

# 2025 BIENNIAL MEETING

*Mindful Families, Schools, and Communities: Contemplative Practices to Promote  
Child Well-Being and Health Equity 2025 Pre-Conference*

## **Session 1: Families Experiencing Adversity and Stress**

**Chairs: Julie Poehlmann (UW-Madison) & Allie Sullivan (University of California, San Francisco)**

### **A Mindfulness Intervention for Highly Stressed Parents of Adolescent**

**Tara M. Chaplin, PhD (Department of Psychology, George Mason University); Lillian Foote; Sarah Fischer; Allison Fuchs**

The parenting environment is critically important for adolescent socio-emotional development. High levels of parent stress (which is common for parents of adolescents) can challenge parenting and the family environment, which can lead to negative outcomes in adolescents. Thus, it is important to identify evidence-based interventions that reduce parent stress. Mindfulness-based interventions aim to reduce stress and may be a promising approach for reducing parent stress and improving parenting and adolescent outcomes. However, few large scale randomized controlled trials (RCTs) have tested the effects of mindfulness interventions for parents, particularly parents of adolescents. Our team has developed and is testing a mindfulness intervention for highly stressed parents of adolescents, the Parenting Mindfully (PM) intervention.

We recently conducted a pilot RCT of the PM intervention with 96 highly-stressed mothers of 11-17 year olds. This study found that the PM intervention reduced maternal stress, improved parenting, and prevented increases in externalizing symptoms and substance use in adolescents (Chaplin, Turpyn et al., 2021; Chaplin, Mauro et al., 2021).

We are now conducting a large-scale RCT of the PM intervention with 269 parents of 12-14 year olds with clinically-elevated levels of stress from the community (sex: 55% boys; 45% girls; Race/ethnicity: 60% White, 19% more than 1 race, 13% Black, 5% Asian, and 3% other race, with 12% Hispanic ethnicity). Parents were randomly assigned to the 8 week PM intervention or to an 8 week Parent Education (PE) control intervention. The PM group included meditation, discussion of mindfulness in everyday parenting interactions, and practice of mindful listening and non-reactivity in parenting. The PE group included education on and discussion of adolescent development topics (e.g., social development/peers).

At pre- and post-intervention, parents are reporting on their stress and parenting. In late March 2025, the post-intervention assessments will be completed for all 269 families and we will conduct ANCOVAs to examine effects of the PM intervention (compared to the PE control intervention) on parent stress and parenting at post-intervention, covarying pre-intervention scores and relevant demographic variables. We will share these initial intervention results and

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implications of our findings for further work on mindfulness interventions for families experiencing high levels of stress.

**Prenatal Mindfulness Intervention Leads to Lower Child Psychopathology, Mediated by Reductions in Perinatal Maternal Depression**

**Alexandra D. W. Sullivan, PhD (Department of Psychiatry, School of Medicine, University of California San Francisco); Michael Coccia, Danielle S. Roubinov; Amanda Noroña-Zhou; Barbara A. Laraia; Cassandra Vieten; Elissa Epel; Nicole R. Bush**

Pregnancy is a sensitive period for child development and, therefore, potentially also for the effects of health-promoting programs. Pregnancy psychosocial interventions may not only lower perinatal maternal depression, but may also exert benefits across generations to bolster child mental health. However, two-generation evidence is limited and restricted to outcomes assessed in infancy.

Previously published findings from our group indicate that women who participated in an 8-week, controlled trial of a mindfulness-based prenatal intervention (MIND) had lower levels of depressive symptoms during the perinatal period (measured with the Patient Health Questionnaire (PHQ-9) during the 3rd trimester and at 6 months postpartum) compared to those in treatment as usual (TAU). Groups did not differ in depressive symptoms at baseline. The sample was low-income, diverse mother-child dyads ( $n = 106$ ; 52% girls; maternal age at enrollment: 28.03 years; 89% ethnic or racial minorities: 35% Latina/o, 34% Black, 2% Asian, 2% Middle Eastern or North African, and 16% multiracial).

Using longitudinal serial mediation path analysis with the R package brms, we fit models using Hamiltonian Monte Carlo in Stan for Bayesian inference. We found that children whose mothers participated in MIND had lower psychopathology symptoms relative to offspring of the TAU group ( $b = -10.82$ , 95% CI  $[-21.56, -0.21]$ ) (see Fig. 1). These differences were meaningfully explained by decreases in levels of perinatal maternal depression, such that the overall indirect effect of maternal depression on child psychopathology ( $b = -4.1$ , 95% CI  $[-8.80, -0.52]$ ) accounted for ~38% of the total intervention effect on child psychopathology.

Findings suggest that a prenatal psychosocial mindfulness intervention starting early in the second trimester of pregnancy can affect offspring psychopathology and that reductions in perinatal maternal depressive symptoms are one mechanism accounting for these effects. These results constitute the first known evidence suggesting that two-generation effects of maternal prenatal psychosocial intervention extend to reductions in school-aged children's psychopathology.

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#### **Community-Collaborative Mindfulness and Racial Socialization for Parental Strength and Healing**

**James Huguley, EdD (School of Social Work, University of Pittsburgh)**

Recent years have brought to light the immense challenges and enduring traumas for Black parents due to systemic injustices like pandemic disparities, police violence, anti-black politics, and various other structurally oppressive forces. Black communities and their anchor institutions are often at a loss in finding evidence-based resources that are intentionally tailored to help Black caregivers navigate racialized parental stress and the recurring impacts of racism on their families. In response, the Race and Youth Development Team at Pitt's Center on Race and Social Problems has partnered with Awaken Pittsburgh and community anchor organizations to develop and establish Mindful Connections for Black Families (MCBF). MCBF exists at the intersection of racial justice, human development, and mindfulness, and equips caregivers with tools for resilience, stress management, trauma identification, and raising thriving Black youth. This presentation will detail the development and outcomes associated with this community-collaborative programming.

#### **Sociodemographic factors and the Efficacy of Mindfulness Interventions for Parents of Children with Autism and Developmental Disabilities**

**Cameron L. Neece, PhD, MA (Loma Linda University)**

Parents of children with autism and developmental disabilities typically experience high levels of stress compared to parents of neurotypical children (Karst & Van Hecke, 2012; Benson, 2006). Despite urgent calls to action (Bears et al. 2015; Oono et al., 2013), parenting stress has rarely been addressed directly in interventions for these families, and even less so in underserved and racial/ethnic minority populations where clinical needs are greater (Magaña et al., 2012). This presentation will review the outcomes of two NIH-funded clinical trials investigating family-based interventions for diverse parents of children with autism and developmental disabilities, and review sociodemographic factors, specifically Latino/a/x ethnicity and socioeconomic status, as potential moderators of intervention outcomes. Initial analyses have indicated that Mindfulness-Based Stress Reduction (MBSR) was superior to a psychoeducation and support group active control intervention in reducing parental distress (Neece et al., 2023; Neece, McIntyre, and DeGarmo, under review), and future analyses will examine whether these outcomes differ as a function of (1) ethnicity and (2) socioeconomic status. Results from this investigation will provide insight on the efficacy of mindfulness interventions for diverse families of young children experiencing a range of significant stressors.

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## **Session 2: Mindfulness in School Settings**

**Chairs: Rob Roeser (Penn State) & Joshua Felver (Cornell University)**

### **Why Universal School-based Mindfulness Interventions for Youth Often Don't Work and How We Can Improve Them**

**Brian Galla (University of Pittsburgh)**

This talk introduces and describes the “motivation problem” lurking in universal school-based mindfulness interventions for adolescents and how it limits their scalability and effectiveness. I will first review evidence from multiple trials to show that adolescents consistently report low levels of engagement in mindfulness practices and that many interventions have failed to improve adolescents’ mental health. I then propose a novel approach to overcoming the motivation problem in universal interventions: eliminating meditation entirely and focusing on instilling contemplative viewpoints conducive to flourishing. Mindfulness skills should be taught only to those youth who express genuine interest in meditation.

### **Theoretical and Methodological Considerations for Research on Contemplative Development**

**Timothy Martin (University of Minnesota)**

Research on mindfulness and contemplative practices is on the rise, especially in the field of developmental science. Emerging research suggests that contemplative interventions are effective for improving empathy, emotional intelligence, stress management, and general capacities such as executive function, which have consequences for emotional regulation, academic performance, and adulthood success. The popularity of mindfulness-based school programs, in particular, begs theoretical questions regarding how contemplative practice alters the minds of developing children, how varying contemplative practices across diverse populations and contexts shape known developmental processes (e.g., executive function), and whether contemplative interventions can facilitate aspects of development. The following talk will explore theoretical and methodological considerations for research on mindfulness in school settings. In particular, pragmatic questions will be posed regarding possible forms of collaboration between research labs, such as data sharing within an open science framework.

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### **Session 3: Parent Well-being and Parent-Child Relationships**

**Chairs: Justin Parent (University of Rhode Island) & Tuyen Huynh (University of South Carolina)**

#### **Leveraging stakeholder feedback and AI tools in the design of an interactive mindfulness app for divorcing parents**

**Na Zhang, Ph.D. (University of Connecticut); Yuan Lin, B.S.**

Over 8.1 million U.S. children live with a divorced parent and show increased risks for mental health problems. Effective parenting protects children from the mental health impacts of childhood adverse experiences. However, parental psychological distress may hinder effective parenting and contribute to interparental conflict post-divorce. While online parenting programs have emerged and been adopted by the family court system, there are no such online tools that help alleviate the burden of psychological distress among divorcing parents. Mindfulness interventions, by teaching non-judgmental awareness of moment-to-moment experiences, have proven benefits to reduce psychological stress, and digital apps have the advantages of accessibility and scalability.

This study aims to develop a mindfulness-based web app for high-risk divorced parents to reduce their psychological distress and improve parenting and co-parenting skills, leading to children's wellbeing. We conducted a two-phase study, involving divorced parents (users) and court professionals (stakeholders) to ensure our design and functionality meet the needs, goals, and preferences of divorced parents. This user-centered approach can optimize user engagement and effectiveness (Lyon & Koerner, 2016).

Methods: Phase-1 participants were 23 divorced parents and 34 stakeholders, recruited through family courts, community agencies, and social media. Phase-2 study involved 9 divorced parents. All parents were divorced or legally separated in the past 3 years, had at least one child aged between 6 and 18 years, and reported mild-to-moderate psychological distress on the Kessler-6 Scale (Kessler et al., 2002). Stakeholders had at least 6 months of experience in positions that require interactions with divorcing parents.

Phase-1 involved 1-hour semi-structured individual interviews with parents and stakeholders, focusing on divorcing parents' challenges, needs, and perceived benefits/barriers of a mindfulness app. Phase-2 involves researchers and web developers developing the app and simultaneously improving the design by conducting user-testing research with divorced parents. App-testing meetings and surveys were used to ask structured questions on app mock-ups, functional prototypes, design ideas/features, and contents (e.g., activities, recordings of mindfulness teachers, modalities). Think Aloud methodology was used to evaluate user interface design, app navigation, and functions. After testing, parents rated how much they would like to continue exploring the app on a 10-point scale (10 = most favorable). All study

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procedures were online.

Results: Phase-1 revealed divorced parents' psychological distress in multiple domains (e.g., loss of self-identity, parenthood struggles, conflicts with their ex-partner, and legal or financial concerns). Parents and stakeholders endorsed our mindfulness app ideas. Thematic analyses suggested that the app should focus on mindful self-care, parenting, and co-parenting skills via brief meditation activities. Phase-2 parents provided positive feedback on our app prototypes and suggested functions, features, and content preferences. Overall, participants expressed positive feedback and considered the app design satisfactory (averaged 8 out of 10).

Conclusions: User-centered research helped the initial design and the continued development of an engaging mindfulness online program for high-risk divorced parents. After collecting and incorporating more data from parents, we will refine the app and conduct a randomized controlled trial to evaluate the intervention.

#### **Caring for the whole family: Family system outcomes of an innovative approach to delivering pediatric tele-mental health care**

**Alison M. Stoner, Ph.D. (Loyola University Chicago); Helen Link Egger, MD**

Background: The mental health of each family member impacts the entire interconnected network of relationships that creates the family system. Children are especially affected by the health of the family system, as they rely on and are very strongly influenced by the parent-child relationship.

Despite recommendations from expert governing bodies to screen primary caregivers for mental health concerns and incorporate them into care (Earls et al., 2019; National Academies of Sciences, 2019), standard child mental health practice continues to focus exclusively on the individual child. Assessment is primarily done using parent-proxy and youth self-report of child mental health concerns and treatment goals are typically child-focused and deficits-oriented.

Methods: An overview of an innovative, whole-family approach to tele-mental health care for children and families will be provided. Evidence-based approaches to promote healthy parent-child relationships, including mindful parenting work and mindfulness exercises with the parent-child dyad will be highlighted. Special attention will be paid to the use of collaborative treatment planning and measurement-informed care to engage and empower parents in the treatment planning and care process overall, including the use of dyadic- and/or family-based treatment goals to enhance family well-being and of regular, contemplative Check-Up Sessions for ongoing assessment and reflection on the experience of care.

Data on therapeutic alliance and clinical outcome data will be presented on over 600 families

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with a child between 0 and 14 years old participating in virtual child therapy. Validated measures capturing clinical outcomes (Clinical Global Impression-Improvement Scale), parent mental health (GAD-2 and PHQ-2), family mental health (adapted Brief Family Stress Scale, Revised Dyadic Adjustment Scale, and Tuko Pamoja Family Scale), and therapeutic alliance (Therapeutic Alliance Scale for Caregivers and Parents and Brief Revised Working Alliance Inventory) were collected throughout treatment.

Results: After 12 sessions of therapy, caregivers reported clinically significant improvements in caregiver and family mental health outcomes, including caregiver anxiety and depression, family stress, co-parent conflict, and parent-partner relationship and 78% of children demonstrate clinically significant improvement on the CGI-I. On measures of therapeutic alliance, 99.67% of patients report moderate or high therapeutic alliance with their provider after at least four sessions.

Conclusion: A whole family approach to child mental health care results in improvements across the entire family system.

### **Antiracist Parenting with Mindfulness and Self-Compassion: Supporting Critical Consciousness Among White Families with Young Children**

**Margaret L. Kerr, Ph.D. (University of Wisconsin–Madison); Inés Botto, M.S., M.Ed.; Larissa G. Duncan, Ph.D.**

Recognition of the detrimental effects of racism on public health in the United States has been building. In 2020, the uprisings of the Movement for Black Lives increased awareness among white families of the need to discuss racism with their children. Racial socialization practices are well-studied among global majority families in the U.S., however, there are deficits in knowledge of and intervention approaches for guiding white families in disrupting racism through effective racial socialization. Evidence suggests children's implicit racial biases begin forming early, yet white families may consider their children "too young" to discuss these topics in early childhood.

Upholding children's "white innocence" is just one parenting practice contributing to the intergenerational transmission of racism.

In response to community and Extension educator requests, we created a six-session Antiracist Parenting (ARP) program for predominantly white parents of preschoolers. Although global majority families engage in racial socialization to counteract societal racism, white privilege allows white families to bypass preparing their children for racism and instead socialize them into a culture of whiteness. ARP aims to enhance willingness to confront white privilege and engage in intentional antiracist socialization, drawing on relevant theories, research, and

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contemplative practices (mindfulness, compassion, and self-compassion) to support white parents in building “racial stamina” and disrupting color-evasive parenting.

We conducted pilot research on ARP with white parents (N=19) of young children (ages 3-6). Participants’ perceived costs of confronting white privilege decreased from pre-course (M=8.06, SD=1.06) to post-course (M=7.53, SD=0.61),  $t(7) = -0.887$ ,  $p = .039$ , and 95% reported ARP would help them and their child be more antiracist. Process evaluation revealed parents often showed a sense of urgency and perfectionism (hallmarks of white supremacy culture), desiring flawless race conversations and a checklist approach, leading to self-criticism and guilt when interactions did not meet expectations. Contemplative practices were offered as antidotes, resulting in increased self-compassion from pre-course (M=3.94, SD=0.05) to post-course (M=5.89, SD=0.93);  $t(15) = 7.392$ ,  $p < .001$ .

Despite these benefits, parents were not wholly convinced of the value of contemplative practices they felt at odds with their sense of urgency to confront systemic racism. While 67% of participants said the mindfulness components were a valuable use of time in a post-course survey, only 50% said they integrated mindfulness into their antiracist parenting practices. We view this as potentially requiring more attention to mindfulness and compassion in the ARP program, but with intentional questions about how best to honor community wisdom in doing so. Despite this mixed feedback, we also saw important indications of action following ARP. After participation, 93% reported initiating more conversations with their children about race and racism, 73% responded more to their child's race-related questions and comments, and 67% indicated increased attention to their nonverbal cues about race and racism. We also identified ways to improve ARP around encouraging parents to take antiracist social action with their children and with other families in service of collective well-being.

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### **Session 4: Mindfulness and Self-Compassion with Youth and Young Adults**

**Chairs: Danielle Rosencrugg (University of Michigan) & Christine Lathren (University of  
North Carolina)**

#### **Compassion Skills Attenuate Blood Pressure and Behavioral Stress Reactivity to Social- Evaluative Stress among Young Adults**

**Emily Helminen (Brown University); Kriti Behari, M.A.; Jillian R. Scheer, Ph.D.; Joshua C.  
Felver, Ph.D.**

Physiological and behavioral stress reactivity to social-evaluative stress during emerging adulthood are important indicators for young adults' cardiovascular health and social performance, respectively. In particular, blood pressure hyperreactivity (i.e., increases of  $\geq 20$  mmHg for systolic blood pressure and  $\geq 15$  mmHg for diastolic blood pressure) to stress among young adults is associated with increased risk of hypertension later in life. Behavioral responses (e.g., eye contact/avoidance of eye contact) during social-evaluative situations, such as interviews, are consistently associated with overall performance ratings. Coping skills interventions may buffer against physiological and behavioral stress reactivity for young adults and represent a promising avenue for cardiovascular disease risk prevention and improved performance during social evaluation. Developing compassion skills (e.g., self-compassion, compassion for others) to cope with stressors has demonstrated efficacy in reducing physiological and self-reported stress reactivity to social-evaluative stress, but no research to date has examined effects on blood pressure or behavioral stress reactivity. This study tested the stress-buffering effects of a group-based 40-minute compassion microintervention compared to cognitive behavior therapy-based skills training (i.e., cognitive reappraisal). Young adults ( $N = 50$ ) were cluster-randomized to either the compassion or cognitive reappraisal intervention. Participants attended a lab visit and completed their assigned intervention. Immediately post-intervention, participants were administered the Trier Social Stress Test for Groups (TSST-G). Systolic and diastolic blood pressure, heart rate, and self-reported stress were assessed throughout the lab visit. TSST-G panelists rated observable behavioral responses to stress (e.g., avoiding eye contact, halting speech) for each TSST-G session. Compared to the cognitive reappraisal training, participants in the compassion microintervention exhibited lower diastolic blood pressure reactivity, less blood pressure hyperreactivity, and fewer observable stress behaviors to the TSST-G. Compassion skills may be a promising area of research for stress management among young adults, particularly focused on cardiovascular health prevention and social-evaluative performance.

#### **Teaching Adolescents with type 1 Diabetes Self-compassion (TADS) to reduce diabetes distress: A randomized controlled trial**

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**Marwa El Masri, MD (Children’s Hospital of Eastern Ontario); Saunya Dover MSc; Adam Khalif MSc; Karen Bluth PhD; Corien Peeters Cpsych; Andrew Leonard BA BSc; Alexandra Ahmet MD; Ellen B Goldbloom MD; Karine Khatchadourian MD MSc; Caroline Zuijdwijk MD; Sarah Lawrence MD; Gary S Goldfield Cpsych; Sarah Hamilton BA; Omar Imran MSc; Yongdong Ouyang PhD; Arlene Jiang MSc; Anna Heath PhD; Brian M Feldman MD MSc; Kuan Liu PhD; Jai Shah MD; Marie- Eve Robinson MD MSc**

**Objective:** Diabetes distress is defined as the emotional burden and stress associated with managing diabetes. Youth with type 1 diabetes (T1D) have increased levels of diabetes distress, underscoring the need for targeted interventions to improve their psychological wellbeing. Mindful Self-Compassion (MSC) is a psychological intervention that combines mindfulness practices and self-compassion techniques. This study evaluates the effectiveness of the virtual MSC for Teens (MSC-T) intervention in reducing diabetes distress among youth with T1D.

**Methods:** We conducted a single-center parallel-group randomized controlled trial among adolescents aged 12-17 years with T1D in Ontario, Canada. Participants were assigned to either the virtual 8-week MSC-T program or standard of care. Our primary outcome was diabetes distress as measured through the Problem Areas in Diabetes-Teen (PAID-T) at 3-months post-baseline. The PAID-T calculates an overall distress score of 26-156. Changes of more than 7 points are considered clinically meaningful. This was analyzed using a linear regression model adjusted for age and baseline diabetes distress.

**Results:** 141 youth completed the study (70 in the MSC-T group and 71 in the control group). Mean age was  $15.2 \pm 1.7$  years for MSC-T and  $15.1 \pm 1.4$  years for controls. Baseline mean PAID-T scores were  $74 \pm 27$  in MSC-T and  $72 \pm 25$  in controls. The intention to treat analysis indicated a significant effect of MSC-T in reducing PAID-T raw scores at 3 months ( $\beta$  [regression coefficient] -12.33; 95% confidence interval [CI] -18.54 to -6.11;  $P < 0.001$ ). The multiple imputation analysis to account for missing data showed maintenance of a significant effect for the intervention ( $\beta$  -12.03; 95% CI - 18.33 to -5.74;  $P < 0.001$ )

**Conclusion:** MSC-T reduced diabetes distress in youth with T1D at 3 months post-baseline in a clinically and statistically significant manner compared to standard of care. This finding underscores the potential of MSC-T as an intervention that addresses the emotional burden associated with T1D. The remainder of our analysis will evaluate the impact of MSC-T on anxiety, depressive symptoms, disordered eating, suicidal ideation, and metabolic outcomes.

### **Teaching Adolescents with type 1 Nurturing Compassionate Responding Towards Oneself and Others Through the Caregiver-Child Relationship**

**Ryan Herringa, MD, PhD (University of Wisconsin School of Medicine & Public Health); Sara Heyn, PhD; Samantha DiMaio, BS; Jamie Lynn Tatera, BA; Jessica Borelli, PhD; Karen Bluth, PhD; Christine Lathren, MD**

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Youth are experiencing a mental health crisis, leading the U.S. Surgeon General to issue a rare advisory on the youth mental health. There is an urgent need to develop mindfulness and related contemplative programming in schools and other settings that can reach youth at scale. Reaching the family system is a critical component to helping youth generalize skills of well-being, resilience, and bolstering the family environment. In this pilot study, we tested the delivery of dyadic Mindful Self-Compassion for Children and Caregivers (MSC-CC) in elementary school students (3rd/4th grade) and their caregivers in 24 parent-child dyads. MSC emphasizes key skill components of mindfulness, a sense of common humanity, and self-kindness. MSC-CC was delivered virtually over 8 weekly sessions, across 2 consecutive cohorts of children and their caregivers. Pre- and post- programming, we collected data on caregiver and child self-compassion skills, child depression and anxiety symptoms, parent-child relationship quality, parent stress, as well as a laboratory observational task on parent-child interaction (unsolvable puzzle task). All procedures were approved by the University of Wisconsin Institutional Review Board. Initial results show high retention and acceptability of the 8-week virtual program. Furthermore, we observed improvements in caregiver self-compassion skills as well as child anxiety symptoms from pre- to post-programming. Analyses are ongoing to assess effects on the parent child relationship, parent stress, and parent-child interactions in the laboratory-based task. We are also nearing completion of translating this curriculum into Spanish, with anticipated deployment of a Spanish-speaking group program this fall. Altogether, this study lays the foundation for expansion of testing parent- child dyadic compassion programming more widely in schools and examining biobehavioral mechanisms of improved well-being in the family system. Given the known protective benefits of self-compassion programming for internalizing problems in youth and adults, both preventively and as an intervention, wider scale deployment of such programming has the potential to ameliorate the mental health crisis in youth, and doing so in a critical developmental period prior to the rapid rise in anxiety, depression, and other mental health problems in adolescence

#### **Qualitative Exploration of Youth’s Experiences in a Dyadic Caregiver-Child Mindfulness and Self- Compassion Course**

**Christine Lathren, MD, MSPH (University of North Carolina); Ryan Herringa, MD, PhD; Sara Heyn BS, JD, PhD; Samantha DiMaio, BS; Hana Nip, BS; Jamie Lynn Tatera, MS; Veronica Diaz, MS**

Youth are experiencing high rates of mental health challenges, including anxiety and depressive symptoms. Programming that teaches mindfulness and self-compassion skills simultaneously to pre- adolescent children and a primary caregiver is promising because it targets youth mental health in numerous ways. Youth may gain coping skills prior to the increased stress of adolescence, while caregivers may increase their own use and modeling of self-compassion as well as their capacity to support youth as they experience difficult emotions. This qualitative

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study aims to explore the experiences of pre-adolescent youth post-participation in a dyadic mindfulness and self-compassion skills course. Two cohorts of mid to late elementary-school aged children (ages 8-11, N=21 total) with anxiety and/or depressive symptoms and a primary caregiver were recruited from Madison, Wisconsin elementary schools via flyers in backpacks and e-flyers, teacher referrals, PTA announcements and social media advertising. Led by a certified self-compassion instructor, caregivers and children participated in 6 weekly 1-hour live, online group mindfulness and self-compassion sessions. Using age-appropriate activities and props (e.g., comics, stuffed animals), the dyad co-learned 'habits' for noticing, accepting, and managing difficult emotions using mindfulness and self-compassion. Youth participants completed an online, audio-recorded semi-structured interview with research staff post-course. We asked youth about their experiences learning mindfulness and self-compassion, including if and how they were using the skills, recommended changes to the sessions, and if and how their caregiver's behavior or their relationship with their caregiver changed post-course. Interviews were transcribed verbatim and analyzed by two research staff (including the interviewer) using reflexive thematic analysis. We developed three themes related to youth's experience with the course: awareness of interconnection and shared vulnerability, awareness of inner coping resources, and engagement motivating learning (preliminary). Findings inform program refinement, implementation and dissemination strategies, and outcomes of importance.

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## Flash Talk Presentations

### Nourishing Families: Parents as Partners in a Mindful Eating Intervention for Preschoolers

**Kristen Davis, MS, RD (Syracuse University); Rachel Razza, Ph.D.; Lynn Brann, Ph.D.; Rylee Pepper; Lexie Lazarus; Quinn Gonzalez**

National data reveal some improvements in dietary quality, but more than half of children's diets are considered poor quality (Liu et al., 2020). Given that children's eating behaviors are impacted by genetic, behavioral, and environmental factors, interventions to decrease childhood obesity risk and promote healthy eating behaviors must begin early in life, target critical self-regulatory skills, and include substantive supports for caregivers (Anzman-Frasca et al., 2022). Caregivers have the capacity to shape children's healthy eating via feeding practices that include sensory experiences, support satiety cues, and model healthy practices (Fisher et al., 2021). Thus, multi-component early childhood education interventions that include parents and teachers to promote holistic development (Mondi et al., 2021) are critical to supporting children and families.

Our interdisciplinary research team is developing a multi-tiered mindful eating intervention, Mindfully Growing, that includes child, parent, and childcare provider components, to support preschool children in their development of healthy eating habits. Previous mixed-methods research with early childhood education teachers indicated the 10-lesson child curriculum was both feasible and acceptable; teachers provided strategies for overcoming challenges and identified curriculum aspects that would enhance child food acceptance themes from focus groups (Brann et al., 2024, under review). The present study utilizes Participatory Action Research (Cornish et al., 2023) to revise and expand the parenting component intervention, with a focus of serving diverse and primarily low-income families. The parent curriculum infuses mindfulness-based practices with mindful feeding and mealtime strategies to help reduce parent stress, support children's general and appetite self-regulation, and cultivate healthy family eating practices.

Currently, the content is designed to be implemented across three workshops and our goal is to engage parents in the revision of these workshops to better align with their needs and strengths as well as to expand the material in ways that they identify as meaningful and relevant. We have recruited parents from two diverse local community groups in Syracuse to participate in the first round of focus groups which are planned for January with the second and third planned for February and March. Our community partners include Head Start and a local community organization that supports adult and child literacy for resettled families. The focus groups will be delivered in English and translators will be present for two of the focus groups to support families from the community who speak Masalit and Dari. Focus groups will be held on site in locations that are convenient for the families, will include childcare, and will last

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approximately one hour each. Focus groups will be audio-recorded and transcribed. Transcripts will be reviewed and coded separately by the researchers using Dedoose software. An inductive thematic analysis approach will be used for data analysis (Braun & Clark, 2013). As the focus groups are scheduled to take place in January, February and March, the results from the qualitative data will be ready for presentation this spring.

#### **Predicting Infant Temperament: The Role of Mindful Parenting in Infancy**

**Magen Lowe, M.S. (Washington State University); Victoria Jones, M.S.; Masha A. Gartstein, Ph.D.**

Perinatal anxiety and depression can be disruptive to the mother-baby relationship; influencing maternal perceptions of infant temperament (Behrendt et al., 2020; Davis et al., 2007; Henrichs et al. 2009; Takács et al., 2020), maternal-infant interactions (Putnam et al., 2002) and decreasing parenting self-efficacy, contributing to parenting stress. Although few studies have explored the impacts of perinatal mood and anxiety symptoms on parenting practices in infancy, some studies found the utility of mindful parenting practices in reducing parenting stress and mitigating the effects of maternal psychopathology (Hoyo-Bilbao & Orue, 2024; Laurent et al., 2017; Potharst et al., 2021). These findings suggest that mindful parenting during early infancy may foster a more compassionate and emotionally attuned lens through which mothers view and respond to their infants' behavior.

The sample consisted of 76 white, partnered, well-educated mother-infant dyads. Mindful parenting, maternal anxiety and depression, and infant temperament were assessed when infants were 6-12 months of age (M Age = 33.41 weeks, SD = 9.10). It was hypothesized that higher parenting mindfulness scores would predict greater levels of positive affectivity/surgency (PAS) and regulatory capacity (RC), above and beyond maternal anxiety and depression. This project focused on PAS and RC, the typically protective aspects of temperament that are often understudied relative to distress proneness and negative affectivity.

Hierarchical regressions were computed for each temperament factor, with infant age and sex, maternal anxiety and depression, and mindful parenting as predictors. Consistent with hypotheses, mindful parenting ( $\beta = 2.60$ ,  $p = .01$ ), child sex ( $\beta = 2.21$ ,  $p = .03$ ), and child age ( $\beta = 2.56$ ,  $p = .01$ ) predicted PAS, such that older infant age, being female, and greater maternal mindfulness in parenting were associated with higher PAS scores, controlling for other variables. Greater mindful parenting ( $\beta = 1.67$ ,  $p = .10$ ) predicted higher RC at a trend level, controlling for other variables. Follow up regression analyses were conducted for the PAS and RC subscales. Mindful parenting significantly predicted approach ( $\beta = 2.69$ ,  $p = .01$ ), smiling and laughter ( $\beta = 2.06$ ,  $p = .04$ ), and cuddliness ( $\beta = 3.13$ ,  $p = .003$ ) as well as vocal reactivity ( $\beta = 1.76$ ,  $p = .08$ ) and perceptual sensitivity ( $\beta = 1.82$ ,  $p = .07$ ) at a trend level, controlling for

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maternal mental health, child sex, and child age. Consistent with prior literature, results indicate mindful parenting is associated greater PAS and RC. It may also be that mothers indicating more mindful parenting find these aspects of infant temperament more salient (e.g., cuddliness compared to perceptual sensitivity), thereby attending to them more and reporting higher levels.

#### **Maternal Mindfulness, Warmth, and Infant's Positive Emotionality in the Development of Effortful Control**

**Lindsey M. Green, M.S (University of Washington); Stephanie F. Thompson; Ph.D., Lisa Shimomaeda, M.S.; Liliana J. Lengua, Ph.D.**

Mindfulness among parents is associated with less parenting stress, higher self-efficacy, and more positive parenting practices, which in turn promote children's positive development, and might promote infant positive emotionality. Positive emotionality, characterized by positive affect and reward sensitivity, is a temperamental dimension associated with better effortful control and adaptive socioemotional development in childhood. Given the transdiagnostic relevance of positive emotionality and effortful control, it is important to understand parental characteristics that support the development of these traits, particularly in contexts of risk. Mindful parents may be particularly well-equipped to support children's development of positive emotionality and effortful control despite contextual stressors. The current study examines maternal mindfulness and self-efficacy as predictors of positive parenting and infant's positive emotionality, and, in turn, effortful control. Participants are from a sample of first-time mothers living in low-income contexts and their infants (N = 143) who participated at 4-6 months, 10-12 months, and 42-48 months post-partum. Mothers reported on infants' temperament as well as their mindfulness and self-efficacy and completed joint play tasks with their children in which their parenting behaviors were observed. Zero-order correlations reveal a positive association between self-reported maternal mindfulness at 4-6 months and parent-reported 10-12-month effortful control, 10-12 month positive emotionality, and 46-48 month effortful control. Results of a path analysis show that parent mindfulness predicted effortful control after accounting for prior levels and that higher observed maternal warmth predicted higher positive emotionality in infants at 10-12 months. In turn, higher positive emotionality, and not early effortful control, predicted higher parent reported effortful control at the 42-48 month follow up. Observed infant positive affect during the play episode at 4-6 months was marginally ( $p = .059$ ) associated with effortful control at the follow up. Results suggest that children's positive emotionality may play a role in the development of effortful control. Next steps will examine the unique and interactive contribution of cumulative risk in this model to determine if positive emotionality remains a promotive factor in higher risk contexts. Early positive parenting and infant positive emotionality may be a basis for later self-regulation, and consequently better social-emotional adjustment in young children. Parental mindfulness may

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aid in the crucial development of these skills in early childhood.

**Behavioral Coding of Maternal Compassion and Self-Compassion in Intervention Interviews**

**Emily B. Reilly, Ph.D. (Duke University); Rosario Caballero, B.A.; Helen Milojevich, Ph.D.; W. Benjamin Goodman, Ph.D.; Kenneth A. Dodge, Ph.D.**

Compassion and self-compassion are beneficial for parents, including for mental health (Lou et al., 2022), well-being (Lee et al., 2021), and parenting (Kirby et al., 2023; Miller et al., 2015). The compassion one receives from others also benefits psychological well-being (Gilbert et al., 2017) and may be especially relevant for mothers caring for infants. The aim of the current study was to assess maternal compassion received from others, compassion for others, and self-compassion using the Compassion Engagement and Action Scales (Gilbert et al., 2016), in the context of a family intervention that connects mothers with infants to community resources. As this scale had not yet been used in a sample of mothers with infants, we aimed to augment the self-report measure by behaviorally coding maternal compassion and self-compassion from intervention interviews designed to determine family needs. The goal of the current study is to 1) develop a coding scheme to behaviorally code maternal compassion for their child, self-compassion, and compassion from others on a quantitative scale and 2) determine the association between the coded interview scores and self-reported survey scores. A global coding scheme of maternal compassion for their child, self-compassion, and compassion from others with engagement and action subscales for each was developed, informed by the self-report measure (Gilbert et al., 2016) and theories and definitions of compassion and self-compassion (e.g., Neff, 2003; Gilbert, et al., 2017). The coding scheme was iteratively developed, including expanding from five-point to seven-point scales. The entire interview was coded, including responses to key questions (e.g., “What are some of the toughest parts of parenting so far?”, “What do you do for self-care?”, “Who can you count on for help/support?”). Fifty-five (62%) participants agreed to video or audio recording out of the 89 mothers in the intervention group that completed the 12-month postnatal interview. Reliability was determined using an initial set of ten videos before coding the remaining videos, of which 20% were double coded to continue assessing inter-rater reliability. At about 15-months postnatal, participants completed a survey that included an adapted version of engagement subscales of the Compassion Engagement and Action Scales (Gilbert et al., 2016). Good inter-rater reliability was achieved on the initial set of ten videos for maternal compassion for child (ICC = 0.83 – 0.93) and self-compassion (ICC = 0.79 – 0.84). With limited variability in the compassion for child scales, coders scored within 1 point on 90-100% of videos. The coding scheme is currently being translated and back translated into Spanish to code interviews conducted in Spanish. We will test the correlation between the behaviorally coded scores and maternal self-report on the compassion for others, self-compassion, and compassion from others engagement subscales and present these findings at the pre-

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conference. Maternal compassion for their child, self-compassion, and compassion from others can be reliably coded using a global coding scheme on a seven-point scale from intervention interviews. This study creates a foundation for future work developing methods of assessing adult compassion and self-compassion using behavioral coding.

#### **Engaging Parents in Mindfulness Interventions for Children and Adolescents**

**Joanna Y. Guan (University of California, Davis); Philippe Goldin, Ph.D.; Camelia Hostinar, Ph.D.**

The contemplative science community has made significant efforts to introduce mindfulness practices to children and adolescents, yet research has shown limited benefits for this population. For instance, the MYRIAD Trial found no significant impact on social-emotional-behavioral functioning compared to the control group. This highlights the need for more effective mindfulness interventions for youth, who are particularly vulnerable to mental health disorders. Our study proposes a novel approach by involving both parents and children (ages 13-18 years old) in mindfulness practices using a digital mindfulness meditation platform, Headspace, for 8 weeks. This study proposal includes a four-condition trial (approximately, n=400) that compares the effects of parent-only versus child-only versus parent-child mindfulness meditation versus a control condition on emotion regulation, stress, and mental health outcomes using a factorial design to measure the synergistic effects of involving the parent and child. We hypothesize that involving parents will enhance the effectiveness of mindfulness for both children and parents, leveraging parent-child co-regulation to improve well-being. The study aims to fill a gap in current research by exploring the potential benefits of joint parent-child mindfulness practices in reducing stress and improving mental health for both parent and child.

#### **Examining Self-Compassion and Psychological Well-Being during Pregnancy: Findings from the Parents Engaging Infants (PENGUIN) Study**

**Phyllis Hand, BA (Oregon Health & Science University); Olivia Doyle, BA; Nate Ariki, BA; Kristen Mackiewicz Seghete, PhD, PMH-C**

The prenatal period presents unique psychological challenges, with stress and pre-existing mental health conditions affecting both maternal well-being and child outcomes. Self-compassion has been identified as a protective factor in fostering emotional resilience and reducing symptoms of depression and anxiety. However, its impact during pregnancy remains unclear. This project explores the role of self-compassion in relation to stress, depressive symptoms, and anxiety in pregnant individuals with a variety of mental health conditions. Participants were recruited during pregnancy by the Oregon Health and Science University to participate in PENGUIN, a longitudinal study on cognitive and affective processes relevant to addiction and parenting across 6 months of the postpartum period. Participants with and

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without substance use disorders (SUD) were recruited, including those with polysubstance use and current SUD treatment. During the screening and third trimester visits, 105 participants aged 21-42 completed self-report measures including the Self-Compassion Scale (SCS; Neff, 2003), followed by the Perceived Stress Scale (PSS), Center for Epidemiologic Studies Depression Scale Revised (CESD-R), and Beck Anxiety Inventory (BAI). Statistical analysis included linear regression models to examine relationships between self-compassion and perceived stress, depression, and anxiety. Findings highlight the beneficial role of self-compassion in psychological well-being during the prenatal period. Enhancing self-compassion may be a valuable target for interventions aimed at improving mental health outcomes in pregnant individuals. However, future research should further investigate these relationships over longer periods, particularly postpartum and throughout children's development, while also exploring tailored interventions to support well-being in vulnerable populations.

#### **Does the SHAPE JOY impact Mindful Parenting? A Mixed Methods Analysis**

**Alexandra Gellin, M.S. (Georgia State University); Laura G. McKee, PhD; Erin C. Tully, PhD**

Mindful parenting is conceptualized as an integration of mindfulness – present-minded, non-judgmental awareness of one's experience (Kabat-Zinn, 2003) – with parents' thoughts, feelings, and behaviors when interacting with their children (Duncan, 2007; Duncan et al., 2009). Previous research indicates that mindful parenting relates to positive outcomes for children and parents, including decreased parental stress, decreased child internalizing and externalizing problems, and improved parent-child interactions (Kakhki et al., 2022; Yang et al., 2021).

The SHAPE JOY (Socializing Happiness and Promoting Empathic Joy in Our Youth) intervention is a 6-week program using storybooks and parent-child activities to teach parents of young children (ages 4-6) strategies, including mindful parenting, designed to support the development of their children's positive empathy. We hypothesized that the SHAPE JOY intervention would have a significant positive impact on mindful parenting practices among participants.

Seventy-six families have participated in the SHAPE JOY program to date. Primarily mothers (94.6%) participated with children (52.7% male) who were 5.97 years old on average (SD = 1.05) and whom identified as 44.3% White, 18% Hispanic, Latino, or Spanish, 13.1% Black or African American, 8.2% Asian, and 16.4% multi-racial. Parents completed behavioral rating scales at pre- and post-assessment, including the Interpersonal Mindfulness in Parenting scale (Duncan, 2007), a measure that assesses parents' qualities of listening with full attention, cultivating emotional awareness and self-regulation, and bringing nonjudgmental acceptance to parenting. Additionally, parents responded to the following open-ended question during weekly online

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check-ins: “What was your biggest takeaway or two from this module?”. Responses from across the 6 weekly modules, one which focused on mindful parenting explicitly, were coded for reflections that referenced aspects of mindful parenting (e.g., pausing, getting off autopilot, being present, being mindful).

In the quantitative analyses, a paired samples t-test was conducted comparing the full scale parent mindfulness score prior to ( $M = 55.22$ ,  $SD = 9.80$ ) and following ( $M = 57.14$ ,  $SD = 8.23$ ) the SHAPE JOY intervention and indicated a significant increase  $t(48) = -2.20$ ,  $p < .05$ .

A content analysis of the parents’ responses to the open-ended question was performed by the first and second authors. The following themes emerged across raters, with discrepancies discussed to achieve consensus: Aware/Awareness, Present, Autopilot, Mindful/Mindfulness, Slow down/Pausing/Stop, Notice, Attention to/Attending, Intention, and Allowing. During the week mindful parenting was taught, 43% of open-ended responses included a code indicative of mindful parenting. Other weeks, between 0% and 31% of responses mentioned the codes. In total, 17% of responses over the 6 weeks mentioned these key concepts.

The quantitative findings support that SHAPE JOY is an effective program for increasing mindful parenting. The qualitative data indicate that many participating parents acknowledge increased ability for and interest in mindful parenting while participating in the SHAPE JOY, stating heightened awareness of children’s emotions and presence with their children. Future studies may test whether SHAPE JOY has a lasting impact on mindful parenting, examine additional measures of mindful parenting (e.g., behavioral observations of parenting tasks), and consider how mindful parenting may moderate or mediate positive child outcomes.

### **Nurturing Yourself, Nurturing the World: Supporting OST Practitioners' Social-Emotional Development Through Mindfulness and Community**

**Helen Lee, Ph.D. (foundry10); Rachael Hocevar, MPH; Janelle Salcedo, BA**

Social and Emotional Learning (SEL) is not only vital for youth but equally valuable for practitioners who guide their development. Research indicates that adults who cultivate their own social and emotional competencies are better equipped to foster meaningful relationships with youth, model SEL skills, and sustain their own well-being in high-stress environments (e.g., Jennings et al., 2011; Jennings & Greenberg, 2009; Jones & Bouffard, 2012; Oliveira et al., 2021; Schonert-Reichl, 2017).

This presentation explores the social and emotional learning (SEL) of out-of-school time (OST) youth development practitioners in an eight-week online professional development (PD) program. Findings highlight the crucial yet often overlooked need to nurture practitioners’ own

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SEL to support the SEL of youth. Our qualitative study found that the cohort-based PD rooted in mindfulness supported participants' social-emotional development, specifically developing their self-awareness, attention to the present moment, and self-compassion. Additionally, opportunities to engage in personal mindfulness practice within a supportive community led by an experienced mindfulness practitioner and facilitator enhanced how participants approach and interact with youth and colleagues in their roles as youth development practitioners. These findings contribute to the literature on and efforts to support the professional development of OST practitioners.

#### **Improving Health for Parents and Children Together: A Mindfulness & Self-Compassion Lens**

**Diamonde C. McCollum, M.S. (University of South Carolina); Nada M. Goodrum, Ph.D.**

Background: Parents and children facing major stressors such as financial strain, racial discrimination, problematic substance use, trauma histories, and HIV often face negative impacts on their health and well-being. These stressors disproportionately affect Black, Indigenous, and People of Color (BIPOC) due to structural racism and systemic inequities. According to Belsky's process of parenting model (1984), parenting is influenced by parents' psychological resources, contextual stressors, and sources of support. Using this framework, parents facing major stressors can have increased difficulty with engaging in adaptive parenting strategies, which has been associated with adverse child outcomes (Seay, 2020; Stepleton et al., 2018). However, research has suggested that emphasizing mindfulness within families can enhance positive parenting strategies and improve both parent and child outcomes (Kil et al., 2021). Thus, the current study examined the acceptability of a mindfulness module from a new version of Triple P, called Family Life Skills Triple P (Sanders et al., 2024). The module is delivered as part of an ongoing pilot randomized controlled trial (RCT), Improving health for Parents And Children Together (ImPACT), specifically for diverse families experiencing major stressors who have children aged 3-9 years old.

Method: Preliminary qualitative data from the ongoing ImPACT study are being collected from parents facing major stressors following their participation in a parent-based preventive intervention that includes a mindfulness component. Parents are recruited into the ongoing pilot RCT through community organizations such as clinics, daycares, and health service providers. A total of 80 parents will be randomized into intervention (n = 40) and waitlist control (n = 40) groups (current n=48). The parent-based program consists of 10-12 virtual, 60-minute sessions focused on enhancing positive parenting strategies, strengthening parent-child relationships, and promoting parental well-being through coping skills and self-care techniques. The mindfulness module includes psychoeducation on self-compassion, guided mindfulness activities, and setting goals related to mindfulness, self-compassion, and self-care. Qualitative feedback interviews are conducted following program completion to assess parents'

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acceptability of the intervention, including soliciting feedback on the mindfulness module. Results: A preliminary review of qualitative feedback from parents regarding the mindfulness module revealed three key themes: (1) parents acknowledged that failing to prioritize their well-being made it challenging to engage in adaptive parenting; (2) parents appreciated that the ImPACT study included a mindfulness module focused on their well-being, noting that other programs and online resources often overlook this aspect; and (3) some parents struggled with prioritizing their own needs, even after learning the skills provided within the mindfulness module.

Discussion: Findings from this study highlight that mindfulness, self-care, and self-compassion can be valuable tools for parents navigating major stressors. Yet, some parents continue to struggle with prioritizing their own needs through mindfulness-based practices. These challenges may stem from deeply ingrained societal and cultural norms, further exacerbated by the impact of major stressors. Future parenting support programs should address these barriers by incorporating strategies that help parents reframe self-compassion and self-care as vital components of both adaptive parenting and overall family well-being.

#### **Protective Strategies to Combat Impostor Feelings in College Students of Color: The Role of Self-Compassion and Academic Self-Efficacy**

**Dianna Alvarado, MS (University of South Carolina); Kevin Cokley, PhD; Danielle Rosencruggs, MS**

Although research on the impostor phenomenon (i.e., feeling like an intellectual fraud despite being successful, Clance and Imes, 1978) among students of color has increased over the last decade, studies rarely focus on practical methods to combat the harmful effects of impostor feelings. The purpose of this study is to explore whether self-regulation strategies such as self-compassion (i.e., the ability to reflect on one's failures and shortcomings in a non-judgmental way; Neff, 2003) and academic self-efficacy (i.e., confidence in one's ability to successfully complete academic demands; Chemers et al, 2001) can combat the harmful effects of impostor phenomenon. Using cross-sectional survey data from 296 racially and ethnically diverse college students (i.e., Asian American, Black/African American, and Latinx/Hispanic), this study examined the mediating role of protective strategies, such as self-compassion and academic self-efficacy, on the relationship between impostor phenomenon and psychological distress (i.e., depressive and anxiety symptoms). The participants' ages ranged from 18 – 40 (M<sub>age</sub> = 25.18, SD = 6.75), and about 66% of the sample identified as women, 30% identified as men, 2% as non-binary, and 1% identified as transgender. The survey utilized the Self-Compassion Scale Short-Form ( $\alpha = .75$ ), a self-reported 12-item scale that measures levels of self-compassion. Participants were probed to think about "How I typically act towards myself in difficult times...". The scale includes items such as "I'm disapproving and judgmental about my own flaws and

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inadequacies” and “When something upsets me, I try to keep my emotions in balance”. Response options ranged from “1” Almost Never to “5” Almost Always. The Academic Self-Efficacy scale ( $\alpha = .91$ ) is an 8-item self-report scale that measures an individual’s level of confidence to perform well academically. The scale includes statements such as “I am good at research and writing papers” and “I know how to study to perform well on tests”. Participants rated their agreements with the eight statements on a 7-point Likert scale. Responses ranged from “1” Very Untrue to “7” Very True, with higher scores indicating higher levels of academic self-efficacy.

Results from separate mediation analyses suggest that both self-compassion and academic self-efficacy partially mediate the relationship between impostor feelings and psychological distress. However, for depressive symptoms, academic self-efficacy did not mediate the relationship. Additionally, a one-way ANOVA revealed significant racial/ethnic mean differences among self-compassion and academic self-efficacy. The findings highlight the significance of protective factors, such as self-compassion, in combating the adverse effects of experiencing impostor feelings. Suggestions for future research, including exploring other protective mechanisms, will be discussed.

### **Contextualizing Mindfulness: A Critical Systematic Review of Preventive School-Based Interventions for Latino/a/e Adolescents' Mental Health**

**Ximena Ibinarriaga Soltero, MSC (University of Wisconsin-Madison); Larissa G. Duncan, Ph.D.**

Introduction: Mental health problems among adolescents are a public health concern, as one in seven 10 to 19-year-old adolescents experience a mental disorder (WHO, 2021). In this context, Mindfulness-Based Interventions (MBIs) offer an innovative and promising approach to support adolescents’ mental health and well-being that has been applied in school settings. Although research on MBIs has grown in recent decades, it has focused mainly on English-speaking, White populations (Eichel et al., 2021). Therefore, this study aims to review and critique the literature on mindfulness as a preventive school-based intervention for mental health problems among Latino/a/e adolescents, with attention to developmental, contextual, and cultural considerations.

Methods: On August 7, 2024, a systematic search of 11 databases was conducted, covering studies from the first year each database was available. Additional studies were identified through the examination of studies cited in four meta-analyses on MBIs in schools (Carsley et al., 2018; Felver et al., 2016; McKeering & Hwang, 2019; Zenner et al., 2014), a systematic review of Latino participants in MBI research (Cotter & Jones, 2020), and the first author’s previous research on mindfulness with Mexican adolescents in school settings. The search identified 271 records, from which 10 studies emerged that met all inclusion criteria.

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Results: The search identified seven studies conducted in the United States (U.S.), two in Mexico, and one in Chile. Only one was published in Spanish, while the others were in English. The findings of the review regarding the effectiveness of MBIs predominantly supported their potential as effective prevention interventions for mental health problems in Latino/a/e adolescents. While mixed, results showed an overall consistency in the effectiveness of MBIs despite the variety of research methods employed. However, concerns about acceptability, retention, and satisfaction were recognized. Also, few developmental, contextual, and cultural considerations were reported, and differences between mindfulness research conducted in the U.S. and Latin America were observed. In the U.S., studies implementing MBIs developed and tested in English-speaking, White populations with limited cultural and contextual considerations. Furthermore, Spanish language was used as an exclusion criterion despite the focus on a predominantly Spanish-speaking population. This shows how White mindfulness has permeated mindfulness research for Latino/a/e adolescents in the U.S. by replicating patterns of exclusion and lack of acknowledgment of their cultural background and context. In Latin American countries, although interventions were developed in their specific context, there was a lack of information about the intervention description and the facilitator training and qualifications, which made it difficult to draw further conclusions regarding cultural tailoring. Finally, this systematic review highlights facilitator characteristics as a crucial aspect that can influence the effects of MBIs, particularly factors such as personal mindfulness practice, professional mindfulness training, and “cultural match” between facilitators and participants.

Conclusion: The findings of the first systematic review on MBIs for Latino/a/e adolescents in school settings suggest that mindfulness may effectively promote mental health and well-being among this population. However, efficacy, acceptability, retention, and satisfaction can be improved in future research if more developmental, cultural, and contextual factors are considered.

#### **Adversity and Suicidality in Adolescents: The Role of Emotion Dysregulation**

**Michele R Smith, MS, MED (McLean Hospital, Division of Child and Adolescent Psychiatry); Kayla Turner, BA; Leyla Erguder, PHD; Sara D. Buchwald, BA; Carolina A. Paiz Martinez, MA; Catherine M. Lopes MSW; Denice E. Cronin, PSYD; Melanie R. Harkins, PSYD; Alex De Nadai, PHD; Dan Dickstein, MD**

Background: Suicide is a leading cause of death among youth. Estimates suggest that nearly 10% of adolescents attempt suicide yearly, and more than 20% seriously consider suicide—understanding which factors increase suicide risk and how is crucial. Childhood adversity, estimated in at least 1 in 5 youth, has been associated with greater risk for suicide behaviors. As a potential consequence of adversity and predictor of suicide, emotion dysregulation is a

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potential mechanism for this association. Understanding this mechanism may provide targets for intervention. This study investigated how adversity relates to adolescent suicide behaviors via emotion dysregulation.

**Methods:** Data came from 196 adolescents (37% male,  $M_{age}=15.44$  years,  $SD=1.42$ ) in residential treatment for emotional and behavioral difficulties. Participants reported suicide behaviors via the Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock et al., 2007), childhood adversity using the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1997), and emotion dysregulation via the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004; Monell et al., 2020). Childhood adversity was categorized as threat (abuse) or deprivation (neglect). Using linear and negative binomial regression models, we tested indirect associations between adversity and suicide behaviors (lifetime count of thoughts, plans, and attempts) via emotion dysregulation, including sex and age as covariates.

**Results:** Preliminary results revealed that threat ( $r's=.24-.29$ ) but not deprivation was related to emotion dysregulation. Both deprivation and threat had strong associations with age of first suicidal behaviors ( $r's=-.44-.75$ ). Deprivation was directly associated with count of suicide plans ( $RR=1.14$ ,  $p<.01$ ) but not thoughts or attempts. Threat had a small direct relation to count of suicide thoughts ( $RR=1.05$ ,  $p<.01$ ) and plans ( $RR=1.05$ ,  $p<.05$ ) but not attempts. Emotion dysregulation, specifically nonacceptance of emotion, was an indirect pathway only for suicide plan count in relation to threat ( $RR=1.20$ ,  $p<.01$ ) and deprivation ( $RR=1.26$ ,  $p<.01$ ). Final analyses for the poster presentation will include the latest participants in the dataset.

**Conclusions:** Adversity is related to earlier suicide behaviors and more consistently related to suicidal thinking and planning than attempts in youth. Indirect associations suggest that adversity may impact suicide behaviors through increased emotion dysregulation. This highlights a need for mindfulness skills, particularly for high-risk youth who have experienced childhood adversity.

### **Mindful Co-Regulation: A Promising Framework for Translating Mindfulness into Action for Educators**

**Desiree W Murray (University of North Carolina at Chapel Hill); Rachel Mills-Brantley, MSW** Mindfulness interventions decrease educator stress and increase self-awareness, empathy, and emotion regulation (Jennings et al., 2017; Oliveira et al., 2021; Schonert-Reichl, 2017). Yet theoretical and empirical research is lacking on how this may translate to interactions with students and promote students' social-emotional development (Feuerborn & Gueldner, 2019). To optimize the potential of mindfulness for schools, mechanisms for how mindfulness is translated into educator actions must be defined and tested. This pre-conference session will review evidence from the broader literature and two pilot intervention studies supporting a new framework for doing this called Mindful Co-Regulation.

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Co-regulation is the process by which caregivers promote social-emotional development in children through day-to-day interactions and modeling (Biglan et al., 2012), with three components including safe supportive environments, consistent and responsive relationships, and intentional day-to-day interactions (Murray et al., 2017; 2023). The Mindful Co-Regulation framework centers educators' personal mindfulness to promote co-regulation, building on current mindfulness research (Berkovitch-Ohana, 2019; de Carvalho et al., 2021; Jennings, 2015). The novel component is how educators' personal mindfulness is theorized to translate into interactions with students and the operationalization of this process through key phrases as part of a new mindfulness-based social-emotional program for secondary students called Be CALM (Murray & Mills-Brantley, 2022).

Be CALM strategies of Press the Pause and Tune In are designed to promote educators' capacity to be present with and respond to students in accordance with their intentions rather than reacting based on stress experiences in the moment. This self-awareness may also reduce implicit bias (Chang et al., 2022). Strategies of Be Curious and Be Kind are designed to promote curiosity about students' experiences and behavior, without preconceived judgment, and with compassion towards students, even within the context of stress. Collectively, these strategies enhance attunement to student needs and perspectives, which is critical for building a sense of belonging and inclusion for students with diverse backgrounds and identities.

Evidence supporting the Mindful Co-Regulation framework comes from two pilot studies (with additional research ongoing), including development of an observational measure. In the first study (a small RCT), trained middle school health/PE teachers ( $n = 5$ ) demonstrated demonstrate stronger co-regulation skills than non-trained teachers ( $n = 4$ ) on an early version of the Mindful Co-regulation Scale (MCRO),  $\eta^2 = .24$ . In the second study (pre-post) with 11 ninth grade teachers, we revised the MCRO, including adding a scale to assess Mindful Teaching. Overall internal consistency was high (Cronbach's  $\alpha = .88$ ) as was inter-rater reliability for Co-regulation (ICC = 0.82). Co-regulation was associated as expected with 1) teacher burnout at pre-test ( $r = -.60$ ), 2) student perceptions of their relationship with their teacher ( $r = .70$ ), 3) student-reported social responsibility ( $F = 4.71$ ,  $p = .03$ ) and 4) student engagement ( $r = .36-.40$ ). Mindful Teaching was harder to observe (ICC = .42), which may reflect the nature of this construct. This session provides opportunity for discussion of the Mindful Co-Regulation framework and implications for future research directions and mindfulness programming in schools.

### **Softening the Blow: The Role of Self-Compassion in Buffering Impostor Experiences** **Danielle Rosenscruggs, M.S. (University of Michigan)**

The impostor phenomenon (IP) refers to persistent self-doubt and feelings of inadequacy

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despite evidence of competence (Clance & Imes, 1978). Originally studied in professional women, IP is now prevalent in higher education (Bravata et al., 2020; McWilliams et al., 2023; Pervez et al., 2021), affecting 50%–88% of doctoral students (Wang & Li, 2023; Tigranyan et al., 2021). IP reliably predicts mental health challenges and negatively impacts academic and psychological outcomes (Bravata et al., 2020; Parkman, 2016). Perfectionism has been strongly linked to IP (Calarco, 2020; Cisco, 2020; Ferrari & Thompson, 2006; Posselt, 2018; Thompson et al., 2000), with scholars suggesting perfectionist tendencies increase vulnerability to IP (Kets de Vries, 2005; Sakulku & Alexander, 2011). Self-compassion, which reduces self-criticism and feelings of inadequacy (Neff & Germer, 2013), has shown promise in mitigating perfectionism, rumination, depression, stress, and burnout (Cabaços et al., 2023; Fong & Loi, 2016; Mehr & Adams, 2016; Richardson et al., 2020). Studies also link self-compassion to lower IP and reduced psychological distress (Johnson & Plisco, 2023; Patzak et al., 2017; Wei et al., 2020), making it a potential intervention target. Using a cross-sectional study (N = 411; Mage = 26.98, SD = 3.27; 58.4% female; 46.4% White), we examined the relationship between IP and self-compassion among doctoral students, as well as self-compassion's mediating role in the link between IP and psychological distress. Self-compassion was negatively correlated with IP, while maladaptive perfectionism was positively correlated with IP. Multiple linear regression confirmed significant effects of self-compassion and maladaptive perfectionism on IP. Mediation analysis showed a significant negative relationship between maladaptive perfectionism and self-compassion, as well as between self-compassion and IP. The total effect of maladaptive perfectionism on IP was significant, with Sobel's test ( $Z = 7.8, p < .001$ ) confirming partial mediation. Approximately 37% of the effect of maladaptive perfectionism on IP was mediated by self-compassion (RIT), with the mediated effect being about 0.6 times the direct effect (RID). These findings underscore the role of self-compassion in buffering against IP, highlighting its potential for intervention strategies.