entirely parenting to me. There is no success. There is just attempting every morning to be the loving, present, amazing parent that you want to be and when you fail, which inevitably happens some days, like when there is more pressure. Of course, you fail more often, and you are then correcting and apologizing".	Mindful parenting is repeatedly connecting with intentions and beginning again (i.e., equivalent of 'coming back to the breath')

## Appendix FF

### Question 2: What are the main ingredients / essential elements of a Mindful Parenting intervention?

#### Statements, Themes and Sample Quotes

<p><b>Theme 1: General principles for good practice</b></p>	<p>Mindfulness based parenting interventions...</p> <ul style="list-style-type: none"> <li>- draw on the existing evidence base for mindfulness-based interventions.</li> <li>- include thoughtful adaptations, which make the intervention relevant for parents holding in mind context, the needs of families and diversity.</li> <li>- hold in mind the challenges and competing demands parents are facing.</li> <li>- encourage parents to learn from and support one another.</li> <li>- draw on the expertise of relevant professionals who support parents (e.g., midwives, health visitors, social workers), particularly when working with families who experience mental health, learning or health difficulties or are a vulnerable group</li> </ul>	<p>“I think the course includes the universal qualities of any mindfulness course, including, non-judgement and the capacity to step back. It also includes self-compassion. So now there is the emphasis on self-compassion training and that is implicit throughout the course”</p> <p>“So, there is a gap there and trying to breach that, making it an accessible, child friendly resource which supports, offers dedicated mindfulness support for parents, within that tried and tested format of the group training, through an experienced mindfulness teacher”</p> <p>“The challenge with this audience is always the business of parents and the fact that they are constantly juggling, dropping kids off all over the place. That’s been at the heart, of my exploration, making it more accessible, to this online group.”</p>
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	<ul style="list-style-type: none"> <li>- hold in mind features of established mindfulness courses (e.g., inquiry-based approach, formal practice, home practice).</li> </ul>	
<b>Theme 2: Experiential learning and mindfulness practice</b>	<p>Mindfulness based parenting interventions...</p> <ul style="list-style-type: none"> <li>- incorporate and adapt core mindfulness-based intervention practices (e.g., ‘sitting practice’ and ‘body scan’ Kabat-Zinn 1982)</li> <li>- include practices which have been thoughtfully adapted for the parental context (e.g., ‘parent-child breathing space’ Potharst, et al, 2022; ‘being with baby practice’, Bardacke, 2012).</li> <li>- include adaptations, which have the potential to enhance the intervention and hold in mind the relational aspects of parenting.</li> <li>- incorporate increased emphasis on informal and everyday mindfulness practice.</li> <li>- consider reduced emphasis on formal home practice and/or shorter formal practices.</li> <li>- include shorter mindfulness practices.</li> <li>- introduce practices which can be incorporated into everyday life (e.g., informal practice; ‘three step breathing space’, Segal et al, 2012)</li> <li>- incorporate mindful listening and speaking practices (i.e., relational practice).</li> <li>- incorporate loving kindness practice or an adapted kindness practice.</li> </ul>	<p>“Of course, the programme includes the essence of other mindfulness programmes. It includes the body scan, for example, all of the classic practices. I think the course really offers parents an opportunity to develop skills in meta-perspective, as you would gain in other mindfulness programmes”.</p> <p>“Focusing more on the informal, which it makes it a lived experience. So, there is that difference for me around the mindful parenting... it is much more about integrating it into everyday life.”</p> <p>“It is very much related and tailored to parents, all of the practices.”</p> <p>“Well yes, we ask them to imagine a difficult parenting situation where they might feel guilt or shame or whatever, and then we practice the three steps of giving yourself recognition and the common humanity aspect and sending kindness to yourself.”</p>

<p><b>Theme 3: Key themes and content</b></p>	<p>Mindfulness based parenting interventions may explore the following themes:</p> <ul style="list-style-type: none"> <li>- Parental self-care</li> <li>- Parenting values, including their own experience of being parented (see theme 4 for further information).</li> <li>- Increased emphasis on self-compassion</li> <li>- Relevant parenting and child development theory (e.g., attachment theory, Bowlby, 1988).</li> <li>- Draw on evidence-based theories</li> <li>- Explore parents’ relationships with their support network (e.g., how parents support one another)</li> <li>- If relevant, explore mind-body connection (e.g., childbirth, breastfeeding)</li> <li>- Encourage parents to discuss and share self-nurturing practices with each other</li> </ul>	<p>“There is something about connection and keeping that connection with oneself and the child as well giving that theory to parents and carers. It can help to better understand in the practise and be gentler on themselves as well.”</p> <p>“And I think for some people, you need that science thing. To know that this has been proven and if you do this, you will get this result...So, I think it has to be very much like, it’s serious, it is available, and it is based in fact.”</p> <p>“They talk about fear, joy, and have a conversation about the parenting role. The parents may not know very much if anything, about the parenting experience of the other parent. So, they discover things about each other and talk about how they want to parent together. They also have an opportunity to begin a conversation which may then continue when they go home. How often do people have an opportunity to do that?”</p> <p>“There is the loving kindness practice, and the self-compassion is implicit through the programme”</p>
<p><b>Theme 4: Potential adaptations and special considerations</b></p>	<p>Mindfulness based parenting interventions hold in mind:</p> <ul style="list-style-type: none"> <li>- exploring parenting values and personal experiences may be challenge for some groups. Therefore, teachers need to use their</li> </ul>	<p>“We’re motivated to care for the child, but I also think it's cultural and you know people find it very, very difficult to admit that they would dedicate time and energy just to themselves, it's like it's not allowed in our culture. So, there was something about the group sharing and giving one another permission “</p>

	<p>judgement re: appropriateness of exploring this topic.</p> <ul style="list-style-type: none"> <li>- there may be resistance to self-care. Therefore, self-compassion is introduced with sensitivity.</li> <li>- If applicable, discuss post-natal depression.</li> </ul>	<p>“When I train people, I say you may have a group and this isn’t suitable for them and this exercise may not be right for them and some of the parents I have shared this with, they may have been referred through social services for example and it is just too raw for some people”.</p>
<p><b>Theme 5: Pedagogy</b></p>	<ul style="list-style-type: none"> <li>- Learning happens predominantly through teacher led inquiry (<b>agree / weak consensus</b>)</li> <li>- Parents feel supported by the teacher (i.e., teacher holds the parent, parent holds the child)</li> <li>- Teacher embodies and models key mindfulness attitudes</li> <li>- Teachers offer a non-judgemental space to speak openly about parenting, values, and challenges.</li> <li>- Teacher embodies self-compassion</li> <li>- Teacher invites reflection (e.g., facilitates discussion/inquiry)</li> <li>- Offer an intervention which is enabling and empowering (i.e., holding a ‘non-fixing stance’, and avoid ‘doing to’)</li> <li>- Acknowledge difficulties (i.e., it is not about being a perfect parent)</li> <li>- Being authentic and vulnerable is considered a strength and empowering</li> </ul>	<p>“I just find for me, being present and being there for each one of them”</p> <p>“So, the trainer is there holding your hand. Ok, follow me in this meditation”</p> <p>“I think really, importantly the thing about when you do the inquiry, with how people got on in the past week that the emphasis about people feeling able to share what is happening and the sense of common humanity. Because someone else may say something happened and everyone else is sitting there saying, oh my goodness that happened to me too. But someone needs to say that.”</p>



<p><b>Theme 6. Integrity and drawing on expertise</b></p>	<ul style="list-style-type: none"> <li>- Teachers are experienced and have necessary qualifications and expertise in mindfulness-based interventions.</li> <li>- Teachers may find it necessary to adapt the mindfulness-based interventions drawing on theory and expertise.</li> <li>- Teachers actively engage with the theory.</li> <li>- Teachers draw on their own personal practice.</li> </ul>	<p>“I think one of the features for me when thinking about course adapted for parents, is that I lean a lot on the expertise of people I am training. You know I lean a lot on the fact that they know their client group, especially if it is a specialist client group”.</p> <p>“I think some parameters are important. I’d be reluctant to see it too rigid, but I don’t think that is what you’re talking about. I think it is similar to mindfulness in general. It is extremely difficult to pin it down and to some extent there is no need to as long as the people teaching it are trained in it and have an understanding. I think the danger comes when people just lift it off the shelf”</p> <p>“There are courses cropping up which are created by people who do not have formal mindfulness training, let alone, any teacher training and they are currently creating programmes where we are not sure how safe or how good they are, so yes that is a concern”.</p>
<p><b>Theme 7: Practical considerations</b></p>	<ul style="list-style-type: none"> <li>- Ensure the intervention is accessible (e.g., convenient time, brief interventions, inclusive of different carers)</li> <li>- Adopt different modalities (e.g., apps, online groups) and offer choice in how families engage with the intervention.</li> <li>- Mindful Parenting can be a gateway to cultivating a mindfulness practice and parents benefit from a wide range of options / interventions.</li> </ul>	<p>“The curriculum is probably secondary to facilitating a sense of community and people find that enormously helpful”</p> <p>“With infant mental health it is important that the child and the parent are seen both together because you know everything happens within the relationship. So, the children are there in a lot of the parenting sessions. When we get the children in, we also get the stress.”</p> <p>“Overcoming barriers, putting it on a plate if you like”</p>

	<ul style="list-style-type: none"><li>- Support connections and offer group intervention whenever possible (i.e., developing a community / village).</li><li>- Consider offering a parent-child intervention (e.g., parent and child attend together). <b>(agreement / weak consensus)</b></li></ul>	"So, maybe there needs to be a broad range, various options, but ensuring these of high standard"
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## Appendix GG

### What do stakeholders consider to be the essential elements of an MBPI?

#### Quotes and related statements

Themes	Example Quote	Example statement
<b>General principles for good practice</b>	“So, there is a gap there and trying to breach that, making it an accessible, child friendly resource which supports, offers dedicated mindfulness support for parents, within that tried and tested format of the group training, through an experienced mindfulness teacher”	Mindfulness based parenting interventions draw on the existing evidence base for mindfulness-based interventions
<b>Experiential learning and mindfulness practice</b>	“Of course, the programme includes the essence of other mindfulness programmes. It includes the body scan, for example, all of the classic practices. I think the course really offers parents an opportunity to develop skills in meta-perspective, as you would gain in other mindfulness programmes”.	Incorporate and adapt core mindfulness-based intervention practices (e.g., ‘sitting practice’ and ‘body scan’ Kabat-Zinn 1982)
<b>Key themes and content</b>  <i>This theme illustrated topics relevant to parenting, including parental self-care, relevant parenting theory and the importance of drawing on evidence-based practice.</i>	“They talk about fear, joy, and have a conversation about the parenting role. The parents may not know very much if anything, about the parenting experience of the other parent. So, they discover things about each other and talk about how they want to parent together. They also have an opportunity to begin a conversation which may then continue when they go home. How often do people have an opportunity to do that?”	Mindfulness based parenting interventions may explore parenting values and their own parenting experiences

<p><b>Potential adaptations and special considerations</b></p> <p><i>This theme highlighted areas which may need to be tailored to specific group of parents based on their needs or presentation. For example, some groups may benefit from discussing post-natal depression.</i></p>	<p>"We're motivated to care for the child, but I also think it's cultural and you know people find it very, very difficult to admit that they would dedicate time and energy just to themselves, it's like it's not allowed in our culture. So, there was something about the group sharing and giving one another permission"</p>	<p>Self-compassion is introduced with sensitivity (e.g., there may be resistance to self-care).</p>
<p><b>Pedagogy</b></p>	<p>"So, the trainer is there holding your hand. Ok, follow me in this meditation"</p>	<p>Parents feel supported by the teacher (teacher holds the parent, parent holds the child)</p>
<p><b>Integrity and drawing on expertise</b></p>	<p>"I think one of the features for me when thinking about course adapted for parents, is that I lean a lot on the expertise of people I am training. You know I lean a lot on the fact that they know their client group, especially if it is a specialist client group".</p>	<p>Teachers either collaborate or draw on the expertise of relevant professionals, particularly when working with families who experience mental health, learning or health difficulties or are a vulnerable group.</p>
<p><b>Practical considerations</b></p> <p><i>This theme highlighted practical issues, for example the importance of making the intervention accessible.</i></p>	<p>"Overcoming barriers, putting it on a plate if you like"</p>	<p>Ensure the intervention is accessible (e.g., convenient time, brief interventions, inclusive of different carers)</p>

## Appendix HH

### Sample of Participant Quotes Regarding Consensus

“I think it is helpful to map out the terrain, to hear different voices. Perhaps not a firm definition but exploring different ways of communicating and sharing with others what mindful parenting is and including different voices. Helping others to understand what it means, so that it becomes more accessible and people see the value to the programme.”

“We’ve got a real concern in the mindfulness sphere, generally, where, you know we’ve got, the evidence based, we’ve got, a chunk of the sector working from the evidence base... We also have a huge area of, perhaps the shallow end of the pool where there are the easy ways in. People are drawing on books and there are courses cropping up which are created by people who do not have formal mindfulness training, let alone, any teacher training. They are currently creating programmes where we are not sure how safe and how good they are, so yes that is a concern”.

“If there is a summary and we say everyone should stick to that, I don’t think that would be helpful...”

“I mean these conversations can help to not only convey a sense of clarity around what mindful parenting might mean for perhaps the collective”

“I think any form of exchange is good to inspire one another, but if then what is meant to inspire is made into a law, which also restricts people, it may not be helpful.”

“So, I know there's quite a bit of research about what mindfulness is and I think mindfulness is such a small word to describe such a big concept, maybe it is not even a concept, it's like beyond that... So yes, I can see that there is benefit in doing it, even for us to pause and reflect and refresh the theory level. But there's also a lot that is organic that grows with the person delivering it as well, depending on where he or she is at... If I was to say I was going to design a Mindful Parenting course, yes you would have as your

pillar the same, but I think there is so much more than that I think that is happening in the room”.

“I think it is helpful in terms of the literature, it’s that sort of very scientific approach, this is what we are looking at, this is what it is, but the truth is, that people out there don’t care that much about that and you won’t be able to communicate your idea around consensus... Mindfulness has become a bit of a juggernaut with all of the benefits and downsides, so that means people are doing silly things and telling you that it is mindfulness...it becomes a commodity. I am sure, it would be useful, and I don’t fancy your chances. I suspect it will always change”

“I think some parameters are important. I’d be reluctant to see it too rigid but I don’t think that is what you’re talking about. I think it is similar to mindfulness in general, it is extremely difficult to pin it down and to some extent there is no need to as long as the people teaching it are trained in it and understand it. I think the danger comes when people just lift it off the shelf, you know which is why with my course, I say I am leaning on your existing expertise. This isn’t a one size fits all, this is in addition to what you already do...

"Mindfulness is only taught through our own embodiment, through our own understanding of mindfulness, it can never be, boxed and lifted off and handed out".

## Appendix II

### Statements that did not achieve high consensus in Round 2.

Question 1
<ul style="list-style-type: none"><li>- Mindful parenting is acknowledging and valuing children's affinity for mindfulness <i>[Theme: Mindful Parenting strengthens a child's innate capacity for mindfulness]</i></li><li>- Mindful parenting focuses on change in the parent <i>[Theme: Mindful Parenting strengthens a child's innate capacity for mindfulness]</i></li><li>- Mindful parenting is a values-based approach <i>[Theme: Mindful Parenting cultivates intimacy with the self and what is personally meaningful]</i></li></ul>
Question 2
<ul style="list-style-type: none"><li>- Consider reduced emphasis on formal home practice and/or offer shorter formal practices <i>[Theme: Experiential learning and mindfulness practice]</i></li><li>- Explore parents' relationships with their support network (e.g. how parents support one another). <i>[Theme: Key Themes and Content]</i></li><li>- Learning happens pre-dominantly through teacher led inquiry <i>[Theme: Pedagogy]</i></li><li>- Consider offering a parent-child intervention (e.g., parent and child attend together) <i>[Theme: Practical Considerations]</i></li></ul>

## Appendix JJ

### Statements Reviewed by Participants in Round 3

Statement	Agree/disagree / no strong view either way	Round 2	Round 3
Mindful parenting is a values-based approach	Agree	Medium	High
Consider reduced emphasis on formal home practice and/or offer shorter formal practices	Agree	Medium	High
Explore parents' relationships with their support network (e.g. how parents support one another)	Agree	Medium	High
Mindful parenting is acknowledging and valuing children's affinity for mindfulness	Agree	Medium	Medium
Learning happens pre-dominantly through teacher led inquiry	Agree	Weak	Weak
Consider offering a parent-child intervention (e.g., parent and child attend together)	Agree	Medium	Weak
Mindful parenting focuses in change in the parent	<i>No strong view either way (37.5%)</i>	Weak	No consensus



## Appendix KK

### Question 1: Statements which reached agreement and high/medium consensus

*Question 1: What is Mindful Parenting*

<p><b>Theme 1: Mindful parenting is being present with a child</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is being sensitive to the needs of the child</li> <li>- fosters intimacy in the parent-child relationship</li> <li>- supports mindful listening and communication</li> </ul>
<p><b>Theme 2: Mindful parenting is a relational practice</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is being mindful during everyday moments of family life</li> <li>- is being receptive and learning about mindfulness through experiences with children</li> <li>- is parents and children learning from and with one another</li> <li>- is shared present awareness</li> <li>- is increased togetherness</li> </ul>
<p><b>Theme 3: Mindful Parenting is connecting with a child's perspective and needs</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- fosters perspective taking and curiosity into their child's needs and experiences (i.e., mentalising, mind-mindedness)</li> <li>- strengthens parental cognitive/mindfulness skills (including flexible thinking, focused attention, meta-cognition, present moment awareness)</li> <li>- is attending to own perspective whilst also being curious about their child's perspective</li> <li>- connecting with the emotional experiences of the child (i.e., 'being with')</li> <li>- strengthens attunement</li> <li>- is being open to and tolerating a child's difficult emotions</li> <li>- is validating a child's experiences and emotions</li> <li>- promotes empathy</li> </ul>

	<ul style="list-style-type: none"> <li>- supports a child's capacity to reflect and understand their own emotional landscape</li> <li>- is supporting children to label emotions and use language to convey their experiences</li> </ul>
<p><b>Theme 4: Mindful Parenting supports the child's experience of feeling emotionally held</b></p>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is relating to child experiences with openness and curiosity</li> <li>- is acknowledging the emotional experiences of the child</li> <li>- is authenticity in the parent-child relationship</li> <li>- is conveying that all emotions can be explored and tolerated</li> <li>- is being with a child during moments of distress</li> <li>- is supporting a child to tolerate and accept their own difficult experiences</li> <li>- is being curious and trying to make sense of a child's experiences</li> </ul>
<p><b>Theme 5: Nurtures compassion and acceptance for a child</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is engaging in the practice because they are motivated to support their child</li> <li>- cultivates self-compassion which strengthens compassion towards the child</li> <li>- is modelling for children, the value of self-compassion and acceptance</li> <li>- acceptance for the child</li> </ul>
<p><b>Theme 6: Mindful Parenting cultivates curiosity regarding the parent-child relationship</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is cultivating expanded awareness of the parent-child awareness</li> <li>- is being aware of reciprocity and interaction within the parent-child relationship (i.e., bi-directional influence / synergy)</li> <li>- is holding in mind the context and influence of wider factors</li> <li>- being curious about what is influencing their relationship with their child</li> <li>- holding in mind impermanence and the dynamic quality of the parent-child relationship</li> </ul>

<p><b>Theme 7: Mindful Parenting strengthens a child's innate capacity for mindfulness</b></p>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is acknowledging and valuing children's affinity for mindfulness (<i>agree / medium consensus</i>)</li> <li>- has an indirect influence on the child through parental behaviour</li> <li>- sustains and nurtures child's capacity for mindfulness</li> <li>- supports child emotional development</li> <li>- is modelling attitudes (e.g., self-compassion, acceptance, value of self-care) which either indirectly or organically strengthens these attitudes in the child</li> <li>- supports children to internalise adaptive coping strategies, including mindfulness attitudes</li> </ul>
<p><b>Theme 8: Mindful parenting acknowledges and cultivates acceptance for the challenges of parenting</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- acknowledges parenting is an intense and challenging experience</li> <li>- normalizes the challenges parents experience</li> <li>- is an acceptance that difficulties and/or fluctuations in connection will happen within the parent-child relationship</li> <li>- is acceptance that parents will often struggle and face challenges, despite their best intentions</li> <li>- supports authoritative parenting (i.e., relationship based both on maintaining appropriate boundaries and warmth)</li> <li>- acknowledges the importance and need for gentle/mindful discipline</li> <li>- informs parental use of boundaries</li> </ul>
<p><b>Theme 9: Mindful parenting nurtures parental self-care and self-compassion</b></p>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- holds in awareness the needs of parents</li> <li>- supports parents to acknowledge and value their own strengths and competencies</li> <li>- supports parents to hold more realistic expectations of themselves (i.e., good enough parenting)</li> <li>- fosters a non-judgmental attitude towards the self</li> <li>- supports a sense of common humanity and connection with other parents</li> <li>- supports balancing and meeting the needs of both parents and children</li> <li>- builds capacity to be authentic and vulnerable</li> </ul>

	<ul style="list-style-type: none"> <li>- is letting go of expectations to always be the expert or get it right.</li> </ul>
<b>Theme 10: Mindful parenting connects with a parent’s innate capacity for mindfulness and is an approach to life</b>	<p>Mindful parenting ...</p> <ul style="list-style-type: none"> <li>- is a way of being (i.e., rather than a technique or strategy)</li> <li>- strengthens a parent’s natural capacity for mindfulness</li> <li>- integrates with a parent’s natural capacity for mindfulness</li> </ul>
<b>Theme 11: Mindful parenting cultivates intimacy with the self and what is personally meaningful</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- connects with personal values and intentions</li> <li>- supports connection with parental instincts and/or personal wisdom</li> <li>- may connect with personal meaning or philosophical/spiritual beliefs</li> <li>- is a values-based approach</li> <li>- may support a sense of interconnectedness with something “greater than you” (e.g., nature, philosophy, religion, common humanity).</li> </ul>
<b>Theme 12: Mindful parenting supports parental equanimity</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- supports responding rather than reacting</li> <li>- supports responding in a way which is consistent with values</li> <li>- is connecting with the personal landscape (i.e., with what is happening internally for the parent)</li> <li>- responding with what is required or most effective (e.g., asking, what do I need or what will serve me well?)</li> </ul>
<b>Theme 13: Mindful parenting is connecting with the joy of parenting</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- offers increased capacity to notice positive experiences</li> <li>- cultivates gratitude</li> <li>- is attending to precious moments</li> <li>- is valuing everyday parenting experiences</li> <li>- is realising everyday parenting tasks are meaningful</li> <li>- is savouring precious moments</li> </ul>
<b>Theme 14: Mindful parenting supports beginning again</b>	<p>Mindful parenting...</p> <ul style="list-style-type: none"> <li>- is maintaining a commitment to the parent-child relationship</li> <li>- is being willing to learn/grow</li> </ul>

	<ul style="list-style-type: none"><li>- is repeatedly connecting with intentions and beginning again (i.e., equivalent of 'coming back to the breath')</li><li>- supports parents to repair ruptures and re-connect with their child</li><li>- promotes a hopeful attitude</li></ul>
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## Appendix LL

### Question 2: Statements which reached agreement and high/medium consensus

#### What are the main ingredients / essential elements of a Mindful Parenting intervention?

<p><b>Theme 1: General principles for good practice</b></p>	<p>Mindfulness based parenting interventions...</p> <ul style="list-style-type: none"> <li>- draw on the existing evidence base for mindfulness-based interventions.</li> <li>- include thoughtful adaptations, which make the intervention relevant for parents holding in mind context, the needs of families and diversity.</li> <li>- hold in mind the challenges and competing demands parents are facing.</li> <li>- encourage parents to learn from and support one another.</li> <li>- draw on the expertise of relevant professionals who support parents (e.g., midwives, health visitors, social workers), particularly when working with families who experience mental health, learning or health difficulties or are a vulnerable.</li> <li>- hold in mind features of established mindfulness courses (e.g., inquiry-based approach, formal practice, home practice).</li> </ul>
<p><b>Theme 2: Experiential learning and mindfulness practice</b></p>	<p>Mindfulness based parenting interventions...</p> <ul style="list-style-type: none"> <li>- incorporate and adapt core mindfulness-based intervention practices (e.g., ‘sitting practice’ and ‘body scan’ Kabat-Zinn 1982)</li> <li>- include practices which have been thoughtfully adapted for the parental context (e.g., ‘parent-child breathing space’ Potharst, et al, 2022; ‘being with baby practice’, Bardacke, 2012).</li> <li>- include adaptations, which have the potential to enhance the intervention and hold in mind the relational aspects of parenting.</li> <li>- incorporate increased emphasis on informal and everyday mindfulness practice.</li> <li>- consider reduced emphasis on formal home practice and/or shorter formal practices.</li> <li>- include shorter mindfulness practices.</li> </ul>

	<ul style="list-style-type: none"> <li>- introduce practices which can be incorporated into everyday life (e.g., informal practice; ‘three step breathing space’, Segal et al, 2012)</li> <li>- incorporate mindful listening and speaking practices (i.e., relational practice).</li> <li>- incorporate loving kindness practice or an adapted kindness practice.</li> </ul>
<b>Theme 3: Key themes and content</b>	<p>Mindfulness based parenting interventions may explore the following themes:</p> <ul style="list-style-type: none"> <li>- Parental self-care</li> <li>- Parenting values, including their own experience of being parented (see theme 4 for further information).</li> <li>- Increased emphasis on self-compassion</li> <li>- Relevant parenting and child development theory (e.g., attachment theory, Bowlby, 1988).</li> <li>- Draw on evidence-based theories</li> <li>- Explore parents’ relationships with their support network (e.g., how parents support one another)</li> <li>- If relevant, explore mind-body connection (e.g., childbirth, breastfeeding).</li> <li>- Encourage parents/group members to discuss and share self-nurturing practices with each other.</li> </ul>
<b>Theme 4: Potential adaptations and special considerations</b>	<p>Mindfulness based parenting interventions hold in mind:</p> <ul style="list-style-type: none"> <li>- exploring parenting values and personal experiences may be challenge for some groups. Therefore, teachers should use their judgement re: appropriateness of exploring this topic.</li> <li>- there may be resistance to self-care. Therefore, self-compassion is introduced with sensitivity.</li> <li>- and if applicable, discuss post-natal depression.</li> </ul>
<b>Theme 5: Pedagogy</b>	<ul style="list-style-type: none"> <li>- Parents feel supported by the teacher (i.e., teacher holds the parent, parent holds the child)</li> <li>- Teacher embodies and models key mindfulness attitudes</li> <li>- Teachers offer a non-judgemental space to speak openly about parenting, values, and challenges.</li> <li>- Teacher embodies self-compassion</li> <li>- Teacher invites reflection (e.g., facilitates discussion/inquiry)</li> <li>- Offer an intervention which is enabling and empowering (i.e., holding a ‘non-fixing stance’, and avoid ‘doing to’)</li> </ul>

	<ul style="list-style-type: none"> <li>- Acknowledge difficulties (i.e., it is not about being a perfect parent)</li> <li>- Being authentic and vulnerable is considered a strength and empowering</li> </ul>
<b>Theme 6. Integrity and drawing on expertise</b>	<ul style="list-style-type: none"> <li>- Teachers are experienced and have necessary qualifications and expertise in mindfulness-based interventions.</li> <li>- Teachers may find it necessary to adapt the mindfulness-based interventions drawing on theory and expertise.</li> <li>- Teachers actively engage with the theory.</li> <li>- Teachers draw on their own personal practice.</li> </ul>
<b>Theme 7: Practical considerations</b>	<ul style="list-style-type: none"> <li>- Ensure the intervention is accessible (e.g., convenient time, brief interventions, inclusive of different carers)</li> <li>- Adopt different modalities (e.g., apps, online groups) and offer choice in how families engage with the intervention.</li> <li>- Mindful Parenting can be a gateway to cultivating a mindfulness practice and parents benefit from a wide range of options / interventions.</li> <li>- Support connections and offer group intervention whenever possible (i.e., developing a community / village).</li> </ul>



## Appendix MM

### End of Study Report for the Ethics Committee

13<sup>th</sup> of April 2023

Dear Salomons Ethics Panel,

In October 2020, you granted ethical approval for my Major Research Project:

**“A Delphi Study examining how stakeholders define Mindful Parenting and whether there is consensus regarding the essential elements of Mindfulness-based Parenting Interventions”**

I am writing to inform you that the study has been completed and share an overview of the findings. The aim of the study was to answer two primary research questions:

- How do mindful parenting stakeholders (clinical, research experts in, and parents with experience of, mindful parenting interventions) understand the concept of mindful parenting?
- What do purposively sampled stakeholders consider to be the essential elements of an MBPI?

The secondary aims were to answer:

- Do stakeholder consider consensus on mindful parenting and the key ingredients of MBPIs helpful?
- Are there differences in how stakeholders construct the concept of mindful parenting and understand the essential elements of an MBPI? (this question would be explored if the sample size was sufficient for the proposed analysis).

A three-round Delphi study was used to explore consensus. In total, 20 participants engaged in the study (7 parents, 8 teachers and 5 teacher/researchers). In Round 1, experts were interviewed and thematic analysis used to develop 124 statements. Statements were organised into themes, with 14 pertaining to question 1, and 7 to question 2. In Round 2, experts reviewed the statements and a level of consensus was established. In Round 3, experts reviewed the 7 statements which did not reach high consensus in Round 2. At the end of round 3, there was high consensus / agreement for 120 statements.

Results indicate high consensus amongst experts regarding both the concept and essential elements of MBPIs, with most statements reviewed in this study strongly endorsed by the experts. Participants also highlighted that whilst they valued collaboration and increased clarity, there are barriers and limitations to consensus (e.g., rigid / restrictive definitions and guidance). Finally, it was not possible to examine whether there were any differences in feedback based on experience, due to the requirements associated with statistical analysis and the high level of consensus.

To encourage participation, a commitment was made to donate £10 per participant to UNICEF UK. Participants have been informed that £200 has been raised for the charity.

Should you need further information, please get in touch.

Yours sincerely,

Ann Griffiths

*Trainee Clinical Psychologist*

## Appendix NN

### Feedback to participants



13<sup>th</sup> of April, 2023

Dear participant,

In 2022, you kindly agreed to take part in my study, which examined Mindful Parenting.

**'A Delphi Study examining how stakeholders define Mindful Parenting and whether there is consensus regarding the essential elements of Mindfulness-based Parenting Interventions'.**

You were amongst 20 participants who engaged in this international study, which included individuals from eight different countries. Together, but with your anonymity preserved, the panel reviewed and rated 124 statements. At the end of round 3, 120 statements reached high consensus / agreement.

**How would you define mindful parenting?** Based on your expertise and feedback, fourteen themes were developed. The themes indicate Mindful Parenting is relational practice, which cultivates a parents' curiosity regarding the parent-child relationship and has an influence on both parent and child wellbeing. Mindful parenting, as it is conceptualised in this study, supports being present with a child and connecting both with their perspective and needs. Mindful parenting also nurtures compassion and acceptance for the child. In turn, mindful parenting is a practice which supports child wellbeing, as their sense of being emotionally held and their innate capacity for mindfulness is strengthened. Mindful parenting also attends to parent wellbeing and strengthens their innate capacity for mindfulness. The approach supports parents to acknowledge both the joy and challenges of parenting, cultivates self-care and self-compassion. Finally, Mindful Parenting supports parental equanimity and their capacity to begin again.

### **What are the main ingredients / essential elements of a Mindful Parenting**

**intervention?** Based on your feedback seven themes were identified. Key features included, holding in mind the needs of families, and incorporating practices that have been adapted for the parental context. It was recommended that interventions should be accessible to busy parents, with reduced emphasis on formal practice and increased emphasis on incorporating both informal practice and shorter formal practices. Drawing on different modalities (e.g., apps, online groups) was also recommended, with the aim of making the intervention accessible. Relevant themes that could be incorporated within programmes were highlighted (e.g., the challenges of parenting, parental self-care, and self-compassion). Finally, the importance of tailoring the content of programmes to the client group was highlighted.

The results indicate high consensus amongst experts regarding both the concept and essential elements of MBPIs, with most statements reviewed in this study strongly endorsed. It was not possible to examine whether there were any differences in feedback based on experience both due to the requirements associated with the necessary statistical analysis and the high consensus. Finally, participants indicated that whilst they valued collaboration and the opportunity to examine the concept and main features of MBPIs, they also highlighted, that to use the information shared in a rigid manner may be an unhelpful constraint. Therefore, the outcome of this study may be considered guidance and a foundation for future conversations.

As you know, I was conducting this as part of my Doctorate in Clinical Psychology and a report will be submitted to the examiners in April 2023. I also hope to publish the results of this study and should this happen, I will share further information. Finally, I also wanted to let you know that with your support, the study has raised £200 for UNICEF UK.

If you would like a more detailed overview of the findings or have any queries or comments about the findings, please contact me by email ([a.griffiths693@canterbury.ac.uk](mailto:a.griffiths693@canterbury.ac.uk)). Thank you for giving your time to this study and sharing your experience of Mindful Parenting, it has been a pleasure working with you on this study.

Warmest wishes,

Ann Griffiths

*Trainee Clinical Psychologist*

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