

STRENGTHENING RELATIONSHIPS THROUGH MINDFULNESS PRACTICES

by

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ABSTRACT

From birth onward, child development is shaped by the environmental context in which children are raised and the relationships they formulate with their primary caregivers. Emotion regulation is a foundational skill that impacts how a parent relates with their child and responds to their needs in times of distress, affecting the quality of their attachment relationship.

Mindfulness-Based Emotion Regulation (MBER) is one course offered to caregivers that focuses on strengthening emotion regulation among parents, using the principles of mindfulness. Participants recruited in the current research completed the MBER course. Using the Enhanced Critical Incident Technique methodology, individual interviews were conducted with eight participants, in which they shared their experiences with the application of the material to their family life. Two research questions were examined, addressing what helped, hindered, and what do participants wish in mindfulness education that will create healthier relationships to their children. Results showed that the helpful incidents outweighed the number of hindering and wish list incidents. Some participants perceive mindfulness as a useful tool in regulating their emotions, while others, due to barriers such as personal mental health concerns, still continue to face challenges in dealing with their emotions. Overall, participants reported feeling motivated to incorporate mindfulness in their relationships, and more confident in their role as a caregiver. Having both caregivers present and offering mindfulness for children were expressed as wish list items to be included in future group work. The purpose of the current project is to increase our knowledge about using a family-centered practice approach with a focus on building healthier relationships with our clients. Future directions for professionals working with families and recommendations from a family based perspective are discussed.

Keywords: mindfulness, emotional regulation, healthy relationships

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CHAPTER 1: INTRODUCTION

Across the first 14 years of life, the continuity of attachment is dependent on the continuity of the child rearing context, specifically from the quality of emotionally sensitive parental support (Beijersbergen, Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2012). From birth onward, children's development is shaped by not only the environmental context in which they are raised but, more specifically, by the relationships they formulate with their primary caregivers. With time, the quality of a parent-child relationship is strengthened when there is a secure attachment established. More specifically, in order to help children develop a secure connection to their parent, it is essential to address parent's ability to care for their child and how to equip them with the appropriate skills so they feel emotionally regulated within themselves.

Emotion regulation refers to an individual's ability to monitor and modulate the intensity of an emotional reaction as a way to cope constructively with a distressing situation (Eisenberg, 2005, as cited in Panfile & Laible, 2012). The reality is that there is an underdeveloped research focus on how parent's emotional regulation can impact their level of healthy attachment to their child. Emotion regulation is a foundational skill for enhancing learning and strengthening the parent child relationship. It serves as a pre-requisite for effective learning and application of any other parenting education intervention for parents. According to Perry (2013), the capacity and desire to form emotional relationships is related to the organization of our human brain, which allows us to not only see, smell, taste, think, and talk, but more specifically, allows us to love or not. The more able we are to regulate our emotions, the more likely we will be to form a healthy emotional attachment to our loved ones.

In the normative American adult population, according to self-report measures, 56-59% of individuals have been found to have a secure attachment style, while 36-44% scored as insecurely attached (Mickelson, Kessler, & Shaver, 1997, as cited in Cordon, Brown, & Gibson, 2009). Research has also estimated that 1 in 3 people have an insecure attachment style, such as avoidant, ambivalent, or resistant attachment with their caregiver (Perry, 2013). Therefore, the proposed research will provide caregivers with appropriate skills to help maintain their own emotion regulation, which in turn, will serve as a pathway to strengthening their relationship to their child. Using a qualitative methodology, the research will explore the experience of parents taking part in a mindfulness based parent training program. Participants will be recruited from a course titled 'Mindfulness-Based Emotion Regulation' and the role of the researcher will be focused on understanding what they learned in the course that was helpful or hindering and how, from their perspective, it has been applied in creating a healthier relationship to their child. In addition, the researcher will also examine how the course has been applied to emotion regulation and if learning these skills has created a change in the caregiver-child relationship.

At the broader level, how parents manage these emotions is important in parenting their children. This can include being more mindful of one's own reactions through different relaxation exercises or other ways to reduce the stress caregivers may be facing. For example, in Bowen's (1978) research on differentiation, he states how it is essential for families to be high on the scale of differentiation, which allows one to decrease their emotional reactivity within the relationship and establish clear boundaries when relating to others (as cited in Rootes, Heiden, Jankowski, & Sandage, 2010). Within this context, this process of differentiation is what will allow the caregiver to attune and be aware of their responses in their relationships with their child. On a conceptual level, the focus is on addressing what it was about the mindfulness

emotion regulation course that shaped caregiver's relationship to their child. More specifically, as the methodology to be utilized in this research is Enhanced Critical Incident Technique (ECIT), research questions will follow the ECIT form. The reason why ECIT was the methodology chosen for the proposed research project was because it provides a more structured way to explore parent's experiences with mindfulness training, as this is a fairly new concept within parenting education. ECIT allows researchers to outline different trends due to the identified categories and reports on the prevalence of incidence in a category.

Mindfulness practice is one of the many ways to help individuals regulate their own emotions, and is being more encouraged by professionals as a tool to help in strengthening the caregiver-child relationship due to the increasing effectiveness of its usefulness. The primary focus of the Mindfulness-Based Emotion Regulation course is to equip caregivers with skills and knowledge to help regulate and become aware of their own emotions. As a result, the more awareness and increased knowledge the caregivers obtain, the more likely they are to respond in healthier ways towards their children, further serving as role models to children's ability to self-regulate. The facilitator of the group is a psychologist within the field of child and youth mental health, and also created the group based on the knowledge she has acquired in parenting and mindfulness education. The facilitator's expectations are to have participants attend every session, engage in the material presented, and then further practice what has been learned and apply it in their everyday lives. The more engaged participants are in the group, the more likely they will be able to provide accurate feedback in the different helpful, hindering, and wish list factors in the Enhanced Critical Incident Technique method.

In addition, if there are questions or concerns related to the material presented, the expectations are that participants should voice their opinion, and work through any issues that

may have been raised together. Attachment is a topic that has been studied by many researchers, but what is missing in the research is more emphasis on improving caregiver's ability to self-regulate first, before helping the child. Within the course, the facilitator emphasizes the value of mindfulness in regulating their emotions through the different exercises that participants are encouraged to try at home, and also in small groups with other participants

Research questions being examined include:

1. What helped, hindered, and what do caregivers wish in mindfulness education that will foster a stronger connection and healthier relationship to their children? More specifically, what were the events that had happened throughout the duration of the course that caregivers believe positively affected how they relate with their child?
2. What helped, hindered, and what do caregiver's wish would have been addressed that shaped their perceptions about their own ability to regulate their emotions?

The primary difference in these two questions is one is more relationship-focused, while the other is program-focused. The main aim is to address the topic of emotion regulation from a parent, lived experience lens. This will be done by targeting the caregivers learning as a tool to modelling and creating a healthy relationship to their children, as a way to connect and remain attuned to their child.

CHAPTER 2: LITERATURE REVIEW

Strengthening Relationships: An Attachment Lens

An extensive amount of literature already exists on attachment and how it is essential to form at an earlier stage in life between a caregiver and their child. However, research on caregiver's emotion regulation and the impact of learning mindfulness practices as a protective factor in fostering healthier relationships is a newer area of research being studied. The literature review will begin with the first section: Attachment and Parenting which will address literature on the background of attachment from a broader framework; followed by attachment influences on parenting and how different parent education courses have had a negative or positive impact on one's parenting ability. The second section of the literature review will be addressing the different components within a parenting course titled 'Mindfulness-Based Emotion regulation' which takes place at the Ministry of Children and Family Development. Within this section, the different areas of coping that are currently being addressed in strengthening attachment, specifically mindfulness and emotion regulation will be discussed. In addition, other prominent areas where caregivers face challenges in forming a secure attachment, one being shame due to the societal and cultural pressures, and parental mental health impact on attachment will also be mentioned. The intent of the literature review is to narrow down the research area of focus as well as raise awareness to various factors that can impact caregiver's ability to develop a healthy attachment to their child.

Attachment. Recent research suggests that healthy child development including the child's ability to develop trust and relate well to others is established when a child has a healthy, secure attachment to a parent (Saskatchewan Prevention Institute, 2007). Before outlining what

types of attachment exist, it is essential to define the term attachment, specifically in the context of a caregiver-child dyadic formation. According to Turner (2005), attachment is described as the emotional bond that develops between the infant and the caregiving system of the parent. Mother-infant interactions include: facial expression, tone of voice, and incipient action (Bowlby, 1969, as cited in Schore, 2001). One important point that is consistently mentioned in the literature is that the process of attachment begins at birth and therefore, the attachment experiences a child forms early on in their life can have life-long impact on their personality and mental health (Saskatchewan Prevention Institute, 2007). According to a recent article on attachment, the human brain develops to 90 percent of adult size during the first three years of life, and puts in place the majority of systems that will be responsible for future emotional, social, behavioral, and physiological functioning for the rest of life (Perry, 2013). With attachment, timing is everything and it becomes that much more prominent to establish a healthy attachment between the caregiver and the child at an early age, as this will serve as a template for future relationships.

Furthermore, there are two main types of attachment that children can develop to their primary caregiver, one is a secure attachment and the second is an insecure attachment. A secure attachment is established when there is a healthy parent-child relationship based on trust in availability of caregiver. In addition, behaviours that reflect secure attachment include children feeling relaxed, safe, and comforted due to their caregiver's high degree of sensitivity and responsiveness (Wilson, 2009). On the other hand, insecure attachment develops when children's attachment needs are unmet, which further prevents their ability to explore and learn about their environment (Turner, 2005). In addition, there are many environmental influences that are associated with discontinuity of attachment, including parental divorce, family

functioning, and child maltreatment (Beijersbergen et al., 2012). Therefore, due to various life stressors and the context in which the child is raised in, this can have a negative impact on forming a healthy attachment. Attachment security is formed when ongoing interactions of mother-child communication and child's representation of those experiences are viewed as a dynamic process (McElwain, Booth La-Force, & Wu, 2011). Parenting plays a major role in developing a strong sense of attachment security which will be addressed in more depth in the next section.

Parenting and attachment. Parenting varies depending on who the caregivers are that are providing support to children, which can include children's birth parents, foster or adopted parents, grandparents, other relatives, and close friends. One key mediator of the relationship between psychopathology and the outcome for infants and young children is the quality of parenting (Ramsauer et al., 2014). Co-parenting is one pathway in which children are raised, which has been defined as the extent to which mothers and fathers are both involved and trust and support one another in raising their children (Belsky, Putnam, & Crnic, 1996, as cited in Holland & McElwain, 2013; McHale, 1995, as cited in Holland & McElwain, 2013). However, what can occur in many cases, which can impact attachment development, is the stress and burden that caregivers feel due to raising multiple children.

Many researchers have argued that parents have a limited amount of resources, such as time, support, and patience, to allocate across all of their children (Henderson, Hetherington, Mekos, & Reiss, 1996, as cited in Browne, Meunier, O'Conner, & Jenkins, 2012). The burden and child attachment difficulties increase further in cases of single parenthood, as several studies have shown that children in single-parent families tend to be less securely attached to their mothers (Clarke-Steward, Vandell, McCartney, Owen, & Booth, 2000; as cited in Miljkovitch,

Danet, & Bernier, 2012). Having extra support networks, such as a partner and other friends and family present in a child's life can help in increasing attachment, but in many families, this is not the case, especially when differential treatment is present. Additionally, if the context of care is characterized by parenting practices that are either fear-inducing or frightening to the child, such as abuse or neglect, or fearful behaviors from the mother, such as anxiety or avoidance, the child is more likely to develop disorganized or disoriented behavioral patterns (Main, Lyons-Ruth, & Jacobvitz, 2008, as cited in Ramsauer et al., 2014). As a result, the context in which the child is raised plays an important role in the type of attachment one will form to their caregiver, as well as other relationships.

Recent research has indicated that in households with multiple children, differential positivity, which is when a particular child receives more warmth, and differential negativity, which is when a particular child experiences more parental hostility compared to other siblings, can occur (Browne et al., 2012). Increasing parental sensitivity is an important way to help parents understand their children's behaviour and in providing a sufficient amount of care and affection to all of their children. According to Beijersbergen et al. (2012) a causal determinant of infant attachment security that has been established is sensitivity. Therefore, in families where both parents are present, it is essential for both caregivers to have trust and support in regard to important parenting issues as lack of co-parenting will likely have a negative impact on parent's interactions with their children (Fincham & Hall, 2005, as cited in Holland & McElwain, 2013).

Another important determinant of parenting behavior to consider is parental personality, as it has been noted that mothers that are more sensitive, responsive, and emotionally engaged with their children are high in extraversion (Belsky, Crnic, & Woodsworth, 1995, as cited in

Browne et al., 2012). One potential reason for these results could be that individuals high on extraversion are more active, more social, and more willing to take their children outdoors to fun activities that will allow both the caregiver and their child to connect on a deeper level. As for fathers, research noted a much lower correspondence between paternal and child attachment than that between mothers and their children (Van IJzendoorn & De Wolff, 1997, as cited in Miljkovitch, Danet, & Bernier, 2012). Much of the literature continues to express this gender difference, as the primary caregivers in most families are typically mothers.

In a recent article on intergenerational transmission of attachment, researchers also argued that mothers with an autonomous state of mind tend to have children who are securely attached (Miljkovitch, Danet, & Bernier, 2012). Other research also supports this notion as parents who are more emotionally and cognitively exhausted are less capable of devoting time and effort for their families, and further equitably allocating these resources across siblings (Henderson et al., 1996, as cited in Browne et al., 2012). Therefore, to help increase attachment, there has been a wide variety of parenting education courses provided by local communities, ranging from cognitive-behavioral to play therapies, each of which can be beneficial to caregivers from different family contexts.

Parenting education on attachment. In order to understand what parenting education is and how it works, it is helpful to remind ourselves that each family system is unique, and it is essential to understand the dynamics, such as number of family members present in the home, and socioeconomic circumstances when providing a therapeutic or educational service. According to family systems theory, it is necessary to examine the functioning of other subsystems in order to understand the functioning of one subsystem (Cox & Paley, 1997, as cited in Holland & McElwain, 2013; Minuchin, 1985, as cited in Holland & McElwain, 2013).

One example of the effectiveness of family-based psycho-education programs is with individuals with serious mental illness, as there has been an extensive amount of empirical support received for reducing family stress and burden and reducing relapse rates (Cohen et al., 2008, as cited in Stepp, Whalen, Pilkonis, Hipwell, & Levine, 2012). Due to the complex nature of caring for those with a mental illness, having families become more informed and educated about what type of illness one has, and what one can do to help in the treatment process can be beneficial to healthy family functioning.

Play therapy programs are becoming increasingly popular in strengthening the caregiver-child relationships as most children, in their early years, learn, interact, and express themselves through various forms of play. One example is Theraplay, which is a form of play therapy that is used to assist children in forming better attachment relationships with others (Jernberg & Booth, 1999, as cited in Simeone-Russell, 2011). This will promote infant's capacity for self-regulation and help caregivers engage in playful interactions with their children. In addition, mother-child play activities focusing on maternal emotional sensitivity can help improve child's dysfunctional behavior, and further enhance the parent child interactions and their relationship (Tachibana et al., 2012). More specifically, attachment-based psychotherapy is one of the many commonly cited intervention approaches used in improving the relationship between mother and child through therapist observation and feedback (Stern, 1995, as cited in Stepp et al., 2012). Interventions addressing the home environment, the primary context in which the attachment relationship develops, are also a crucial component in the attachment process. One example is the "Minding the Baby Program" which focuses on bringing trained interveners to a child's home, as this allows professionals to comment on child's behaviors and mental states in their primary environment (Slade et al., 2005, 2008, as cited in Makariev & Shaver, 2010).

One study highlighting the value of parental sensitivity in attachment was one that created a group called ‘Right from the Start’ (RFTS) an eight week session parent group to enhance caregiver skills in responding sensitively and reading infant cues (Niccols & Mohammed, 2000, as cited in Niccols, 2008). Attachment research suggests that maternal unresponsiveness and insensitivity to a child’s emotional cues is often due to a caregiver’s early experiences and their own unmet attachment needs (Suchman, DeCoste, Castiglioni, McMahon, Rounsaville, & Mayes, 2010). Similarly, a course on Mindfulness-Based Emotion Regulation, which will be addressed in further depth in the next section, is also one that consists of 8 sessions and is focused on equipping caregivers with skills as a way to regulate their emotions using mindfulness, which may contribute to their ability to be more present to the child’s needs. In a recent meta-analysis of 70 attachment interventions, many researchers found that the most effective interventions were ones that had a clear behavioral focus on improving parental sensitivity in contrast to changing parent’s mental representations of attachment, and involved 5-16 sessions (Bakermans-Kranenburg et al., 2003, as cited in Niccols, 2008).

Many other forms of parent education have also been widely recognized, one common method being individual psychotherapy. Individual psychotherapy is one intervention that is designed with the parent as the primary patient to help provide corrective attachment experiences as they interact with the therapist (Lieberman, Weston, & Pawl, 1991, as cited in Stepp et al., 2012; Lieberman & Zeanah, 1999, as cited in Stepp et al., 2012). One example is the Mothers and Toddlers Program (MTP), which is a 12 week individual psychotherapy intervention, which focuses on building a therapeutic alliance between the mother and therapist, and identifying underlying affective states, and how these affective states influence behavior, and relationships (Suchman et al., 2010). In many of the parent education courses, a video

component has been commonly included as a way to model behaviors. One example is video-feedback intervention, also known as VIPP, where each intervention session is focused on a different topic including understanding the feelings of the baby, sharing emotions, and playing exploration (Kalinauskiene et al., 2009). This further supports the notion that video modeling can serve as a positive and helpful technique for parents to change their attitudes, and behaviors towards their child.

Another example of a common parenting education course that focuses on attachment is the Circle of Security (COS) program, which is a brief, behavioral-based group therapy approach for promoting attachment in the parent-child relationship (Ramsauer et al., 2014). The primary aim of this program is to alter developmental pathways for at-risk parents and their child as caregivers take part in 20 90-minute sessions are delivered weekly (Ramsauer et al., 2014). As parents education regarding the areas of parenting and attachment increases, it will then in turn allow children develop a positive attachment to their caregivers and apply them to other relationships (Tachibana et al., 2012).

A Course on Mindfulness-Based Emotion Regulation

A course is offered to caregivers who refer their children to the Child and Youth Mental Health (CYMH) program titled ‘Mindfulness-Based Emotion Regulation (MBER).’ The program designer and the individual who facilitates the course is a Registered Psychologist who actively incorporates mindfulness practices in her work with clients. The intent of this course is to provide caregivers with skills on how to be more mindful of their own emotions, and behaviors, as this in turn, is expected to help strengthen their ability to be more present to their child’s needs, respond appropriately, and increase their level of healthy parenting to their child. The course is based out of the Ministry of Children and Family Development office, and the

purpose of the second half of the literature review will be to examine the different literature that exists in the various areas of content addressed in the course.

Mindfulness and attachment. Being more mindful of the present moment, and how we are interacting with our children is a key area of focus that needs to be taken more into consideration when parenting our children. Dr. Jon Kabat Zin is a leading researcher in the area of mindfulness, who developed the Mindfulness-Based Stress Reduction (MBSR) training program, which is an 8 week intensive training in mindfulness meditation, based on ancient healing practices (Mindful Living Programs, 2013). MBSR has been applied to a wide variety of stressed and clinical populations as the focus is to teach mindfulness use in everyday life to help individuals manage their stress and other adaptive goals (Cordon et al., 2009).

In a review of Dr. Christopher Germer's book, *The Mindful Path to Self-Compassion: Freeing Yourself from Destructive Thoughts and Emotions*, Neff (2010) shares how mindfulness is an appealing approach to Western psychologists because it offers a cognitive framework for relating to difficult emotions. Germer (2013) further illustrates how mindful self-compassion is at the foundation of emotional healing, learning to respond with kindness and understanding when struggling with feelings of confusion or other forms of stress. More specifically, in one research article, mindfulness has been defined as keeping one's consciousness alive to present reality (Brown & Ryan, 2003, as cited in Fossati, Feeney, Maffei, & Borroni, 2011). Mindful individuals are known to be more open and receptive to their life experiences, and enjoying each moment on a deeper level without any judgement (Brown & Ryan, 2003, as cited in Saavedra, Chapman, & Rogge, 2010).

Awareness is an essential component of mindfulness, and the more aware individuals are of their reactions, responses, and actions in the world, the more likely they are to respond in

healthier ways. Having moment by moment awareness is a common phrase used to describe mindfulness in research (Germer et al., 2005, as cited in Davis & Hayes, 2011). In relation to attachment, it has been argued that mindfulness may prevent activation of the attachment system by altering perceptions of negative behaviors so they are not seen as threatening to the relationship (Saavedra et al., 2010). The more mindful an individual becomes on their relationship, this can allow them to gain insight into how to respond to a potential negative behavior that may have occurred in their parent-child relationship. In a recent article, it was found that people who have experienced more sensitive and responsive caregiving are more likely to be not only securely attached, but also more mindful (Ryan et al., 2007, as cited in Fossati et al., 2011; Shaver et al., 2007, as cited in Fossati et al., 2011). As caregivers become more aware of how they are responding to their child, this can lead to them responding in more positive, healthier ways, strengthening the attachment relationship. From a developmental perspective, mindfulness has also been found to be linked with increases in relationship satisfaction over time (Barnes et al., 2007, as cited in Saavedra et al., 2010). Additionally, there is evidence that suggests effective emotion regulation in the brain can be developed through mindfulness (Corcoran, Farb, Anderson, & Segal, 2010, as cited in Davis & Hayes, 2011). Mindfulness is the primary concept that is emphasized within the MBER group, and through different mindfulness exercises, such as awareness of breathing, participants are provided an opportunity to experience mindfulness and learn how to apply it in their everyday lives with their children.

Emotion regulation and attachment. Along with mindfulness, another primary component in the MBER course is on emotion regulation, specifically addressing how different emotions as anger can affect our functioning. Education on emotion regulation in children is

continuing to increase, but there is an underdeveloped focus on emotion regulation in caregivers, specifically addressing ways on how to regulate parent's emotional state so they do not respond in destructive or unhealthy ways towards their children. According to the Saskatchewan Prevention Institute (2007), how well children are able to self-regulate as they grow older will depend on how well parents help with regulation earlier in the child's life. A child's emotional cues, whether they are feeling emotionally regulated or dysregulated, are likely to trigger the mother's unmet attachment needs, and emotional distress, resulting in avoidance from a stressful stimulus (Suchman & Mayes, 2009, as cited in Suchman et al., 2010). Schore (2001) further outlines the importance of the interactive matrix, which includes reciprocal facial signaling, dyadic resonance, and mutual rhythmic entrainment as an essential psychobiological context for social communication because it helps promote internally-regulated affective states in infants. Children who find it hard to self-regulate will face challenges in regulating emotions, coping with stress, and adapting to different experiences (Saskatchewan Prevention Institute, 2007). Therefore, the more emotionally regulated a caregiver is, the more attuned and sensitive they will be to the emotional cues of their child.

In a recent article on attachment, it was found that securely attached children are more able to use their positive experiences with caregivers to effectively communicate about their experiences and regulate moods, emotions, and impulses (Bretherton & Munholland, 2008, as cited in Makariev & Shaver, 2010). The underlying formation of an attachment bond between the infant and their primary caregiver is a result of these arousal-regulating transactions, which continue throughout the first year of a child's life (Schore, 2001). However, the reality is that only a few studies to date have studied emotion regulation in a dyadic interaction between caregiver and child, even though the literature suggests that attachment differences in emotion

regulation may have an influence on relationship interactions (Ben-Naim, Hirschberger, Eindr, & Mikulincer, 2013). For example, sleep problems are among the most salient concerns for parents with children under the age of 3 years and it has been noted that the security of the attachment relationship may support the child's ability to self-soothe and self-regulate at night (Byars, Yolton, Rausch, Lanphear, & Beebe, 2012, as cited in Troxel, Trentacosta, Forbes, & Campbell, 2013; Mindell, Kuhn, Lewin, Meltzer, & Sadeh, 2006, as cited in Troxel, Trentacosta, Forbes, & Campbell, 2013). In his seminal work, Bowlby (1969, 1973, 1980) addressed how the attachment behavioral system is an inborn regulatory device, which promotes the establishment of affectionate bonds between species members, but the reality is not all individuals are attuned in the same way (as cited in Silva, Soares, & Esteves, 2012).

Other factors that can help one cope with attachment difficulties is the level of development of the child, as attachment development can vary with children at different stages of their life. Middle childhood (from about six to eleven years of age) is a crucial phase in the development of emotion regulation, as children become more aware of understanding complex social emotions, and close relationships with not only caregivers, but also their peers help shape children's emotional life (Colle & Giudice, 2011). Individuals characterized by attachment security enjoy high relationship satisfaction, high levels of intimacy and closeness, and can effectively regulate their emotions (Mikulincer, Gillath, & Shaver, 2002, as cited in Ben-Naim et al., 2013).

In the context of a relationship conflict, a beneficial form of emotion regulation for people high on attachment anxiety is positive reframing, as this can further help the way caregivers respond to their children, specifically their older children (Ben-Naim et al., 2013). Additionally, research indicates that using exercises as mindfulness meditation can help

minimize negative affect and rumination, elicit positive emotions, and enable effective emotion regulation (Davis & Hayes, 2011). Therefore, when providing interventions or specific educational courses, research suggests that it is essential to include lessons about emotion regulation for parents as this also appears to be a key component why attachment influences the experiences of empathy (Panfile & Laible, 2012). If caregivers can be more emotionally regulated, they may be able to reflect on how their emotional difficulties affect the way they manage distressing situations in parenting their children.

Shame and attachment. Although mindfulness and emotion regulation are helpful ways to cope with parenting challenges, shame is an emotion that can impair the ability to develop healthy attachment. Shame has been defined as the negative evaluations of the global self, and common feelings experienced with shame involve worthlessness and powerlessness (Akbag & Imamoglu, 2010). The reality is that shame is a sensitive topic and based on what caregivers experienced in their personal lives, such as trauma, abuse, or addiction, one becomes more emotionally invested on what occurred. Due to the fear of others finding out and embarrassment associated with life experiences, one suppresses these memories, further impacting their interactions with their child. At all ages, in order for an individual to experience a sense of growth, and well-being, the basic psychological needs for autonomy, competence, and relatedness must be satisfied, which in turn can decrease their experience of feeling ashamed and lonely (Ryan & Deci, 2000, as cited in Wei, Shaffer, Young, & Zakalik, 2005).

In caregiver-child relationships, shame can be created in a child through parental attitudes, specifically if the caregiver's reactions against the child's desire to explore are negative as children may internalize these attitudes leading to feelings of being weak and rejection (Malatesta-Magai & Dorval, 1992, as cited in Akbag & Imamoglu, 2010). Therefore,

when providing parent education or other interventions, emphasizing the impact of positive attitudes and behaviours that avoid shaming children is important. One self-report questionnaire that can help assess children's development and their desire for connectedness is the Middle Years Development Instrument, which is conducted in the children's school environment, a context in which they spend most of their time throughout middle childhood (The Human Early Learning Partnership, 2013). More specifically, clinicians can help caregivers with parenting challenges obtain a better understanding on sources of their distress and how different attachment-related strategies may prevent caregivers from meeting the basic psychological needs for relatedness, autonomy, and competence (Wei et al., 2005).

Culture also plays a role in shame, as in many cultures, it is common to suppress one's own emotional experiences due to saving the honor of the family and maintaining respect. There has also been a gender difference noted in the shame and attachment literature. According to Tangney and Dearing (2002), there is a greater propensity to both shame and guilt for females across all ages than males (as cited in Akbag & Imamoglu, 2010). One possible reason for this finding could be due to how mothers are in most cases, the primary caregivers and due to their desire to provide the best parenting to their child, they may be more likely to put aside their own challenges faced in their life span. As a result, this can lead to caregiver's over-parenting their child and trying to better the lives of their children neglecting their own experiences and ignoring care of their own mental and physical health.

Parental mental health impact on attachment. Not only is shame a challenging factor in developing healthy attachment patterns with children, parental mental health can also be difficult barrier to overcome, due to the stressors involved in caring for one's own well-being and that of their children. Parental mental health is not a new area of concern, but too little has

been said about the impact it can have on a child's emotional, social, and physical development. According to Bowlby (1969, 1973, 1980), when children are confronted with prolonged loss, such as parental psychological unavailability this negatively impairs the development of a secure internal working model (as cited in Toth, Rogosch, Manly, & Cicchetti, 2006).

One common mental illness associated with negative parenting practices, and maladaptive cognitions, affects, and behaviors is depression (Goodman, 2007). Attachment research has maintained that separation from the primary caregiver leads to anxiety for the children, which leads to an increased risk for the development of insecure attachment relationships due to maternal physical and psychological unavailability (Bowlby, 1969, 1973, 1980, as cited in Toth et al., 2006; Cummings & Cicchetti, 1990, as cited in Toth et al., 2006). Also, the different risk factors within the parent include depression, anxiety, or other mental health problems being an adolescent parent without adequate support (Saskatchewan Prevention Institute, 2007). Bowlby (1969, 1988) also argues that it may be common for attachment behaviours, between a parent and their child, to be disrupted when a child is exposed to their parent's mental illness (as cited in Maybery & Reupert, 2006). The reality is that caring for a parent with a mental illness takes time and energy, further reducing young carer's abilities to engage in education, and leisure activities with their peers.

According to Hinshaw (2005), the term stigma refers to an internal mark of shame related to membership in a castigated subgroup. Stigma is increasingly becoming a central issue to the entire mental health field because society perceives individuals with a mental illness as 'different.' As a result, children are highly likely to be perceived as being contaminated by their parent's mental illness, merely due to the nature and closeness of their relationship (Corrigan & Miller, 2004). Furthermore, many researchers have argued that attachment disorganization is

reflective of an internal working model of an unsafe world where needs for protection by caregivers are lacking (Main & Hesse, 1990, as cited in Goodman, Bartlett, & Stroh, 2013). - Courtesy stigma is also another form of stigma that is important to mention, which refers to the prejudice and discrimination individuals face because they are linked to a person with a stigmatized label (Goffman, 1963, as cited in Corrigan & Miller, 2004). In this context, children face courtesy stigma from their peers, the media, and society in general because they are linked to their parent that has the stigmatized label of mental illness.

One assessment that examines the caregiver's subjective experiences and perceptions of the child, parenting ability, and the relationship with the child is the Working Model of the Child Interview (WMCI) (Vreeswijk, Maas, Janneke, & van Bakel, 2012). Having appropriate assessments in place to assess one's mental and physical functioning is important, as this can also further help clinicians and other service providers in understanding the support systems that need to be provided to families. In order to reduce the harm the young carers face from caring for their parent with a mental illness, government agencies and other professionals should focus on educating not just family members, but the broader public, so everyone can work together in the treatment process.

However, according to Maybery and Reupert (2009), organizations lack consistent policies and procedures to deal with not only the parent, but with the child dealing with the mental illness as well. Therefore, one question that needs to be addressed to better understand the role of young carers is whether any change in public perception of mental illness will lead to less harm to parents, children, and other family members (Corrigan & Miller, 2004). Furthermore, research suggests that the discrimination that results from being labeled "mentally ill" is not a failure of the person with the disorder, but rather is a social injustice committed by

the public (Corrigan & Miller, 2004). As a result, this limits further opportunity for parents to openly discuss their mental illness with their children (Hinshaw, 2005). Children are a vulnerable population, and caregivers need to have a sufficient amount of time, energy, and effort to provide for their needs. Taking care of oneself is an essential piece in connecting to children, and if one is feeling exhausted, depressed, or overwhelmed, it will be difficult to adequately care for them (Perry, 2013). Therefore, in order for participants within courses as MBER to learn and integrate the material in their everyday lives, it is an essential component that their mental and physical health needs are met, in order to help meet their child's needs.

Conclusion

Having a healthy attachment can strengthen the bond in caregiver-child relationships, allowing the caregiver to be more attuned and provide appropriate love and care to their child. Secure parent-child relationships serve as a protective factor in promoting social competence in close relationships such as with peers (Turner, 2005). At the same time, there are also a number of factors that can contribute to an unhealthy attachment between the child and their caregiver, including separation between child and parent, stressful family life, a child with autism, and an ill parent (Simeone-Russell, 2011). Therefore, many researchers have suggested that the interaction between caregiver and their child is a delicate emotional dance where both relationship partners need to synchronize their steps and show sensitivity to one another, the basis for attachment formation (Ben-Naim et al., 2013). In order for this emotional dance to occur, it is essential caregivers respond sensitively to their child and with empathy and compassion. With Mindfulness meditation for example, this promotes empathy, compassion, decreasing stress and anxiety, and provides an overall benefit to the caregiver's ability to parent (Shapiro & Izett, 2008, as cited in Davis & Hayes, 2011).

In light of the literature review, research on attachment and emotion regulation, specifically addressing caregiver's level of attachment security to their child is important and requires more attention. The focus of the literature review was to address the attachment literature that exists, but outline it in a way where each section precedes the next, leaving the challenges in developing a healthy attachment towards the latter half of the literature review, specifically literature on shame and the overall well-being of a caregiver, as this is where my key role is in doing the thesis project. The purpose of the current project is to examine family dynamics and improve the caregiver-child relationship through the lens of the caregiver. By addressing the various pieces of literature on parenting, it allows us to be more mindful of what else needs to be done to help the parenting relationship. In addition, examining caregiver's perceptions in how taking a course has negatively/positively impacted their relationship to their child by using an Enhanced Critical Incident Technique to analyze participant responses is also important.

One research question being asked will be what helped, hindered, and what do caregivers wish in mindfulness education that will foster a stronger connection and healthier relationship to their children? More specifically, what were the events that had happened throughout the duration of the course that caregivers believe positively impacts attachment development? Another research question to be addressed is what helped, hindered, and what do caregiver's wish would have been addressed that shaped their perceptions about their own ability to regulate their emotions? I am hoping that by exploring a parent education course like MBER, it will help caregivers in addressing the challenges they face in parenting their child through emotion regulation abilities and mindfulness exercises that are core components of this group.

CHAPTER 3: METHODOLOGY

In order to assess the skills caregivers have learned in strengthening their attachment relationship with their child, it is an essential component to choose a methodology that can help address these aspects of the study. For the purposes of the following thesis project, a qualitative methodology was utilized, as it is a more naturalistic, interpretative approach to collecting data, in contrast to quantitative research (Denzin & Lincoln, 1994, as cited in Butterfield, Borgen, Amundson, & Maglio, 2005). More specifically, the qualitative method chosen is the Enhanced Critical Incident Technique (ECIT), which explores what helps, or hinders in one's experience of the event, in this case, what helps or hinders in participants experience of being a part of the Mindfulness-Based Emotion Regulation group (Butterfield et al., 2005, as cited in Butterfield, Borgen, Magliom & Amundson, 2009). With the present study, the research questions being asked are:

- 1) What helped hindered, and what do group participants wish in mindfulness education that will foster a strong connection & healthier relationship to their children?
- 2) What helped hindered, and what do group participant's wish would have been addressed in the course that shaped their perceptions about their own ability to regulate their emotions?

According to Flanagan (1954), the Critical Incident Technique was originally developed during World War II as an outgrowth of the Aviation Psychology program as a way to select and classify aircrews (as cited in Butterfield et al., 2005). Therefore, due to its long history and wide applicability to not just the field of psychology, but other domains, it serves as a useful method in studying caregiver's experiences of their relationships with their child, and an appropriate fit to assess the research questions being asked.

The Enhanced Critical Incident Technique

Design. The proposed study used the Enhanced Critical Incident Technique as the primary design in understanding the impact of a mindfulness group on caregiver's ability to form a healthy relationship to their child. Eilbert (1957) suggests that a core feature of the Enhanced Critical Incident Technique (ECIT) is its flexibility and adaptation to various disciplines, one being for counselling psychology as it has been used for self-reports of psychological concepts as emotional immaturity (as cited in Butterfield et al., 2005). The underlying paradigm assumptions of this design include both a positivist and a post-modern research paradigm approach. The Critical Incident Technique was initially seen as a scientific tool to uncover realities or truths within the positivist paradigm, while on the other hand; within a post-modern environment, it is seen as an investigative tool (Chell, 1998, as cited in Butterfield et al., 2005). However, the implication in perceiving this approach within the positivist paradigm is that due to its scientific nature, one may assume that it is a better fit with a quantitative approach, focusing just on concrete, factual information. Therefore, a post-modern paradigm approach is more suitable as one investigates a phenomenon to determine what was helpful or hindering, through collection of the richness of an experience, which is more qualitative in nature. The mere fact that the ECIT approach fits within a positivist and post-positivist lens is a strength and further adds credibility for this current design.

In addition, other alternative paradigms to consider are the constructivist and transformative paradigm approaches. In contrast to post-positivism, the constructivist value system relies on the researcher and the participants involved in the research in a collaborative process. The role of the researcher is to attempt to understand the world from the point of view of those who live it (Mertens, 2010). With the transformative paradigm, the underlying assumption is that knowledge

is socially and historically situated, and the purpose of research is the inclusion of diverse voices, including marginalized groups in society by involving the people who are research participants in the planning, analysis, and use of research (Mertens, 2010). This paradigm allows the researcher to be inclusive, and conduct research in a non-biased manner, using a variety of different methods. Therefore, for the present study, in collecting the richness of participant experiences, using a combination of the post-modern, constructivist, and transformative paradigms was an appropriate fit to investigate, construct, and bring social change to the phenomenon of attachment and emotion regulation within society.

Furthermore, the chosen method is appropriate for the research question because it explicitly addresses the three key elements of what the intent of a ECIT method is, which is to address what is helpful, hindering, and what do participants wish was covered in the course. The underlying purpose is strengthening the relationship between caregivers and their children through learning different mindfulness and emotion regulation skills. Therefore, in order to make this happen, finding out from the participants what areas are most helpful to ensuring this goal is met is an important stage with this method.

Characteristics of participants. All participants taking part in this study are part of a regularly offered mindfulness parenting program held at the Ministry of Children and Family Development. In determining which participants would be recruited in the course, there is a set of inclusion and exclusion criteria created to help with this process. In terms of inclusion criteria, the first priority is given to parents of children that are referred to the Child and Youth Mental Health (CYMH) program, specifically, children between the ages of 8-18 years.

Once participants are selected, the facilitator for the course, in this case, is a Registered Psychologist, and the program designer of the course, meets with the caregivers on an individual

basis as a way to outline the nature of the program and provide an overall orientation about the group so caregivers gain a better understanding of what to expect and what to look forward to throughout the process. In addition, participants are provided with two assessments which are filled out in this session, followed by the same two assessments completed by participants on the last day of the course, as a way to compare the pre and post assessment results. Once the initial visit is complete, the next time the participants meet is for their first session of the group, which then continues on for eight weeks in total, meeting weekly for a period of 2 hours. If space is available, additional participants will be allowed to join the group in the second session as well if they are interested. The content of the first session is taught separately to these individuals before they arrive for the second session without the other group participants.

There are no exclusion criteria, except that participants are not allowed to miss more than one session, as it is required of each participant to attend at least 7 of the 8 sessions in the course (Singh, 2013). However, the reality is that each of us has busy lives, and from time to time, missing a session may be needed. The purpose of the exclusion criteria is to ensure that participants remain committed to the group process, as each session covers a different topic, making it essential to attend all sessions if possible. If too many sessions are missed, this can have an impact on the cohesiveness and dynamics of the group process, making it difficult for others to feel comfortable with the content as well sharing their own stories. As the sessions progress, participants are asked to take part in various group discussion exercises where the instructor assigns people into different groups, which is done on a random basis, as participants can select themselves which group members they would like to select in debriefing the content assigned.

Of the eight participants that took part in the present study, seven were females, and one was male. Six of the eight participants had children between the ages of 8-18 years. The other two remaining parents took part in the group for different purposes aside from the main purpose of learning new skills to strengthen their parent-child relationship. One participant was a person with experience as an advocate for parents, and another participant has a long history of working in the human services field associated with children and families. In addition, six of the eight participants were two parent households, while the remaining two were single parent households. All participants were taking the MBER course, with the exception of one caregiver who was taking it for her third time as she had found the material very impactful in her life, and preferred to take it multiple times for further retention of material.

Recruitment process. In most cases, participants are recruited internally, within the Child and Youth Mental Health (CYMH) program of the Ministry of Children and Family Development. From here, along with spreading the word within the Ministry of Children and Family Development to Child Protection and Social Workers as well, flyers are sent out to other services including local community service agencies, and adult mental health. The focus is on addressing the community at large and providing equal access to all parents of children with emotional and behavioral difficulties (Singh, 2013). The main criteria is based on children's inability to regulate, causing further stress for caregivers, and an increased desire and need for them to learn how to regulate their own emotions so they can in turn help their children.

Typically 8-12 participants take part in the Mindfulness-Based Emotion Regulation course in any one cohort. The minimum requirement in order for the course to take place is eight participants, while the maximum number is twelve parents. The goal is to essentially serve as many caregivers as they can, but if the group numbers are too low, there is flexibility to postpone

the course by two weeks or longer in order to have a sufficient number of participants take part in the process (Singh, 2013). Typically, the intent of the instructor is to provide this course 2-3 times a year, but this is based on the number of parents that may qualify. In terms of stakeholders, the only one involved is the Ministry of Children and Family Development as the instructor created the group and incorporated different materials related to mindfulness and emotion regulation that she thought was relevant for the learning process. Therefore, when recruiting, the intent is to advertise in various organizations, but only in locations for professionals working with children with emotional and behavioral difficulties.

Data collection procedures.

Researcher's self-description. The primary researcher is Sandeep Bhandal, a 25 year old South Asian female currently enrolled in the Master's program in Counselling Psychology at Trinity Western University. Sandeep has a Bachelor of Arts degree in Psychology, with an extended minor in the field of Criminology. Although she was born and raised in the Abbotsford community, her faith background is Sikh, and she maintains a Sikh worldview with her research and practice of counselling. Family is at the heart of her worldview, and she believes that finding ways to strengthen the attachment bond by working with not just the children facing a developmental challenge, but also with their caregiver will help increase the connection in this relationship. Sandeep is currently working for the Fraser Valley Child Development Centre as a Family Support Worker, where she works closely with children and youth with various developmental needs, from the South Asian culture, as well as other ethnicities. In addition, she works as an Intern Clinician at Child and Youth Mental Health in Abbotsford B.C., where she provides support to families and their children with mental health challenges. Mindfulness is a skill that she actively practices in her own life, and utilizes with

the families she works with as a way to encourage self-care and learn ways to regulate on their own, as well as with their child.

The primary researcher was under the supervision of Dr. Robert Lees, a Registered Psychologist working in the child and family development field, and Professor at Trinity Western University. Dr. Lees's has a vast amount of knowledge and expertise in working with families from various developmental backgrounds, and mental health challenges. In addition to Dr. Lees, Dr. Marvin McDonald, a Registered Psychologist, and Department Head of the Counselling Psychology department at Trinity Western University. Dr. Marvin McDonald also teaches counselling courses including Foundations of Counselling Psychology, and Research Seminar for the Master's program, and has a great deal of wisdom in the field of counselling and the use of the Enhanced Critical Incident Technique. The primary researcher was able to further connect with Dr. Gurmeet Singh, facilitator of the mindfulness course about the current research study. Dr. Gurmeet Singh, a Registered Psychologist, has played a key role in the development of the study, as this was her first time having a student take part, co-facilitate, and address her mindfulness course from a research lens. Dr. Singh is the second reader, and has extensive experience in the area of mindfulness, and the positive impact of mindfulness on the mental health profession. Sandeep Bhandal was the only principal investigator in the present study, and played an active role in the collection and analysis of the data.

Interview protocol. According to Butterfield et al. (2005), there are five major steps of the Enhanced Critical Incident Technique methodology, outlined in a sequential fashion as to how the information will be obtained. The first step is to introduce the general purpose of the activity being studied, specifically what the main reason is for doing a study and what benefit will it serve to the broader society. The second step is to make a plan, and specify how the data

will be obtained. For example, this may include taking notes, and making records of critical incidents observed to further narrow down which themes have emerged. The third step is collecting the data, which includes the person making the observations, groups to be observed, and behaviors to be observed, as these will all help in the data process. The fourth step is to analyze the data, which is done through several credibility checks, which will be addressed more in the next section of this paper. Lastly, the fifth step is to interpret the data and report the results, which includes discussing limitations found and reviewing the data in a clear, concise manner (Butterfield et al., 2005). In going through each of these steps, it will help narrow down the most relevant data to the area being studied, and report the most useful findings to the project.

In terms of interviewing, research suggests that the first interview is the most important as it allows the participant to share their story, the researcher to understand the background information of the critical incident and wish list items expressed, further eliciting more accuracy in the data collected (Butterfield et al., 2009). Therefore, the intent of the interview protocol was to provide participants with open ended questions with prompts if necessary, striving to allow the interviewee to share what arises for them without too much direction unless prompting is needed to get more material. The information was recorded through observation and in a question-answer format, with the researcher taking notes of participant's experiences, but also encouraging participants to making notes of questions, concerns, or other reflections they may have with regard to the content covered. In addition, the first interview was considered as a pilot test of the prompts and protocol after which there could be minor revisions and improvements made to the interview process for the remainder of the participants. Audio-recording of participant responses was conducted, adhering to informed consent procedures and

if participants choose to participate in this form of data collection. In adhering to confidentiality guidelines, all participant names were kept anonymous, and the data collected remained confidential, with each participant's responses being coded individually with an assigned number.

Analytical process. With the Enhanced Critical Incident Technique (ECIT) approach, the analytical process is done in a very thorough and detailed manner, with an extensive array of credibility checks to ensure the accuracy of the data. According to Butterfield (2009), the first piece of data to be analyzed should be the critical incidents, and the wish list items, as this requires a review of various credibility checks. There are a total of nine credibility checks discussed in Butterfield et al.'s article (2005), with two other enhancements added later in their 2009 article, each of which are addressed in further depth within this section. The first credibility check is to have a person that is familiar with the ECIT method to extract the number of critical incidents that come up in the taped interviews or transcriptions (Alfonso, 1997, as cited in Butterfield et al., 2005). The second credibility check is to conduct a second interview with the participants to ensure accuracy of participant's experiences that were expressed. Following the second interview, the third credibility check is that once the tentative categories have been formed by the researcher, an independent judge is asked to place 25 percent of the critical incidents into these categories. Tracking the point to which exhaustiveness or redundancy of the categories result is the primary focus of the fourth credibility check, as this will allow the researcher to determine that the information is covered in an adequate manner (Flanagan, 1954, as cited in Butterfield et al., 2005).

Followed by tracking, submitting the tentative categories to two or more experts in the field is a key component of the fifth credibility check, as credibility is further enhanced if

experts agree with the categories selected (Barbey, 2000, as cited in Butterfield et al., 2005). The sixth credibility check consists of calculating the participation rate, which is done by dividing the number of participants who cited a specific incident by the total number of participants, and it has been found that 25 percent participation for a category is considered valid (Borgen & Amundson, 1984, as cited in Butterfield et al., 2005). Incorporating theoretical validity, which is the level of agreement within the community of inquirers, is the core focus of the seventh credibility check (Maxwell, 1992, as cited in Butterfield et al., 2005). Furthermore, ensuring the accuracy of the account through participant cross-checking and incorporating descriptive validity is the primary focus of the eighth credibility check. Lastly, the ninth credibility check is interview fidelity, which consists of asking an expert with the Critical Incident Technique method to listen to a sample of the interview tapes and ensure the researcher is following the method properly (Borgen, 2003, as cited in Butterfield et al., 2005). In doing each of these credibility checks, it upholds the rigour of the research question, ensures consistency is being maintained, and checks for leading questions by the interview, all of which strengthen the credibility of the results found (Butterfield et al., 2009).

Along with the nine credibility checks, there are two other enhancements made to Flanagan (1954) research method, as proposed by Butterfield et al. (2009). The first enhancement is contextual questioning where the researcher asks participants to share their background to their experience, which is done prior to questioning participants about critical incidents. In addition, the second enhancement is the wish list, where participants are to express any additional things that would have helped their experience, and is done after questioning participants about the critical incidents. These wish list items can include people, support systems, programs, or other information that was not present, but would have helped the

situation (Butterfield et al., 2009). With the present study, these additional enhancements were included, and served as an essential component in obtaining participant responses, as the wish list for example, allowed the facilitator to learn areas of revision for the next cohort that will take part in the course.

In terms of transcribing, there is a school of thought that is helpful for the researcher to do at least a few of the transcribed interviews, despite how long it takes, as a way to immerse oneself in the data. As a result, a transcriptionist was hired to help with the transcription of the data collected from the individual interviews conducted with each participant. The transcriptionist was an individual who is trained, accustomed to doing dictations and is familiar with issues of privacy. A transcriptionist confidentiality agreement was also signed at the beginning of the transcription process for confidentiality purposes. As for coding and themes, incidents were isolated in the transcripts, which are then coded by a number that is assigned to the interviewee, along with a page number and a paragraph number. In addition, to help with forming themes, data was also collected in a cut and paste fashion, which allowed the researcher to print and flip through them, going through the piles that seem to fit well together. After a number of piles were formulated with a label/name that seems to be the best description of the pile, this resulted in the formation of a category. The more participants shared their experience, the more knowledge it added to the study, and helped narrow down the emerging themes of interest to explore within the study. From here, the researcher had an opportunity to compare the themes formed to the general population. The purpose of comparison helped determine what information already exists and what new information has come up as a result from the study and needs to be addressed on a broader level.

Rigour and quality of methodology. As mentioned in the previous section, there are nine credibility checks to enhance the Critical Incident Technique method. Every method has a number of criteria to ensure the rigour and quality of the methodology chosen is met. One of the many ways to ensuring the quality of the Critical Incident Technique methodology is met is through the categories that are formed as a result of the emerging themes, as this allows the researcher to determine the similarities and differences among the hundreds of critical incidents and wish list items identified by participants (Butterfield et al., 2009). Category formation helps with rigour as it organizes the data in an efficient way, and further helps clarify to the reader the area of most relevance to pay attention to when reviewing the study. In addition, categories can also later be sent to participants to ensure all of their information or thoughts related to the topic have been expressed. Along with category formation, independent extraction of the critical incidents is also a useful way to help with the quality of the method, as this is when an individual other than the person who initially identified the critical incident and wish list items extracts what they think are the critical incident and wish list items (Butterfield et al., 2009). As a result, this allows for comparison and further clarification on what dominant themes are emerging and will help narrow the focus when forming categories. Since the principal investigator was also a co-facilitator for one of the MBER Groups that took place, this can have an impact on the information that is conveyed by each participant during the interview process. For example, when referring to specific learnings from the course material, participants may feel more comfortable due to the level of rapport established with the principal investigator about what was specifically helpful, hindering, or what they wished would have been addressed.

Another issue to be mindful of when assessing for rigour is exhaustiveness, the extent to which the themes in each category become exhausted. In order to avoid exhaustiveness, as the

critical incident and wish list items are being placed into their category scheme, it is a helpful tool to keep a log of each interview (Butterfield et al., 2009). More specifically, for assessing the relative strength of a category, reporting participant rates is another rigour issue that needs to be considered (Borgen & Amundsen, 1984, as cited in Butterfield et al., 2009). Knowing how many participants took part in the study will help researchers accurately identify the themes in each category, and the credibility of the categories as they are being formed. Placing incidents into categories by an independent judge is also another step in determining the quality of the method, which is when an independent person places 25% of the critical incident and wish list items that have been tentatively created by the researcher (Butterfield et al., 2005). Descriptions and titles of the categories are formed during the category formation stage by the researcher. As a result, the person's placements of the items and those of the researcher are calculated, which adds validity to the findings because an individual other than the participant or the researcher looks at these categories, further avoiding issues of bias, and adding generalizability to the results.

Cross-checking by participants is also another valuable tool in improving the quality of the method and assessing for rigour, which is when the critical incident and wish list items are extracted from the transcripts and a second interview is done with participants to review the interpretations made by the researcher (Butterfield et al., 2009). Common questions that were asked to participants include: Are the helping/hindering critical incident and wish list items correct? Is there anything that is missing? Is there anything that needs revising? (Butterfield et al., 2009). The questions asked to the participants are an important element in following the rigour criteria, and needs to be done in a sensitive manner so participants can express their responses in an open-ended format. Other questions that are commonly asked to the experts to ensure accuracy and good quality of the data include: Do you find the categories useful? Are you surprised by any

of the categories? Is there anything missed based on your experience? (Butterfield et al., 2005; Flanagan, 1954, as cited in Butterfield et al., 2009). Experts can provide additional knowledge to the study, and therefore, informing the researcher what other areas need to be addressed based on their previous experience is important and helps in strengthening the quality and rigour of a study.

Ethical considerations. Adhering to ethical principles is a core component to help maintain boundaries, and conduct a project where the benefits outweigh the risks involved in carrying out the study. With my project, there a number of risks that need to considered due to the nature of the group and the participants involved. One risk arises from the topics that were addressed within each session, as participants may be faced with their emotional reactions, with a level of distress to the material presented or other people's comments and stories that are shared. Participants may have also experienced self-shame or stigmatization for being a part of the group, as caregivers who have children with emotional and behavioral challenges are recruited, which may create further distress about their current struggles. After each session, participants were encouraged to try exercises at home with their children, but for some, this may have been a barrier, especially if caregivers have not coped properly with their own struggles first. Therefore, offering additional counselling or other resources such as community support, book, and articles was provided for those needing additional support, as this will limit their ability to engage in the group. In addition, as the group takes place at the Ministry of Children and Family development and with other participants, participants may experience discomfort with disclosure, especially within the first few sessions, and may have a difficult time trusting others in the group when expressing their challenges. At the same time, if participants have had poor experiences in other group settings, this may inhibit their ability to be willing to trust others.

Although there are minor risks involved, the benefits outweigh the risks with this type of project. From the months of April to June 2013, I took part in the Mindfulness-Based Emotion Regulation group in the role of a co-facilitator, but also as a co-participant, as a way to experience the material learned and determine whether it would be a good fit for the type of research I wanted to pursue. The MBER group where I had the opportunity to co-facilitate took place in September 2013. As a result, I already had the knowledge and knew what to look for from participants to ensure my data is accurate. With my dual role experience, it allowed me to draw upon similar experiences and build a strong relationship with the participants. The role of the facilitator also serves as a benefit to the study as the facilitator addresses attachment through the different examples mentioned during the group session, as well as through the different homework activities assigned to the participants. The participants were exposed to helpful information and provided with opportunities to learn from each other, and the facilitators involved, a very valuable outcome of being a part of a psycho-education course as this. Experiential learning is also another benefit of the group as participants actively engaged in mindfulness exercises, allowing them to process what mindfulness is, and how it can be applied in their lives. The content addressed in the group also builds a pathway for what and how to share, and helps probe and allows participants to be more open and develop the willingness to also share from a non-academic stance.

Confidentiality is one of the most crucial components to maintain a level of trust with the participants, and this is emphasized by the facilitator on the first day of session. Prior to beginning the group, the facilitator, in the initial interview, re-assured the clients that the information shared will remain confidential and within the boundaries of the group with the participants discretion on how much they feel comfortable disclosing. In the data collection of

my project, the participants remained anonymous, as there was a number assigned to participant responses.

However, other ethical issues to be mindful of is the fact that since the principal investigator has already participated in the group earlier, this may bias the results, due to familiarity of themes that have emerged, and the level of engagement with the participants. As a result, in hearing that my role is as a researcher, this may have led to participants feeling pressured to answer correctly, in contrast to speaking openly about what is actually on their mind. Also, the principal investigator has a pre-existing relationship with the facilitator, which may further bias how the group and overall content is given to participants to match that the purpose of my project. As the intent is to conduct the study and present findings within the community, obtaining approval from other institutions was considered so all professionals have access to the information learned, and can encourage caregivers they know to participate in this course. Therefore, addressing these ethical issues prior to the start of the project was considered, and as they arose during the course process was monitored.

CHAPTER 4: RESULTS

Using the Enhanced Critical Incident Technique methodology to assess participant learnings from the Mindfulness-Based Emotion Regulation (MBER) course, the results found provided a range of helpful, hindering, and wish list incidents expressed by each participant. Research questions being addressed are specifically focused on what were the helpful, hindering, and wish list factors that can help caregivers create a healthier relationship to their children, as well as understand perceptions about their ability to regulate their emotions. A total of eight interviews were conducted with participants who successfully completed the MBER group. Analysis of the interviews produced a total of 321 incidents. Of these incidents, 184 were helpful, 69 were hindering, and 68 were wish list incidents. All of these incidents were organized into a total of 15 categories, 8 categories as helping, 3 for hindering, and 4 for wish list items. Categories were formed as a result of the primary themes that emerged from the various incidents within the helpful, hindering, and wish list incident list.

The helpful, hindering, and wish list categories were sub-divided into three main categories: a) helpful factors: factors that increased one's motivation and awareness to incorporate material learned in relationships; b) hindering factors: factors that impeded one's ability to remain motivated and retain mindfulness material; c) wish list factors: factors to include that can help strengthen future mindfulness group opportunities. Categories were identified with a name, and a theme, with subcategories for some of the categories that had overlapping incidents, which will be discussed further in this chapter. In addition, examples of the incidences will also be provided to further illustrate the depth in which responses were provided during the interview process with each participant. The table illustrates all of the categories that were formed and placed under the three main themes of helpful, hindering, and wish list items.

Table 1

Overview of Categories

Helpful	Hindering	Wish List
1. Individualized Family Learning Experience	1. Impediments To Motivation	1. Resources To Strengthening Family Life
2. Motivation To Incorporate Mindfulness In Relationships	2. Group Organization That Impedes Learning	2. Group Organization
3. Deeper Understanding Of Family Life	3. Contextual Impediments To Mindful Parenting	3. Contextual Factors
4. Improved Emotional Regulation In Relationships		4. Increasing Confidence As Caregiver
5. Group Organization To Facilitate Learning		
6. Multiple Exposures To Mindfulness Education		
7. Awareness Of The Value Of Being Mindful		
8. Improved Confidence		

Categories of Helpful Incidents in the Mindfulness Based Emotion Regulation Course

There were 8 categories that were constructed based on what participants expressed as being helpful in their experience in being a part of the Mindfulness-Based Emotion Regulation Course. Out of the eight categories, four of the categories also have sub-categories within them due to the commonality shared among the incidents within the main category heading. The table below provides an overview on the list of helpful incidents that were placed under each category heading. The categories have been numbered from one to eight for the purposes of organization of the data collected.

Table 2

Helpful Categories & Description of Incidents

Helpful Categories	Description of Incidents
1. Individualized Family Experience	<ul style="list-style-type: none"> a. Validating that people have different perspectives b. Recognizing that parents are doing the best that they can c. One participant's negative experiences encouraged other participants to be more positive d. Individualized learning and ongoing support
2. Motivation To Incorporate Mindfulness In Relationships Subcategory A: Facilitator's teaching of mindfulness within the context of family functioning Subcategory B: Effectiveness of mindfulness	<ul style="list-style-type: none"> a. Being with other people with the same experiences b. Recognizing that learning skills changes relational dynamics c. Normalizing from facilitator d. Partners who reinforce use of skill in home context e. Mixed group of people with different experiences

<p>Subcategory C: Facilitator characteristics</p>	<ul style="list-style-type: none"> f. Building relationships with others in the group- going through the same thing; all mindful and respectful of each other g. Reinforced exercises already doing ie. meditation h. Increased desire to get more information i. In-depth learning of material j. Welcoming atmosphere k. Different type of parenting class l. Helpful for anxiety m. Enjoy participating in mindfulness n. Increased interest to learn more about what mindfulness is all about o. Self-commitment to attend p. Learning specific skills <p>Subcategory A: Facilitator's teaching of mindfulness within the context of family functioning</p> <ul style="list-style-type: none"> a. Having videos (other means to disseminate information) b. Refresher on self-regulation c. Video modelling d. Techniques used to get into body/stay in present moment e. Visual representation of material ie. videos f. Being led through the meditating exercises g. Using immediacy to connect with the material h. Strategies of walking through exercises i. Well-explained content j. Understanding of participant circumstances and not shaming them k. Teaching modality format l. Examples used by facilitator to illustrate certain points m. Phrases used by facilitator: 'smell the flowers because they may not be here tomorrow'
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	<p>Subcategory B: Effectiveness of mindfulness</p> <ul style="list-style-type: none"> a. It works! b. As a technique, it is grounding c. Increased awareness of how mindful one is d. Direct, simple approach e. Overall impact on all relationships (not just the target child) <p>Subcategory C: Facilitator characteristics</p> <ul style="list-style-type: none"> a. Great facilitator b. Having a personal connection with the interviewer/facilitator c. Facilitator's calm voice d. Competency of the facilitator e. Having a relationship established with the facilitator prior to group f. Having relationship established with facilitator at the outset of group
<p>3. Deeper Understanding Of Family Life</p>	<ul style="list-style-type: none"> a. Learning about chronic stress b. Learning tangible tasks to incorporate easily into own lives c. Learning about collaborative problem-solving d. Learning about the benefits of having a good relationship with the child e. Challenges one to re-evaluate parenting strategies f. Learning to let go of worries g. Learning to be in the present moment 'putting the brakes on' h. Learning to step away from the situation/take a break/time-out/walk away when too much i. Learning to focus on one thing at a time j. Learned to set boundaries k. Talking about neuroplasticity/neuropathway of reaction

	<ul style="list-style-type: none"> l. Learning to slow things down m. Learning to put own needs ahead of others (Situation-dependant) n. Learning ways to manage stress levels o. Learning Value of interpersonal skills (awareness of own limits) p. Psycho-education about mental illness q. Learning about boundaries
<p>4. Improved Emotional Regulation In Relationships</p>	<ul style="list-style-type: none"> a. Learning to control one's emotions b. Learning to cue into what one is feeling helped with responses i.e. frustrated, angry, etc. c. Learning to let go of negative feelings d. Recognizing how one is feeling in the inside helped to control the outside e. Self-control: awareness of own emotions and actions f. Awareness of uncomfortable emotions g. Helped with emotion regulation (not becoming easily overwhelmed) h. Integrated the 'flipped lid' exercise into content
<p>5. Group Organization To Facilitate Learning</p> <p>Subcategory A: Presentation of mindfulness material</p> <p>Subcategory B: Mindfulness as a positive contributor to group cohesion</p>	<ul style="list-style-type: none"> a. Length of group worked great given family priorities b. Time manageable- only 2 hours a week c. Size of the group- smaller group d. Opportunities to ask questions e. Time of the group (5-7 pm) f. Small duration of group- 8 weeks was manageable g. Format of the group h. Evening schedule of the group i. Length of sessions (longer sessions, more helpful) j. Being in a group setting learning the material <p>Subcategory A: Presentation of mindfulness material</p> <ul style="list-style-type: none"> a. Material presented was relaxing b. Good pacing of material presented

	<p>c. Attention-grabbing material- combination of different things</p> <p>Subcategory B: Mindfulness as a positive contributor to group cohesion</p> <ul style="list-style-type: none"> a. Comfort with group b. Group cohesion: lessening of stigma c. Impact of other group members (learning exactly same information) d. Being in a group reduces loneliness (not alone) e. Removing stigma and shame f. Allows for group cohesion, bonding with others, sharing each other's experience g. Positive group setting
<p>6. Multiple Exposures To Mindfulness Education</p> <p>Subcategory A: Food as a contributor to retention of material</p> <p>Subcategory B: Use of various experiential exercises to teach mindfulness</p> <p>Subcategory C: Participant Accountability</p>	<ul style="list-style-type: none"> a. Completing the group multiple times b. First experience was positive, leading to desire to complete it a second time c. Completing the group multiple times is helpful with the different points in life one is facing (time span apart from each group) d. Past experience with mindfulness <p>Subcategory A: Food as a contributor to retention of material</p> <ul style="list-style-type: none"> a. Having food (snacks) b. Food as a relaxing way to learn material <p>Subcategory B: Use of various experiential exercises to teach mindfulness</p> <ul style="list-style-type: none"> a. Beginning mindfulness activity as a helpful tool to keep one grounded for the remainder of the group session b. Different perspectives exercise c. Mindful eating exercise d. Craisin exercise

	<p>e. Awareness of present moment</p> <p>Subcategory C: Participant Accountability</p> <ul style="list-style-type: none"> a. Taking time to do these activities in group b. Time commitment to attend (cannot miss more than one group session) c. By the third session, noticed the benefit of taking group d. Mindfulness helped participant to be more assertive, less reactive e. Increases insight/self awareness f. Awareness of own responsibility/personal responsibility g. Reminders to continue to practice mindfulness h. Prompted to pick a time of the day to practice i. Encouragement to use external devices as reminders to practice ie. cellphones j. Client's initiative and intentionality to practice skills regularly k. Reminder to breathe l. Increased focus on self-care as a way to strengthen relationship with child m. Learning to not respond, take a break, focus on self n. Letting go of responsibility o. Giving self-permission to pause, be calm, take care of self
<p>7. Awareness Of The Value Of Being Mindful</p>	<ul style="list-style-type: none"> a. To children: Helped with centering and listening to children/others b. Learning how to listen through mindfulness c. Learning how to be more focused in other contexts such as work d. Applicable to everyday life e. Applying mindfulness to different contexts ie. travelling f. Mindfulness generalized to workplace g. Generalization of skills

	<ul style="list-style-type: none"> h. In the moment- application of skills in real life i. Mindful application: one thing in the moment j. Opportunities to share information to other families
<p>8. Improved Confidence</p> <p>Subcategory A: Self-confidence</p> <p>Subcategory B: Confidence in relationships</p>	<p>Subcategory A: Self-confidence</p> <ul style="list-style-type: none"> c. Feeling better about oneself as a caregiver/and an individual d. Having a follow up meeting after group completion e. Learning to take mindfulness to the next level/assessing when reacted f. Having the courage to say no g. Using existing resources, not giving up h. Completing the course increased appreciation for value of mindfulness i. Affirmed what I was already doing j. Made a subtle difference in life ‘I’ve seen the light and it’s made a difference’ k. Being more aware of surroundings, i.e. trees, food cooking, etc. l. Impact physically: stress reduction m. Awareness of own limits/responsibility n. Stopping judgemental worry, anxiety-decrease in distress o. Reduced anxiety p. Recognition to acknowledge her sense of calmness (learning to be honest with self) q. Increase self-control (not blurting out answers, thinking before answering) r. Having other supports available i.e. counselling <p>Subcategory B: Confidence in relationships</p> <ul style="list-style-type: none"> a. Less critical/judgemental of self b. Being non-judgemental c. Shift of insight ‘We really only have today’ – ah ha moment!

	<ul style="list-style-type: none"> d. Learning to be aware of communication to child e. Increase recognition of limits of others f. Awareness of communication g. Awareness of mirroring skills and impact in other relationships (being calm allows child to remain calm) h. Awareness of own response i. Learning about the value of self-reflection, how lack of self-regulation can impact family j. How lack of self-regulation can impact family k. During group session l. Debriefing about homework sessions m. Learning to put aside stress and relax n. Spending time on one task o. Having the knowledge to sit back/deal with it rather than react p. Awareness in the moment q. Opportunity for reflection, process, emotional empathy balance with content in the group <p>Subcategory C: Parenting confidence</p> <ul style="list-style-type: none"> a. Encouragement to engage in dialogue with child from a calm perspective b. Transferring skills learned to child c. Encouraged spending more quality time with child d. Learned to praise the child after good behavior/little successes that they do e. Increased empathy towards child f. Increase awareness of child's capacity, individual strengths, etc. g. Learning to work together in relationships/play on the same team h. Learned to keep a happy medium-being a parent and a friend- balance i. Learned to find child's strengths and increase their confidence j. Gained confidence as a caregiver to let it go/let child be independent k. Learning to compromise with child/ in the relationship
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	<ul style="list-style-type: none"> l. Interacting with child: letting the child know caregiver can be at fault at times too m. Giving the child opportunity to share their feelings n. Giving the child a voice to be heard o. Learning to let things be, and be ok with what the child is doing p. Learning to listen to child q. Impact on interpersonal relationship r. Being mindful of language: changing language to less confrontational ways s. Increased empathy towards child t. Shift in personal responsibility (child has their own problems vs. participant) u. Increase attention with son v. Encouraged more time to spend together with child (bonding time) w. Benefit to relationship- spending time increases connection x. Increased trust with children/in relationship y. Balancing expectations with flexibility in relationships with children z. Learning to set realistic expectations (knowing they are grown up) aa. Having others help in generalizing of skills, awareness in the moment of when not using the skills (Breathe Mom!)
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1. Individualized Family Experience

This category was the smallest helping category, with 4 incidents identified from 8 participants. More specifically, it addresses how each family has their own individual experiences in how they function. The MBER group acknowledged this individuation piece, specifically making reference to how parents are doing the best they can. As participants would hear other participants share their stories, it empowered them to accept their family situation, and view it from a positive standpoint.

One participant, whom not only entered the MBER group from a personal standpoint, but also a professional standpoint as she works with caregivers who have a child with mental health challenges shared incidents that fit into this category.

For example, the participant shared about the value of being in a group setting.

It was a good experience. It was nice to be in a group setting. Hearing the others and knowing that you're not by yourself in this and that this is... you know it's not normal but other people have same experiences.

Another participant shared her experience of being a caregiver, and how her family experience is not only different, but also similar in many ways to the other parents attending the group. For example, this parent said,

I found the other parents that were there, because they were having similar issues – maybe not exactly the same but similar regardless, having a child that you're kind of baffled with what to do with. So that was nice. And feeling similar things too because often if I look at my child you get the urge to yell at them or something, you feel like a horrible parent but it's nice to hear other people are having these feelings too. It's not just me. I'm not a horrible person.

2. Motivation to Incorporate Mindfulness in Relationships

This category consists of a total of 39 incidents from 8 participants, 16 incidents which pertained specifically to general motivational factors that helped one to incorporate mindfulness in their relationships. This category describes incidents which increased participant's willingness to take the mindfulness course, participate in the material presented, and incorporate what was learned into their relationships with their children and to others in their lives. Three

sub-categories emerged within this category that also fit with this theme of motivation, which include facilitator's teaching of mindfulness, the effectiveness of mindfulness, and facilitator characteristics. This category also includes different types of motivators that helped incorporate mindfulness in their relationships such as building relationships with others in the group, in-depth learning of material, and increased enjoyment to learn mindfulness.

Participants provided examples of these incidences through their experiences in the group, ranging from initial entry into the group to post-group completion. For example, one participant expressed, 'The first session I would say felt very welcoming, so that was good...' inviting participants to begin to feel connected upon initial entry into the group. The initial interest helped one to feel motivated to stay for the remainder of the group, and provide input to future participants, for example, the same participant also shared that 'Here is a course you can keep in mind, and this is something I went through and it can be helpful for your family too.'

Additionally,

What I really enjoyed was that beginning opening piece and I came to really look forward to it because after a rushed day and you had to zoom in there and sit down, it was a really nice way to get grounded and just feel that peacefulness and know that I can find this for myself in any moment too. If I can do it here I can do it there.

Being motivated to continue to practice the skills was a consistent theme among many of the participants,

Yeah I'm much more focused on it again now because I'm going back to it and actually practicing it on more of a daily basis, which before it was I could talk the talk but I wasn't walking the walk as much. So I knew what I should be doing but I wasn't doing it as much.

So it was a good refresher to just go back and start some practices that I used to do more often and get in touch with it. It was great.

Another participant pointed to various dynamics within the group itself that helped them remain motivated to continue pursuing the group.

For example,

It's more when we had the experiential exercises where we could... I think some of the best group dynamics came out of... For example, one of the families had a phone call from their daughter and it caused a bit of a ka-boom for them on that side of the table. And so Gurmeet was starting to move forward with the class but then she stopped and had some immediacy of what they needed and there was actually some really good sharing through that and I think it's connecting in that immediate moment of what they need and then connecting it to the material, I thought was fantastic.

Of the eight participants, two were professionals directly working in the field with children and their families. One of the professionals stated, 'as a professional now going back through it again, I sometimes wonder how much did my child disclose to this person? How much do they know about my intimate family dynamics? And so you have to let go of that to get help for your kid. You have to be vulnerable in that people are going to hear things about you that maybe don't present in the best light. But you're willing to do that anyways because you want that support for your child.'

Mindfulness material was taught in a group setting, in contrast to an individualized setting, which had an influence on one's ability to retain and apply mindfulness. For example, one participant expressed, 'Just remember that it's only for 8 weeks. 8 weeks is a very small period

of time and this could be really beneficial. So it's about making the time... Yeah I know, and whatever else I think needs to be done on Tuesday night can happen later.'

Similar to the idea of group structure as a motivator for mindfulness, another area of motivation that helped participants was self-motivation, the desire to learn about mindfulness, and change current ways of feeling and behaving based on personal awareness.

For example,

I think the mindfulness piece of how it helped me was that I could get quiet and centred and listen and things started to get much better for us when I stopped talking and started listening. And it's really just that simple. And it was from learning about my own self-regulation and learning how I show up in the world and how I fill up a space that didn't leave much room for him.

Additionally, an example of an incident of self-motivation shared by one participant is 'Well I still do meditation. That's huge. And I still... I don't have my alarm set during the day to remind myself to breathe, I just remind myself to breathe.' Another participant expressed, 'I'm going to remind myself again to start practicing. This was a big kind of wake-up call. Just having this meeting is a big reminder.' The focus of the mindfulness course is to teach caregiver skills on emotion regulation, with an emphasis on the parent-child relationship.

However, the reality is, as one participant expressed,

Oh yeah. Had I known... We started his challenges even before kindergarten. We're walking into the Kindergarten and I was never taught. I don't start to learn about all this stuff until I went through it for my own personal development. I had a car accident, went back to school and started to learn all this stuff through my own personal development and

that's when I really learned what helps my child. But that wasn't... So I'm so glad that this kind of information is available. Again, for parents to go to another evening group, they really want it to be helpful and resourceful and something that's really going to feel applicable to their family. So, this one can't be "one more parenting class."

Additionally, this participant also stated,

It asks you to re-evaluate everything you thought you knew was the truth about being a good mom and dad. A lot of these things do – they ask you to go... Again I think about that Ross Greene that I just went to and I think about my husband when my child had been sick. If I had told him that we were going to sit down and have a conversation with him and talk about what we need and what he needs and how we can work together he would've been, "Are you kidding me? I don't want to raise a spoiled brat!" That was just his perspective on it. And so we come... There's closed doors that have to be opened through a very particular combination for people to be safe enough to hear what it is we're trying to deliver.

Despite whether the motivation to incorporate mindfulness comes from within, or outside of the group, it allows each person to re-evaluate their current parenting practices, and current state of expressing emotions as a catalyst for change. On a broader level, according to one participant, motivation arises when,

I think the more people that have access to this information and learn the skills create a peaceful family and peaceful extended... like a peaceful community, a peaceful world. So I mean just learning how we show up in the world is so helpful and being able to take a moment to give yourself the permission to just calm down a little bit or do whatever it is that you need to do to take care of yourself so that you can take care of others. I think that a

lot of parents get into this whirlwind of just using up all of their adrenaline and energy to try to seek services for their children and then they're left depleted. And I think that's a big piece of what this material is – is just giving you permission to take care of yourself so that you can take care of your kids in a different way.

Subcategory A: Facilitator's teaching of mindfulness within the context of family functioning.

Within the second helping category of motivation to incorporate mindfulness, one subcategory that emerged was facilitator's teaching of mindfulness as a positive impact to incorporate mindfulness. This subcategory consisted of 13 incidents from 8 participants. This subcategory includes incidents which specifically focus on teaching methods used by the facilitator of the course to teach mindfulness. Examples of incidences include visual representation of material, techniques used to stay in the present moment, and examples used by the facilitator to illustrate certain points. One example of an incident shared by the participant, 'I think it was pretty good. I think some of the videos were good actually now that I'm thinking about it. Some of those videos that gave the visual to it – because I'm very much a visual learner – so I liked having the notes that I could follow along with. So that was good.'

Another example one participant shared,

I think for me one of the most helpful things is the collaborative problem solving part.

That's been one of the key things for my family and I mean you can call that whatever you want, it really just comes down to listening to what their perspective is and what their needs are and helping to work with them. And there was that piece of that, of looking at it

through different lenses. I think the content itself was very good. It was comprehensive. There was a lot of material here.

Course content included teaching different topics related to parenting and emotion regulation. Participants were encouraged to share personal examples of when certain emotions such as anger or shame were experienced, and how mindfulness has or has not been helpful in overcoming the emotions.

One participant who has taken the MBER course multiple times shared the example of,

I think it has made a big shift. It's made... Well my kids are older so there's that part of it as well, and the letting go part and the... You know, "If you're going somewhere, just let me know when you get back." And they're fine with that. He went... Where did he go the other day? It was to a movie and it was a late movie I think. It was the 11 o'clock movie or something and he drove and he went with his girlfriend I think. And I said, "Ok that's fine." Oh no, I know, he was at a friend's house – that's where he went – and they were going to the movies. I said, "That's great. You can do that, just..." And his friend was going to drive him home, "So when you get home just come and wake me up and let me know that you're back home again." And I was good with that and I could sleep knowing that he said he would come and tell me when he got back home

Other participants shared incidents of different mindfulness phrases expressed by the facilitator that helped produce change in their relationships and responses to their child.

For example,

There was another helpful thing when Gurmeet said, “It’s not that you’re getting rid of it. It’s not that you’re like... It’s just right now you don’t have to deal... Right now you’re going to be in the moment.”

Another participant shared, facilitator’s saying: “Smell the flowers because they may not be here tomorrow.” It’s just that reminder to sort of be in the moment because certainly I’m constantly, I mean I’m not even aware of today, I’m looking at next week, right? And I can get frustrated with the crap I’m dealing with today because who cares and 3 weeks from now is more... But I’m not thinking about the fact that it’s a nice day.

Subcategory B: Effectiveness of mindfulness.

Within the category of motivation to incorporate mindfulness in relationships, this is the second subcategory that emerged which consists of 5 incidents from 8 participants. This subcategory contains incidents which outline the primary reasons why mindfulness is an effective strategy for strengthening the parent-child relationship. As a technique, incidents described indicate that it not only works, but it is grounding and simple in its approach.

For example, one participant stated,

Everybody that I interact with it has a part of... It has changed how I talk, how I try to think before I open my mouth rather than just blurting stuff out in the heat of the moment. I think just the regular practice of mindfulness and that it doesn’t have to be something where you pull yourself out of an environment and sit and practice meditation for half an hour. It can be really small simple things in your day-to-day experience where you just kind of tap

out and ask ‘Where am I? What’s happening with my body?’ – all those kinds of things.

So if we can learn to do that for ourselves then it’s much easier to model it for our kids.

This same participant went on to explain the benefit of mindfulness in terms of being time-effective.

I found that it was easy enough because it wasn’t a long period of time. It was just that few minutes idea. If somebody had asked me to do it for half an hour a day I probably wouldn’t have been able to get it done every day. But a few minutes a day doesn’t seem like a big deal. So that was really good.

Another participant shared about the simplicity of the approach as a whole as being beneficial, stating how ‘I just like the directness, the simplicity of It... But having done the course I have a little more appreciation for the value of that.’ The group duration is a period of eight weeks, which provides participants eight weeks to learn and incorporate mindfulness in ways that work best for them.

One participant expressed,

By the third group I was starting to find more... I could see how I could apply it to situations with him. When I was tired I could control myself a little better, being more aware of what was happening for me, ‘Ok I’m tired, I’m grouchy, I can’t snap at him. It’s not his fault.’ And I found that if I could control my reactions to his outbursts I was able to calm him down a lot faster.

Additionally, another participant, who has completed the MBER group multiple times expressed, ‘It was awesome and I bought books on mindfulness and just like all...It’s been a big part of my life now.’

Subcategory C: Facilitator characteristics.

This is the third subcategory that emerged within the category of motivation to incorporate mindfulness in relationships. This subcategory consists of 6 incidents from 8 participants. Due to the increased knowledge the facilitator has in mindfulness education, the incidents expressed in this subcategory were about what characteristics stood out to participants and what did they find most helpful about the facilitator.

For example, one participant shared,

I like Dr. Gurmeet Singh. She's awesome and she keeps you interested. She's good to listen to. She's got the personality to facilitate something like that. It's not like you're staring at somebody who's just, "blah, blah, blah..." Like she's got... So, it was good.

Another participant, who was actively involved in every session of the course stated, 'Gurmeet I found was excellent with like the mindfulness. I learned a lot, I practiced it all the time. I found myself in control a lot more.' Resources were provided consistently throughout the group which was a helpful way to apply mindfulness, and this same participant shared how 'some of the books that Gurmeet had suggested, I got and I read them. And I have another one that I just went and got at that Food for Thought store. I didn't even know it was there and they have so many meditation books in there that she had...'

3. Deeper Understanding of Family Life

This category consisted of 17 incidents from 8 participants. This category provided a deeper understanding into how the MBER course offered various topics which reflected on family life. Incidents in this category included the value that participants had in learning about collaborative problem-solving, the benefits of having a good relationship with the child, and

learning to focus on one thing at a time. Examples of incidences from interactions with their children and in other relationships are expressed.

For example, one participant shared the awareness she received in communicating with her child,

When I left I said to him, “Do you honestly feel that way that I haven’t offered you and supported you in anything that you wanted to do?” And he said, “No but it’s always my fault. It’s always my fault when something happens. It’s always me who did it...And it was a mindfulness thing for me because personally I used to go “That’s not true” but instead I went, “Do you really feel that way?” I didn’t go into accusation, “No that’s not right.” I really questioned, “Is that how you honestly feel?” So I gave him the opportunity and I was mindful of that.

Learning how to apply mindfulness to family life is not an easy task, and it varies from one family to the next. One participant shared, ‘Well I think the thing that I value most is the thing that I’ve applied most is just being aware of what you’re feeling before you react. Like really just getting to the root of what’s happening and then... And that’s just the first step.’

As a parent, especially when there are multiple children in the home, family life can be even more complex, so trying to understand what each child’s needs are, and how to respond is an important mindfulness skill.

One participant shared,

I think that’s one of the things we’re trying to do is find their strong points and really working on them and boosting their confidence in that way rather than finding what they’re not that good at and just picking. So it’s just like boosting... These ones don’t matter, these ones do.’

Another example of a participant from a different family life perspective shared,

I think often he just needs to feel heard. He needs to say his piece. He's the youngest out of 3 and unfortunately by the time he came along, he wasn't the baby that got picked up all the time because there were 2 older kids that needed attention too. So he's never had that, where my oldest one had the... all of Mommy's attention for 4 years until I had another baby. So he's not as attention seeking. So I think that might be part of sometimes why he acts out too – is just needing his voice to be heard. So as long as I validate that and hear what's he's saying, I think it does help. So often at bedtime now we have a few minutes where we talk. We talk about the day – what he liked, what he didn't like and I find it's really helpful. I praise him to the stars for all the good things he's done.

Recognizing the differences among each family was what was continued to be emphasized throughout the incidents in this helping category as a precursor for deeper understanding of family life. Another family life example expressed was,

Well yesterday I took them all to see a movie. I was very clear that it was straight to bed when we got home because it would be 9 o'clock. And when we got home I didn't even have to ask him. He put on his pajamas, he brushed his teeth and he was sitting in his room waiting for me. No fighting, no nothing. So I made sure that he knew how impressed I was and how proud I was and how awesome that was.

4. Improved Emotional Regulation in Relationships

This category consisted of 8 incidents from 8 participants. This category contains incidents that pertain specifically to the content of what the MBER course is all about, how to regulate our emotions. Some participants expressed feeling overwhelmed, or being unable to control their

emotions, so the incidents found in this category reflect on participant's ability to overcome their negative feelings and now be more in control of their emotions.

For example,

I know for me, learning about my own self-regulation or ways of coping with stress and management and how that relates to my child was so helpful.

Different emotions were addressed throughout the course, which included emotions such as anger, shame, and happy. One participant, who has had previous experience with learning about emotion regulation, stated, 'Have you seen the flipped lid? I was thinking that would be a great exercise for your guys' group because I find that's really helpful for parents. I use it in parenting classes. Giving them some tangible... Something that you can take home and practice right away and use.' More specifically, attuning to emotion regulation as a way to help their child remain calm and in control of their emotions was another example of an incident shared by participants.

For example,

I feel like superman when I've walked out of there and he's not crying and I'm not yelling. So as long as I'm aware of what he's needing, he's just showing me he's not happy with the rules. I need to show him that I understand he's not happy with the rules but they're not changing. It's a good weird because I know I'm reacting appropriately to his behavior – not yelling, I'm not getting mad, I'm not snapping at him. I'm being a good role model.

5. Group Organization to Facilitate Learning

This category consists of a total of 20 incidents from 8 participants, 10 incidents which specifically pertain to group organization as a whole. This category includes incidents which

address specific aspects of the overall group structure that were seen as helpful in learning mindfulness. There were two sub-categories that emerged in relation to the theme of group organization, one being the presentation of mindfulness material, and the other is mindfulness as a positive contributor to group cohesion. Group organization was the main theme that was consistently found not just the helpful categories, but also among the hindering and wish list categories. Within this context of a helping category, group organization referred to characteristics such as length, size, and timing of the group.

For example, one participant who has had previous experience in running groups indicated that,

Once a week is good. I of course always prefer daytime but then I'm available during the day to be able to do it so I appreciate that families need that in the evening as well.

Another participant shared the value of having a smaller group, 'I like smaller groups so it was nice when it dwindled. That's about it.' Similarly, one participant from the same cohort expressed, 'It was really good. The group was the right size. It wasn't too big, not too small either. It was a good size. It was a comfortable atmosphere to be in.'

Subcategory A: Presentation of mindfulness material.

Within the category of group organization, one subcategory that emerged was the presentation of the mindfulness material. This subcategory consists of 3 incidents from 8 participants. Each of these incidents were seen as a helpful in learning mindfulness by the way the material was presented, specifically how it was presented in a relaxing manner, with a good pace, and with a combination of different topics covered.

For example, one participant expressed,

I like the way we did at the mindfulness exercises. I like how the facilitator did – for me – I liked how she did some of the videos but she also let us all always gives our thoughts. It wasn't just her... I mean we have to keep it short but she'd still let us have our experiences and give our... because I've been to some parenting groups where it's just you sit and listen, you don't get... And it's directed right away, you know, "We don't want to hear about your problems or your stories but we'll do a parenting group." So this one wasn't parenting, it was mindful, but we also got to share some of our difficulties because many of us had tears in that class, deep emotions, right?

In the beginning of every class, the facilitator presented the material in an experiential format, allowing participants to learn mindfulness in an applicable format, which was expressed as a helpful presentation style.

One participant expressed the value in using this format,

Yes and the breathing. I think one of the things Gurmeet... when we first started and she did her bell and I thought, 'Ok, I'm never going to...' But you know what? It really helped that she said to us, "Your mind will wander but just bring it back." Because I always thought I could never do something like this, 'How am I going to do...?' My brain thinks a million things! But I go back all the time to sitting at that table in the last seat right beside her. She rings that bell and just sitting there and the breathing. She taught me that – one of the biggest things was "Just breathe. Feel the breath in, feel the breath..." You know, how she gave us that... So I learned a lot. So I do that all the time, even driving.

Subcategory B: Mindfulness as a positive contributor to group cohesion.

Within the category of group organization, this is the second subcategory that emerged. This subcategory consists of 7 incidents from 8 participants. This subcategory is about the positive impact of mindfulness on strengthening group cohesion. Examples of incidences include the impact that being in a group sharing their experiences reduces the stigma and shame of not being the only caregiver that has emotion regulation challenges.

For example,

But helpful was realizing that everybody else was kind of, not really in the same boat, but that there are other people out there that have similar struggles. And that there were things you could do to kind of... It was mostly – what I got out of the first one – was calming myself back down and not taking everything personally. That can be the hardest, not taking everything personally. When my kids are mad, not to take it personally is a difficult thing and now if they're mad I can know they're not really mad at me, or they're mad about... I can sort of separate from their emotions...

Other participants also shared the benefit of being able to not only separate from their child's emotions, but also speaking to other group members and hearing that they are not alone in the caregiving challenges they face. As they heard others share their life experiences, this strengthened the group as a whole, and increased their trust and ability to openly share their own experiences in the group.

For example,

Yeah and hearing in the group how other people were taking what they learned and applying it to their life, learning the same thing and applying it a different way was helpful

as well because then you go, ‘Oh, I didn’t think about it that way.’ And it’s exactly the same information.

Furthermore, another participant shared provided an overall perspective of all the content provided, stating that ‘I really liked the content. I thought everything was really applicable to, not just raising children but just being in relationships, like being a human being, right? Running into people and... I thought everything that was covered was appropriate.’

6. Multiple Exposures to Mindfulness Education

This category consists of a total of 26 incidents from 8 participants, 4 incidents which specifically pertain to multiple exposures to mindfulness education as helpful to mindfulness learning. This category emerged due to participant’s previous experience with mindfulness as a technique, as well as from one participants experience in completing the MBER course multiple times. Examples of incidences describe the insight that participants received in completing the group on multiple occasions as a helpful indicator of retaining and applying mindfulness. Furthermore, three subcategories emerged that align with the positive impact of being exposed to mindfulness on multiple occasions, one being food as a contributor to retention of material, the second is the use of various experiential exercises to teach mindfulness, and the third is participant accountability. Each of these subcategories will be discussed in more detail following incident examples of the main category.

For example, one participant expressed,

I think doing it multiple times really, really helps things kind of stick and one of the things that stuck the best with me – for some strange reason even though you hear it all the time – is that you really only have today. And that... like not worrying because I

would have panic attacks worrying about Brian and finally it stuck that there's no point in worrying about what's going to happen tomorrow. You only have to worry about today or what you're doing... not worry about, but do what today is.

This same participant went on to share the positive impact that can come out of taking the group multiple times, especially since she had taken it, and applied the material differently each time, based on different points in her life. She shared, 'And in the third one... I felt really comfortable in the third one and could really pay attention and practice and relate things to both my boys. So I think one isn't enough. I think one class isn't enough because at the first class you come to is usually you've been referred there by your child's counselor or something so you're already in distress to start with so the first one starts to get you down off the top of the mountain and then the other 2 sort of continue leveling you out, I think.

Subcategory A: Food as a contributor to retention of material.

Within the category of multiple exposures to mindfulness education, one subcategory emerged is having food available as a contributor helpful incident in learning mindfulness. Two incidents were found in this subcategory from 8 participants. One participant expressed, 'And, yeah, it was nice to have snacks because I know a few participants came and they had not had dinner yet and they were travelling right from work.'

Similarly, another participant shared how, 'Well I know for me as a parent and being busy and stuff, nourishing myself tends to be something that gets kicked to the curb quite a bit so having healthy things to snack on was nice. That was really nice. I don't know if it really helped with mindfulness but it was really nice as a holistic thing I guess.'

In addition to having snacks, another participant also shared the value of snacks as being a relaxing way to learn mindfulness. She stated, ‘It was just relaxed. Having that food there to sort of nibble on it was more relaxing than just sort of you sat there on the table, scared to do anything.’

Subcategory B: Use of various experiential exercises to teach mindfulness.

Within the category of multiple exposures to mindfulness education, this is the second subcategory that emerged. This subcategory consists of 5 incidents from 8 participants. The incidents within this category specifically focus on the various experiential exercises that were used, including the mindful eating exercise, beginning mindfulness activities, and the different perspectives exercise.

For example, one participant shared,

The thing I found really, really strange was when we did the bit with the cranberry. That was really quite strange. I thought, ‘Ok, you wouldn’t normally do this.’ But even now I keep saying to the kids, just think about what you’re doing. When I’m outside with the dogs or whatever I’m looking at different ‘Look at it – Oh that’s not just a bird in a tree.’ It’s like, ‘I wonder what’s going on over here’ It’s stuck in my mind even though I didn’t understand it at the time.

Starting each session with a mindfulness exercise was another example of an experiential exercise. One participant expressed,

What I really enjoyed was that beginning opening piece and I came to really look forward to it because after a rushed day and you had to zoom in there and sit down, it was a really nice way to get grounded and just feel that peacefulness and know that I can find this for myself in any moment too. If I can do it here I can do it there.

Another example of an experiential exercise was the different perspectives exercise, which is explained more in the depth with the following example,

I think the exercise that Gurmeet did around the, we all have different perspectives and having people go around the table and talk about... and that was particularly with that child and, "What do you see that could be happening for her?" and everybody had a different idea. And one of the participants didn't even want to voice her opinion because she agreed with the parent that was like, "They're just being manipulative and a pain in the ass, right?" But that's your perspective and it's important to know it.

Other examples expressed by participants pertained to the importance of having experiential exercises as strengthening the group dynamics and ability to connect to the material.

For example,

It's more when we had the experiential exercises where we could... I think some of the best group dynamics came out of... For example, one of the families had a phone call from their daughter and it caused a bit of a ka-boom for them on that side of the table. And so Gurmeet was starting to move forward with the class but then she stopped and had some immediacy of what they needed and there was actually some really good sharing through that and I think it's connecting in that immediate moment of what they need and then connecting it to the material, I thought was fantastic. I really liked some of the techniques, how to get into your body or get into the present.

Subcategory C: Participant accountability.

Within the category of multiple exposures to mindfulness education, a third subcategory that was formed was participant accountability. This subcategory consists of 15 incidents from 8 participants. This subcategory contains incidents which reflect participant's being accountable

to practicing the mindfulness skills both within and outside of the group context. Examples of incidences include client's intentionality to practice the skills regularly, awareness of own responsibility, and personal benefits noticed as a result of being in the group.

A range of incidents were collected, as each participant had their own individualized experience with how they learned to apply the material. For example, one participant expressed, 'the longer the sessions are is helpful because you're practicing, you're doing your homework and when the course is over there's no more homework; you have to do it on your own.'

On a similar note, one participant expressed,

Well I think there's a certain level of accountability back to the group, which is good. And Gurmeet was really good about not shaming the group if they didn't get the homework done or whatever so that was really good. Keeping it open and loose and understanding the people have busy lives and sort of one step at a time and not expecting that it'll all come right away.

Other participants addressed other areas that held them accountable to completing homework, engaging in exercises, participating in the group, and practicing the skills post-group completion. One example was from the perspective of a participant who had completed the MBER course 3 times, and she stated,

I think one class isn't enough because at the first class you come to is usually you've been referred there by your child's counselor or something so you're already in distress to start with so the first one starts to get you down off the top of the mountain and then the other 2 sort of continue leveling you out, I think.

Another participant also shared how, ‘I think that acknowledging how... I guess it’s more acknowledging how I felt. I felt like he was angry at me. Whether he was or not, at least he knew that I felt there was anger coming from him. Even if there wasn’t anything coming from him, he at least knew how I felt about it. Like I was feeling like there was something coming from... not accusing him of being angry but I was telling him how I felt, which was good. That’s a big one. That’s a big thing for me.’

Similarly, one participant shared their experience in applying mindfulness, that, ‘So I go sit in my room and I’d be in the moment. Or I’d wake up in the morning and I would sit there... I’d find that for 2 minutes even to sit there and be in the moment and my day would kind of run a little smoother.’

Attachment is formed differently based on the dyadic relationship between the caregiver and their child, and also is also impacted based on how generationally, how caregivers were raised. One participant shared an example of the impact of intergenerational transmission of being accountable to learning mindfulness. She stated,

The expectations that you had for what their life could look like. I mean, as parents, we always want our kids to have a more healthful, happy life and we want them to have more than we had and it’s really our intention along the way. And I think too, understanding, like you said, ‘one generation up’, I mean if you look at a generation and go back you can trace these family histories. You can trace mine back as far back as I can trace it. So a lot of these biases don’t come from just one generation up, they come from, again in my particular family circumstance, for as far back as I can trace. So you’re dealing with generation of biases that families are coming into this with, with their whole mind filled with all of this before they even get started so it’s good.

7. Awareness of the Value of Being Mindful

This category consists of 10 incidents from 8 participants. This category contains incidents which describe how participants became aware of the value learning and applying mindfulness can have on their lives. Examples of helpful incidences include learning to be more focused in contexts such as work, generalization of skills to all relationships, and opportunities to share information to other families.

For example,

Every morning... I said to my husband the other day, I shared with him, every single morning I wake up and I open my eyes and I think, 'What can I do to help Kyle? What can I do to fix him? What can I do...?' And I lay there for about 15-20 minutes and by the time I get up I'm completely worked up, you know, 'What can I do...?' And so now I said to him, "I need to just get on headphones". As soon as I wake up I'm doing meditation for 20 minutes because that doesn't start my day out well. So that's my goal to do that... is not to do that. Because that's what I've been doing for years, is I wake up... and that's a routine now. It's almost like... I wasn't mindful of that until 2 days ago when I went, 'I'm really mindful of this. This isn't good to lay there and stress and worry and try to figure out I can fix everybody else's life.' I need to be mindful of my own.

Other participants shared how mindfulness increased their ability to attune to things around them, whether it was making a meal, reducing negative feelings, or letting go of negative thoughts.

For example,

But it's just like being in the moment – really being in the moment and not worrying so much about the future I think is what I got out of the last one, the last experience. This time I was just really watching this – I think I was stirring cheese sauce – and I'm really watching it go around and it just looked really cool and stuff. And then I realized, 'I can't watch things go in circles'. I know that because it makes me dizzy. But yeah, I was just stirring that cheese sauce.

Another participant shared,

Overwhelmed, yes. That's something it really helped with. That's the word – not feeling overwhelmed anymore. It really, really helped with not feeling overwhelmed.

Similarly, being able to let go of negative feelings was also a theme that was correlated with letting go of past thoughts or experiences.

For example, one participant stated,

I'm a big time-past dweller. And since I've learned about mindfulness and being in the moment and stuff, forgetting about your past and move forward, it's been huge because I used to sit there... I was stressing about something from like 20 years ago and I think, 'Let it go! Let yesterday go. There's nothing you can do about it.' I had to really grasp that.

Awareness stemmed from not just personal awareness of how to be more mindful of own responses, but also through cues that was provided by the facilitator and other participants in the group.

For example,

I think one of the things Gurmeet... when we first started and she did her bell and I thought, 'Ok, I'm never going to...' But you know what? It really helped that she said

to us, “Your mind will wander but just bring it back.” Because I always thought I could never do something like this, ‘How am I going to do...?’ My brain thinks a million things! But I go back all the time to sitting at that table in the last seat right beside her. She rings that bell and just sitting there and the breathing. She taught me that – one of the biggest things was “Just breathe. Feel the breath in, feel the breath...” You know, how she gave us that... So I learned a lot. So I do that all the time, even driving

Other aspects of the group that helped increase awareness of being mindfulness included,

I liked the content of mindfulness. I really did. One of the things that I came away from was I really thought I was a mindful person, I thought I was very much in tune with my thoughts and feelings and what was going on. And I don’t know if it’s I’m not as good as I thought I was or I’m just more aware now, but I’m really aware of when I’m not being mindful, funny enough. I see my reactions now. I’m like, ‘Why did I react that way? I wasn’t mindful of me’ whereas before when I first started I’m like, ‘I’m extremely mindful.’ And I don’t have that assessment of myself anymore. I don’t think I am as mindful as I think. But it’s good right? It increases awareness.

Similarly, another participant shared,

Yeah I just try to be more aware of my time during the day and enjoying moments a bit more. It’s nice. If I’m going for a walk, just being aware of the feeling of the sun or the wind on my face, that sort of thing. Not thinking about what I’m going to do an hour from now or what I’m cooking for dinner.

8. Improved Confidence

This category was the largest helping category with a total of 60 incidents from 8 participants. The incidents in this category were about helping participants gain confidence not only within themselves after learning about mindfulness, but also in their relationships, and as a parent. There were three subcategories that were formed that fit within the category theme of improved confidence, specifically addressing self-confidence, confidence in relationships, and parenting confidence. Examples of incidences will be discussed below under each subheading.

Subcategory A: Self-confidence.

Within the category of improved confidence, one subcategory that emerged was self-confidence, which consists of 16 incidents from 8 participants. This subcategory contains incidents which outline what some of the personal gains that participants attained in being a part of the mindfulness course. Self-confidence includes being less judgemental about oneself, learning about the value of self-reflection, and understanding ways in which they respond which in turn will impact the way their child will respond.

For example,

I was intimidated by professionals. I thought, ‘Oh I’m not smart enough to understand what you’re saying’... all of these things. I’ve had quite a journey in the last 10 years but before that, even going in to engage with a teacher? Totally intimidated. I thought that I had to go by what they told me because they were the professionals. Looking back at it now I realize some of what happened to my child was endlessly destructive. And not again, because they’re doing the best that they can do but if we had have known how to communicate and all of those things, all of this stuff – it would’ve been a different

experience for everybody. Even though I'm a professional and I know this stuff, like there was a lot of it, going through it, I was like, 'Oh yeah I could be doing so much better in that area. This is a great reminder of ways that I can do this.'

From a parenting perspective, this same participant also expressed how, 'I think that's what's beautiful about this group is it really helps you to look at it... 'Ok, what am I thinking about this? And how am I looking at it? How am I approaching my child about it?'' Furthermore, the insight provided by this participant was fascinating, as she not only offers insight from having gone through the parenting years, but also from a professional lens of working with caregivers who are currently struggling in their lives with their children.

She states the wide applicability mindfulness can have, going beyond the relationship component,

I think this helps a lot with the anxiety... Another example I actually used in group was I got an email about a certain professional opportunity and my first instinct response was pure panic of, 'Oh I'm not qualified for this. I'm not competent for this. I'm not even going to go there. I'm not even going to do that.' And it was again, during this group and I was like, 'Ok that was interesting. Stop for a minute, how are you feeling? What's going on?' And yeah, my heart is pounding, I can feel... This is from reading an email! My adrenaline is already going up and so you can get into some of that self-talk stuff, just helped to de-escalate it and calm down and look at it more objectively. Again, I think it helped me in that moment too. And it helped me to respond to an email in a much different way than perhaps I would have otherwise

Another participant shared the positive impact mindfulness had for her each time she came to the group. She stated, ‘Every time I left there I felt so positive. Every single time I left there I felt on top of the world. I think I sang driving home so many times. I did. I loved it.’

Similarly, examples of what other participants felt about themselves included,

Oh it was like I took the weight of the world off my shoulders just taking that... because this is what I do to myself. So yeah I guess I do – I apply it every day in my life not even knowing it I guess. When I find myself going off track like that I guess I do bring myself back down. If I’d never done mindfulness and I hadn’t have learned all this information about it, I wouldn’t have been able to control that before.

Another participant also reported on how she had to work hard at changing the ways she was thinking about her day, or other things that have occurred in her life. She stated, ‘I think being in the group really helped us to stop, stop right here and just start thinking and dealing with things in a different manner or looking at different situations in positive manners or talking to them differently. Those are things. So with this I’m waking up and I’m speaking to myself differently.’ More specifically, being able to be more confident in their relationships to their children was a dominant theme that also arose within this category.

One participant expressed,

No, sit back and think about it. You could make it worse but you need to think about how to handle it best for both of you.” I felt confident enough to sort of sit back and think about it. And it’s come to a point now where I pick them up from school and say, “How was your day?” “Fine” or “Good.” It’s like, “OK what was good about it?” instead of just, “Oh, ok, let’s get home and get on with dinner”. “What was good about it?” “Well it was just good.” I say, “No, but what in particular? Was there one thing?

This same participant also went to share how, ‘So I think that was part of the mindfulness group as well is sort of relinquishing control and giving your kids more control and not taking everything personally.’ Similarly, another participant shared an example of a conflict she was having with her child, and how typically her response would be to react right away. However, after learning mindfulness, she has learned that,

‘When you make the conscious decision to not let something frustrate you anymore, it’s really freeing. Because now when he does it I’m just like, ‘Yeah, you know what? That doesn’t bother me.’ Or ‘Whatever. If he’s not hurting himself, he’s not hurting me; it’s not really... its fine. Hop away.’

Being able to recognize what changes have occurred, and how mindfulness has shifted participants awareness was a common theme throughout this helping subcategory. The focus of mindfulness was not just on personal self-confidence in responding to relationships with their children, but also to others around them, including environment such as work.

For example,

I think some of the things that I learnt is be mindful to... because there’s somebody at work that likes to always tell me what I’m doing right or wrong – or not right – wrong. Always telling me... And so I think, ‘You know what? This is their way... Something’s bothering them so they have to come to me... say things to me.’ So I’m mindful so that I don’t think, ‘Oh what is she saying that for or anything,’ I just say, ‘Ok, that’s her business and that’s how she’s going on.’

Another example of this generalization skill learned what was said beautifully by one of the participants is that,

Just to be able to stand back and treat things from the outside. You're a... You're like an audience; You're not actually battling against each other. You just need to sort of step to the side. Yeah you've got your own opinions but you've got to understand the other opinion as well. And compromise. It's the compromising bit that's sort of... To know that it's ok to make mistakes, but admit them because that's what I find with my 2. I really snap but it's not necessarily right – it's not necessarily wrong but it's the way I handle it. And then sort it out.

Another example of a time that the mindfulness skill was generalized to the workplace setting in an effective manner was expressed by one participant.

I think some of the things that I learnt is be mindful to... because there's somebody at work that likes to always tell me what I'm doing right or wrong – or not right – wrong. Always telling me... And so I think, 'You know what? This is their way... Something's bothering them so they have to come to me... say things to me.' So I'm mindful so that I don't think, 'Oh what is she saying that for or anything,' I just say, 'Ok, that's her business and that's how she's going on.' And things like that. So, I just kind of... I don't let myself react the way I was because she's very negative to me a lot. So I kind of stop myself from getting... because I used to get really – with my boss – I would get really upset all the time. I mean she still does things... I mean we get along good now, but she favors people and it starts to bother me because I think I give 120% and so my husband said, "Think about what you... Don't go in there at 8:00 if you don't start until 8:30. You don't have to! Don't push yourself. Be mindful. Be smart. Think about it. Go in there at 8:30 and don't ask everybody..." Because what I'll do is, 'I've got to make sure everybody's happy so if somebody looks like they need help or

something I've got to help them", which then my work will lack. So now I'm very oblivious and the lady I share an office with, she was like, "Oh I can't figure this out." Normally I would stop what I'm doing and I would go and she didn't ask me, she's just, "Oh oh oh..." And normally I'd say, 'Oh she's got a problem. Here let me take your problem, I'll fix it for you.' But I thought, 'No, it's not your problem.' So I talk to myself and say, 'No you don't need to get up and fix her problem.' Now if she says to me, "Do you have a second and can you help me?" But normally if somebody says they have a problem they don't have to say, "Help me." All they would have to do is say they have a problem, I would run and jump and do it. And so I think that's where now I'm not. I'm saying, 'No. I'm not going to fix this person's problem. I'm not going to take over everybody's job and do it. Why? It's no better for me.' So I've really worked on that a lot.

Gaining self-confidence can be a challenging task, especially with the variety of stressors we are exposed to on a daily basis. However, with the practice of mindfulness, participants shared the personal benefits of having taken this course. One participant sums it up by saying, 'It's a technique that you can pretty much apply to anything whether it be your partner, your job, your kids – just being aware of yourself, what you can control within yourself and how you react to other people.'

Subcategory B: Confidence in relationships.

Within the category of improved confidence, this is a second subcategory that was formed, confidence in relationships. This subcategory consists of 17 incidents from 8 participants. The incidents in this category specifically focus on the confidence each participant has gained in interacting with others, whether it be in their relationship with their child, or to others around

them. What was interesting about this category was how each participant has children of different ages, which would influence how directive they are with their children, as well as their responses to a given situation. Two of the eight participants have children that are already moved out, and are adults, so their experience was also different. Examples of incidences included learning to communicate to child, learning how lack of self-regulation can impact the family, and gaining awareness in the moment of how one is responding in their relationships.

One participant stated,

And being able to separate yourself from your child – that you're 2 separate people – I don't mean like separate yourself. It's just that you're 2 separate people, you're not 1 person. You don't control... You only control yourself; you don't control what the other person does.

Fear is a common emotion associated with the possibility of wanting to be protective of the child, especially when they are at a younger age. However, one participant expressed how this fear interfered with her ability to be confident in herself as his caregiver, being able to trust that he will be okay.

Her example expressed was,

One of our most powerful moments, he had some trouble with some drugs and we were sitting on the end of his bed and he said to me, "I'm just so afraid that you're going to get so angry and disappointed and let me go. I've seen lots of kids that get kicked out of the house and I'm really afraid." And it was because I had a lot of insight and information about myself and him and all the rest of it and I just said, "That's not going to happen. You're challenged right now, which means I need to hold you even closer in love and that's not

going to happen.” And he bawled his head off. And it’s, even years later now, that he still tells me that that was one of the most important moments because it gave him the confidence to know that there wasn’t anything that he could do that I was going to kick him out of my house.

Similarly, another participant shared her response to being fearful for her son and wanting him to succeed, but the value in being mindful of how as a caregiver, we are engaging with them is important. She expressed,

Yeah definitely. In fact I had a phone call from my son where he was saying, “I think I’m going to quit this job because...” whatever, so my initial response was, “Nooo!” But I didn’t do that and I actually thought about the mindfulness piece of you just need to take a few minutes and just... or a few seconds really is what it is and not respond in that way. So, not react but wait and respond. So it was a good reminder that lots of stuff comes up even though our kids are grown up and we still need to be mindful about how we’re engaging with them.

Other participants shared personal examples of how they have been able to connect with their children on a deeper level since learning mindfulness, the key focus of what attachment is all about.

For example,

It helped me on so many different levels in my life personally, my family, my relationships, even building the relationships in the class because other people were going through things but we were all mindful and all respectful of each other.

Another participant stated, 'Everybody that I interact with it has a part of... It has changed how I talk, how I try to think before I open my mouth rather than just blurting stuff out in the heat of the moment.'

Having positive family relationships and being confident in how to respond is a skill that all the participants reported, some to a lesser or higher degree, as learning and taking away from the mindfulness course.

For example,

I mean, with my daughter, with her having these issues recently, we've taken up French knitting. I haven't done that for years but we just sit there and chat. I've found I've changed a lot when it comes... Like, if my son's having a bad day I will sit down instead of saying, "Well I've got to get dinner going. Dad's got to go to work." I'll stop and sit down and let him talk it through.

The theme that is coming up with these last two examples is it can be as simple as sitting down with the child to talk, the value of quality time, as this in turn with strengthen the attachment relationship to their child. In addition, it will help strengthen other relationships as well.

For example, one participant stated,

With my husband, I noticed I'm not as snappy with him anymore. But I think I see things a different way now I think that's one of the things we're trying to do is find their strong points and really working on them and boosting their confidence in that way rather than finding what they're not that good at and just picking.

Subcategory C: Parenting confidence.

Within the category of improving confidence, along with feeling confident from a personal level, and our relationships, what this leads to is feeling more confident in our parenting with our children, the third and largest subcategory that formed. This subcategory consists of 27 incidents from 8 participants. Incidents within this subcategory addressed the value of spending quality time with the child, learning to work together as parents in the parenting relationship, and giving the child a voice to be heard as key areas of confidence attained through mindfulness in the parenting role.

For example, one participant states,

And what I like about this is it's not a generic parenting class in the sense that... And I was taught in my parent training – education training – all about natural consequences and all the rest of that but a lot of our kids don't respond well to natural consequences because they can't put the action to the consequence. Like they don't care, they don't get it. It's not... they don't make that point. So I like this, that it comes from a different perspective and a different lens and I think it really can be quite helpful.

In addition, the same parent went to explain how, 'It completely changed the dynamics of our family. It was that powerful. And it's not that... You know a lot of my son's issues, he did outgrow a lot of them but I think a lot of it is that I was able to support him in a more meaningful way for him, which was fantastic.'

Other participants shared experiences of letting go of the control aspect and accepting the child for who they are as beneficial in strengthening the confidence they had as a parent. For example, one participant shared her experience of labelling her child and the impact this had on their relationship.

Oh and the other thing that I learned – that was the other one I learned – is labeling. That was a huge... I used to label... I labeled him as lazy. I try not to do that now. He's not very energetic. That was big for me to just look at him in a different, more positive, way – to say he's more laid-back rather than he's lazy. Or he's less energetic. Because telling him that he's lazy or he needs to get off the chesterfield doesn't help anything. He's not going to get off the chesterfield, especially if you put it that way. He's going to sit there for even longer.

For all of the participants who attended the mindfulness course, each individual participant attended on their own, without having the second parent present in the room. One participant shared how recognizing that parenting differs from one family and one person to the next as helpful. She stated, 'Yeah and not even just necessarily from one family to the other but from one person in the family to another. We all connect in different ways and we all learn in different ways and what might work for me might not necessarily work for my husband.'

Furthermore, another participant shared how mindfulness as a unique skill to integrate within parenting, different than other parenting programs that is available.

She expressed,

When I heard it was mindfulness I was like, "Oh yeah, like totally." It was a good idea to work on parents being mindful. Because you're right, people don't think about... I've done a lot of parenting programs and it's all about how to deal with the child. It does talk a bit about calming yourself down but not like... the mindfulness is a whole new ball game. And it works if you practice it. When I heard it I wanted to go.

On a similar note, another participant shared how, ‘If you practice mindfulness, I guess, it makes you a better person to deal with whatever’s going on in your life, whether it’s kids, job, whatever it is. It just makes things easier. It totally calms you down. If you can practice it at the beginning of the day and grasp it and do it, it works. It totally works.’

Another participant phrased gaining confidence comes from twisting her way of parenting, an analogy that fit beautifully with what mindfulness is all about, figuring out what works and sticking to it. She shared,

‘It’s almost just twisting all the thoughts from a different angle. Not all the way around – you’re not doing a sort of 180 on it and looking at it from their point of view, but you’re sort of standing on the side. You’re at 90 degrees and you’re seeing it from both angles. It’s quite strange. I just thought about that. Because you’ve still got to be the parent as well as trying to be the friend and it’s keeping that happy medium.’

Categories of Hindering Incidents that Impeded Ability to Learn Mindfulness

Table 3

Hindering Categories & Description of Incidents

Hindering Categories	Description of Incidents
<p>1) Impediments To Motivation</p> <p>Subcategory A: Barriers in Successfully applying the mindfulness skills learned</p> <p>Subcategory B: Existing family structure as a hindrance to retention of mindfulness content</p>	<p>Impediments To Motivation</p> <ul style="list-style-type: none"> a. Too much going on in own life (too busy) b. Getting distracted with life/lack of time commitment to practice c. Being able to follow through with exercises d. Making time for activities learned-transferring skills to life e. Short time period between sessions

- f. Hard work
- g. Takes effort to do- especially when different dynamics are going on at home
- h. Time commitment to attend

Subcategory A: Barriers in successfully applying the mindfulness skills learned

- a. Caregiver's inability to participate due to mental health concerns
- b. Difficulty being in the moment due to stress about future
- c. Being unable to attend all sessions of the group
- d. Traumatic experiences from childhood
- e. Parent's mental health
- f. High anxiety levels- health barriers
- g. Lack of predictability about others reactions
- h. Participants with negative experiences
- i. Other participants not being honest about what is going on for them
- j. Being aware of when to use mindfulness but not being able to use it in the moment
- k. Unable to apply material successfully post-group completion
- l. Strong emotional attachment or bond to something hinders ability to apply material
- m. Generalization of skills to parenting relationship
- n. Judgements or old habits of relating impeding mindfulness
- o. Personal self-care as a hindrance to fostering a strong connection to relationships
- p. Feeling tired/burnt out- lack of energy to do activities
- q. Difficulty getting in touch with body- taking mindfulness to the next level

	<p>r. Feeling tired, less able to respond in calmer ways, continues cycle of conflict</p> <p>Subcategory B: Existing family structure as a hindrance to retention of mindfulness content</p> <ul style="list-style-type: none"> a. Different ideas of parenting among both caregivers b. Only one caregiver attending, in contrast to both (having both on the same page) c. Others not understanding caregiver perspective d. Finding ways to apply it to all children in the home (not just the target child) in the same way e. Multiple children in the home- finding a way to parent without taking sides f. Generational impact: how caregivers were parented g. Children's own reactions h. No children living at home- hard to relate to material i. Different household dynamics- specifically in times of disciplining the child j. Partner's perceptions of how to parent the child k. Not knowing how my child will react next l. Parental personality: difficult to change ex. being routine-oriented m. Judging oneself n. Short fuse/little patience when child reacts o. Unable to control emotions at all times
<p>2) Group Organization That Impedes learning</p>	<ul style="list-style-type: none"> a. Initial referral to the group; wanted counselling support but received group instead b. Unfamiliarity with initial contact person

<p>Subcategory A: Content as a hindrance to applying mindfulness material to family life</p> <p>Subcategory B: Facilitator's presentation of material as a barrier to connecting to mindfulness</p> <p>Subcategory C: Structure of group as a poor predictor to mindfulness learning</p>	<p>c. Being intimidated by professionals d. Caregiver's inability to participate due to mental health concerns</p> <p>Subcategory A: Content as a hindrance to applying mindfulness material to family life</p> <p>a. Content layout: only in PowerPoint for most of the time- less engaging b. Unfamiliarity with questionnaire c. Less opportunities for dialogue/group discussion d. Difficulty connecting to content e. Information was overwhelming f. Struggled with mindful eating exercise</p> <p>Subcategory B: Facilitator's presentation of material as a barrier to connecting to mindfulness</p> <p>a. Validating that people have different ways of seeing things even within parental dyads b. Too much teaching c. Lack of follow up on insights from Dr. Singh after questions were raised from the group d. Too teaching-focused at times</p> <p>Subcategory C: Structure of group as a poor predictor to mindfulness learning</p> <p>a. Program ending- lack of accountability to continue practicing b. Structure of the room- board room in the middle not effective c. Temperature in room- fluctuating- too cold or too hot at times d. Making judgements about the group (lack of group cohesion) e. Safety in group: being able to openly share in front of a group</p>
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	<p>Subcategory D: Food as a barrier to keeping one focused/on-track in group session</p> <ul style="list-style-type: none"> a. Food was ok
<p>3) Contextual Impediments To Mindful Parenting</p> <p>Subcategory A: Lack of opportunities for connection</p>	<ul style="list-style-type: none"> a. Biases and beliefs hindering services b. Mistrust of government c. Child protection linked with CYMH d. Being intimidated by professionals e. Lack of support for child from teachers f. Lack of help available to child in emergency situations <p>Subcategory A: Lack of opportunities for connection</p> <ul style="list-style-type: none"> a. Lack of resources provided to further seek support as needed based on family circumstance b. Not enough networking

1. Impediments to Motivation.

This category was the largest hindering category that impeded one's ability to successfully learn and integrate mindfulness into their lives. This category consists of a total of 41 incidents from 8 participants, 8 of which pertained specifically to an overview of impediments to motivation to applying mindfulness. The incidents in this category describe participants getting too busy with their own lives to practice the skills, being unable to follow through with homework exercises, and the overall time commitment to attend. Additionally, two subcategories were formed under this category, one specifically addressing the barriers in successfully applying the mindfulness skills learned, and the second being the impact of existing

family structure as a hindrance to retention of content. Examples of incidences from both of these subcategories will be discussed below.

An example of an impediment to motivation was expressed by one participant who had learned mindfulness in a previous course, but still continues to have difficulty applying it to her life, due to the nature of how busy and how other priorities often take precedence over her ability to practice.

She shared,

I never got that for the longest time at treatment. I'm like, 'Why are we sitting here meditating?' Totally didn't get it. Didn't get it. And one day I just got it after doing like enough mindfulness exercises, or classes and meditation exercises and whatnot. I finally one day, I was like, "Oh my god, I get this." To get me... I get so caught up in my life. I just get really busy. Like I said, I didn't get it for awhile and then finally I got it, understood it and I continued on... Like, after treatment I did more mindfulness... I signed myself into another problem with day-tox where they did mindfulness as well. We did mindful walking and... So I was already... I knew what I was coming to and I knew that... From treatment to day-tox doing the mindfulness there, I did it for awhile and once again it's kind of... like I got carried away in my life and stopped practicing. I know better. It's always there but then it's kind of just, 'Oh I don't have time right now.'

Part of the barrier expressed was the time commitment to attend, as it was required of participants to attend two hours on a weekly basis. One participant shared, 'Like I tend to be very routine-oriented so throwing that 2-hour class in there was a little difficult for me to adjust to at first. But that was just getting over my own barrier of having something new that I have to work into my schedule.'

Subcategory A: Barriers in successfully applying the mindfulness skills learned.

Within the category of impediments to motivation, one subcategory that was formed was about the barriers participants face in successfully applying the mindfulness skills. This subcategory consists of 18 incidents from 8 participants. Examples of the incidents describe how barriers such as personal mental health concerns, inability to attend all sessions in the group, and difficulty experienced with generalizing skills in their relationships as hindering their ability to apply the material.

One participant shared,

Why does everybody get me to do everything?’ But it’s something that I created just like my kids always contacting me when there’s a problem. I created that. So I have to be mindful and break that. I have to break that because it’s just... it’ll kill me if I don’t. I’ll have heart problems, I’ll have... My blood pressure was so high before and it’s not now. It’s just... But it’s everyday work. Being mindful is not easy. And I don’t think anybody could ever say that being mindful... I mean, it’s great but it’s not... It takes a lot of work.

Participants share the everyday realities they face that although this is a practical, simple technique to use, other stressors often take over and make it difficult to apply. One participant, who would like to use mindfulness more, still continues to face the challenge of being in the moment. She shares, ‘I’m never in the moment. I’m continuously stressing about the future. I’m done stressing about the past. I find myself not sitting there as much. I’m onto the future about what’s going to come up and now that I’m done with addiction and I’m cleaning up my mess as I went along. Now I’m stressing about future. I’m like, ‘Where does this end?’ I really find it hard to be in the moment when I get in my pattern of getting carried away in life.’

This same parent goes on to explain her experience in being a part of the program, and how the applicability will also depend on what the current relationship is like with her child.

When I started to take the program – the mindfulness, her true colours kind of were coming out at the end of the summer there because she hadn't been with us for a while. So she was a different child and then slowly she got used to us. The foster parents were telling me about the tantrums and they told me how bad it was and they had to lock her in her room to stop... to take themselves away from it and she would come out right away and start banging on their walls and stuff too. They told me about this but I thought... I hadn't seen it. But slowly I saw it as I was coming to that program. Now when I was doing the mindfulness I was a little more relaxed about it. Now that I've veered away from it her tantrums are getting worse.

Feeling overwhelmed was a common emotion expressed by many of the participants as one of the key barriers in successfully applying mindfulness skills in their lives. One example expressed was,

Yeah I get busy and I feel like... It's almost like a feeling of being overwhelmed where, "Oh my god, I just don't have time to deal with any of this right now." And it's like pushing it aside, I'll deal with it later, why do today what you can put off until tomorrow? So, I'm not... I guess I'm fueling a fire – not intentionally – but with my busy life.

Another participant, who had difficulty connecting to mindfulness as she was also very overwhelmed with her own busy work life and other stressors she was experiencing shared,

I think the biggest thing is, I can handle all those things but it's when I feel like nobody's recognizing how much I'm dealing with and they just keep holding onto it was more like...

I can handle it but as soon as I feel like I shouldn't be handling this much and no one's recognizing, that's when I get aggressive or that's when I flip my lid. So what do I do about that? Should I be communicating way before I get to that point or...? You know, so, trying to strategize there. I'm still not there because I tend to want to... I tend to think I'm Super Woman and can handle everything and I think better of myself when I'm able to do a lot of things that a lot of people can't. So it's a struggle. I know it's not healthy for me and I know it's not the way I want to react but I don't want to let it go because it's kind of what makes me successful and good.

This same participant also shared the challenge of recognizing what she needs to do is be more mindful, but feeling trapped and choosing not to be mindful. She stated, 'When you do know everything and you do know what's happening and you know... if you're angry, you know you're flipping your lid, you know you should do something different but you choose not to, then what do you do? I was in my body, I knew everything I was feeling but I still was reacting like I couldn't... So I did feel trapped and I felt like I really didn't have a lot of options to react with.' She goes on to share the challenge of wanting to match the same tone of her child, especially when the conflict is in the heat of the moment and unexpected as this feels like the only option to resort to at the time.

I just felt like the only way I could get him to stop him was to match his craziness. I was screaming at him and it actually did kind of scare him and it did diffuse him but I was seriously... I mean that was seriously flipping your lid. I had nothing else in my toolbox that I could do... I think I do get centered but I could probably take it to a different level of when I'm feeling that stress. You know what, it's my choice, really. Like I do... the

gym is very helpful for me but I don't get to the gym as much as I want either. I am always so busy and I know I have to make the time. It's been so draining.

Despite recognizing what needs to be done at the time of conflict, or how to reduce feelings of being overwhelmed, when life is busy, this seems to get in the way of responding in a calm, mindful manner. This participant goes on to explain some of the causal factors of how this parenting style came to be, as she states, 'And I think for me, I was a teenager when I got pregnant and when I was a teenager I wasn't living at home so, like I said, I think one of the first sessions is... I had no point of reference, I had no... Like I was parenting myself at 16. I had no mother or father in my life at that point at all.'

One example of a metaphor used by this participant to explain the barrier experienced was that, "Like I'm taking it out of interest and for exposure and it's not sufficient to kind of sit on the sidelines – not that I'm saying that opportunity's even there – but it's just not the same. It's like watching hockey versus playing it. I don't have any kids or I don't have anything that hits me in the head at home that I'm... Lots of things hit but you know what I'm...? I think, unless there's something that's pushing you to go beyond interest – a need as opposed to a want, I guess – it's a little harder to embrace it."

Another participant had a different experience in her barriers to successfully apply the material, which pertained to the beginning referral process of the group.

At first, to be honest, I was really frustrated. I thought my kid needs a counselor; he needs somebody to talk to, why are you sending me to a group? Like what if he harms himself? That's kind of where my head was going. I'm not really equipped to deal... I work in an atmosphere where people have violent outbursts and all kinds of stuff but it's different – they're not my children. I'd already made a judgment before I walked in the

room. So I'd already decided that this was a bunch of hokey government stuff and 'Why am I here?'

Having the initial interest into what mindfulness is all about can influence one's likelihood in learning and retaining the material. From a professional point of view, what this participant spoke about is the inclusionary piece that all professionals need to consider when providing services.

Subcategory B: Existing family structure as a hindrance to retention of mindfulness content.

Within the category of impediments to motivation, the second subcategory that emerged was related to the existing family structure as a hindrance to application of mindfulness. This subcategory consisted of 15 incidents from 8 participants. The incidents in this subcategory were about barriers such as having two different parenting perspectives, only one caregiver attending the group, and having multiple children in the home, as parenting differs from one child to the next.

For example,

And it's hard when people aren't on the same page. I'm hoping these discs we're going to listen to together and try and get some ideas from that. We know it. We've done the parenting programs together even and it's really hard when you're not in it. You have good intentions when you're in those programs but when you're not in it and you're not...

Similarly for another participant, as she often would go back and forth sharing examples of how mindful was helpful or hindering for both of her children shared,

It's hard sometimes having a blended household, especially the discipline thing we really don't see eye-to-eye on all the time. So often if he's punished one of them for something I'll go along with it and then talk to him later because I don't want to give the kids the idea either that there's 2 separate things going on.

Along with a blended household, recognizing how one's family structure is can be a difficult reality to accept, and at times, especially in single-parent households, families often feel isolated.

One participant shared an example of this isolation,

When I think about December 23rd or even times before that when I was losing my cool, I just felt so alone at that time. My daughter and my son – my oldest – they're counting on me to control the situation and to make it better. I don't have anyone else so I just... I think the 2 things from the course that I didn't take was the networking and giving myself a support group.

2. Group Organization that Impedes Learning

This category consists of a total of 20 incidents from 8 participants, 4 incidents of which derived from group organization as a whole as an impediment to learning. Four subcategories were formed under this category of organization, one pertaining to the content, the second is related to facilitator's presentation of the material, the third is the overall structure, and fourth is food as a barrier to learning mindfulness. The incidents in this category are related to overall group dynamics that impacted one's learning about mindfulness, which includes unfamiliarity with initial contact person, mental health concerns, and initial referral to the group.

For example, one participant whose incidents were divided into both personal hindrances, as well as what other parents would find as a hindrance reported that,

It was a bit different for me through that, but what came up for me was the way that parents are approached to fill out those forms initially is really important, a certain number of trust or acknowledgement that this is a vulnerable piece of paper they are filling out.

Subcategory A: Content as a hindrance to applying mindfulness material to family life.

Within the category of group organization, one subcategory that was formed was related to the content as a hindrance to applying mindfulness. This subcategory consisted of 5 incidents from 8 participants, with a focus on specific topics that were covered in the course or how they were presented as affecting one's ability to learn.

For example, one participant expressed,

As far as the actual content or outlay of it, I felt sometimes the power point; you're reading off a slide, was kind of difficult after a long day. I was tired and sometimes my focus wasn't as engaged as I would like it to be. And I actually spoke to another parent through that group and they said that they withdrew from the program because they had so much going on in their lives and it felt like it was so much to comprehend and take in. And they just felt like they couldn't focus on it at that moment, which is kind of too bad because if they had stayed they probably would've been able to get some support for some of the stuff that they were challenged with. There would've been some really good information in there. But they just felt really overwhelmed with how much information it was.

Another example came from a participant who struggled with the mindful eating exercise, an experiential exercise that was used to learn about mindfulness.

I get very frustrated. I can't... I'm not... It's like nails on the chalkboard in my brain. I get it. I can do it on the first thing and then beyond that point... I don't need to go there. And maybe that's the point. Maybe you have to go through 6 things that you're seeing to really get fully in your body but I really feel that I can do 1 or 2 and I totally get it... And then all I could hear is the crunching. All you could hear was crunching. It was just driving me I would have went insane. I felt like I was going insane. It was too intense.

Subcategory B: Facilitator's presentation of material as a barrier to connecting to mindfulness.

Within the category of group organization, a second category that was formed about the way the mindfulness material was presented by the facilitator. This category consisted of 5 incidents from 8 participants, which specifically addressed aspects such as being too teaching focused, less opportunities for group work as barriers to retention of material.

One example of a participant who spoke of this barrier stated, 'the teaching was good but sometimes I thought that there was too much teaching and not enough asking. I don't think there was enough group discussion.'

Subcategory C: Structure of group as a poor predictor to mindfulness learning.

Within the category of group organization, a third subcategory that was formed was about the overall structure of the group as a poor predictor of mindfulness learning. This subcategory consisted of 5 incidents from 8 participants. The incidents in this subcategory described how aspects such as the way the room was structured, the temperature in the room, and lack of group cohesion influenced one's ability to learn mindfulness.

One example expressed by a professional who has been working in the helping services profession for many years shared,

Yeah I don't like the setting. I don't like the board room being in the middle. Well and the table board room everybody sits around it and watch the video. If you have say worked all day or stressed all...that's challenging.

Subcategory D: Food as a barrier to keeping one focused/on-track in group session.

Within the category of group organization, some participants also reported food as a barrier to keeping one focused; specifically the food selection was poor. Only one incident derived out of this category but it provides insight into what played a role into keeping participants on track and focused throughout the duration of the course. One participant stated, 'The food was ok but it could've been better...' specifically making reference to how in most cases, participants are coming straight from work and will be hungry so having a good food selection would be helpful in remaining focused.

3. Contextual Impediments to Mindful Parenting

This category was the smallest hindering category, and consisted of a total of 8 incidents from 8 participants, 6 of which are related to contextual factors on a broader level, while the other 2 are related specifically to connecting with others. One subcategory was also formed in relation to contextual impediments, one being lack of opportunities for connection. This category contains incidents which interfered with their ability to use mindfulness. This includes issues associated with not receiving enough support from government for child, as well as being intimidated by professionals working with children and their families.

One participant, who was referred to the group on the basis that no other support was available to her to help her with her son reported,

It would just be nice if the Ministry of Children and Families in general had support services so in situations like my son's I was really horrified at the lack of support, basically. If my child needed counseling – if he really did need counseling – there's a 10-month waiting list. So in those 10 months if really was developing some kind of depression or issue, that's a long time to go without treatment. It's horrifying. The amount of taxes people pay, that shouldn't happen

Additionally, another participant, whose child is much older now, indicated how she had difficulties with the system as a whole in the past, and shared her journey of how she had to navigate services to get the supports she wanted. She expressed,

But there was a period of time where we were in a real bad place as a family. It was really, really hard. So, if I had have known all of this, again, like I said, years ago, it would've been so powerful. But I didn't. And I was afraid to ask for it. I didn't know what services were available to me. I was intimidated by professionals. I thought, 'Oh I'm not smart enough to understand what you're saying'... all of these things. I've had quite a journey in the last 10 years but before that, even going in to engage with a teacher? Totally intimidated. I thought that I had to go by what they told me because they were the professionals. Looking back at it now I realize some of what happened to my child was endlessly destructive.

Subcategory A: Lack of opportunities for connection.

Within the category of contextual impediments, one subcategory that was formed was based on the notion of connecting, and the inability to connect with others in the group. This subcategory consisted of 2 incidents from 8 participants, and speaks a lot about the need to provide more opportunities for connecting as a group, as well as ways to connect outside of the group. One participant shared the realities of living within a small community, ‘But living way out there, there’s not a lot. And I keep looking in Mission to see, you know, is there any groups or whatever, but there’s not a lot in Mission for you know those things.’

Categories of Wish List Incidents to Help Improve Mindfulness Learning in the Future

Table 4

Wish List Categories & Description of Incidents

Wish List Categories	Description of Incidents
<p>1. Resources to Strengthening Family Life</p> <p>Subcategory A: Mindfulness education for children</p>	<ul style="list-style-type: none"> a. Learning more about how to deal with conflict b. Learning about triggers, and how to respond when triggered c. Learning more on how to deal with emotions d. Content on catastrophic outbursts- how to respond e. More discussion on child’s mental health- how this impacts how to respond f. Material talking about sibling rivalry- how to respond g. Earlier intervention with families about how to strengthen the parent-child relationship h. Curiosity of clinicians to ask families what they need

	<ul style="list-style-type: none"> i. Feeling anxious about not knowing how to support child j. Having the group tailored as a preventative measure: offering it to families when children are younger k. Having this information available before (when child are younger) <p>Subcategory A: Mindfulness education for children</p> <ul style="list-style-type: none"> a. Mindfulness for children b. Instilling hope for children c. More support services for children d. Having a mindfulness group for siblings e. Inclusion of children- help generalizing skills to parent child relationship
<p>2. Group Organization</p> <p>Subcategory A: Changing presentation of content to better reflect individual learning styles</p> <p>Subcategory B: Finding ways to strengthen group cohesion from a positive family context lens</p> <p>Subcategory C: Changing the group dynamics to accommodate for family routine</p> <p>Subcategory D: Providing ongoing support groups post-group completion</p>	<p>Subcategory A: Changing presentation of content to better reflect individual learning styles</p> <ul style="list-style-type: none"> a. Simplifying the language b. More engaging activities c. Pausing to ensure people are on the same page d. More immediacy to connect material with ongoing group dynamics e. Integration of more personal experience about family relationships into current content f. Generating conversation to connect material with lived experience g. More conversation about real life examples of mindfulness h. More discussion on generational changes of parenting

Subcategory B: Finding ways to strengthen group cohesion from a positive family context lens

- a. More immediacy to connect the material with the ongoing group dynamics
- b. Creating more safety for dialogue
- c. Having more vulnerable sharing
- d. Having information more readily available throughout group process
- e. Helping others be aware of the preliminary stages of application (debriefing about homework)
- f. More one on one opportunity to share (Connecting one's experience to what is being learned)
- g. More follow up from Dr. Singh (one on one support)
- h. Develop a relationship with the facilitator at the initial phases of group
- i. Having relationship established with facilitator at the outset of group

Subcategory C: Changing the group dynamics to accommodate for family routine

- a. Time manageable- only 2 hours a week
- b. Having the group during the daytime
- c. Setting of the group be in a different location
- d. Length of the group: too long (8 weeks)- changing structure
- e. Different type of parenting class

Subcategory D: Providing ongoing support groups post-group completion

- a. Having an ongoing support/practice group
- b. Having means for more connection
- c. More individualized and ongoing support
- d. Having a drop in group

	<ul style="list-style-type: none"> e. Having a booster session 2-4 weeks later f. Follow up group/opportunity to repeat as needed g. Having participants attend group multiple times h. Support after group completion-resources
<p>3. Contextual Factors</p> <p>Subcategory A: Increased access to supports for families</p>	<p>Subcategory A: Increased access to supports for families</p> <ul style="list-style-type: none"> a. More supports available for children at MCFD b. Having a professional whom one has a good relationship with share information about the group c. Having more strategies for skill development d. More funding support from ministry/government e. Shorter wait lists for support from ministry f. Having MCFD make a variety of support services available to families-more support in emergency situations
<p>4. Increasing Confidence as a Caregiver</p>	<p>Subcategory A: More attention to parenting challenges with mindfulness</p> <ul style="list-style-type: none"> a. More normalization of parenting challenges b. More acknowledgement of the courage of parents c. More validation that people have different perspectives even within parental dyads d. More couples support built into the program e. Normalization of mindfulness practice that it takes time to practice/apply mindfulness

	<p>Subcategory B: Inclusion of all caregivers into group process</p> <ul style="list-style-type: none"> a. Having partner (both parents) also learn the same material b. Welcoming atmosphere c. Understanding of participant circumstances and not shaming them d. Recognizing that parents are doing the best they can e. Validating that people have different ways of seeing things even within parental dyads f. Validating that people have different perspectives <p>Subcategory C: Creating opportunities for input from participants about their family experiences</p> <ul style="list-style-type: none"> 1. Having more inclusion and input into the program from participants 2. More opportunity to apply what is learned in life 3. More group discussion opportunities 4. More debriefing on breathing exercises 5. Increasing networking among participants
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1. Resources to Strengthening Family Life

This category consisted of a total of 16 incidents from 8 participants, with 11 incidents about resources that can help strengthen family life. This category contained one subcategory which specifically focused on the resource of having a mindfulness group for children to help strengthen family life. The incidents within this category describe areas such as having earlier intervention for families, having clinicians being more pro-active about what families need, and having information available to families at an earlier age.

For example, one participant shared,

I mean, wouldn't it be beautiful...? And I know they're starting to do all kinds of groups in school and stuff, between friends and mind-up and all those ideas that teach it to them when they're babies. Teach it to them the whole way along so that they just have it. The earlier the better. And little kids can grasp this stuff.

Similarly, for another participant who has done the MBER course 3 times reported the value that it could have had if this information was available to her and her family sooner. She shared, 'I think that I wish I would've taken it when my kids were in elementary school, before we got to the teenage years, because I did take parenting courses but not... but different. And I mean they were good but they were different.'

Other resources also include connecting with parents who are also going through the same experience, and sharing information this way so families are well-informed and can target the challenges they face with their child earlier.

From a professional perspective, one participant shared about her experience in doing her parenting groups.

One of the things that's come out of my "In the know" group is now there's about 5 core women that meet for coffee on their once a month or even sometimes twice a month and they email and they phone each other and so they've built quite a support connection through it, which was great. We don't get a big turnout for "In the know" but if 5 parents are engaged with each other on that level I think it's highly successful.

Subcategory A: Mindfulness education for children.

Within the category of resources needed to strengthen family life, one subcategory that was formed was teaching mindfulness to children. This subcategory consisted of 5 incidents from 8

participants. The incidents within this subcategory describe how it would be so beneficial to have a mindfulness group for children, have more support services for children, and include children within the course so both the parent and the child can work on the skills together.

One participant suggested,

No just to add or just to have them at a session like at the end to show them what the mindfulness is and for me to say, “You know, this is what we do and this is what you need to do.” Just to even get them...even to get our target kids to even have a little smidge of what mindfulness is.

Additionally, another participant shared the value in having mindfulness groups available in the early years. She stated, ‘I think that I wish I would’ve taken it when my kids were in elementary school, before we got to the teenage years, because I did take parenting courses but not... but different. And I mean they were good but they were different.’

Similarly, another participant shared her reasons for wanting to have more supports available to children.

It’s great to offer parents support and help in the meantime. However, if there’s a real serious medical problem and a child needs intervention, you can’t expect parents to always be aware or... Not everybody has the training to... or be able to apply the training – that’s why we have psychologists. So, like I said, not really pertaining to the course but I would hate to be in a situation where somebody in my household needed some kind of mental health and there’s nothing to access. Really there’s a huge gap there for kids.

2. Group Organization

This category is the largest wish list category which consists of a total of 30 incidents from 8 participants. Four subcategories have been formed to better reflect the various group organization factors that participants wish would have been changed for future mindfulness learning. This includes changing presentation of the content, strengthening group cohesion, changing group dynamics, and providing ongoing support groups upon group completion.

Subcategory A: Changing presentation of content to better reflect individual learning styles.

Within the category of group organization, one subcategory that was formed is changing the presentation of content. This category consists of 8 incidents from 8 participants. Examples of incidents include simplifying the language, integrating more personal experience with the content, and more conversation about real-life examples vs. research-focused content.

One example expressed,

But in terms of language, I think sometimes we're not even cognizant that we speak in a language that other people don't necessarily get. So I use the example of, my husband is a plumber and when he talks about fittings and drainage and ways that things have to work and all of his mathematical kind of stuff, I don't understand half of what he's talking about. But for him it's common language and he speaks it every day so he's not even conscious of it. Another example would be, I used to be a dental assistant. So we would talk in dental language and we would talk in dental numbers and all of those kind of things. So it's kind of that idea that sometimes you have to break it down a little bit

more for people. You kind of think that because we're in it every day it seems so second-nature so that would maybe be a little bit of a feedback.

Another participant also reflects on her experience of language and finding ways to build skill development related to communicating to children. She goes on to state, 'Yeah so how do you build that skill development week by week and try to get a little bit more feedback about that. I just think of my son saying to me, "I don't know what this is that you're reading but I want you to stop reading it right now." Because I was talking to him in a language that wasn't normal for me.'

Presentation content also includes the various topics that were not covered, one example being sibling rivalry, which is a common issue that came up as most participants had more than one child living in their home.

That's one thing that isn't covered in the course actually – how to handle that rivalry.

Because if you're spending a lot of time in dealing with one child, how do you handle the other one? Because even though you think you're spending the same time, inevitably you're not.

Having more engaging activities was also an area that participants expressed as wanting to have more of, in contrast to presentation of content in a PowerPoint style. One participant stated, 'Yeah maybe more small group activities or something like that that gets them more engaged. Not as much listening and more engagement and to be fair about that, there wasn't a lot forthcoming from the group and so as facilitators it's challenging to engage a group who isn't...' She went on to also share the challenge of, 'I think those tangible... and I don't know how you generate more conversation about what the challenges are that they're having and how

you can directly connect the material to it so how do you put the content with their lived experience?’

Subcategory B: Finding ways to strengthen group cohesion from a positive family context lens.

Within the category of group organization, another subcategory that was formed was finding ways to strengthen group cohesion. This subcategory consisted of 9 incidents from 8 participants. Examples of incidents included having more immediacy to connect to the material, having more vulnerable sharing among the group, and more one on one opportunity to share. For example, one participant shared her experience,

It’s the understanding that our parenting certainly can support kids and the family dynamic and make it a happier healthier household but that we can’t parent a child out of a neuro-chemical brain imbalance so there’s a lot of parents who get really up in the air about this idea that my child has schizophrenia and it’s because I was a bad parent. And they get that message consistently and constantly from all different environments and all different professionals. So one of the things we do as the FORCE is to really normalize it is that, “No it’s not your parenting that gives your child ADHD” but learning how to collaborative problem-solve with your child and how to keep yourself in check so that you’re able to manage emotions and those kinds of things is great.

An example of vulnerable sharing was expressed by one of the participants, especially in reference to the reality that parenting changes from one generation to the next.

I’m only going by my memory of being that age and that’s what I was talking about, the person would say you’re kind of almost parenting yourself and your kids are going through that age because this... Because I remember thinking, I went through a very hard time, like

my kids have all gone through and I remember thinking through it, like what would help me right now? So I'm trying to do what I think I would've wanted at that age so it really kind of bypasses seeing my children who they are and what they need. And the times are so different now. And I've never been one to admit that before but the times... Like there's so much... It's a different world today. It's a very different world today than when I was a teenager. I mean there are a lot of things that are the same but a lot of things that... How do you parent to that?

Creating an environment where one to one sharing is comfortable, safe, and accepting was another important theme that arose from this subcategory and one way to maintain this environment is through more engagement. One participant shared her perception of the value of engagement,

Yeah maybe more small group activities or something like that that gets them more engaged. Not as much listening and more engagement and to be fair about that, there wasn't a lot forthcoming from the group and so as facilitators it's challenging to engage a group who isn't...

Subcategory C: Changing the group dynamics to accommodate for family routine.

Within the category of group organization, a third subcategory that was formed is changing the group dynamics to be accommodating to family routine. This category consisted of 5 incidents from 8 participants. Incidents within this subcategory specifically addressed ways to change the group, such as the time the group took place, length of the group, and the way the group was laid out to help with the structure of family life.

One participant shared,

Even if you could've somehow – I don't know where or how – but done like the group like a forum throughout the 8 weeks where if we wanted to put something down, like a blog. And have others with this support and what they know, they learned and maybe something that... Maybe I was in a situation that I might've forgotten what I had learned and I/you know “This is how I reacted today.”

Another wish list item from a professional who has had experience in several group opportunities before shared, ‘I wish it was a different setting. I don't like the setting particularly, I don't even like the whole building actually.’

Additionally, providing a different type of parenting class, one that included the siblings, was also mentioned as being a wish list item to consider for future groups.

I wish they would do it for siblings. I think my daughter could benefit a lot from it because she comes out with it sometimes, “Oh you always pick that side.” And I just don't know how to handle that. That's the one thing I'm really not sure on how to handle it. It's like, “No, they are so completely different.” They're chalk and cheese my 2 kids.

Subcategory D: Providing ongoing support groups post-group completion.

Within the category of group organization, a fourth subcategory that emerged was providing ongoing support groups as a way to monitor and keep up with the mindfulness skills learned. This subcategory consisted of 8 incidents from 8 participants. The incidents in the subcategory include having a drop in group available, having a booster session once a month, and having a support group upon completion of the group so resources are shared.

For example,

I would've liked an ongoing practice group. Even just a place... or a way to connect with those people again if you wanted to. Or maybe over a couple of the cohorts that you have. Like having a group that gets together that just practices or supports each other or whatever. I mean I don't know if anybody else would be interested in that but I would. Just like ongoing. So the group is finished and you've got all this great information but sometimes you're highly motivated but then a month later you're like, 'What did we learn?' Even right now I'm like, 'Ok let me go back and review this because I forget.'

Additionally, an alternative option suggested was to have a booster session, one that allows each person to review what skills have been learned and keep coming back to them for retention and application purposes.

For example,

I think I'm a great believer in boosters. Well just because you take something in, it makes sense, it resonates and you forget it the moment you walk out the door. You get a booster 2 weeks later or a month later, "Oh yeah right." And I think from the point of view of running groups, particularly educational type things to deliver something in a period of time on a schedule and expect that it's all sort of now absorbed is probably not realistic.

3. Contextual Factors

This category is the smallest wish list category consists of a total of 6 incidents from 8 participants. This category contains one subcategory which addresses specifically ways to provide increased access to supports for families. Incidents within this subcategory include

having more supports available to children at the Ministry of Children and Family Development office, more strategies for skill development, and more funding opportunities to access supports.

Subcategory A: Increased access to supports for families.

Within the category of contextual factors, this subcategory was formed to further specify the types of supports families wish to have so they feel supported. This subcategory consists of 6 incidents from 8 participants and offers insight into areas of future consideration needed from agencies providing support to children and families.

For example,

It would just be nice if the Ministry of Children and Families in general had support services so in situations like my son, I was really horrified at the lack of support, basically. If my child needed counseling – if he really did need counseling – there’s a 10-month waiting list. So in that 10 months if really was developing some kind of depression or issue, that’s a long time to go without treatment. It’s horrifying... – It’s great to offer parents support and help in the meantime. However, if there’s a real serious medical problem and a child needs intervention, you can’t expect parents to always be aware or... Not everybody has the training to... or is able to apply the training – that’s why we have psychologists... Giving me a mindfulness group is not going to help him. I don’t even want to think about what could’ve happened there.

Another participant also goes on to share the reality that the mental health system is overloaded, but also the benefit it would be to have ongoing support for her family.

And the other thing too is we have to remember that we’re asking parents to learn something new again. And it’s this ongoing process of learning something new. And so I think if there’s an opportunity for them to get support in that and ongoing... Even if the

families after they take the course, if they could get individualized and I know that this is a wish list because I understand the demands of the mental health system and capacity-wise it's not do-able. It would just be so much more meaningful and helpful for families if they had that ongoing support of, "How did you use the material this week?" You know, "Talk to me about it. Talk to the family about it."

Other wish list items needed from support services included,

Oh I'm sure. Oh gosh yeah, in fact I know. And even just... If you come back the next week and if you had a specific challenge or whatever and, "So I tried it and it didn't work. Why didn't it work?" And being able to have that dialogue of "I tried it and it didn't work so what could I have done differently? What feedback does the group have for me?" Those kinds of things.

4. Increasing Confidence as a Caregiver

This category consists of a total of 16 incidents from 8 participants. This category contains three subcategories that participants wish would help increase their confidence as a caregiver. This includes providing more attention to parenting challenges, encouragement to include all caregivers into the group process, and creating opportunities for input, giving caregivers a voice to outline their family experiences. Incidents within this category specifically address areas in which caregivers want to feel more supported, included, and validated so the accessing supports and learning skills can become that much easier for them.

Subcategory A: More attention to parenting challenges with mindfulness.

Within the category of increasing confidence as a caregiver, one subcategory that was formed was providing more attention to parenting challenges with mindfulness awareness. This

subcategory consists of 5 incidents from 8 participants. Examples of incidences include more normalization of parenting challenges, more validation to the parenting process, and more couples support built into the program.

For example, one participant expresses the challenge she faces in her own parenting relationship and hearing other family perspectives with learning skills.

It's so hard for families. I can't tell you how many times I hear of, "This is how I see the direction of it going and this is how I think it would be helpful but my husband is not on board." For example: "I want to pull the kid out of the school and home school" and he's like, "No way, not going to happen." And so they get into this battle over each other of trying to figure out best directions and it's not necessarily that one is right and the other is wrong, it's just that they're not on the same page. So if they're going through their own conflict, internally, and then trying to... Are you kidding me? Right?

This same participant goes on to explain the challenge that arises from parenting styles.

It was very different. We had very different parenting styles. My husband was much authoritarian and it was kind of like, he was raised in a culture of 'Children do. We don't have this whole big conversation. I'm the adult in this room and therefore I deserve respect.' So it was when we all started to learn how to collaborative problem-solve and talk to him and find out what he needed and why he needed it and so we came along a long journey in my own family but I really saw the dynamics between those married folks in the room and I was thinking, that additional support I don't see as being very readily accessible for families at all.

Due to busy lives, another participant shared how she wished that with the couples that do come together, being more assertive to ask how it is going for them so both caregivers are included and are held accountable to working together in the parenting process.

I really noticed – also because I’m a mediator – is that couple dynamic that is happening between those parents. There was two couples in the room, it was like ‘Holy Cow, where is the support for them in their marriage relationship?’ So addressing that sometimes people have very different ways of looking at this even within parent-to-parent. And even in the moment of saying, “Here’s a good example of what’s going on between the two of you right now, let’s talk about that a little bit and how that connects to the material.” That sucks them into the content of it and helps them to address what’s going on in the moment, which I think just allows for more buy in ‘Ok, look at... this stuff is working right now. We’re talking about what I need right now and we’re using this information.

Subcategory B: Inclusion of all caregivers into group process.

Within the category of increasing confidence as a caregiver, a second subcategory that was formed was inclusion of all caregivers in the group process. This subcategory consists of 6 incidents from 8 participants. The incidents within this subcategory are about including both parents in the group, and validating what is going well for everyone involved in parenting the child. For example, one participant expressed that her wish was to have both partners present, as this could have a positive impact of implementing mindfulness skills outside of the group context. She went on to state,

Having both partners present: So now I’m wishing that he had come to the mindfulness group. I’m trying... You’re telling me I need to do stuff to deal with my kid and I’m

trying to deal with my kid and now you don't like what I was taught because you think it's a bunch of hokey. He's very old school.

Additionally, another participant also agreed with this wish list statement, stating that 'It would've been nice if he could've done the mindfulness program with me actually.'

An example shared by one of the participants was about how she is learning to become more mindful, but her husband is different with his parenting style, so seeing the impact within this couple relationship speaks a lot to this piece of including all caregivers. She shared,

I would've had a right go at my husband. "You don't do anything with him" "It's always me having to do those things. You have got a son, you know? I don't actually say anything like that anymore. I just... My husband's like, "Well I'm going off with the dogs." It's like, "Put your clothes on. Get out there." "I don't want to." "Tough. You're going." And they've been doing some work on my jeep and it's just a case of, "Get your son out there. Teach him." Because it's not a case of "You never spend any time with him", it's like, "Teach your son what to do. He's interested." So it's just like twisting it.

Subcategory C: Creating opportunities for input from participants about their family experience.

Within the category of improving confidence as a caregiver, a third subcategory that was formed was the wish to create opportunities for input from participants while learning about mindfulness. This category consists of 5 incidents from 8 participants. The incidents in this subcategory address the desire to have more opportunity to be included in what is discussed, more debriefing on exercises done, and more group discussion opportunities.

For example, one participant expressed that it can be as simple as,

Acknowledgement of the courage that it took for them to get there in the first place. And of course I talk to families and I know you do too but sometimes I am just amazed that they have the energy and capacity to go in and try one more thing because they're so burnt out; they've tried everything, they feel like they've done... They've done and over-done and it's like, "If I'm going to come in here and try to engage in one more process to help my child, it has to be meaningful and it can't feel like I walk out of it feeling like a bad parent one more time." So I thought you guys were really skilful in that. But the more you can normalize it and right from the very beginning, just acknowledging that it takes a lot of courage for you guys to get here.

Along with acknowledging their presence, finding ways to include them as topics and other material is presented will help strengthen the level of retention one gains as well as their ability to apply that at a later time in their relationships.

For example,

Maybe even asking them what they would like to work on for the next week. Are there any suggestions of what you think might be helpful for you and your family and of what you want to do?

This same participant also went to share recognition from the initial meeting one has with each participant, from as early as the pre-assessment phase, as this is a key phase in building a relationship with those who will be a part of the group process. She shared, 'So, I'm not sure how it is addressed with parents, but I think there needs to be a certain amount of relationship

established before you ask somebody to do that kind of pre-assessment or pre-evaluation because it does bring up a lot.’

Follow Up

Upon MBER group completion, and interview completion for the purposes of this project, participants were invited for a booster session which took place in April 2014. Of the eight participants who took part in the interviewing process, three were able to attend this session. This was a 2 hour session that was run in an unstructured format, addressing questions that arose and any areas of concerns that participants have faced in applying the mindfulness skills in their lives. Participants also took part in the analytic process of the results to ensure accuracy of the interviews obtained, playing a collaborative role in data collection and analysis.

CHAPTER 5: DISCUSSION

This study was an exploration of the Mindfulness-Based Emotion Regulation course, and what participants who successfully completed this course found as helpful, and hindering in the application of mindfulness skills in their relationships to their children and in their other relationships. In addition, areas that they wish would have been addressed were also explored to understand how to support future groups with learning and applying mindfulness. Using the Enhanced Critical Incident Technique methodology, a total of 8 interviews were conducted. Participants were selected from two different cohorts, one group that participated in the MBER course in April 2013 and the other who participated in the MBER course in September 2013. Of the 8 interviews conducted, 321 incidents were extracted from the transcripts. From these 321 incidents, 184 were helpful, 69 were hindering, and 68 were wish list incidents. As a result, it was found that the helpful incidents outweighed the number of hindering and wish list incidents participants experienced with the MBER group.

The purpose of this chapter is to discuss the findings of these categories and incidents that were formed, gaining a deeper understanding of what the results mean. A summary of the results will be discussed, specifically making reference to the various helpful, hindering, and wish list items that were extracted in relation to the study. What the implications of these results mean with the existing literature and the research questions being asked will also be discussed in this chapter. In addition, the limitations that were found in reviewing the study will also be discussed. This chapter will also include future recommendations from a practice and professional, lens, and provide insight on future directions to consider when working with families.

Summary of Results

What helps with strengthening the attachment relationship. The present study explored the impact that a group experience has on the caregiver-child relationship. The MBER course was chosen to further analyze what participants find as helpful in strengthening their relationship to their children, and to others. In addition, a total of 8 helpful categories were formed to better reflect participant's individual experience, and what has been helpful in learning mindfulness, and more effective ways to self-regulate. There were several different themes that arose from organizing the incidents extracted into their appropriate categories. For example, one common theme was increased motivation to incorporate mindfulness in relationships. Motivation differs from one person to the next, and participants shared qualities such as normalizing the process of parenting from the facilitator, having different group members present in the group sharing their personal experiences and learning about mindfulness from an in-depth level.

The MBER course was different than other parenting courses that are offered, especially due to the emphasis on experiential learning, having participants in the beginning of each session participate in a mindfulness exercise before any content, updates, or other items were discussed throughout their week. What this allowed participants to do was not only feel more motivated to continue learning for the remainder of the group, but also help ground them in a calm manner so it was easier to connect and attune to the present moment. One participant shared how she initially came to the group to learn more about what it has to offer, and through the process, can now give it as a referral to other caregivers, as she has a better context of it.

Participants reported that within this theme of motivation, the facilitator's teaching of mindfulness had a positive influence on participant's experience of incorporating mindfulness

practices into their lives. For example, exercises were not just done in the beginning of the group, but also throughout the session. Another participant shared how having the facilitator use different phrases, which helped make it easier to retain the skill of mindfulness. The facilitator stated, ‘Smell the flowers because they may not be here tomorrow’ which fit perfectly with what mindfulness is all about, being in the present moment. This also relates closely to the concept of self-soothing, which is the ability for an individual to calm oneself when in a state of emotional distress (Wright, 2009). Therefore, the more mindfulness skills caregivers can utilize whether it is engaging in breathing exercises, or recalling favorite phrases of mindfulness, this can increase the caregiver’s ability to self-soothe and respond appropriately to their child in times of distress.

In addition to motivation, another theme that was expressed by many of the participants was mindfulness as an area that allows one to understand their role in their family, and how to respond to different members within the family unit. A wide variety of content was provided, each of which can be applied to various family situations. Participants learned about topics such as collaborative problem-solving, letting go of worries, and boundary setting. For example, one participant talked about the desire to help her child find a job, but doing it in a way that is non-intrusive. She expressed that, ‘I think that’s one of the things we’re trying to do is find their strong points and really working on them and boosting their confidence in that way rather than finding what they’re not that good at and just picking. So it’s just like boosting... These ones don’t matter, these ones do.’ Perry (2013) states that timing is everything, and the bonding experiences we have with our children will lead to healthy attachments and capabilities. Reading what the literature has to say about attachment, this is fitting with what participants reported experiencing after taking the MBER course. Participants reported being more attuned

with their emotions which serves as a catalyst for responding in healthier ways to their own children. Additionally, the literature on emotional regulation suggests that as a person develops more awareness and control over their emotional reactivity amidst the difficult times in family relationships, the more potential exists for integration of emotion and cognition during times of high anxiety (Bowen, 1988, as cited in Wright, 2009). One participant shared the example of making a meal for her son. She stated, 'my son asked me the other day to make him macaroni and cheese from scratch with the cheese sauce. I went, 'Hm, I don't feel like doing that. No I'm not going to today. And I thought about it and I thought, 'You know what? It's easy. I can do that today for him.' And he was so happy that I made him macaroni and cheese. I felt good because I was making something that he wanted and... Yeah, I mean he could've made it himself if he wanted to. And then I also had the thought that, 'I'm only going to be in the house for a little bit longer so I have to pack in those memories.'

Other helpful categories that emerged were related to group organization, specifically aspects of the overall group format that contributed to successfully integrating the mindfulness material in their lives. Examples of this included aspects such as the time of the group, being in a group setting learning the material, and having opportunities to ask questions. A PowerPoint style was a primary method of delivery of information, but to also have opportunities for reflection with group members made a significant impact on mindfulness retention.

Additionally, another helpful category was having previous exposure to mindfulness education as this allowed one to further connect on a deeper level to how this can be applied in their relationships. For example, one participant that was present had taken the MBER course on three different occasions, but each time she expressed learning new ways of applying it to her life. She stated that each time she participated in the course; she was in different life stages,

including being with her husband, and then moving out on her own, and what this transition brought into her life. She recommended that in order to effectively integrate mindfulness into our lives, completing the course multiple times is what she would recommend as being the most effective strategy of successful integration.

Additionally, improved confidence was the category with the most helping incidents, which not only related to being more confident in themselves, but also in how they respond to their children and to others in their life. Participants reported feeling less stressed, feeling better about their role as a caregiver, and feeling more competent in their parenting abilities. Having multiple children in the home can be difficult and cause one to feel overwhelmed, but with the use of mindfulness, participants reported being more able to calm themselves down before they would respond to any one of their children. One participant shared, ‘And I think, too, for him, it meant... I think it went a long way, him seeing me admit it was wrong, I shouldn’t have stopped doing it or whatever. And to have another adult say, “Yeah you shouldn’t have” in front of him. Like, the heat was off of him.’

Parenting is not an easy task, and with increased confidence that one is not always right all the time can allow one to be okay with not being right, and validating what is going on for their child or others around them. Incidents that were included in this category described the value in giving the child a voice to be heard, providing more empathy and praise when needed, and learning to just let things be, despite being focused on whether what occurred is right or wrong. Each week participants were encouraged to practice the skills learned with their target child, and through this reflection, it allowed participants to understand what confidence looks like, and how to apply this in their relationships.

What hinders in strengthening the attachment relationship. All of the participants reported having a positive experience in learning about mindfulness education and applying it to their relationships to their children, as well as other relationships in their lives. However, at the same time, due to factors such as lack of time available to practice mindfulness, only one caregiver attending, and content layout, many participants reported integrating the mindfulness material as hindering their experience. There were three main categories that emerged as primary hindrances to effectively applying the mindfulness material, one related to motivation, the other group organization, and other contextual impediments. According to recent research, secure infants reach out to their caregivers in times when they feel distressed, and calm down easily when they are comforted, allowing them to resume with play and exploration (Ramsauer et al., 2014). Feeling overwhelmed and distressed was a common theme that was mentioned by many of the participants in the MBER course, particularly due to the fact that too much is going on in their own life, making it difficult to make time to practice the skills learned. As a result, this impeded their ability to be motivated both during the group, and outside of the group context.

Impediments to motivation were the largest hindering category. Each participant was required to attend the group for a period of 2 hours once a week, with a commitment to attend at least 7 of the 8 sessions. However, many of the participants came to the course after work, or after a long busy day, which interfered with their ability to effectively use the mindfulness skills. High anxiety levels and blood pressure levels was also reported as hindrances to being motivated as mental health concerns interfere with one's ability to remain calm, and connected.

If a caregiver is already escalated, or highly anxious, this stress level has a negative impact on their ability to respond to their child, further reducing the ability to form a secure attachment.

Self-care is a major component of taking care of oneself, and mindfulness is a skill that is meant to encourage self-care, as typically individuals using mindfulness report feeling calmer and grounded in their emotions. One participant expressed wanting to go to the gym as a form of self-care, but how this frequently gets interrupted due to being busy with other priorities in her life such as taking care of her children, and work. As a result, the existing family structure was also correlated with this theme of motivation, which is impacted if for example, only one caregiver was attending the group in contrast to both caregivers.

In both of the MBER course cohorts, only one caregiver was attending the course, which posed challenges when wanting to apply the skills in their home context. An insight from one of the participants that attended the course said, 'I'll just stop and think, 'I've got to take the time.' Other things aren't important. I mean it's like I said to my husband in the New Year, I said, "This year I'm not going to worry about money." It doesn't mean I'm not going to go out... I'm going to go out and spend loads of money. I'm just not going to stress over things that I've got no influence over. If it gets sorted out it gets sorted out but I'm not going to worry over what I can't control.' Hearing how she has been taking the mindfulness material and applying it to her ways of thinking is empowering, but how much more empowering would it be if her husband was to also use this skill in the same way?

Group organization was also another category that emerged as a hindrance to learning mindfulness. For some participants, what this meant was how they initially came to the group, and then overall, what the group process was like for them. For example, one of the participants who attended the MBER course came to gain more insight to offer to other parents struggling

with children with mental health challenges. On the contrary, other participants came to the group to understand what mindfulness is all about, and if it will fit in their family context. However, there was one participant who came to the group because there were no other options provided to her to gain support for her child. As a result, she already had a negative bias about what the group would be about, and was only attending due to no other options available for support. All of the participants came in with different intentions, and based on how the first interaction within the group has gone for them, this will have an impact on their ability to integrate the material.

For some, they reported that the content was a hindrance due to only being displayed in power-point, and less focus was on group discussion and activities with one another. For another participant, having the facilitator teaching too much of the time or not having enough safety in the group served as barriers to her sharing, and being vulnerable with members in the group. Being able to connect with one another was a common theme that participants prioritized as valuable in their experience, but this was interrupted at times when opportunities to connect were not provided in the group. Additionally, the reality is that for some participants, it was their first experience being in a group setting, while others have had previous group exposure, so there were also certain biases and beliefs present, specific contextual impediments that hindered their experience.

One participant shared, 'It's hard work. And it's uncomfortable and it's scary because you're already feeling like, 'Is what I've done...? Is that why my child is in this position?' Once you start to get more educated about things you realize, 'No of course my family dynamic may not have made it better but I did not cause this.' But you do come into it with a lot of biases, like even coming into child/youth mental health, before I started to learn things, I

would've never sought services from them because of my childhood. I would've been completely and utterly biased against any support that could come from a social worker, from a provincial mandated helper or whatever you want to call it because our experience as children I was like, 'Are you kidding me? Not going to happen. We'll just figure it out.' Understanding what biases participants are experiencing at the outset of the group process is a key component in overcoming the hindrances that one may experience, and should be encouraged in these settings.

What participants wish would have been addressed in the mindfulness course to strengthen attachment relationship. Being respectful of individual and family experiences is an important process to strengthening the attachment relationship and family life. However, having completed the MBER course and gaining more insight about mindfulness, several categories were formed based on what participants wish would have been addressed. Of the four categories that emerged, the most common theme was that of changing the overall group organization, which included changing presentation content, strengthening group cohesion, and changing the group dynamics to accommodate better for the family routine. There was a lot of content that was conveyed to participants throughout the entire 8 weeks they were present at the group, and one of the areas of feedback suggested was simplifying the language. The language that a caregiver uses with their child, a co-worker, or a friend all differ from one context to the next, but when it is simplified and expressed in clearer terms, it allows one to more easily understand what was conveyed.

Another participant shared the desire to connect more of the topics to more real life examples. She shared that 'what was helpful was realizing that everybody else was kind of, not really in the same boat, but that there are other people out there that have similar struggles.'

Additionally, what this participant fits with what subcategory emerged under group dynamics, which is providing ongoing support groups as a follow up upon group completion. There were opportunities for reflection throughout the group, but there were limited opportunities provided for connecting with other group members after the group. It was suggested by participants to have either ongoing support groups or opportunities such as booster sessions so everyone remains connected. An opportunity for a booster session was provided but this was not until several months after the group had ended, and due to different schedules, only three of the eight participants were able to attend. Having means for connection during the group, whether it is through emails, or follow up reminders is recommended to support connection.

Along with improving the organization of the group context, participants also wished that there were more supports available for families from the community, and the Ministry of Children and Family Development. Long wait lists was expressed as a barrier to accessing services, so if more opportunities to access supports was made available, families would feel more confident in accessing them and supported by professionals. One of the participants that took part in the MBER course works as a professional in the field of child and youth mental health, so having his insight into what support services are available helped guide the conversation on what other things can be done to further improve the services component of support. Understanding the relationship and how effective programs are is a continuous process, but by offering experiences of participants who have went through the group will provide hope to other families struggling with similar issues that there are ways of overcoming the challenges they face. As a result, the more support families will have in raising their children, the more confident they will feel as a caregiver, as this was also a category that emerged as a wish list item to be addressed.

Participants expressed wanting to have more acknowledgement of parents incorporated as a part of what is taught to caregivers taking the MBER course. In addition, encouraging both caregivers to attend the group is a highly desired quality that will strengthen one's ability to apply mindfulness. In a recent article on emotion regulation, the literature suggests that expressive suppression of emotions, such as anger may lead to negative interpersonal outcomes (Martini & Busseri, 2012). Having both caregivers present will allow one to learn about the different emotions and the impact it can have on one's functioning, whether it is the emotion of anger, shame, or being happy.

Limitations

Although the study provides many positive benefits to caregivers, and the broader community, there are also several limitations that are important to address with the nature of this type of study. One limitation was securing a sufficient sample. Recruitment into the MBER group was limited, and it was difficult to have a sufficient number of participants take part in the study. Therefore, to overcome this limitation, the facilitator needed to start recruiting participants to the group several months prior to the start of the group. For the present study, the facilitator had already set the date for the next group several months in advance, and had sent out emails and brochures about the course to local organizations so those interested could reserve time in advance to take part in the course.

Since many of the participants that were recruited came internally within the Ministry of Children of Family and Development, this may bias the results found due to the specificity of the inclusion criteria. Therefore, the group screening procedure was an important step in determining which participants would be selected, especially if the participants are suffering from other mental health problems which might inhibit their ability to learn and apply the

material as well as the other participants. To overcome this issue, the facilitator in her first interview with the participants asked need to ask mental health related questions and probe further to ensure the course is the right fit for them. Throughout the course, there are also a range of topics that are addressed, many of which are sensitive topics including shame, and therefore, it was important to be mindful of how these topics are presented to avoid re-traumatizing the client. Therefore, ensuring that in the informed consent form, participants were well-informed of the nature of the content was an important step to overcome this limitation.

In the beginning stages of recruitment, there were also two pre and post assessment measures given to participants to be filled out. One was a self-compassion scale and the other was a mindfulness-based efficacy scale. Both of these assessment measures assessed participant's level of compassion towards themselves, as well as how mindful they are in different situations, but there were no assessment measures provided that directly assessed the parent-child relationship.

In both cohorts, the MBER course was also biased in terms of gender, which further posed as a limitation to educating the public from not just a mother perspective, but also the difference that arises from a father perspective. Seven of the eight participants who took part in the interviewing process were females, and the one male that was present was a professional who already has the knowledge of working with children and families. Therefore, having a minimum of 2 facilitators run the group is highly recommended to prevent any biases from occurring, and to provide different insights into mindfulness education for participants taking part in the MBER course. In an article on differentiation of self, the author discusses the value of having clients also be researchers of themselves, and ask open-ended questions about what

they have been taking away from each session, an area that could be further strengthened with the support of 2 facilitators (Wright, 2009).

One limitation to be mindful of with ECIT is the accuracy of the information presented by the participants, as this may vary depending on participant's comfort in sharing and their level of verbal skill to recall the event and their experiences within the group. To help overcome this limitation, participants were encouraged to share their experiences throughout the group process, and make notes as needed for their own reflections to help in the recollection process later. The embedded role of the researcher also assisted to reduce this limitation.

Depending on incidents expressed, the method may also be biased towards more recent incidents as they may be more accurately recalled than those in the past, further reducing the researcher's ability to include past experiences as contributing factors to the study. The aforementioned embedded role of the researcher and checking back with participants was designed to reduce this limitation.

Generalization of the research findings is an essential element of any study, but since the group focuses on addressing mindfulness and emotion regulation strategies with a narrowly defined population; this limits the knowledge claims that can be made from this research. For example, for individuals with certain diagnoses, or illnesses, how can the results still serve to be useful for these groups of individuals or other populations? The most we can say is this study has heuristic value for those wanting to educate caregivers in other settings. In these cases, the

broader message to convey is about providing caregiver's with support in order to help children with their challenges.

In addition, since the results were varied in terms of how many single vs. two parent households were a part of the MBER course, assessing the attachment relationship can provide more insight into the impact that their target child has had on their lives, and if having a partner to help with parenting was helpful or non-helpful to the attachment process. This further gets into another limitation issue experienced, as the group only had one caregiver attending and learning the mindfulness skills, in contrast to both caregivers when possible. As a result, participants expressed experiencing parenting challenges due to feeling overwhelmed, and I wonder how this would be different if the second parent also had experience with mindfulness? This could also help caregivers better manage their time, and respond in similar ways in times of conflict to their child in contrast to having all the responsibility placed on one caregiver.

Recommendations

For practice.

1. To offer more collaborative group opportunities to caregivers with emotion regulation challenges (inclusion of children and additional caregivers).
2. Follow up with group members upon group completion: Allow for support groups or booster session opportunities to help with retention of material.
3. Train more caregivers in mindfulness education: Simple, time-valuable tool to practice on a daily basis.
4. Content layout: Less is more, so it is important to spend time learning about personal experiences with concepts learned.
5. Recruit caregivers from various backgrounds to allow for richness of information.

For professionals.

1. To train more professionals working with families in mindfulness.
2. Screening process: carefully refer clients to groups/other resources that fit with the client's needs (become aware of barriers before referral takes place).
3. Design: Have a minimum of 2 group facilitators running each group to allow for increased discussion among participants & Incorporate Pre and Post Assessment measures that will better reflect group outcome.
4. Incorporate family-centered practice at the beginning of work with clients, which includes asking the client as well as their family what supports are needed to help them work through their journey of learning. ECIT questions can be a model for continuous attention to the caregivers experience with learning mindfulness.
5. Listen to the client's story: If first session in a group, spend this time building a relationship with members, strengthening group cohesion and safety within the group or individual session.

Future Directions

Over the years, there have been a number of parenting courses that have been provided to strengthen the caregiver-child relationship. However, the primary difference within this course is that participants learn about the principle of mindfulness, a technique that can be practiced daily in their own lives without much time and effort. Emotion regulation is a new area of concern, but in order to help children regulate, their caregivers need to feel secure and internally regulated in order to model these appropriate behaviors. Every family is different in terms of structure, culture, and environment, but the primary significance in doing this study is to equip caregivers with an additional set of skills that can be easily incorporated into their lives. The course addresses those who have emotional difficulties in connecting with their child and helps caregivers be mindful of their reactions as a way to developing a healthy level of attachment to their child. Before we can help children, we need to ensure caregiver's needs are

met because they are the primary role models in which children learn how to behave, and cope with any situation, specifically more for children at a younger age.

According to Bowen (1978), our role as professionals is further enhanced when we can assist our clients to make a research project out of their own life, inviting them to sit with themselves, understand their responses, and create a learning about self environment (as cited in Wright, 2009). The ECIT method invited caregivers into this very self-focused study. It is a method where the basic questions, (what helped, hindered, and what did you wish) can be used in everyday counselling and group practice to stimulate this self-research process.

The quality of parenting can vary based on what type of family background one comes from, one example being individualistic and collectivistic cultures. Individualistic cultures place higher emphasis on individualism, whereas collectivistic cultures value closeness, and reliance on family for support. Therefore, when applying the skills learned within the course, it is essential for caregivers to incorporate them based on what fits for them and their family.

The context also becomes an important factor to consider in caregiver success within the course as some families have extended family living with them; others are single-parents or may be limited due to financial restraints. Therefore, on a community level, there are several things that one can take away in learning about mindfulness and emotion regulation. Participants provide ongoing examples of how their behaviors are changing throughout the course, which offers a rich, concrete experiences of emotion regulation, one in which other caregivers can relate back to their own lives. As participants are engaged within the course over a period of eight weeks, others can learn about the value of the group process, and in providing voices to participants. Emotion regulation transforms from one stage to another, and the community can

also learn about the benefit of having educational courses as this in helping to improve their relationship with their child.

From a professional perspective, currently, there is no emotion regulation group available for children in the same geographic location as the MBER group, and therefore, I anticipate that the results found will serve as a tool to creating a group for children, in school systems or in the broader community about emotion regulation, so both the caregivers and the child can work together in the treatment process. More specifically, participants are being recruited from local organizations from professionals with children with emotional and behavioral challenges, but perhaps a future direction is to educate the school system, as this is another primary influence in children's development. Providing related workshops for caregivers, but also leaving room for school teachers to attend as well needs to be considered, due to the increasing number of children in need of support. More specifically, counselling psychologists should understand that attachment issues can result due to a variety of factors, but a key element in therapy is to address the caregiver's needs, along with helping their children, as this is an interactive process and will strengthen the treatment process.

Although families are supported by multiple professionals as social workers, school teachers, or counsellors, the main influence in a child's life is the caregiver, and if we continue to provide educational opportunities for caregivers, this can help reduce children's difficulties in being able to cope with emotional and behavioral issues. Within the field of counselling psychology, being aware of a course as this will also be a helpful resource for professionals to be mindful of when referring clients. Incorporating mindfulness and emotion regulation strategies as a part of the therapeutic process with our clients should also be encouraged.

Counsellors should spend time understanding what caregivers perceive about their emotional lives is important in parenting their children as a way to strengthen the attachment relationship.

Additionally, having appropriate assessment measures in place at the time of treatment can be helpful, as there were no assessments provided that assessed caregiver's relationship to their children in the current mindfulness course. This can include using a self-report measure assessing the parent-child relationship, or a more specific questionnaire related to attachment. The pre-post measurement of these instruments could form part of the feedback to parents in their self-study of change in mindfulness practice. As we continue to learn more about what to consider when working with families, this also encourages professionals to focus more on building healthy relationships and further incorporate within the curriculum of subject matter taught within counselling psychology programs.

From a broader community lens, the project lends support to the notion of 'family centered practice' specifically how as professionals, and members of society can provide an environment that creates acceptance, safety, and includes all aspects of family functioning in our work with families. There is a growing body of literature that is important to consider in the field of family centered practice. However, the current project allows one to learn about not only the benefits that mindfulness can have from working with the generation of caregivers, but also raises awareness to the reality that many children experience issues related to emotional dysregulation. In addition, due to my embedded role within the group itself, this seemed to further add increased richness and understanding into what families need to feel supported, simply because their familiarity and comfort with me in this dual role of researcher/facilitator. More specifically, it allows us to re-consider the ethical dimensions of research, and how embedded researchers will enhance future qualitative research.

When the child is struggling emotionally, this will also impact their ability to concentrate in areas such as school and other activities, and will have a negative impact on how they respond to their parents. From a family systems perspective, it is necessary to examine the functioning of other subsystems in order to understand the functioning of one subsystem, in this context, this being the parent-child relationship. Parents are the expert in their child's lives, and in any form of group therapy or treatment process, having both the caregiver and the child work together is essential. The results indicated that having a mindfulness course as MBER is helpful, but there still remains a long way to go so all aspects of the family system are considered in our work with families.

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APPENDIX A

MBER Course Flyer

Every Tuesday,
September 17–November 06,
2013

★
Time: 5:00-7:00 pm

M.B.E.R.

Mindfulness Based Emotion Regulation ★

A skills group for parents of 8 –18 yr olds

★
Offered at:

**Mission Child and Youth Mental Health
Suite 201- 7364 Horne St, Mission**

██

██
██

██

★



- Is your child's behaviour making you angry?
- Are you worried about your child?
- Are the arguments with your child getting to you?
- Are you questioning your parenting skills?
- Are you wondering how to create a more positive environment in the home for your family?

MBER may be the right group for you to attend!

What you will learn:

- Identify and understand your own emotions as a parent
- Manage your emotions in a way that makes you feel more in control of yourself
- Ways to stay calm so you can deal with your child's behaviour skillfully
- Be mindful so you can prevent conflict
- Use your inner wisdom to improve your relationship with yourself and your child
- Ways to communicate mindfully with your children, family and others

APPENDIX B

TWU REB Certificate of Approval

	
TRINITY WESTERN UNIVERSITY Research Ethics Board (REB) <u>CERTIFICATE OF APPROVAL</u>	
Principal Investigator: Sandeep Bhandal Department: Master of Arts in Counselling Psychology Supervisor (if student research): Dr. Robert Lees, Dr. Marvin MacDonald Co-Investigators: None	
Title: Strengthening Attachment: Working One Generation Up	
REB File No.: 13G18 Start Date: November 18, 2013 End Date: August 30, 2014 Approval Date: October 28, 2013	
Certification	
This is to certify that Trinity Western University Research Ethics Board (REB) has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the "Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans".	
	
Sue Funk, B.A. REB Coordinator	for Bill Badke, M.Th., M.L.S. REB Chair
This Certificate of Approval is valid for one year and may be renewed. The REB must be notified of <u>all</u> changes in protocol, procedures or consent forms. A final project form must be submitted upon completion.	
7600 Glover Rd., Langley, BC, Canada, V2Y 1Y1 Telephone (604) 888-7511, Fax (604) 513-2047	

APPENDIX C

MCFD Ethics Approval



October 5, 2013

Research Ethics Board
Trinity Western University
Langley, BC

Please accept this letter as approval in principle for the research proposal Sandeep Bhandal, a student in the MA program Counselling Psychology, has before you.

I understand that Sandeep wishes to interview 6 to 10 parents who have taken part in a mindfulness group for parents in Mission, [REDACTED]. Sandeep's question will be, what helps and hinders parents as they implement parenting program concepts with their children. Interviews would be post group and parents will be approached appropriately and according to ethical guidelines and will have no pressure to participate. No children or youth will be subjects in this study.

This project will be subject to ethics review within the Ministry for Children and Family, and permission to proceed will be dependent on approval from your committee followed by the internal Ministry review.

Approval in principle indicates the interest of our region in knowing the answer to Sandeep's question and permission to proceed once the aforementioned ethical reviews are complete.

Sincerely,

[REDACTED]

Mark Ward Hall
Director of Practice
East Fraser Service Delivery Area

Ministry of Children and Family Development	Director of Practice East Fraser	Mailing Address: MCFD, 302-32463 Simon Avenue Abbotsford, BC V2T 5E3	[REDACTED]
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APPENDIX D

Script for Invitation to Participate

This script will be presented upon MBER group completion, specifically for the recruitment process to determine who is interested in taking part in the study.

The wording below illustrates how the information will be provided.

“Your participation in this research will help provide input to the group facilitators for your views on how the group worked, and anything that may have impacted the ability of the participants to integrate the material learned into their everyday life. In addition, this research is also interested in better understanding how families, parents, and caregivers can benefit from learning about mindfulness and how that can help strengthen relationships to their child. Therefore, receiving your input on the impact that the MBER group has had on your overall family relationships would also be considered.”

APPENDIX E

Informed Consent Form

Principal Investigator:

Sandeep Bhandal, Counselling Psychology, Trinity Western University,

Co-Investigators:

Dr. Robert Lees, Counselling Psychology, Trinity Western University

Dr. Marvin McDonald, Counselling Psychology, Trinity Western University

Purpose

The purpose of the proposed research is to understand how caregivers grow in their skills as parents of children living at home. We are interested in how families can strengthen their relationships. Participants taking part in the research are those who have completed the MBER group.

Procedures

Participants will be asked to participate in individual interviews to share their own experience in the MBER course and the impact it has had. Typically, interviews will last between 30-90 minutes. For anyone who would like a summary of the research findings can request a copy from the Principal Investigator.

Potential Risks and Discomforts

Sometimes, participants in this type of research may experience distressing emotions related to the material presented in the group, what happened in the group, and what happened at home since the beginning of the group. After the interview, if you feel it is necessary because of something raised in the interview, you will be encouraged by the researcher to contact any already existing professional supports that you may have.

Potential Benefits to Participants and/or to Society

Sometimes, participants in this type of research experience positive emotions related to the material presented in the group, what happened in the group, and what happened at home since the beginning of the group. Also, some people find it encouraging to reflect on what they learned and how that has positively influenced their relationships with their family.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. To ensure confidentiality of participant information, all documents and recordings will be identified only by a code number and kept in a locked filing cabinet or in a secure electronic hard drive. All interviews will be transcribed and identifying information will be deleted from the transcripts. The recordings will be destroyed once transcription is complete. Anonymous forms of the transcripts will be retained for future research and program planning purposes.

Remuneration/Compensation

Participants will be offered an additional booster session on mindfulness for taking part in the study as a way of expressing our gratitude for sharing your valuable time and insights. Everyone who agrees to participate will receive an invitation to this mindfulness session, regardless of their participation or withdrawal from the study.

Contact for information about the study

If you have any questions or desire further information with respect to this study, you may contact Sandeep Bhandal

Contact for concerns about the rights of research participants

If you have any concerns about our treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your access to further services from the community. If you choose to withdraw from the study, please inform the Principal Investigator, Sandeep Bhandal.

Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature below indicates that you consent to the use of archival data for the study.

Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Research Participant Signature

Date

Printed Name of Research Participant

APPENDIX F

Self-Compassion Assessment

Self-Compassion Scale

You can take this scale online and have it scored automatically at www.Self-Compassion.org

How I Typically Act Toward Myself in Difficult Times

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner.

- | Almost
never | | | | | Almost
always |
|--------------------------|----------|----------|----------|----------|---|
| 1 | 2 | 3 | 4 | 5 | |
| <input type="checkbox"/> | | | | | |
| _____ | | | | | 1. I'm disapproving and judgmental about my own flaws and inadequacies. |
| <input type="checkbox"/> | | | | | 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong. |
| _____ | | | | | 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through. |
| <input type="checkbox"/> | | | | | 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. |
| _____ | | | | | 5. I try to be loving towards myself when I'm feeling emotional pain. |
| <input type="checkbox"/> | | | | | 6. When I fail at something important to me I become consumed by feelings of inadequacy. |
| _____ | | | | | 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am. |
| <input type="checkbox"/> | | | | | 8. When times are really difficult, I tend to be tough on myself. |
| _____ | | | | | 9. When something upsets me I try to keep my emotions in balance. |
| <input type="checkbox"/> | | | | | 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. |
| _____ | | | | | 11. I'm intolerant and impatient towards those aspects of my personality I don't like. |
| <input type="checkbox"/> | | | | | 12. When I'm going through a very hard time, I give myself the caring and tenderness I need. |
| _____ | | | | | 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am. |
| <input type="checkbox"/> | | | | | 14. When something painful happens I try to take a balanced view of the situation. |
| _____ | | | | | 15. I try to see my failings as part of the human condition. |
| <input type="checkbox"/> | | | | | 16. When I see aspects of myself that I don't like, I get down on myself. |
| _____ | | | | | 17. When I fail at something important to me I try to keep things in perspective. |

- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.
-

Calculating Your Level of Self-Compassion

Please record the score you gave for each item in the scale, and then calculate your Grand Compassion Average as given below:

Self-Kindness (SK) Items:

- #5 _____
- #12 _____
- #19 _____
- #23 _____
- #26 _____

SK Subtotal of items: _____

SK Average (divide subtotal by 5): _____

Common Humanity (CH) Items:

- #3 _____
- #7 _____
- #10 _____
- #15 _____

CH Subtotal of items: _____

CH Average (divide subtotal by 4): _____

Self-Judgment (SJ) Items:

- #1 _____
- #8 _____
- #11 _____
- #16 _____
- #21 _____

SJ Subtotal of items: _____

SJ Average (divide subtotal by 5): _____

Isolation (I) Items:

- #4 _____
- #13 _____
- #18 _____
- #25 _____

I Subtotal of items: _____

I Average (divide subtotal by 4): _____

APPENDIX G

Mindfulness Assessment

Mindfulness-Based Self Efficacy Scale - Revised[®] (MSES-R)

Bruno A. Cayoun,
MiCBT Institute & University of Tasmania

NAME..... DATE..... Session/Week No.....

Circle one number in the shaded column according to how much you now agree with each statement below, using the following scale:

Not at all A little Moderately A lot Completely
0 1 2 3 4

Try not to spend too much time on any one item. There are no right or wrong answers.

1. I get easily overwhelmed by my emotions	0	1	2	3	4
2. I find it difficult to make new friends	0	1	2	3	4
3. I try to avoid uncomfortable situations even when they are really important	0	1	2	3	4
4. When I feel very emotional, it takes a long time for it to pass	0	1	2	3	4
5. I feel comfortable saying sorry when I feel I am in the wrong	0	1	2	3	4
6. It is often too late when I realise I overreacted in a stressful situation	0	1	2	3	4
7. I get so caught up in my thoughts that I end up feeling very sad or anxious	0	1	2	3	4
8. When I have unpleasant feelings in my body, I prefer to push them away	0	1	2	3	4
9. I can resolve problems easily with my partner (or best friend if single)	0	1	2	3	4
10. I can face my thoughts, even if they are unpleasant	0	1	2	3	4
11. My actions are often controlled by other people or circumstances	0	1	2	3	4
12. I get caught up in unpleasant memories or anxious thoughts about the future	0	1	2	3	4
13. I can deal with physical discomfort	0	1	2	3	4
14. I feel I cannot love anyone	0	1	2	3	4
15. I am often in conflict with one (or more) family member	0	1	2	3	4
16. I avoid feeling my body when there is pain or other discomfort	0	1	2	3	4
17. I do things that make me feel good straightaway even if I will feel bad later	0	1	2	3	4
18. When I have a problem, I tend to believe it will ruin my whole life	0	1	2	3	4
19. When I feel physical discomfort, I relax because I know it will pass	0	1	2	3	4
20. I can feel comfortable around people	0	1	2	3	4
21. Seeing or hearing someone with strong emotions is unbearable to me	0	1	2	3	4
22. If I get angry or anxious, it is generally because of others	0	1	2	3	4

If you use(d) the Internet automated scoring, what is the 4-character CODE given to you?:.....

TABLE OF RESULTS

NAME/ID:..... DATE:.....

Subscale	Item No.	Items to reverse	Raw Score	Subscale Score
Emotion Regulation	1.	Reversed		
	4.	Reversed		
	6.	Reversed		
	7.	Reversed		
	12.	Reversed		
	18.	Reversed		
				/24
Equanimity	5.			
	10.			
	13.			
	19.			
				/16
Social Skills	2.	Reversed		
	3.	Reversed		
	20.			
				/12
Distress Tolerance	8.	Reversed		
	16.	Reversed		
	17.	Reversed		
				/12
Taking Responsibility	11.	Reversed		
	21.	Reversed		
	22.	Reversed		
				/12
Interpersonal Effectiveness	9.			
	14.	Reversed		
	15.	Reversed		
				/12
Name:		Date:	GSE=	/88

Psychometric information

The MSES was originally a 35-item self-report questionnaire constructed to measure the change in levels of self-efficacy before, during, and following mindfulness-based therapy programs. The MSES-R is a shorter (22-item) version that emerged from psychometric data collected from a community sample ($N = 521$) (see last page). It is a valid and reliable measure, with a 6-factor structure (see Table 3).

Emotion Regulation (subscale 1) relates to an involuntary or subconscious emotional response that is well modulated and falls within the expected normal range of responses. Whilst **Distress Tolerance** (subscale 4) also relates to emotional responses, it is a voluntary one, which inhibits avoidance of experiential intolerance or discomfort. **Equanimity** (subscale 2) relates to the ability to normalise difficulties and prevent reactivity. **Taking Responsibility** (subscale 5) relates to clarity of interpersonal boundaries and locus of control. **Social Skills** (subscale 3) relates to social abilities in the broader sphere of interaction, and **Interpersonal Effectiveness** (subscale 6) relates to the ability to connect with others within the intimate sphere of relationships. These have all been identified as important skills that improve with mindfulness in the literature.

*Test-retest reliability is very good ($r = .88, N = 100, p < .01$. Shared variance for the 22-item scale was 78%).

*Internal consistency is reliably high (Cronbach alpha = .86)

* Good inverse relationship with the Depression Anxiety and Stress-Short Form (DASS21) shows good discriminant validity and the scale discriminates well scorers who report having a mental illness from those who do not.

*Convergent validity is consistently in the good range with the KIMS, FFMQ, FMI and MAAS.

*Overall, the MSES has good construct validity and is reliable.

MSES Scoring Instructions

The MSES-R comprises 6 subscales of self-efficacy:

- | | |
|--------------------------------|----------------------------|
| 1. Emotion Regulation | (items 1, 4, 6, 7, 12, 18) |
| 2. Equanimity | (items 5, 10, 13, 19) |
| 3. Social Skills | (items 2, 3, 20) |
| 4. Distress Tolerance | (items 8, 16, 17) |
| 5. Taking Responsibility | (items 11, 21, 22) |
| 6. Interpersonal Effectiveness | (items 9, 14, 15) |

Before scale and global scores of self-efficacy can be calculated, 16 items must be scored in reverse. These are:

1 2 3 4 6 7 8 11 12 14 15 16 17 18 21 22

To score an item in reverse, **subtract** the raw score from 4. For example, if a score of 3 is given to item 4, the reversed score is 1 (4 minus 3). When the score for each of the 16 items listed above has been reversed, report the scores for each of the 6 subscales in the Subscale Score column in the Table of Results. The subscale scores provide an estimate of self-efficacy for each subscale. To calculate the Global Self Efficacy (GSE) score, sum all subscale scores.

Alternatively, you are encouraged to use the free online automated scoring and compare your scores with existing norms. This will help us gather reliable normative data. Please follow the link:

<http://www.macquariepsychology.net.au/mSES>

Exploratory Factor Analysis

Factor analysis of the original 35-item MSES produced the following 6-factor solution:

Table 3

Factor Structure of Proposed 22-item Mindfulness-based Self Efficacy Scale in a Sample of 511 People

Source and Item Content	Factor Loading					
	1	2	3	4	5	6
Factor 1: Emotion Regulation						
*Item 4: I get easily overwhelmed by my emotions	.79	.12	.06	-.01	.08	-.03
*Item 11: When I feel very emotional, it takes a long time for it to pass	.74	.13	.07	.16	.07	.10
*Item 14: It is often too late when I realise I overreacted in a stressful situation	.64	.12	.20	.08	.20	.04
*Item 16: I get so caught up in my thoughts that I end up feeling very sad or anxious	.72	.15	.17	.14	.25	-.02
*Item 23: I get caught up in unpleasant memories or anxious thoughts about the future	.74	.10	.13	.12	.17	.17
*Item 30: When I have a problem, I tend to believe it will ruin my whole life	.59	.19	.17	.19	.19	.34
Factor 2: Equanimity						
*Item 12: I feel comfortable saying sorry when I am in the wrong	-.13	.61	.16	-.06	.17	.04
*Item 20: I can face my thoughts, even if they are unpleasant	.39	.59	.18	.06	.05	.20
*Item 24: I can deal with physical discomfort	.13	.71	-.02	.10	.03	.00
*Item 31: When I feel physical discomfort, I relax because I know it will pass	.33	.60	.02	.09	.03	.03
Factor 3: Social Skills						
*Item 5: I find it difficult to make new friends	.19	-.02	.80	.06	.09	.13
*Item 6: I try to avoid uncomfortable situations even when they are really important	.28	.13	.61	.37	.13	-.10
*Item 33: I can feel comfortable around people	.15	.27	.68	-.02	.10	.26
Factor 4: Distress Tolerance						
*Item 17: When I have unpleasant feelings in my body, I prefer to push them away	.19	.01	.24	.66	.13	-.07
*Item 27: I avoid feeling my body when there is pain or other discomfort	.02	.08	-.01	.75	-.08	.30
*Item 29: I do things that make me feel good straightaway even if I will feel bad later	.20	.06	-.01	.55	.23	.13
Factor 5: Taking Responsibility						
*Item 22: My actions are often controlled by other people or circumstances	.33	.22	.01	.18	.58	.08
*Item 34: Seeing or hearing someone with strong emotions is unbearable to me	.11	-.01	.18	.02	.64	.21
*Item 35: If I get angry or anxious, it is generally because of others	.10	.11	.06	.09	.82	.03
Factor 6: Interpersonal Effectiveness						
*Item 19: I can resolve problems easily with my partner (or best friend if single)	.18	.27	.23	-.13	.06	.61
*Item 25: I feel I cannot love anyone	.10	.02	.20	.27	.22	.57
*Item 26: I am often in conflict with one (or more) family member	.19	-.05	-.05	.21	.11	.70

From Cayoun, Francis, Kasselis, and Skilbeck, to be published in 2012.

APPENDIX H

Interview Protocol

Introduction to study:

- 1) **Consent-** Initially, I will explain to participants that I need to obtain consent from them prior to starting the interview. I will say, ‘Before we get started with the interview _____ (name of participant), I would like to go over the informed consent.’ I will give them a copy of the form and I will read it aloud, and they can follow along.

Involved in the explanation of informed consent are the following topics/issues
- 2) **General aim/purpose of study:** “We are interested in how families can strengthen their relationships through parenting education groups as MBER.”
- 3) **Explanation of participant selection:** “Participants like yourself, who have completed the MBER course, will be most able to provide information on how family relationships have improved after taking this group.”
- 4) **Potential risks of participating:** “Sometimes, participants in this type of research may experience distressing emotions related to the material presented in the group, what happened in the group, and what happened at home since the beginning of the group.”
- 5) **Access to professional supports for parents:** “After the interview, if you feel it is necessary because of something raised in the interview, you will be encouraged by the researcher to contact any already existing professional supports that you may have.”
- 6) **Benefits of study:** “Sometimes, participants in this type of research experience positive emotions related to the material presented in the group, what happened in the group, and what happened at home since the beginning of the group. Also, some people find it

encouraging to reflect on what they learned and how that has positively influenced their relationships with their family.”

- 7) **Voluntary participation:** “Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your access to further services from the community.”
- 8) **Confidentiality and anonymity:** “Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. To ensure confidentiality of participant information, all documents and recordings will be identified only by a code number and kept in a locked filing cabinet or in a secure electronic hard drive. All interviews will be transcribed and identifying information will be deleted from the transcripts. The recordings would be destroyed five years after publication of the research. Anonymous forms of the transcripts will be retained for future research and program planning purposes.

Semi-structured interview questions:

- 1) **Initial open-ended question:** “Please tell me your experience in being a part of the MBER group.” (After the participant has shared their initial story with the MBER group, the researcher will check-in with them to make sure that they are not in any state of emotional distress).

2) Follow-up questions for those who have completed the MBER course:

- a. “Please think of a time during the first few sessions of the MBER group in which you felt the process was helped or hindered by a specific event, situation, or behavior. This can include both your experience within the session, or outside of the session.
- b. “Please describe a particular incident in full detail that significantly helped or hindered in the application of the MBER group material to your life, and in relationship to your children and broader family environment.”
- c. “How was your incident helpful or unhelpful?”
- d. “What led up to this incident (antecedents)?”
- e. “What were the surrounding circumstances that affected this event or situation?”
- f. “What was the overall outcome of this event or situation?”
- g. “What did this incident mean to you personally?”
- h. “How did this specific incident make you feel?”
- i. “Is there anything that you wish would have been covered in the course to help with the incident?”
- j. “What else do you wish was addressed in the course to help strengthen family relationships?”

(Prior to proceeding to the termination of the interview, the researcher will ask “_____, how are you feeling after sharing these incidences and situations that were either helpful or not helpful in taking part in the MBER group. If the participant is emotionally or psychologically distressed, the researcher will respond appropriately either with a break from the interview, or with crisis management skills.)

Closing questions:

- 1) Suggestions for future application of the MBER group: “Based on your personal experience as a participant in the MBER group, what do you hope that future participants and community members can take away from the course, and the overall family relationship?”

Anything else you would like to add?

Name (please print)

- Check this box if you give us permission to retain your audio recording for future data analysis, after the completion of this study. All audio recordings will be erased five years after completion of this study.

APPENDIX I

Debriefing Script

At the end of the interview, the principal investigator will review the interview process with the participant. The researcher will summarize what the participant has discussed during the interview. The participant will be given the opportunity to ask questions or make any further comments. Also, the researcher will remind educators to connect with their already existing professionals supports, if they feel this is necessary.

The principal investigator will use the following debriefing script:

“Thank you for participating in the research project. The purpose of these interviews was two-fold: to understand how to strengthen caregiver-child relationships through an educational course about mindfulness and emotion regulation, and to provide an opportunity for you to discuss your experience so other families and the broader community is also aware of the effectiveness of programs such as MBER. The results of this study will inform future implementation of the MBER group. The researcher also hopes to publish the results of this study in a scholarly journal so that the information you provide will help other researchers and clinicians understand what helps, and hinders in strengthening family relationships. If you are interested in receiving a follow up of the project findings, please provide your name and contact information and the principal investigator will contact you upon project completion.”

APPENDIX J

Professional Transcriptionist Confidentiality Agreement

This research project is about understanding the impact of a parenting education group as MBER, specifically through learning mindfulness and emotion regulation skills, as a tool in strengthening caregiver-child relationships. Participants have been asked in an interview, to recall the important elements that help and hinder in their ability to develop a healthy relationship to their children.

All information submitted to you will be strictly confidential. Interviews on the audiotape are meant for you to transcribe, making sure to code each incident to ensure confidentiality. All names will be kept anonymous to further ensure confidentiality upon transcription. Only myself, my supervisors, and you the transcriptionist will have access to the tapes, which will be kept in a locked filing cabinet or in a secure electronic hard drive. All interviews will be transcribed and identifying information will be deleted from the transcripts. The recordings would be destroyed five years after publication of the research. Anonymous forms of the transcripts will be retained for future research and program planning purposes. Please sign below that you agree to this confidentiality agreement

Principal Investigator

Date

Printed Name of Transcriptionist

Signature of Transcriptionist

APPENDIX F:

PROFESSIONAL TRANSCRIPTIONIST CONFIDENTIALITY AGREEMENT FORM

This research project is about understanding the impact of a parenting education group as MBER, specifically through learning mindfulness and emotion regulation skills, as a tool in strengthening caregiver-child relationships. Participants have been asked in an interview, to recall the important elements that help and hinder in their ability to develop a healthy relationship to their children.

All information submitted to you will be strictly confidential. Interviews on the audiotape are meant for you to transcribe, making sure to code each incident to ensure confidentiality. All names will be kept anonymous to further ensure confidentiality upon transcription. Only myself, my supervisors, and you the transcriptionist will have access to the tapes, which will be kept in a locked filing cabinet or in a secure electronic hard drive. All interviews will be transcribed and identifying information will be deleted from the transcripts. The recordings would be destroyed five years after publication of the research. Anonymous forms of the transcripts will be retained for future research and program planning purposes.

Please sign below that you agree to this confidentiality agreement

Sandeep Bhandal

June 3/2014 (completed)

[Redacted Signature]

Date

Printed Name of Transcriptionist

[Redacted Name]

[Signature]
Signature of Transcriptionist

APPENDIX K

Email Script for Follow up MBER Session

Hello,

As discussed on our final session together in the MBER group, I wanted to do a follow up on how the material learned in the MBER group has been helpful in your lives. The co-facilitator of the group, Sandeep Bhandal, is conducting a research study on the effectiveness of the MBER group in strengthening participant's relationship to their children.

Those who participate in the research will be invited to a reunion booster session early next year in which the initial results will be shared and people will get a chance to share in on what has been learned.

We will arrange for interviews at a location and time of your convenience. For those who are interested in being a part of this study, and sharing your experience in the MBER group, please contact Sandeep at the information provided below.

Thank you in advance for your involvement with the group, and in participating in the research study.

Sincerely,

Dr. Gurmeet Singh

APPENDIX L

Group Feedback

Group feedback

NOV. 5/13

Your Impressions**What was helpful?**

- Meditation exercises
- Concrete knowledge about mindfulness
- Interacting with group/using others stories
- Gain self-awareness
- ~~low~~ Content was good

What was difficult/ a hindrance?

- putting/pushing away other things in life:
 period of 8 weeks
 more flexibility
- * taking the time to practice out of my day

What could be better/ different?

- we could have different options —
 2 ^{over} Saturdays, over a weekend in 2
 days vs 8 weeks.
- Day group
- Once a month/booster drop in
- Resources w/in community (take home)
 to do meditation

APPENDIX M

Participant- Category-Incident List

Helpful	Hindering	Wish List
<p>1. Individualized family learning experience</p> <ul style="list-style-type: none"> a. Validating that people have different perspectives b. Recognizing that parents are doing the best that they can c. One participant's negative experiences encouraged other participants to be more positive d. Individualized learning and ongoing support 		
<p>2. Motivation to incorporate mindfulness in relationships</p> <ul style="list-style-type: none"> a. Being with other people with the same experiences b. Recognizing that learning skills changes relational dynamics c. Normalizing from facilitator d. Partners who reinforce use of skill in home context e. Mixed group of people with different experiences 	<p>Impediments to Motivation</p> <ul style="list-style-type: none"> a. Too much going on in own life (too busy) b. Getting distracted with life/lack of time commitment to practice c. Being able to follow through with exercises d. Making time for activities learned- 	

<ul style="list-style-type: none"> f. Building relationships with others in the group-going through the same thing; all mindful and respectful of each other g. Reinforced exercises already doing ie. meditation h. Increased desire to get more information i. In-depth learning of material j. Welcoming atmosphere k. Different type of parenting class l. Helpful for anxiety m. Enjoy participating in mindfulness n. Increased interest to learn more about what mindfulness is all about o. Self-commitment to attend p. Learning specific skills <p>Subcategory A: Facilitator's teaching of mindfulness within the context of family functioning</p> <ul style="list-style-type: none"> a. Having videos (other means to disseminate information) b. Refresher on self-regulation c. Video modelling d. Techniques used to get into body/stay in present moment e. Visual representation of material ie. videos f. Being led through the meditating exercises g. Using immediacy to connect with the material 	<ul style="list-style-type: none"> transferring skills to life e. Short time period between sessions f. Hard work g. Takes effort to do-especially when different dynamics are going on at home h. Time commitment to attend <p>Subcategory A: Barriers in successfully applying the mindfulness skills learned</p> <ul style="list-style-type: none"> a. Caregiver's inability to participate due to mental health concerns b. Difficulty being in the moment due to stress about future c. Being unable to attend all sessions of the group d. Traumatic experiences from childhood e. Parent's mental health f. High anxiety levels- health barriers g. Lack of predictability about others reactions h. Participants with negative experiences i. Other participants not being honest about what is going on for them 	
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<ul style="list-style-type: none"> h. Strategies of walking through exercises i. Well-explained content j. Understanding of participant circumstances and not shaming them k. Teaching modality format l. Examples used by facilitator to illustrate certain points m. Phrases used by facilitator: ‘smell the flowers because they may not be here tomorrow’ n. Phrases: situation now will be different the next time <p>Subcategory B: Effectiveness of mindfulness</p> <ul style="list-style-type: none"> a. It works! b. As a technique, it is grounding c. Increased awareness of how mindful one is d. Direct, simple approach e. Overall impact on all relationships (not just the target child) <p>Subcategory C: Facilitator characteristics</p> <ul style="list-style-type: none"> a. Great facilitator b. Having a personal connection with the interviewer/facilitator c. Facilitator’s calm voice 	<ul style="list-style-type: none"> j. Being aware of when to use mindfulness but not being able to use it in the moment k. Unable to apply material successfully post-group completion l. Strong emotional attachment or bond to something hinders ability to apply material m. Generalization of skills to parenting relationship n. Judgements or old habits of relating impeding mindfulness o. Personal self-care as a hindrance to fostering a strong connection to relationships p. Feeling tired/burnt out- lack of energy to do activities q. Difficulty getting in touch with body-taking mindfulness to the next level r. Feeling tired, less able to respond in calmer ways, continues cycle of conflict <p>Subcategory B: Existing family structure as a hindrance to retention of mindfulness content</p>	
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<ul style="list-style-type: none"> d. Competency of the facilitator e. Having a relationship established with the facilitator prior to group f. Having relationship established with facilitator at the outset of group 	<ul style="list-style-type: none"> a. Different ideas of parenting among both caregivers b. Only one caregiver attending, in contrast to both (having both on the same page) c. Others not understanding caregiver perspective d. Finding ways to apply it to all children in the home (not just the target child) in the same way e. Multiple children in the home- finding a way to parent without taking sides f. Generational impact: how caregivers were parented g. Children's own reactions h. No children living at home- hard to relate to material i. Different household dynamics- specifically in times of disciplining the child j. Partner's perceptions of how to parent the child k. Not knowing how my child will react next 	
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	<ul style="list-style-type: none"> l. Parental personality: difficult to change ex. being routine-oriented m. Judging oneself n. Short fuse/little patience when child reacts o. Unable to control emotions at all times 	
<ul style="list-style-type: none"> 3. Deeper understanding of family life <ul style="list-style-type: none"> a. Learning about chronic stress b. Learning tangible tasks to incorporate easily into own lives c. Learning about collaborative problem-solving d. Learning about the benefits of having a good relationship with the child e. Challenges one to re-evaluate parenting strategies f. Learning to let go of worries g. Learning to be in the present moment ‘putting the brakes on’ h. Learning to step away from the situation/take a break/time-out/walk away when too much i. Learning to focus on one thing at a time 		<p>Resources to strengthening family life</p> <ul style="list-style-type: none"> a. Learning more about how to deal with conflict b. Learning about triggers, and how to respond when triggered c. Learning more on how to deal with emotions d. Content on catastrophic outbursts- how to respond e. More discussion on child’s mental health- how this impacts how to respond f. Material talking about sibling rivalry- how to respond

<ul style="list-style-type: none"> j. Learned to set boundaries k. Talking about neuroplasticity/neuropathway of reaction l. Learning to slow things down m. Learning to put own needs ahead of others (Situation-dependant) n. Learning ways to manage stress levels o. Learning Value of interpersonal skills (awareness of own limits) p. Psycho-education about mental illness q. Learning about boundaries 		<ul style="list-style-type: none"> g. Earlier intervention with families about how to strengthen the parent-child relationship h. Curiosity of clinicians to ask families what they need i. Feeling anxious about not knowing how to support child j. Having the group tailored as a preventative measure: offering it to families when children are younger k. Having this information available before (when child are younger) <p>Subcategory A: Mindfulness education for children</p> <ul style="list-style-type: none"> a. Mindfulness for children b. Instilling hope for children
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		<ul style="list-style-type: none"> c. More support services for children d. Having a mindfulness group for siblings e. Inclusion of children- help generalizing skills to parent child relationship
<p>4. Improved Emotional Regulation in relationships</p> <ul style="list-style-type: none"> a. Learning to control one's emotions b. Learning to cue into what one is feeling helped with responses ie. frustrated, angry, etc. c. Learning to let go of negative feelings d. Recognizing how one is feeling in the inside helped to control the outside e. Self-control: awareness of own emotions and actions f. Awareness of uncomfortable emotions g. Helped with emotion regulation (not becoming easily overwhelmed) h. Integrated the 'flipped lid' exercise into content 		
		Group Organization

<p>5. Group organization to facilitate learning</p> <ul style="list-style-type: none"> a. Length of group worked great given family priorities b. Time manageable- only 2 hours a week c. Size of the group- smaller group d. Opportunities to ask questions e. Time of the group (5-7 pm) f. Small duration of group- 8 weeks was manageable g. Format of the group h. Evening schedule of the group i. Length of sessions (longer sessions, more helpful) j. Being in a group setting learning the material <p>Subcategory A: Presentation of mindfulness material</p> <ul style="list-style-type: none"> a. Material presented was relaxing b. Good pacing of material presented c. Attention-grabbing material- combination of different things <p>Subcategory B: Mindfulness as a positive contributor to group cohesion</p> <ul style="list-style-type: none"> a. Comfort with group b. Group cohesion: lessening of stigma c. Impact of other group members (learning exactly same information) 	<p>Group organization that impedes learning</p> <ul style="list-style-type: none"> a. Initial referral to the group; wanted counselling support but received group instead b. Unfamiliarity with initial contact person c. Being intimidated by professionals d. Caregiver's inability to participate due to mental health concerns <p>Subcategory A: Content as a hindrance to applying mindfulness material to family life</p> <ul style="list-style-type: none"> a. Content layout: only in powerpoint for most of the time- less engaging b. Unfamiliarity with questionnaire c. Less opportunities for dialogue/group discussion d. Difficulty connecting to content e. Information was overwhelming f. Struggled with mindful eating exercise <p>Subcategory B: Facilitator's presentation of material as a barrier to connecting to mindfulness</p> <ul style="list-style-type: none"> a. Validating that people have different ways of 	<p>Subcategory A: Changing presentation of content to better reflect individual learning styles</p> <ul style="list-style-type: none"> a. Simplifying the language b. More engaging activities c. Pausing to ensure people are on the same page d. More immediacy to connect material with ongoing group dynamics e. Integration of more personal experience about family relationships into current content f. Generating conversation to connect material with lived experience g. More conversation about real life examples of mindfulness h. More discussion on generational
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<ul style="list-style-type: none"> d. Being in a group reduces loneliness (not alone) e. Removing stigma and shame f. Allows for group cohesion, bonding with others, sharing each other's experience g. Positive group setting 	<ul style="list-style-type: none"> seeing things even within parental dyads b. Too much teaching c. Lack of follow up on insights from Dr. Singh after questions were raised from the group d. Too teaching-focused at times e. Lack of group opportunities for activities <p>Subcategory C: Structure of group as a poor predictor to mindfulness learning</p> <ul style="list-style-type: none"> a. Program ending- lack of accountability to continue practicing b. Structure of the room-board room in the middle not effective c. Temperature in room-fluctuating- too cold or too hot at times d. Making judgements about the group (lack of group cohesion) e. Safety in group: being able to openly share in front of a group <p>Subcategory D: Food as a barrier to keeping one focused/on-track in group session</p> <ul style="list-style-type: none"> a. Food was ok 	<p>changes of parenting</p> <p>Subcategory B: Finding ways to strengthen group cohesion from a positive family context lens</p> <ul style="list-style-type: none"> a. More immediacy to connect the material with the ongoing group dynamics b. Creating more safety for dialogue c. Having more vulnerable sharing d. Having information more readily available throughout group process e. Helping others be aware of the preliminary stages of application (debriefing about homework) f. More one on one opportunity to share (Connecting one's experience to what is being learned) g. More follow up from Dr. Singh
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		<p>(one on one support)</p> <ul style="list-style-type: none"> h. Develop a relationship with the facilitator at the initial phases of group i. Having relationship established with facilitator at the outset of group <p>Subcategory C: Changing the group dynamics to accommodate for family routine</p> <ul style="list-style-type: none"> a. Time manageable- only 2 hours a week b. Having the group during the daytime c. Setting of the group be in a different location d. Length of the group: too long (8 weeks)- changing structure e. Different type of parenting class <p>Subcategory D: Providing ongoing support groups post-group completion</p> <ul style="list-style-type: none"> a. Having an ongoing
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		<p>support/practice group</p> <ul style="list-style-type: none"> b. Having means for more connection c. More individualized and ongoing support d. Having a drop in group e. Having a booster session 2-4 weeks later f. Follow up group/opportunity to repeat as needed g. Having participants attend group multiple times h. Support after group completion-resources
<p>6. Multiple exposures to mindfulness education</p> <ul style="list-style-type: none"> a. Completing the group multiple times b. First experience was positive, leading to desire to complete it a second time c. Completing the group multiple times is helpful with the different points in life one is facing (time 	<p>Contextual Impediments to mindful parenting</p> <ul style="list-style-type: none"> a. Biases and beliefs hindering services b. Mistrust of government c. Child protection linked with CYMH d. Being intimidated by professionals e. Lack of support for child from teachers 	<p>Contextual factors</p> <p>Subcategory A: Increased access to supports for families</p> <ul style="list-style-type: none"> a. More supports available for children at MCFD b. Having a professional whom one has a good relationship

<p>span apart from each group) d. Past experience with mindfulness</p> <p>Subcategory A: Food as a contributor to retention of material</p> <ul style="list-style-type: none"> a. Having food (snacks) b. Food as a relaxing way to learning material <p>Subcategory B: Use of various experiential exercises to teach mindfulness</p> <ul style="list-style-type: none"> a. Beginning mindfulness activity as a helpful tool to keep one grounded for the remainder of the group session b. Different perspectives exercise c. Mindful eating exercise d. Craisin exercise e. Awareness of present moment <p>Subcategory C: Participant Accountability</p> <ul style="list-style-type: none"> a. Taking time to do these activities in group 	<ul style="list-style-type: none"> f. Lack of help available to child in emergency situations <p>Subcategory A: Lack of opportunities for connection</p> <ul style="list-style-type: none"> a. Lack of resources provided to further seek support as needed based on family circumstance b. Not enough networking 	<p>with share information about the group</p> <ul style="list-style-type: none"> c. Having more strategies for skill development d. More funding support from ministry/government e. Shorter wait lists for support from ministry f. Having MCFD have variety of support services available to families-in emergency situations
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<ul style="list-style-type: none"> b. Time commitment to attend (cannot miss more than one group session) c. By the third session, noticed the benefit of taking group d. Mindfulness helped participant to be more assertive, less reactive e. Increases insight/self awareness f. Awareness of own responsibility/personal responsibility g. Reminders to continue to practice mindfulness h. Prompted to pick a time of the day to practice i. Encouragement to use external devices as reminders to practice ie. cellphones j. Client's initiative and intentionality to practice skills regularly k. Reminder to breathe l. Increased focus on self-care as a way to strengthen relationship with child m. Learning to not respond, take a break, focus on self n. Letting go of responsibility o. Giving self-permission to pause, be calm, take care of self 		
<p>7. Awareness of the value of being mindful</p> <ul style="list-style-type: none"> a. To children: Helped with centering and listening to children/others b. Learning how to listen through mindfulness 		

<ul style="list-style-type: none"> c. Learning how to be more focused in other contexts such as work d. Applicable to everyday life e. Applying mindfulness to different contexts ie. travelling f. Mindfulness generalized to workplace g. Generalization of skills h. In the moment-application of skills in real life i. Mindful application: one thing in the moment j. Opportunities to share information to other families 		
<p>8. Improved confidence</p> <p>Subcategory A: Self-confidence</p> <ul style="list-style-type: none"> a. Feeling better about oneself as a caregiver/and an individual b. Having a follow up meeting after group completion c. Learning to take mindfulness to the next level/assessing when reacted d. Having the courage to say no e. Using existing resources, not giving up f. Completing the course increased appreciation for value of mindfulness g. Affirmed what I was already doing h. Made a subtle difference in life 'I've seen the 		<p>Increasing confidence as a caregiver</p> <p>Subcategory A: More attention to parenting challenges with mindfulness</p> <ul style="list-style-type: none"> a. More normalization of parenting challenges b. More acknowledgement of the courage of parents c. More validation that people have different perspectives even within parental dyads d. More couples support built

<p>light and it's made a difference'</p> <ul style="list-style-type: none"> i. Being more aware of surroundings, ie. trees, food cooking, etc. j. Impact physically: stress reduction k. Awareness of own limits/responsibility l. Stopping judgemental worry, anxiety- decrease in distress m. Reduced anxiety n. Recognition to acknowledge her sense of calmness (learning to be honest with self) o. Increase self-control (not blurting out answers, thinking before answering) p. Having other supports available ie. counselling <p>Subcategory B: Confidence in relationships</p> <ul style="list-style-type: none"> a. Less critical/judgemental of self b. Being non-judgemental c. Shift of insight 'We really only have today' – ah ha moment! d. Learning to be aware of communication to child e. Increase recognition of limits of others f. Awareness of communication g. Awareness of mirroring skills and impact in other relationships (being calm allows child to remain calm) 		<p>into the program</p> <ul style="list-style-type: none"> e. Normalization of mindfulness practice that it takes time to practice/apply mindfulness <p>Subcategory B: Inclusion of all caregivers into group process</p> <ul style="list-style-type: none"> a. Having partner (both parents) also learn the same material b. Welcoming atmosphere c. Understanding of participant circumstances and not shaming them d. Recognizing that parents are doing the best they can e. Validating that people have different ways of seeing things even within parental dyads f. Validating that people have different perspectives <p>Subcategory C: Creating opportunities for input from</p>
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<ul style="list-style-type: none"> h. Awareness of own response i. Learning about the value of self-reflection, how lack of self-regulation can impact family j. How lack of self-regulation can impact family k. During group session l. Debriefing about homework sessions m. Learning to put aside stress and relax n. Spending time on one task o. Having the knowledge to sit back/deal with it rather than react p. Awareness in the moment q. Opportunity for reflection, process, emotional empathy balance with content in the group 		<p>participants about their family experiences</p> <ul style="list-style-type: none"> a. Having more inclusion and input into the program from participants b. More opportunity to apply what is learned in life c. More group discussion opportunities d. More debriefing on breathing exercises e. Increasing networking among participants
<p>Subcategory C: Parenting confidence</p> <ul style="list-style-type: none"> a. Encouragement to engage in dialogue with child from a calm perspective b. Transferring skills learned to child c. Encouraged spending more quality time with child d. Learned to praise the child after good behavior/little successes that they do e. Increased empathy towards child 		

<ul style="list-style-type: none"> f. Increase awareness of child's capacity, individual strengths, etc. g. Learning to work together in relationships/play on the same team h. Learned to keep a happy medium- being a parent and a friend- balance i. Learned to find child's strengths and increase their confidence j. Gained confidence as a caregiver to let it go/let child be independent k. Learning to compromise with child/ in the relationship l. Interacting with child: letting the child know caregiver can be at fault at times too m. Giving the child opportunity to share their feelings n. Giving the child a voice to be heard o. Learning to let things be, and be ok with what the child is doing p. Learning to listen to child q. Impact on interpersonal relationship r. Being mindful of language: changing language to less confrontational ways s. Increased empathy towards child t. Shift in personal responsibility (child has 		
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<p>their own problems vs. participant)</p> <ul style="list-style-type: none">u. Increase attention with sonv. Encouraged more time to spend together with child (bonding time)w. Benefit to relationship-spending time increases connectionx. Increased trust with children/in relationshipy. Balancing expectations with flexibility in relationships with childrenz. Learning to set realistic expectations (knowing they are grown up)aa. Having others help in generalizing of skills, awareness in the moment of when not using the skills (Breathe Mom!)		
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