

Mindfulness in Schools:

Exploring the Impact on Internalising Difficulties, the Role of Home Practice and the Mechanisms of Psychological Change

Introduction

- Anxiety disorders are among the most common psychiatric disorders in school-aged children and adolescents (Neil & Christensen, 2009)
- This research evaluated whether the Mindful Attention Programme (MAP) was an effective intervention for reducing anxiety. It also attempted to fill three gaps in the literature: (a) the impact of mindfulness on negative automatic thoughts, (b) the relationship between home practice and outcome and (c) the mechanisms of change i.e. how does mindfulness work?

Method

Design: This research used an explanatory sequential mixed-methods design. In phase one, three measures were administered pre and post intervention. In the second phase, a follow-up questionnaire was administered (analysed by content analysis) and three focus groups were conducted (analysed by thematic analysis).

Participants: There were 82 children in the experimental group and 80 children in the comparison group. Across the three focus groups, there were four, five and six children, respectively.

Measures:

- Spence Children's Anxiety Scale (SCAS; Spence, 1998)
- The Children's Automatic Thoughts Questionnaire (CATS; Schniering & Rapee, 2002)
- Mindfulness Awareness and Attention Scale for Children (MAAS-C, Lawlor 2012).

References:

- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of child psychology and psychiatry*, 38(5), 581-586.
- Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *The Journal of Positive Psychology*, 5(4), 264-274.
- Lawlor, M. S., Schonert-Reichl, K. A., Gadermann, A. M., & Zumbo, B. D. (2012). A Validation Study of the Mindful Attention Awareness Scale Adapted for Children. *Mindfulness*, 1, 1-12.

Results

- The results showed that the MAP had a non-significant effect on anxiety ($p = 0.052$) and negative thoughts ($p = 0.055$).
- The MAP had a significant effect on mindfulness scores, which increased over time ($p = 0.02$).
- There was no relationship between home practice and outcomes which contradicts previous findings (Huppert & Johnson, 2010). However, the children rarely reported practising at home ($M = 4.7$ days).

Content Analysis

(top 3 responses shown)

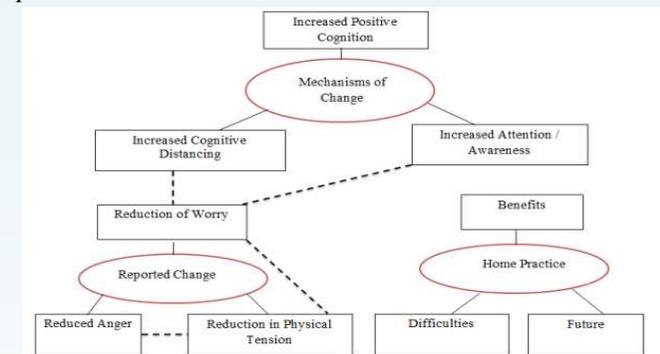
1. What makes it difficult to practice at home?
2. If one thing could make home practice easier, what would it be?

Category	%
Distractions from others	21.6
Other commitments and interests	21.6
Access to resources	13.5

Category	%
Improved access to resources	13.5
Additional opportunities in school	12.2
Greater parental support	10.8

Thematic Analysis

Thematic analysis was used to identify themes (Braun & Clarke, 2006). Three main themes were identified: *reported change, mechanisms of change & home practice*



Implications

- Replication of the MAP is required. When replicating, researchers should use a wider battery of questionnaires to capture possible change (e.g. SDQ; Goodman, 1997).
- Finding ways to involve parents in mindfulness programmes is essential. This is particularly important given that family factors (e.g. parent psychopathology, family discord) are implicated as risk factors in mental health.
- Future mindfulness programmes need to measure whether home practice has an enhancing effect on outcomes.

References continued:

- Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical psychology review*, 29(3), 208-215.
- Spence, S. H. (1998). A measure of anxiety symptoms among children. *Behaviour research and therapy*, 36(5), 545-566.
- Schniering, C. A., & Rapee, R. M. (2002). Development and validation of a measure of children's automatic thoughts: the children's automatic thoughts scale. *Behaviour Research and Therapy*, 40(9), 1091-1109.