

TOOLS FOR WELL-BEING: A COMPREHENSIVE EVALUATION
ON THE EFFICACY OF A MINDFULNESS APPROACH
FOR FAMILIES INVOLVED IN THE
CHILD WELFARE SYSTEM

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By
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CERTIFICATION OF APPROVAL

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DEDICATION

I would like to dedicate this body of work to my wife and children who have undertaken this journey alongside me. Nothing in life is accomplished alone; I would have never been able to get through the challenging times these past three years without their love and patience.

To my wife, Tori, we celebrated 20 years of marriage while in the MSW program. I love you and I am so thankful you chose to be by my side during this time. I want to thank you for always keeping a light on and dinner warm for me on those long nights. For pretending to be asleep when I came in to steal a kiss, when all the time you had been awake making sure I made it safe. You were strong when I could not be, you filled my emotional tank when I was running on empty, and you believed in me when I did not believe in myself. So believe me, when I say that I need you by my side, your' everything in my life that I am not.

To my children, Alexandria, Alyssa, and Anthony Leanos. When I was growing up, I saw your abuelo break his back in the heat and cold to earn just enough to provide for his family. I know all three of you have had to sit and listen to the stories of poverty and hard times; this is usually associated when I am trying to get a point across when someone asks for the latest I Phone or gaming system. What I do not say, was how your abuelo's unwavering love for his children kept him working until he was no longer able to do so. You three have kept me going, when things get hard or when I see the ugly in this world, I know that I have the three best kids in the

world at home that need their dad like I did when I was a child and as an adult. I learned from the life lessons my father unknowingly showed me; hard work, dedication, and commitment. I saw his pain, his struggle, and his love. He once told me that he did not come here to work so hard and not have his children be better than he was. Though your Abuelo, was not able to see me complete this chapter in my life, I know that there are some very important people in my life that are watching, and learning just as I did. I hope I have been a good example to you three as my father was too me. With love, a dedicated husband and father.

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ABSTRACT

Although mindfulness-based therapy has recently become a popular, little is known about its efficacy, especially when dealing with families in the child welfare system. For this purpose the developers of the curriculum conducted an exploratory research that involved participants currently engaged in a child welfare case. The guiding questions for this quantitative study were: Does the content create usable skills for parents involved in the child welfare system? and What are the levels of mindfulness (as a factor contributing to subjective well being) of participants upon completing the program? The research was conducted over a period of eight weeks exposing the participants to different methods and tools that would enhance their well-being through these mindful practices. Following each session, the participants completed an evaluation survey (MAAS) that would measure the effectiveness of the session and its effect on their mindful practices at home. Following the final session, the participants completed a final survey that would measure their current mindful state following the intervention. The research concluded that the participants found the curriculum helpful and valued the tools that were presented during the individual sessions. Furthermore, the MAAS survey revealed that the current mindfulness state of the participants was rather high as compared to the normative scores provided by the MAAS creators. The results suggest that a mindfulness-based practice can be effectively presented to parents involved in child welfare and it can have a positive effect in enhancing their well-being.

CHAPTER I

INTRODUCTION

Statement of the Problem

In 2014, there were 264,746 children who entered the foster care system nationwide (Child Welfare, 2016). For those parents whose child or children were removed from their homes, the issues or circumstances leading to the removal are both complex and diverse. Issues of poverty, substance abuse, underemployment, and oppression only serve to complicate the child welfare cases and family reunification. As one study that investigated child maltreatment prevention in low and middle-income families' points out, parents struggling with poverty are more likely to suffer depression, which is associated with harsher, more inconsistent parenting (Ward, Sanders, Gardner, Mikton, & Dawes 2016). Poverty and underemployment however are not the only complicating issues surrounding families involved in child welfare. Parental substance abuse is increasingly recognized as a significant factor in cases of child maltreatment. Estimates suggest that 50 to 80 percent of all child abuse and neglect cases substantiated by Child Protective Services (CPS) involve some degree of substance abuse by the child's parents (Kropenske & Howard 1994). This study highlighted the disproportionately of children from ethnic backgrounds and cultures entering the child welfare system. African American children represented 36% of the foster care population, even though they comprised only 15% of the general child population. Native American children represented 2.6% of the foster care population,

yet only encompassed 1.2% of the general child population. Latino children, although not overrepresented nationally, were disproportionately represented in 17 states (Summers, 2011). To summarize, the problem surrounding the families entering the child welfare system cannot be cured or remedied using a cookie cutter approach. The interventions used must address all of the complex issues faced by the family or individual if they are to experience any level of success, post child welfare.

In efforts to address these complex issues, researchers and clinicians have responded by developing many interventions aimed at preventing abuse and helping victims heal (Lundahl, Nimer & Parsons, 2006). Some of the more prevalent interventions related to family reunification are parenting classes, substance abuse programs, and mental health treatment. One or all of these services usually are present in the parent's case plan. The parents are required to participate and complete all the services in order to reunify with their children. With no real way to measure the efficacy of the interventions designed to support reunification, it can seem to the parents as just going through the motions. Alpert reports that parents who report not benefitting from services or simply attending services to placate the caseworker are more likely to have their children returned to care (Alpert, 2005).

One of the more popular interventions for families in the reunification process is parenting classes. Parenting programs operate on the premise that the parents will be less likely to abuse if they improve and expand their child-rearing skills, rely less on coercive child management strategies, and modify attitudes linked to harsh parenting (Lundahl et al 2006). The parenting programs are a mixture of parenting

techniques, child development, and participant self-reflection. These supplemental components are designed to enhance parents' emotional well-being, such as anger and stress control out of recognition that preventing child abuse is not simply accomplished through transmitting knowledge of child development and children management skills (Lundahl 2006). While these interventions may help some families reunify with their children, for others it fails to address the behaviors that led the family to become involved or continue to be involved in the child welfare system.

The behaviors or circumstances that are left unaddressed eventually cause the family to recidivate. Hatton reported in his study, which examined work done prior to re-unification, that re-entry into foster care may also indicate that issues and problems were not adequately addressed prior to children being reunified with their families (Hatton & Brooks, 2008). One study stated that the rate of recidivism for individual states ranges from 21%-38% (Wulczyn, Hislop, & Goerge, 2000). As Lundahl notes, there is a wide agreement that the perpetration of abuse results from complex interactions among characteristics of parents, children, cultures, and environmental influences (Lundahl et. al 2006).

The research substantiates the fact that complex issues together with a lack of viable resources hinder the families that enter into the child welfare system. This leads to calls for more complex programs to address the needs of the families in crisis. One such development came from a study completed by the Center for the Study of Social Policy: Strengthening Families Approach. In their study, it was identified that successful families exhibited these five common components, more

commonly referred to as protective factors. The five protective factors include Parental resilience, Social Connections, Knowledge of parenting and child development, Concrete support in time of need, and Social and Emotional Competence for children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes (Center for the Study of Social Policy: Protective Factors Framework). One common theme that was present in many of the studies was family resilience. Walsh defines family resiliency in this way:

Family resilience involves the potential for recovery, repair, and growth in families facing serious life challenges. Although some families are shattered by crisis events, disruptive transitions, or persistent hardship, what is remarkable is that many others emerge strengthened and more resourceful, able to love fully and raise their children well (Walsh, 2012 pp.399).

Child welfare families who have achieved long-term success post-reunification demonstrate stronger family resiliency factors (Lietz & Strength, 2011). Multiple studies have shown that positive emotions have a wide range of effects on individuals (Ong and Bergemen 2006). When discussing resiliency in families, the research suggests that positive emotions are a crucial component of trait resilience (Tugade, Fredrickson, & Barrett, 2004). It further suggests that family resiliency is a key component to family reunification and increased success post-reunification. For this reason, it is important that resiliency, together with

mindfulness and subjective well-being, be examined and incorporated into the child welfare services or programs.

One such program currently being piloted in Merced County, “Tools for Well Being”, attempts to address the complexities of families involved in the child welfare system. The pilot program intends to enhance an individual’s feeling of well being as it relates to his or her psychological and emotional health. The curriculum is based on the literature derived from mindfulness, compassion, positive psychology, resiliency, and stress reduction. The curriculum was taught over an 8-week period. Each workshop is 90 minutes long and covers a specific theme related to mindfulness. All the participants are recruited by Merced County and are involved to some degree with child welfare services. It is the goal of the developers, the participants leave each workshop with tools that will enhance their subjective-well being, bolster their resiliency, and ultimately reunify with their children.

While the intervention appears to be consistent with the needs of program participants, to date there has been little to no evaluations of programs of this nature in Child Welfare. In order to ensure that programs of this nature are achieving desired outcomes, it is critical to gather data on participants’ experiences with the intervention and to attempt to quantify the impact of the intervention on factors (variables) that are believed to contribute to successful reunification results.

Statement of Purpose

The purpose of this study is to explore how the “Tools for Well Being” curriculum enhances family resiliency through five research informed concepts:

mindfulness, positive psychology, compassion, gratitude, and adult resilience. This quantitative study contains two components. First, participants' feedback is gathered from each workshop, using a facilitator created survey. This initial survey will measure how well the participants understood the material in each class and if they were able to gain some usable tools to apply in dealing with daily stress. Then, immediately following the final workshop, participants were given the Mindful Attention Awareness Scale (MAAS), a 15-item scale designed to assess a core characteristic of mindfulness, namely a receptive state of mind by the participant. This assessment will help the facilitators gain insight on the level of awareness of the participants immediately following the class. The guiding questions for this study are: a) Does the content create usable skills for parents involved in the child welfare system? and b) What are the levels of mindfulness (as a factor contributing to subjective well being) of participants upon completing the program? Based on the research regarding family stress and resiliency, it is expected that the "Tools for Well Being" will have a positive effect on the participants' subjective well-being as their mindfulness increases.

Significance of the Study

The significance of this study is to measure the efficacy of the intervention, Tools for Wellbeing. Case plans often require parents to obtain services such as parenting classes, individual therapy, drug and alcohol treatment, mental health services, housing, and employment services. While such services may be beneficial in addressing the immediate needs of the parent or parents, they may not be sufficient to

prevent the reentry of their child or children into foster care. “The Tools for Well-Being” curriculum attempts to support participants in coping with their stress while bolstering their resiliency, and in turn strengthen family resiliency.

CHAPTER II

LITERATURE REVIEW

Overview

The following sections of this chapter are divided into four themes: well-being and mindfulness, resilience, research on mindfulness interventions, and the Tools for Well-being curriculum. This chapter first discusses well-being and mindfulness, as they are the fundamental concepts underpinning the training. This information is followed by an overview of the literature on resiliency and its connection to the research. The next section discusses the research findings on interventions that have incorporated a mindfulness-based curriculum. Lastly, the chapter concludes with a complete description of the Tools for Well-being curriculum developed by the workshop facilitators.

Well-Being

In order to begin discussion about well-being and its various components, it is important to first define what well-being is. The meaning of well-being has changed to encompass many feelings, emotions, and states of being. Keifer, (2008), notes that as early as 490 BC to 429 BC, Pericles made the connection between health and feelings of well-being. The philosopher Aristotle gave well-being much thought in his *Nicomachean Ethics* and eventually settled on the notion of *Eudaimonia*, a Greek term translated as happiness, as central to one's being (Keifer 2008). Other thinkers and philosophers such as Immanuel Kant and John Stuart Mill believed that well-

being was completely relative to one's virtue. In the Buddhist philosophy, it is taught that in order to achieve a mental state of well-being, a being must detach from all the passions, needs, and wants of life, in order to achieve a state of transcendent bliss and well-being. Each of the early philosophers' ideas are unique unto their own, and it is clear from early writings that the scientific community had not come to a consensus on how to best define well-being. This trend of non-consensus continues today. Keifer (2008) has written that well-being is an intangible and amorphous concept with perception differing from person to person; suggesting that, while each person has the capacity to achieve well-being, the way to achieve it is unique to the individual.

Well-being is defined in many ways, and because there is an absence of a uniform definition of well-being, it has resulted in much inconsistency in the operationalization of the concept (Charlemagne-Badal, Lee, Butler, Fraser 2014). Some researchers have used the term in the context of positive psychological functioning, while another defines well-being in broader terms to include physical, social and environmental aspects of an individual in addition to mental or psychological components (Charlemagne-Badal et al 2014). Keifer has defined well-being in terms of an individual's physical, mental, social, and environmental status with each aspect interacting with the other and each having differing levels of importance and impact according to each individual (Keifer, 2008). The World Health Organization in its 1946 definition of health advanced the contemporary notion of health beyond the absence of disease by linking it to a state of mental,

physical, and social well-being (Keifer 2008). This concept is not new as Plato also wrote that, “As you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul, the part can never be well unless the whole is well” (Kiefer, 2008, p.246).

More recently, researchers have conceptualized new ways of understanding what well-being is and how to study it. Ed Diener, most known for his research on happiness for over the past 30 years, summarized well-being as the level of well-being people experience according to their subjective evaluation of their lives. Diener went on to say that such appraisals can be both positive and negative and include judgments and feelings about life satisfaction as well as emotional appraisals with work, relationships, health, life meaning, and purpose (Diener & Ryan, 2009).

Additionally, the research has shown that high well-being and life satisfaction significantly improve quality of life within the four areas of health and longevity, work and income, social relations, and societal benefits (Diener, 2012). According to Diener, well-being is connected to how an individual evaluates his or her life according to the four areas mentioned. Well-being is achieved through a positive appraisal of life. In other words, individuals who have high life appraisals experience high levels of well-being versus individuals who have low life appraisals. In addition, a positive outlook or positive emotions of one’s life are a means of achieving psychological growth and improved well-being over time (Fredrickson 2001).

To summarize, well-being is subjective to an individual's emotion; well-being diminishes when emotions are low or life seems dismal as is true for the opposite. As philosophers of the past and present have alluded to, well-being and happiness are forever connected and dependent on each other. As said earlier, Plato wrote that it is impossible to heal the head without healing the whole. Plato's writings lead one to believe that well-being encompasses total health of the mind, body, and spirit. In this next section, I will explain the correlation between well-being and mindfulness.

Mindfulness

The concept of mindfulness is most firmly rooted in Buddhist psychology, but it shares conceptual kinship with ideas advanced by a variety of philosophical and psychological traditions, including ancient Greek philosophy, phenomenology, existentialism, and naturalism in later Western European thought (Ryan, Brown, and Creswel 2007). Davis and Hays defined mindfulness as a moment-to-moment awareness of one's experience without judgment, a psychological state of awareness, and a practice that promotes this awareness (Davis & Hayes, 2011). Being mindful is being present and aware of one's own environment, thoughts, and body. It is being present and in the moment. Ryan and Deci (2000) noted that mindfulness had positive effects on well-being as it disengaged individuals from automatic thoughts, habits, and unhealthy behavior patterns. Furthermore, the findings supported the fact that mindfulness could play a key role in fostering informed and self-endorsed behavioral regulation, which has long been associated with well-being enhancement.

Interest in mindfulness and its enhancement has quietly exploded in recent years. Psychological and medical research on the topic has been increasing exponentially over the past 20 years (Brown et al., 2007). The practice of mindful meditation has been shown to reduce stress, improve psychological functioning, and increase emotion regulation (Davis, 2011). In another study, it was reported that mindfulness might facilitate well-being directly, by adding clarity and vividness to current experience and encouraging closer, moment-to-moment sensory contact with life (Brown, 2007). Empirical research conducted to date supports the role of mindfulness as a way to bolster well-being. Using trait measures of mindfulness, significant correlations found a variety of cognitive and affective indicators of mental health and well-being (Brown, 2007).

In the 1985 study conducted by Jon Kabat-Zinn, mindfulness showed to have a positive effect on patients who exhibit chronic pain. The researchers found positive changes in health outcomes in patients with a variety of conditions, including those with chronic pain (Kabat-Zinn et al 1985).

Through the research, we begin to see the correlation between mindfulness and well-being. The use of a mindfulness based practice has shown significant results in individuals whose life is effected by chronic pain, depression, and stress. There is one last component to the triad, and it is resilience. The following is a brief description on resilience and the importance to the study of mindfulness and well-being.

Resilience

Resilience is a multifaceted and complicated term defined in various ways. The Merriam-Webster dictionary defines resilience as, an ability to recover from or adjust easily to misfortune or change. Further exploration reveals that resilience, derived from the Latin word *resilire*, means “to rebound or recoil”.

Thornton and Sanchez defined resiliency as the ability to cope with stress; a positive capacity of an individual to respond under pressure; a dynamic process that enables the individual to respond or adapt under adverse conditions (Thornton and Sanchez 2010). Conner and Davidson (2003) said that resilience embodies the personal qualities that enable one to thrive in the face of adversity. Conner and Davidson went on to say that, internal and external stressors are ever-present and one’s ability to cope with these events are influenced by both successful and unsuccessful adaptations to previous disruptions. Already, there are common themes associated with all three components. Stress, ability to cope, adversity, of which were previously discussed, are again mentioned.

The studies conducted by Brown and Ryan (2003) have demonstrated that measures of trait mindfulness are associated with higher levels of well-being. In addition, mindfulness training has been shown to increase well-being by the increase of positive emotions. Positive emotion is now widely viewed as a resilience factor that fosters coping with adverse life events (Bonanno, 2004). Another dimension linked to resilience is self-enhancement. Trait self-enhancement has been associated with benefits that can improve individual well-being. Self-enhancement proved to be

particularly adaptive for bereaved individuals suffering from loss (Bonanno, 2004). Bonanno further concluded from his research on people who identify as repressors, that they appear to cope well with adversity using positive emotion and laughter.

As the research shows, resilience implies that a person is able to overcome adverse changes or stress in his or her life and come away stronger and less prone to sustain negative long-term effects of stress or trauma. In addition, individuals who express positive emotions and trait self-enhancement, have a greater measure of resiliency, which in turn improves their well-being.

This interconnectedness between mindfulness, resiliency, and well-being are the basis for the intervention, Tools for Well-being. It is the goal of the Tools for Well-being to increase mindfulness, while at the same time strengthening the individual's resiliency and enhancing his or her well-being. Now that there is a better understanding of well-being and the connection to resilience in individuals, we can begin to examine past and present research that has incorporated well-being and resilience in Mindfulness Based Interventions.

Research

Due to the lack of research on mindfulness interventions in child welfare, this section focuses on similar research conducted on populations that experience high stress levels. The research illustrates how mindfulness based interventions have resulted in positive outcomes for the participants.

In a 1985, Jon Kabat-Zinn conducted research on 90 chronic pain patients. The patients received training on mindfulness meditation in a 10-week Stress

Reduction and Relaxation Program. Statistically significant reductions were observed in measures of present-moment pain, negative body image, and inhibition of activity by pain, symptoms, mood disturbance, and psychological symptomatology, including anxiety and depression. Pain-related drug utilization decreased and activity levels and feelings of self-esteem increased (Kabat-Zinn et al 1985).

In 1998, Shapiro, a Professor of Psychology at Santa Clara University, conducted an 8-week study on a group of medical students. She would expose the students to MBSR (Mindfulness Base Stress Reduction) as a means to lower their anxiety and depressive symptoms. The findings indicate that participation in the intervention can effectively reduce anxiety, reduce reports of overall psychological distress including depression, increase scores on overall empathy levels, and increase scores on a measure of spiritual experiences assessed at termination of intervention.

In 2001 Fredrickson, a professor in the department of psychology at the University of North Carolina tested the broaden-and-build theory of positive emotions, which states that people's daily experiences of positive emotions compound over time to build a variety of consequential personal resources. The researchers worked with 139 adults who had been randomly assigned a practice of loving-kindness meditation. Results showed that this meditation practice produced increases over time in daily experiences of positive emotions, which in turn, produced increases in a wide range of personal resources like increased mindfulness, purpose in life, social support, and decreased illness symptoms.

A 2004 study conducted by Ramel, Goldin, Carmona, and McQuaid on individuals with symptoms of mood disorders, more specifically rumination, illustrated how an intervention that uses a mindfulness based intervention approach has led to increased well-being for the individual. Rumination is defined as passively focusing one's attention on a negative emotional state like depression. It is associated with the processes of the mind, that is, how a person relates to the content of the mind. The study consisted of an 8-week course in Mindfulness-Based Stress Reduction (MBSR) on affective symptoms such as depression and anxiety, dysfunctional attitudes, and rumination. Ramel's findings were consistent with earlier studies in that the study resulted in a decrease in ruminative thinking for the participants. Overall, the results revealed that participants in 8-week MBSR (Mindfulness-Based Stress Reduction) training had significantly less reflective rumination (Ramel, et al., 2004).

In 2007, Carmody and Baer completed a study in which 174 adults participated in Mindfulness-Based Stress Reduction. The study focused on meditation practice in the home, which the researchers theorized, would lead to increased levels of mindfulness. The participants were assigned to an 8-week MBSR clinical program. Participants completed measures of mindfulness, perceived stress, symptoms, and well-being at pre- and post-MBSR, and monitored their home practice time throughout the intervention. The researchers found an increase in mindfulness, which mediated the relationships between formal mindfulness practice and improvements in psychological functioning, suggesting that the practice of

mindfulness meditation leads to increases in mindfulness, which in turn leads to symptom reduction and improved well-being.

The literature overwhelmingly supports the effectiveness of Mindfulness Based Stress Reduction (MBSR) programs. The research also supports that MBSR enhances feelings of well-being for individuals experiencing chronic pain, depression, anxiety and stress. The question remains, are these same results evident for persons in child welfare? It is clear that the individuals involved in child welfare are experiencing some or all of the symptoms stated. Kotch (1995) explains that there are factors associated with child maltreatment. These factors include family factors, social factors, and cultural parenting beliefs complicated by poverty, depression, and parenting stress. Parental stress and depression were again a complicating factor. Either, Couture, and Lacharite (2004) contend that parental stress and depression have been identified as being present in mothers who severely neglect or abuse their child or children. From what is known about MBSR based interventions related to stress and depression, it would be of great value to incorporate it in social work practice that involves the parent or parents.

Tools for Well-being

This section describes the components that form the framework for the Tool's for Well-being curriculum. The development of the curriculum, "Tools for Well-being", is in response to the need for viable resources and increased recidivism for families involved in the child welfare system. Stress, drug addiction, homelessness, mental health and physical health, and poverty are complicating factors that need to

be addressed prior to reunification. The intervention, Tools for Well-being, attempts to address the unique needs of this vulnerable population by using a variety of concepts and tools that include a mindfulness-based approach.

The curriculum and post surveys lay a foundation to understand the efficacy of the tools for participants whose lives are experiencing intense stress. The “Tools for Well-Being” curriculum was introduced over an 8-week period. Each workshop met for 90 minutes once per week. Merced County Human Services Agency specifically, the All Moms Matter program, recruited the participants for the pilot program. The All Moms Matter program is Merced County Human Services Agency Motherhood program. The AMM program, designed to assist newly expecting mothers deal with the stress and emotions of being a first time mother, not only recruited the participants but also provided a safe and familiar location to conduct the workshops. All of the participants were mothers involved in child welfare.

The scaffolding of the workshops ensured maximum content retention by the participants. Each workshop design had five different components that would facilitate learning of the concepts and exercises introduced. First, the facilitators welcomed the participants and invited them to share their experience using the skills learned at home. The welcome included a breathing exercise practiced during every workshop; this first part of the workshop was the check in component. The second component introduced the new skill or technique the participants would practice that evening. Along with the introduction of the skill or technique, the facilitators also provided the participants with information as to why and how the skill could benefit

them. In the third component, the instructors guided the participants through a series of exercises demonstrating the use of the skill or technique introduced in the workshop. The fourth component was a reflection exercise incorporated into the workshop to bring the class back to center and solidify the concept before ending the workshop. The participants were encouraged to share their thoughts and feelings on what they learned and how they could apply their new knowledge. In the final component, the participants received a homework assignment as independent practice. At the end of each workshop, the participants completed a workshop evaluation that would identify strengths and weaknesses of the content presented that evening. In addition, the participants were asked on the evaluation, if the skills and tools learned in the workshops had transferred over from the classroom to the participants' home and if they were useful.

In addition to the workshop layout, The Tools for Well-Being curriculum encompassed an array of tools that research found to improve well-being, positive psychology, compassion, gratitude, and adult resilience. Kabat-Zinn's (1991) research on mindfulness, compassion, positive psychology and stress-reduction found to have beneficial effects for the well-being of adults. The research done by Walsh (2012) highlighted resiliency as a key factor in supporting parental efficacy. In addition, the research supports the use of creative forms of expression, such as art and writing, as having a positive impact on stress reduction and improved feelings of subjective well-being (Huet 2015). For this reason, the Tools for Well-being curriculum have some or all of the components imbedded in each of the workshops.

With the overwhelming support for mindfulness-based interventions, it led the researcher to believe that this intervention would be of value to the participants. Furthermore, the expectation was, as the participants level of mindfulness is increased this would lead to an improved sense of well-being. Also expected, was that the participants' receptiveness to the intervention (as it incorporates a unique blend of tools, exercises, and lecture) would keep them fully engaged and interested in learning.

CHAPTER III
METHODOLOGY

Overview

The purpose of this study is to examine the impact of a mindfulness-training program (Tools for Well Being) on building resiliency for parents with current child welfare cases. Using a pre-experimental design, the research will specifically measure participants' perceptions of how well they are able to apply the content from "Tools for Well Being" learned in the workshop as they navigate the child welfare system and the impact of the intervention on mindfulness. The study is guided by the following research questions: What are the experiences of program participants and what are their perceptions related to their ability to apply content learned in the Tools for Well Being program? and, did they experience increases in mindfulness following the completion of the program? As this is an exploratory study and this is the first cohort to participate in the training, while it is believed that program participants will experience gains in their coping skills by using the tools learned in the workshops, at this juncture the outcomes are unknown.

The Intervention

The study is pre-experimental in nature. The independent variable in this study is the intervention "Tools for Well Being." The intervention is delivered in a series of eight workshops. Each workshop will build on the previous one, maximizing the participant's transfer of learning. The first two sessions are an introduction to the

“Tools for Well Being”. The participants will be able to define the term “wellbeing” and explain which part, if any, they use or have used in the past. Next, the participants will define stress and label different stressors in their lives as good or bad stress. They will have the opportunity to share how this stress has affected their lives in either a positive or a negative way. The participants will then be introduced to tools that are mindfulness-based such as breathing, mindful eating, and mindful moments. The participant’s will be given an opportunity to practice each concept during the workshop with the guidance of the facilitator.

In session three, the facilitators introduce and build on the participants’ understanding of compassion and gratitude. The participants will focus on integrating the concept of self-compassion and gratitude in their mindfulness journey. Part of the requirements for this session will be to practice self-care at home; the participants will be asked to report the following week, as to what they did for self-care. In Session four, the discussion will focus on emotional triggers. The focus will be on helping participants identify their emotional triggers and provide mindfulness strategies to use when being triggered. Participants will practice the tool “body scan” in order to identify where the triggers are happening in relation to the body and to examine their own feelings they are experiencing. In session five, the participants will gain an understanding about how artistic expression is a form of stress reduction. Through a combination of mindful exercises and creative artwork, participants will learn how to reduce stress by reconnecting with their inner creativity. In session six participants will learn about the power of words and identify how our use of words

can create more or less stress in our lives. The class activity will emphasize mindfulness and writing as a way to reduce one's stress. In session seven, participants will explore how unmindful interactions can be a source of stress. Class exercises will highlight learning and using mindfulness techniques to change the interactional patterns that create additional stress in the participant's lives. Lastly, in session seven, participants learn about the benefits of happiness. They are introduced to the research of positive psychology and its effect on the brain and are given exercises to facilitate a more positive mindset.

Research Design & Instrumentation

The study will use a posttest only design. The participants will be asked to complete one survey at the end of each workshop and an additional survey will be given the participants to complete during the final workshop.

The workshop facilitators developed the first survey (attachment A). The first four questions will be a measure of how well the information was delivered by the facilitators, how helpful and meaningful the workshop were to each individual, and how the participant will use the new tools presented to deal with stress. Questions five through nine is a measure of how the participant felt the information was useful to them and if they gained any usable skills or tools through the workshop. The survey will rate each question on a scale of 1-5, with one being strongly disagree and five being strongly agree. For the final three questions, the participant will provide their recommendations in regards to how the workshops can be improved to enhance the experience of future participants.

The second survey will be administered during the final workshop. The researcher will be present during the time the participants complete the final surveys in order to introduce himself and to answer any questions the participants have regarding the surveys or involvement by the researcher. The survey that will be used in the study is the MAAS (Mindful Attention Awareness Scale) (attachment B) developed by Brown & Ryan. The MAAS is a standardized form developed to measure the core characteristic of mindfulness. The MAAS consists of fifteen scaling questions that concentrate on the frequency each participant experiences events of mindfulness in their daily lives. The scale ranges from one being almost always to six being almost never. Examples of some of the questions are as follow: “I could be experiencing some emotion and not be conscious of it until sometime later”, “I find it difficult to stay focused on what’s happening in the present”, and “It seems I am running on automatic without much awareness of what I’m doing”. The survey is scored by computing the average of the fifteen questions. Higher scores reflect higher levels of dispositional mindfulness. The MAAS has demonstrated high test-retest reliability, discriminant and convergent validity, known-groups validity, and criterion validity. Correlational, quasi-experimental, and experimental studies have shown that the trait MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of emotion regulation, behavior regulation, interpersonal, and well-being phenomena.

The participants will have twenty-five minutes to complete both surveys. After the surveys are completed, they will be handed to one of the facilitators for

safekeeping. Participants will have an identifying number on each of their surveys that will allow the researcher to distinguish between those participants who completed all seven workshops and those who did not.

Sampling Plan

The researchers have developed a partnership with Merced County Child Welfare Services, in order to recruit individuals willing to participate in the intervention. The participants are largely comprised of women and mothers who may or may not have an open Child Welfare Case. Merced County has also informed that those participants who agree to participate will acquire credits towards their case plan goals.

Participation in the workshops is voluntary. For this reason, the researcher has chosen to use a nonprobability sampling method using the convenience sampling technique. This method of recruiting participants is ideal when an intervention is being done on a test or pilot basis. This method of sampling assures that there are people participating in the research. The researcher has no control over who participates in the study. The sample will be comprised of those women who agree to participate in the intervention and then subsequently agree to participate in the research. The exact number of participants is estimated between 7-12 participants.

Data Collection

Data will be collected after each workshop session. The participants are given ten minutes after each workshop to complete a survey. Once the surveys are complete, they will be collected by one of the facilitators, which they will then place

the surveys in an envelope in a secured cabinet. This same procedure, including collection of the informed consent during the first class, will be followed after each workshop. The surveys will remain there until the MSW student conducting the research is ready to begin analyzing and interpreting the data. Feedback will be given to the developers of “The Tools for Wellbeing” which will incorporate the participants’ suggestions on how to improve future offerings of the workshops.

Plan for Data Analysis

The quantitative data will be analyzed using the SPSS program. The instrumentation will be coded and cumulative scores computed based on the instructions of the instrument. The plan for data analysis will be limited to a univariate analysis. First, each question from the survey will be examined using univariate analysis (frequency distributions, measures of central tendencies, and measures of dispersion). For instance, the univariate analysis will describe the participants’ views on how well topics were explained from class to class, the manner in which materials provided assisted them to cope with stress, and if the class was useful and meaningful as it relates to helping the participant deal with their CPS case or other life struggles.

The use of bivariate tests would not be appropriate in this study due to the lack of participants. The number of participants in the study would not give the researcher a sufficient amount of data needed to accurately measure and examine the relationship between demographic factors and participants’ experiences in the class and mindfulness. Instead, the researchers will focus on providing the developers of

this curriculum with data from the surveys that they can use to develop and expand on their offering of this workshop in the future.

Protection of Human Subjects

An informed consent form will be provided to the participants at the beginning of the seven-week workshop. The informed consent form will be collected from each participant, placed in an envelope, and put away for confidentiality purposes. It was emphasized that participation is voluntary and participation would have no bearing or influence on their child welfare case. Participants were given the option to withdraw their involvement in the study. Furthermore, it will be the responsibility of the researcher to assure the complete protection of sensitive information gathered from the participants.

It will be the responsibility of the facilitators to gather the post workshop survey every evening after the participants have completed it and transfer that information to a locked cabinet only accessible to the researcher and the facilitators. The post survey will be administered after each workshop by the facilitators. The surveys will be assigned by number. When the participants have completed the survey, the facilitators will gather the surveys and put them away for confidentiality. One survey will be collected from each participant following each workshop for the entire seven weeks. The roll of the MSW student in the study will be to collect the data after the final workshop and then to analyze the data to provide feedback to the researchers. The MSW student researcher will be present during the final workshop.

CHAPTER IV

RESULTS

Overview

The researcher gathered data from two separate cohorts. The combination of the two cohorts allowed the researcher to acquire a larger sample to complete the evaluation of the Tools for Well-being curriculum. Cohort one began in the fall with a total of eleven participants while cohort two began in the spring with three participants. The curriculum remained consistent throughout both sessions, with the exception of cohort two, which added an eighth session. Data for the facilitator created evaluation tool was acquired from the first and second cohorts from each individual session. During the final session of each cohort, the facilitators distributed an additional survey, the Mindfulness Attention Awareness Scale (MAAS), used to measure total trait mindfulness of the participants. A combination of participants from the first and second cohorts' final sessions would allow the researcher to gather sufficient data to conduct the research. Nine participants completed the MAAS survey from which data were extracted to complete the second part of the research.

Course Feedback by Session

Fourteen participants completed the evaluation tool survey in the first session. The focus in session one was exploring the concept of “well-being.” The participants discussed the topic of well-being and discussed how it relates to their lives. The participants also discussed the effect stress has on their well-being. In addition, the facilitators introduced mindfulness-based tools, stress reduction

techniques, and provided guided practice on how to perform the exercises and techniques. The tools discussed in this session included breathing exercises, mindful eating, and mindful moments.

The data extracted from this first session found the consensus from the participants was positive. For question one virtually all of the participants, (85.7%), agreed that the session achieved its goal of presenting the main idea in a way that was understandable. The participants, (85.7%), also indicated they were able to walk away from the first session with new tools to deal with stress. Furthermore, 88.9% of the participants agreed or strongly agreed that the material presented was informative and easy to understand.

The first session also sought to begin the process of contributing to personal well-being: 78.6% of the participants found the material from session one to be useful in improving their well-being. In addition, 78.6% of participants also indicated that they gained usable skills they can apply in their lives. Another 78.6% of the participants agreed or strongly agreed the material presented gave them new tools to deal with stress.

While the majority of the data from the first survey was positive, it was noticed that the participants were somewhat divided in their responses to question number nine. Question nine asked if the participants had gained usable skills they can apply to reunify with their child or children. Out of fourteen participants, only nine responded to the question, while five, 35.7%, chose not to respond. From those that did respond, seven participants, or 50.0%, agreed or strongly agreed that this

workshop helped in reunifying with their family, while two participants, or 14.2%, either strongly disagreed or disagreed with the question. A more complete description of session one findings are provided below in Table 1.

Table 1.

Participant Satisfaction: Tools for well-being session 1

Workshop Satisfaction <i>N=14</i> <i>Missing=5</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	14.3	0.0	0.0	28.6	57.1
Materials presented	0.0	7.1	7.1	28.6	50.0
Materials improve well being	7.1	14.3	0.0	28.6	50.0
Materials informative	0.0	11.1	0.0	11.1	77.8
handouts were useful	7.1	7.1	14.3	28.6	42.9
Usable skills	7.1	7.1	0.0	28.6	50.0
Class exercises	14.3	0.0	7.1	21.4	57.1
homework beneficial	7.1	7.1	21.4	7.1	57.1
Reunify with Children	7.1	7.1	0.0	14.3	35.7

Nine participants responded to the survey in session two. The participants again found the information to be useful. The focus for session two was to integrate empathy, gratitude and compassion into the mindfulness practice. The techniques practiced in session two were mindful walking, kind wishes to self, kind wishes to others, giving thanks. The participants continued to expand on their breathing exercises from the first workshop.

The participants responded well to this session. The overall response was positive; for example, 89% of the participants agreed or strongly agreed the main idea

made sense. The participants, (88.9%), also agreed or strongly agreed the second session provided them with tools to deal with stress. In addition, 88.9% of the participants agreed or strongly agreed the material was informative. The participants (88.9%) also agreed or strongly agreed the handouts and class exercises were useful.

In regards to the participants' well-being, the participants (88.9%) strongly agreed or agreed the class provided them with tools to help improve their well-being. Additionally, the vast majority of the participants, (88.9%), believed the session provided them with usable skills.

While the data continues to demonstrate the participants' receptiveness and satisfaction with the curriculum, question number nine continues to be a source of disagreement between the participants. Nine participants took the survey from which a total of three, (33.3%), participants chose to not answer the question. For the ones that did answer, five (55.6%) strongly agreed that the material helped them reunify while one, (11%), disagreed. A more complete description of the data from session two is provided in the table below.

Table 2.

Participant Satisfaction: Tools for well-being session 2

Workshop Satisfaction <i>N=9</i> <i>Missing=3</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	11.1	0.0	0.0	0.0	88.9
Materials presented	0.0	11.1	0.0	11.1	77.8
Materials improve well being	0.0	11.1	0.0	11.1	77.8
Materials informative	0.0	11.1	0.0	11.1	77.8
handouts were useful	11.1		0.0	11.1	77.8

Usable skills	0.0	11.1	0.0	0.0	88.9
Class exercises	11.1	0.0	0.0	0.0	88.9
homework beneficial	0.0	11.1	11.1	0.0	77.8
Reunify with Children	0.0	11.1	0.0	0.0	55.6

In the third session, there were a combined eight participants. The focus of the third session was to continue building on the participants' understanding of compassion, gratitude, and its relationship to mindfulness. The exercises associated with this workshop included meditation, compassion, and gratitude. The group revisited the concept of mindful moments and other themes from the previous week.

The third session again demonstrated how the participants found the curriculum informative and helpful; 87.5% agreed or strongly agreed the facilitators did a good job of presenting the material while another 87.5% of the participants strongly agreed this session provided tools to effectively deal with stress. Question five showed 87.5% of the participants agreeing or strongly agreeing the handouts were useful and 87.5% of the participants agreed or strongly agreed the homework was beneficial to their learning.

In response to their well-being, nearly all of the participants, 87.5%, either agreed or strongly agreed, that the material presented helped them improve their sense of well-being. While 87.5% of the participants strongly agreed this session provided them with skills to deal with stress, 87.5% agreed or strongly agreed the session provided usable skills for use outside the classroom.

Though the data collected reveals the majority of the participants' satisfaction with session three, there appears to be a reoccurring theme when it comes to answering the question related to reunification. Two of the participants, (25.0%), failed to answer question nine, and one participant, 12.5%, disagreed that session three helped their reunification efforts. The majority of the participants, (75%), believed the session helped with the reunification process. A more complete description of the data from session three is provided in the table below.

Table 3.

Participant Satisfaction: Tools for well-being session 3

Workshop Satisfaction <i>N=8</i> <i>Missing=2</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	0.0	12.5	0.0	12.5	75.0
Materials presented	0.0	12.5	0.0	0.0	87.5
Materials improve well being	0.0	12.5	0.0	12.5	75.0
Materials informative	0.0	12.5	0.0	12.5	75.0
handouts were useful	0.0	12.5	0.0	12.5	75.0
Usable skills	0.0	12.5	0.0	12.5	75.0
Class exercises	0.0	12.5	0.0	12.5	75.0
homework beneficial	0.0	12.5	0.0	12.5	75.0
Reunify with Children	0.0	12.5	0.0	0.0	62.5

Session four introduced the concept of “emotional triggers” and their relationship to stress. At the beginning of the session four, the participants identified their own emotional triggers. Later, during the same session, the participants would have the opportunity to implement the mindfulness strategies learned to help them

deal with those emotions in a healthy and productive way. The exercises introduced to the participants in this session were body scan, which helped the participants feel where stress affected their bodies and learning to S.I.G.N, which is an acronym for Stop Inquire, Gentleness (being kind to oneself), and Need (ask what do I need?). This session was a culmination of what the participants had learned to this point.

In session four, eleven participants completed the evaluation tool. The participants continue to be pleased with the curriculum as the overwhelming response is positive. The majority of the participants, 90.9%, reported they either agreed or strongly agreed the facilitator explained the main idea thoroughly. Further analysis of the data revealed 90.9% of the participants agreed or strongly agreed the material was informative, while 90.9% of the participants strongly agreed the handouts were useful.

In response to the participants' feeling of well-being, the participants responded positively to session four. The participants overwhelmingly agreed, (90.9%), this session improved their personal well-being. In addition, 90.9% of the participants felt the session provided them with tools to deal with stress. The participants (90.9%) also agreed or strongly agreed the session had provided them with usable skills they can use at home.

Question nine continues to receive mixed responses amongst the participants, which results in incomplete data for that component of the evaluation. Eleven participants responded to the survey. While two participants, (18.2%), chose not to answer the question, eight (72.7%) of the participants either agreed or strongly agreed

the material helped them in the reunification process. One (9.1%) participant strongly disagreed. A more complete description of the data from session four is provided in the table below.

Table 4.

Participant Satisfaction: Tools for well-being session 4

Workshop Satisfaction <i>N=11</i> <i>Missing=2</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	9.1	0.0	0.0	18.2	72.7
Materials presented	9.1	0.0	0.0	18.2	72.7
Materials improve well being	9.1	0.0	0.0	18.2	72.7
Materials informative	0.0	9.1	0.0	9.1	81.8
handouts were useful	0.0	9.1	0.0	0.0	90.9
Usable skills	0.0	9.1	0.0	9.1	81.8
Class exercises	0.0	9.1	0.0	9.1	81.8
homework beneficial	9.1	0.0	0.0	18.2	72.7
Reunify with Children	9.1	0.0	0.0	9.1	63.6

In session five, there were five participants. They were introduced to artistic expression as a way to reduce stress. Through a combination of discussion, mindful exercises, and creative artwork, the participants learned why creativity is an important component to well-being and how it can help reduce stress by reconnecting with their inner creativity. The exercises in session five consisted of drawing or coloring Mandalas. Mandalas are spiritual and ritual symbols in Indian religions, representing the universe. The participants also made affirmation cards, participate in guided imagery, and continue to practice breathing.

The participants scored the workshop favorably. The combination of art/imagery and guided practice seemed appealing to the participants as evidenced by the high scores the participants gave this session; 100% of the participants felt they had a good understanding of the main idea. Furthermore, 100% of the participants felt the material was informative and easy to understand. The participants, 100%, also agreed the class handouts were useful. Lastly, 100% of the participants agreed the class exercises and the homework were helpful and beneficial.

The participants also agreed the session helped them enhance their well-being and provided them with tools they could use at home; 100% of the participants felt they had received tools that would help them deal with stress at home. Additionally, 100% of the participants strongly agreed the session helped them improve their well-being. Furthermore, 100% of the participants strongly agreed they had gained usable skills from session five.

While it is evident the participants overwhelmingly find value in the curriculum related to session five, it is apparent that question nine on the evaluation tool continues to be an issue for some of the participants. While the major consensus (80%) from participants was, they strongly agreed session five helped with reunification, one participant (20%) did not answer the question in this session. Due to the small sample size, it is crucial the researcher have a full and complete representation of the data to evaluate the efficacy of the curriculum. Moreover, It is uncertain if the curriculum is not meeting the needs of the few participants that consistently disagree or do not answer question nine or these participants simply do

not have a reunification case or open child welfare case. A complete description of the data from session five is provided in the table below

Table 5

Participant Satisfaction: Tools for well-being session 5

Workshop Satisfaction <i>N=5</i> <i>Missing=1</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	0.0	0.0	0.0	0.0	100.0
Materials presented	0.0	0.0	0.0	0.0	100.0
Materials improve well being	0.0	0.0	0.0	0.0	100.0
Materials informative	0.0	0.0	0.0	0.0	100.0
handouts were useful	0.0	0.0	0.0	0.0	100.0
Usable skills	0.0	0.0	0.0	0.0	100.0
Class exercises	0.0	0.0	0.0	0.0	100.0
homework beneficial	0.0	0.0	0.0	0.0	100.0
Reunify with Children	0.0	0.0	0.0	0.0	80.0

Eight individuals participate in session six. This session focused on the power and use of words and, how words can create or help reduce stress. The participants worked through a series of exercises that emphasized mindfulness and expressive writing as a way to reduce stress. Expressive writing is the process by which an individual writes about a traumatic or stressful life experience, non-stop, for a specified amount of time. Focusing on the writing allows the participant to be present and work through the event.

For session six, the majority of the participants had favorable evaluations. For example, 75% of the participants strongly agreed the facilitators did a great job of

presenting the main idea of this session. In addition, 75% of the participants strongly agreed the materials were informative. Subsequently, the participants, 75%, also reported they strongly agreed the handouts were useful and the class exercises had been beneficial and had value.

When asked how the session enhanced or helped their well-being the participants responded favorably, 75% strongly agreed the session gave them tools to deal with stress while another 75% strongly agreed the session gave them tools to improve their well-being. Additionally, 75% of the participants said they strongly agreed the session had provided them with usable skills.

Question nine continues to be a struggle for a small percentage of the participants. From the eight participants in the workshop, six (62.5%) reported they strongly agreed this session helped them in the reunification process. Two participants failed to respond to the final question, which resulted in missing data. A more complete description of the data from session six is provided in the table below.

Table 6

Participant Satisfaction: Tools for well-being session 6

Workshop Satisfaction <i>N=8</i> <i>Missing=2</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	12.5	0.0	0.0	0.0	75.0
Materials presented	12.5	0.0	0.0	0.0	75.0
Materials improve well being	12.5	0.0	0.0	0.0	75.0
Materials informative	12.5	0.0	0.0	0.0	75.0
handouts were useful	12.5	0.0	0.0	0.0	75.0
Usable skills	12.5	0.0	0.0	0.0	75.0

Class exercises	12.5	0.0	0.0	0.0	75.0
homework beneficial	12.5	0.0	0.0	0.0	75.0
Reunify with Children	12.5	0.0	0.0	0.0	62.5

Session seven would conclude the first cohort. For this final session, the participants explored how unmindful, not conscious or aware, interactions can be a source of stress. Unmindful interactions are those interactions that a person worries about or ruminates over before the actual meeting. This constant thinking and worrying over what has not yet occurred, causes the individual to experience intense and at times debilitating stress. The exercises for this session included learning and using mindfulness techniques to change the interactional patterns that create more stress additionally, the participants learned R.A.I.N., Recognize, Accept, Investigate, Not-Identify, and practiced through class roll play how to use this technique to relieve stress.

The participants continue to respond well to the sessions, 85.7% of the participants strongly agreed they understood the main idea of the session and 85.7% of the participants strongly agreed the materials were informative. Additionally, 85.7% of the participants strongly agreed the handouts were useful, and the majority of the participants (85.7%) strongly agreed the class exercises were beneficial as was the homework associated with this individual session.

The participants also felt strongly that session seven supported their learning on how to enhance their own well-being. The participants, 85.7%, strongly agreed the tools provided in the session helped them deal with stress and 85.7% of the

participants strongly agreed the session helped improve their well-being. Lastly, the participants, 85.7%, strongly agreed they had gained useable skills.

For question nine, the participants, (85.7%), strongly agreed the information was useful in the reunification process, while one (14.3%) participant disagreed. For this session, all the participants completed the survey. This revealed, at least for this session, the majority of the participants feel the sessions are helping with the reunification process. A more complete description of the data from session seven is provided in the table below.

Table 7

Participant Satisfaction: Tools for well-being session 7

Workshop Satisfaction <i>N=7</i> <i>Missing=0</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	0.0	14.3	0.0	0.0	85.7
Materials presented	0.0	14.3	0.0	0.0	85.7
Materials improve well being	0.0	14.3	0.0	0.0	85.7
Materials informative	0.0	14.3	0.0	0.0	85.7
handouts were useful	0.0	14.3	0.0	0.0	85.7
Usable skills	0.0	14.3	0.0	0.0	85.7
Class exercises	0.0	14.3	0.0	0.0	85.7
homework beneficial	0.0	14.3	0.0	0.0	85.7
Reunify with Children	0.0	14.3	0.0	0.0	85.7

Session eight, the final session in cohort two, was attended by four participants. For this final session, the facilitators introduced the participants to the current research done in the field of positive psychology related to mindfulness. The facilitators intended to make the connection between real time research and classroom work with the expectations the participants did not stop learning at the sessions but would continue to explore and learn on their own.

The exercises for the final session engaged the participants and encouraged them to incorporate and develop their own personalized mindfulness practice as a means of dealing with their daily stressors. The facilitators and participants would create a vision board and continue discussion on power and use of words. They would practice other techniques for stress reduction and recap concepts learned in previous sessions.

The final session proved to be powerful and re-energized the participants. The overwhelming majority were satisfied with the final session. All the participants, 100%, said they strongly agreed the main idea was well defined and explained, while 100% of the participants strongly agreed the materials presented were informative and easy to understand. Moreover, 100% of the participants strongly agreed the class exercises and homework were beneficial.

In addition, 100% of the participants reported the session gave them new tools to deal with stress. Finally, the participants, 100%, strongly agreed the final session provided them with new tools to improve their own well-being.

Again, it is important that this researcher mention question nine, as it has been the basis of disagreement by the participants on many of the evaluations. For this survey, one participant, 25%, did not respond to question nine. The other three participants, 75%, strongly agreed the session did help them in the reunification process. A more complete description of the data from session 8 is provided in the table below.

Table 8

Participant Satisfaction: Tools for well-being session 8

Workshop Satisfaction <i>N=4</i> <i>Missing=1</i>	Strongly Disagree (%)	Disagree (%)	Not Sure (%)	Agree (%)	Strongly Agree (%)
Main idea explained	0.0	0.0	0.0	0.0	100.0
Materials presented	0.0	0.0	0.0	0.0	100.0
Materials improve well being	0.0	0.0	0.0	0.0	100.0
Materials informative	0.0	0.0	0.0	0.0	100.0
handouts were useful	0.0	0.0	0.0	0.0	100.0
Usable skills	0.0	0.0	0.0	0.0	100.0
Class exercises	0.0	0.0	0.0	0.0	100.0
homework beneficial	0.0	0.0	0.0	0.0	100.0
Reunify with Children	0.0	0.0	0.0	0.0	75.0

Mindful Attention Awareness Scale (MAAS)

With the overwhelming positive responses from the majority of the participants to the Tools for Well-being, the researcher expected the participants to do well on the trait Mindful Attention Awareness Scale (MAAS). The survey was administered immediately following session seven for the first cohort and session eight for the second cohort resulting in nine participants that completed the MAAS

survey. The MAAS survey measures the participants' current state of awareness. The results of the mindfulness evaluation are presented in two parts. First, the data from the various questions regarding mindfulness is presented to provide a detailed look at the various issues that surround mindfulness. This is followed by a discussion of the composite (total) data and how the participants' total mindfulness scores compare to other groups.

An individual item analysis of the 15 items that make up the MAAS scaled revealed that on eight of the 15 items, the majority of the participants (n=9) showed evidence of being mindful; 66.6%, of the participants reported to either almost never, very infrequently, or somewhat infrequently experiencing emotions and not being aware of it. The participants, 88.8%, also indicated to almost never, very infrequently or somewhat infrequently breaking things due to not paying attention or thinking of something else, while 55.5% of the participants reported that they almost never, very infrequently, or somewhat infrequently tend to not walk quickly and not pay attention to what they experience along the way. When asked if they ever, "tend not to notice feelings of physical tension or discomfort until they really grab my attention," 66.6% of the participants responded as almost never, very infrequently, or somewhat infrequently.

Furthermore, the participants, 77.7%, reported they somewhat infrequently, very infrequently, and almost never rush through activities. Most of the participants, 55.5%, responded very infrequently or almost never to doing jobs or tasks automatically, without being aware of what they are doing. In addition, the

participants, 55.5%, of them reported they somewhat infrequently very infrequently and almost never find themselves doing things and not paying attention. Lastly, 55.5% of the participants said they somewhat infrequently, very infrequently, or almost never find themselves snacking and not being aware of it.

For six of the questions the participants showed evidence they had not experienced significant change in their mindfulness; 55.5% of the participants responded as almost always or very frequently having trouble staying focused. Also, 55.5% of the participants said they almost always, very frequently, and somewhat frequently forget people's names almost as soon as they have been told for the first time. Furthermore, 55.5% of the participants reported they almost always or somewhat frequently run on automatic. Similarly, 55.5% the participants reported to very frequently or somewhat frequently finding themselves preoccupied with future or past events and to almost always, very frequently, or somewhat frequently being so focused on a goal they lose touch with what they are doing right now. Surprisingly, the participants, 88.8%, found themselves almost always, very frequently, or somewhat frequently listening to someone with one ear, doing something else at the same time. Lastly, the participants were split on one question: 44.4%, reported somewhat frequently, very infrequently and almost never, to driving places on 'automatic pilot' and then wonder why I went there and exactly 44% responded the opposite. A more complete description of the data is provided in table 9 below.

Table 9

MAAS: Frequencies

Mindfulness Measurement	Almost Always %	Very Frequently %	Somewhat Frequently %	Somewhat Infrequently %	Very Infrequently %	Almost Never %
I could be experiencing some emotion and not be conscious of it until sometime later.	11.1	11.1	11.1	22.2	11.1	33.3
I break or spill things because of carelessness, not paying attention, or something else	11.1	0.0	0.0	22.2	33.3	33.3
I find it difficult to stay focused on what is happening in the present.	22.2	33.3	0.0	0.0	44.4	0.0
I tend to walk quickly to get where I'm going without paying attention to what I am experiencing along the way	0.0	22.2	22.2	22.2	22.2	11.1
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	11.1	11.1	11.1	22.2	11.1	33.3
I forget a person's name almost as soon as I've been told it for the first time.	33.3	11.1	11.1	33.3	0.0	11.1
It seems I am "running on automatic," without much awareness of what I am doing	33.3	0.0	22.2	11.1	22.2	11.1
I rush through activities without being attentive to them.	0.00	0.00	22.2	22.2	22.2	33.3
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	11.1	22.2	22.2	11.1	11.1	22.2
I do jobs or tasks automatically, without being aware of what I'm doing.	11.1	11.1	22.2	0.00	11.1	44.4
I find myself listening to someone with one ear, doing something else at the same time.	44.4	22.2	22.2	0.0	0.0	11.1
I drive places on 'automatic pilot' and then wonder why I went there	0.00	0.00	44.4	0.00	11.1	33.3

I find myself preoccupied with the future or the past.	0.00	22.2	33.3	11.1	11.1	11.1
I find myself doing things without paying attention.	0.00	11.1	0.00	22.2	44.4	11.1
I snack without being aware that I'm eating	0.00	22.2	11.1	11.1	11.1	33.3

To further illustrate the participants' trait mindfulness, a comparison was done using base norms provided by the survey. The creators of the MAAS field-tested the survey on community members and college students. The normative information on the trait MAAS for both groups was computed to reveal a mean score of 4.20 for community adults and 3.83 for college students. The adults that completed our survey scored, as a whole on the mindfulness survey, 3.73. A more complete description of the data is provided in table 10 below.

Table 10

Comparison of Mean Scores

Sample tested	Total mindfulness mean
Community adults	4.20
College Students	3.83
Tool for Well-being Participants	3.73

In addition, the participants' individual mindfulness results show the trait mindfulness for each participant. For two of the participants, their scores were higher

than that of the community adults ($m=4.20$). Still, another two participants had higher individual scores than that of the college students ($m=3.83$). Three of the participants had scores very close to the college students' normative scores and two participants with the lowest scores ($m=2.82$) and ($m= 2.73$), were not too far off the norm for the college students. Moreover, if the two lower scores were removed the total mindfulness normative score for the participants in the Tools for Well-being would have a mean score of 4.05, which is higher than that of the college students and very close to that of the community adults' norm scores. A more complete description of the data is provided in table 10 below

Table 11

Individual Mindfulness Score

Mindfulness mean	Mean Score
Participant 1	2.73
Participant 2	2.82
Participant 3	3.40
Participant 4	3.67
Participant 5	3.73
Participant 6	3.87
Participant 7	4.07
Participant 8	4.80
Participant 9	4.87

The research revealed that the participants overwhelmingly enjoyed the workshops. Their satisfaction of the workshop was evidenced by their responses

given on the facilitator created evaluation. Though the short response questions were not measured in this study, the majority of the participants had great things to say about the workshop. Many were sad to see the workshop end. Moreover, the MAAS trait mindfulness survey revealed that the intervention was effective with the participants. The participants' normative scores as compared to community adults and college students evidence this. The participants scored very well as a whole group, and some of individuals actually surpassed the control group normative scores. The next chapter will focus on providing feedback on the intervention including limitations of the intervention and implications for future research.

CHAPTER V

DISCUSSION

This study examined the efficacy of the intervention, “Tools for Well-being”, in a child welfare setting. The major questions asked were: Does this intervention offer the participants new tools and techniques they can use to bring stability in their lives? and, Did the TFWB curriculum enhance the participants’ current mindfulness? This chapter presents a summary of the major findings and compares the major findings of this study to the findings of the literature. Furthermore, this chapter discusses implications for social work practice and policy, and recommendations for future research.

The Tools for Well-being curriculum was completed over an eight-week period. The goal was to raise the participants’ mindfulness and in doing so enhance their level of well-being. The participants met each Wednesday for two hours. During the two hours, the participants received facilitated instruction from the curriculum developers. Each individual session was scaffold to assure maximum information retention by the participants. The participants learned new vocabulary, tools, and techniques at every session. The homework assigned during the sessions allowed to the participants a way to transition the classroom material to their home environment and allow the participants the opportunity to practice these skills independently.

In order to measure the efficacy of the program, the facilitators provided the participants with two surveys. The first survey was a facilitator created evaluation tool, used to evaluate the efficacy of each individual session. The participants scored various facets of the program including facilitator presentation, use of class exercises, homework, and understanding of the concepts on the evaluation given to each participant at the end of each session.

The second survey used was the trait Mindful Attention Awareness Scale (MAAS). The second survey measured the participants' total mindfulness following the completion of the final workshop. The survey allowed the researcher to gather and measure trait mindfulness from each participant. Their combined mean scores computed by the research of this study compared to norm mean scores provided by the developers of the MAAS provided interesting results.

Major Findings

The researcher found the majority of the participants reported they were pleased with the intervention and they found it helpful. The participants also reported the curriculum was valuable to them and felt the facilitators did an exceptional job presenting and helping them apply the knowledge to their situations. Nearly all the participants were pleased with the class exercises, the material/handouts, and the homework presented by the facilitators. Furthermore, the participants felt they had gained usable skills from each session they participated in and more important, they felt their well-being improved from their participation in the intervention.

The survey consisted of five questions that directly evaluated the effectiveness of the facilitators' and use of classroom material. Three of the questions evaluated the effectiveness of the curriculum in providing the participants with tools that would enhance the participants' feelings of well-being. While the participants enjoyed and had positive comments about all facets of the curriculum, they particularly enjoyed some sessions over others.

In particular, the concepts introduced in session two (compassion, gratitude, and kindness to others and to yourself) seemed to resonate with the participants on a personal level. The participants' rated this workshop very well in the curriculum effectiveness section as well as in the well-being enhancement section of the survey. Session four received high marks from the participants in both areas of the survey. In this session, the participants would learn about emotional triggers and ways deal with those triggers that brought them stress. The participants seemed to value the tools and class exercises associated with this session. Another session that was highly liked by all the participants was session five. This session introduced the participants to art therapy and the concept of art as a method to enhance well-being. This workshop was one of just two where the consensus by the participants was unanimous. They all felt the session was helpful in every aspect and gave it very high marks. The other session, where the participants' were unanimous in their marks was session eight in the second cohort. This session would discuss with the participants current mindfulness studies and research that would help them connect the last eight weeks of class.

While the majority of the participants gave the curriculum favorable marks, question nine, which asked the participants to provide feedback as to how this curriculum helped them reunify with their children, was consistently left blank or answered as disagree or strongly disagree. Although there were issues with this part of the survey, it provides an opportunity for the developers to further evaluate the curriculum and improve the effectiveness of the intervention.

As such, overwhelmingly, the participants provided feedback that suggests that the workshop was extremely helpful. While the results from the surveys are very positive and encouraging, it is important that we not overlook observations from previous research. Albert (2005) reminds us that parents in child welfare may participate in activities such as this simply to appease caseworkers and get out of the system as soon as possible. As the findings presented in this study are preliminary, this would absolutely be a question for further research.

The second survey distributed to the participants at the end of the last workshop measured their total trait mindfulness upon completion of the eight-week mindfulness intervention. Because the participants had scored the workshops so positively, the expected outcome was for their mindfulness to increase, as was the goal of the curriculum. It is important to note that all of the participants had open child welfare cases. As indicated previously, individuals that are involved with child welfare tend to lead very tumultuous lives. They experience instability, stress, poverty, single parent homes, drug addiction, homelessness, and incarceration, on a daily basis and at times simultaneously. For the participants to score as a group close

to college students suggests that the intervention produced positive outcomes. For this reason, the results of the MAAS survey were impressive. When analyzed, the participants mean scores proved to be very close to those scores provided by the MAAS developers; two of the participants' had scores that were actually higher than that of the community adults. Furthermore, two other participants had scores better than that of the college students. Three of the participants had scores very close to that of the college students, and the two participants with the lowest scores were still close to the college age students' mean scores. Additionally, if the two lowest scores were removed, the total mean score for the participants would be higher than that of the college student and much closer to that of the community adult. The findings are significant due to the participants' status.

Implications for Social Work Practice and Policy

The research found there is very little to offer, by way of mindfulness-based interventions, for families involved in child welfare. Social workers are limited to use whatever resources are available in their community. However, the social work practitioner should not be limited or discouraged. On the contrary, as the research shows, there are interventions that have shown to be effective in mitigating some or most of the negative behavior exhibited by families in child welfare. Social workers should inform themselves of the benefits of mindfulness interventions and available programs. They should use this knowledge to research programs and advocate for their agencies to adopt the curriculum and incorporated it as part of the resources available to families.

Another implication, because of the social workers acquired knowledge of such programs, is the possibility for change. The implication for change at the agency level, mezzo level, is accomplished through advocacy and having the courage to take a stance based on knowledge and then presenting the research to make a case for change. Knowing an intervention is effective is half the battle; proving the intervention is effective through research means, the decision makers will take notice.

Implications for Policy

The implications for policy change at the macro level would be the lobbying for funding of such programs. Funding is a constant issue in child welfare. Social workers who are knowledgeable about the curriculum and who are willing to speak on its effectiveness could influence and advocate for the appropriate and most effective use of limited funds. Child welfare is constantly morphing, due to the diversity and complexity of the families involved, in order to provide effective services for the families in the community. The addition of extra funding might result in the addition of resources and knowledgeable facilitators.

Limitations of the Study

The discussions of the limitations are intended to suggest changes to the curriculum, Tools for Well-being, if the research were to be repeated.

One limitation of this study was participation response to the survey questions, not all the participants completed the surveys. Some participants failed to answer questions on both surveys, which limited the researcher in obtaining a full and concise representation of the data. Although this happened with both surveys, some

of the participants routinely left question nine on the well-being evaluation tool, “I gained usable skills that I can apply in my efforts to reunify with my children,” blank. Due to the small sample size of the participants who completed the survey, the missing data for this particular question did not allow for an accurate analysis for this question. It would benefit future research to assure that the participants either all have an open case or not. As a researcher, there needs to be clarity regarding who the participants are so that we can fully understand the findings (Faulkner and Faulkner 2014).

Another limitation observed was the small sample size and participant mortality rate. Through the progression of the workshop, there was a decline in participants every week the groups met. Though it is common to see participation rates decline, especially by parents involved in services through child welfare, the small sample size makes it difficult to evaluate the efficacy of a program. Further research could focus on those participants that did not complete the intervention as a way to make it more appealing to future participants.

Another limitation was the omission of a pre and posttest design of the research. This design would have been effective in measuring the participants’ trait mindfulness at the beginning as compared to their level of mindfulness when the eight weeks were completed.

Recommendation for Future Research

This researcher suggests these recommendations for future research. First, it is recommended that the developers of the Tools for Well-being consider the addition of a pre-test using the MAAS or equivalent tool to measure the participants' mindfulness prior the start of the eight-week workshop. The use of the pre-survey would increase the validity of the post-test results as there would a base line score to compare the final mindfulness score.

Second, the researcher suggests offering the workshop as a voluntary intervention to account for any social desirability bias by the participants when answering questions on the survey. Though the developers took precautions to account for this, by explaining the participants' rights in the informed consent statement, the emphasis on the volunteer aspect by the participants may allow them to be forthcoming in their evaluation of the curriculum. The further implication that their participation or lack of would have no bearing, either positive or negative, on their case would further reinforce their active participation in evaluating the curriculum honestly and thoroughly. In addition, the offering of the workshop as voluntary would give the participants a sense of ownership and empowerment having been given the choice to attend. The sense of ownership could positively affect the high participant mortality rate and give the researcher more data from which to draw conclusions form.

Finally, this researcher suggests the consideration of additional workshops that include fathers involved in child welfare. Fathers offer a unique perspective on

parenthood and child welfare; currently a single father heads 8% of households with minor children in the United States. In 1960, single father households made up just 1% of the population (Livingston 2013). With the increase in single fathers, some of which are involved in child welfare, it would be advantageous to include them in the program evaluation and development.

REFERENCES

REFERENCES

- Alpert, L.T. (2005) Research review: Parents' service experience – a missing element in research on foster care case outcomes. *Child and Family Social Work*, 10, pp. 361-366.
- Bonanno, George A. "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?" *American Psychologist* 59.1 (2004): 20-28. EBSCO. Web. 30 Apr. 2017.
- Brown, K. W., & Ryan, R. M. (2003). The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being. *Journal of Personality and Social Psychology*, 84(4), 822-848. doi:10.1037/0022-3514.84.4.822
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical Foundations and Evidence for its Salutary Effects. *Psychological Inquiry*, 18(4), 211-237. doi:10.1080/10478400701598298
- Carmody, J., & Baer, R. A. (2007). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. *Journal of Behavioral Medicine*, 31(1), 23-33. doi:10.1007/s10865-007-9130-7
- Charlamange-Badal, S. J., Lee, J. W., Butler, T. L., & Fraser, G. E. (2014). Conceptual Domains Included in Wellbeing and Life Satisfaction Instruments: A Review. *Applied Research Quality of Life*, 10(2), 305-328. :DOI 10.1007/s11482-014-9306-6

- Connor, K. M., MD, & Davidson, J. R., MD. (2003). DEVELOPMENT OF A NEW RESILIENCE SCALE: THE CONNOR-DAVIDSON RESILIENCE SCALE. *Depression and Anxiety, 18*, 76-82. doi:10.1002/da.10113
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48*(2), 198-208. doi:10.1037/a0022062
- E. J., Forgeard, M. J., & Seligman, M. E. (2012). The Engine of Well Being. *The Engine of Wellbeing, 16*(4), 327-342. doi:10.1037//a0027990
- Ethier, L. S., Couture, G., & Lacharite, C. (2004). Risk Factors Associated with the Chronicity of High Potential for Child Abuse and Neglect. *Journal of Family Violence, 19*(1), 13-24. doi:10.1023/b:jofv.0000011579.18333.c9
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218-226. doi:10.1037//0003-066x.56.3.218
- Hatton, H. & Brooks, S. (2008) *Preventing reentry into the child welfare system*. Northern California Training Academy, UC Davis Center for Human Services, Re-entry Literature Review. retrieved from <http://www.childsworld.ca.gov/res/pdf/FactorsCharacteristics.pdf>
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*, 169-183.

- Huet, V. (2015). Literature review of art therapy-based interventions for work-related stress. *International Journal of Art Therapy, 20*(2), 66-76.
doi:10.1080/17454832.2015.1023323
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine, 8*(2), 163-190. doi:10.1007/bf00845519
- Kabat-Zinn, J. (1991). CH. 4 Sitting Meditation: Nourishing the Domain of Being. In *Full catastrophe living* (Vol. 1, pp. 60-72). New York, NY: Delacorte Press.
- Keifer, R. A. (2008). An Integrative Review of the Concept of Well-being. *An Integrative Review of the Concept of Well-being, 22*(5), 244-252.
doi:10.1097/01HNP.0000334915.16186.b2
- Kotch, J. B., Browne, D. C., Ringwalt, C. L., Stewart, P. W., Ruina, E., Holt, K., . . . Jung, J. (1995). Risk of child abuse or neglect in a cohort of low-income children. *Child Abuse & Neglect, 19*(9), 1115-1130. doi:10.1016/0145-2134(95)00072-g
- Kropenske, V., & Howard, J. (1994). Protecting children in substance-abusing families. *U.S. Department of Health and a Human Services Administration for Children and Families, 1-95.*
- Lietz, C.A. & Strength, M. (2011) Stories of successful reunification: A narrative study of family resilience in child welfare. *Families in Society: The Journal of Contemporary Social Services, 92*(2), 203-210

- Lucas, R. E., & Oishi, S. (2012). Chapter 5. In E. Diener (Author), *Subjective Well-Being: The Science of Happiness and Life Satisfaction* (2nd ed., pp. 63-70). Oxford University Press. doi:10.1093/oxfordhb/9780195187243.013.0017
- Lundahl, B. W. (2006). Preventing Child Abuse: A Meta-Analysis of Parent Training Programs. *Research on Social Work Practice, 16*(3), 251-262.
doi:10.1177/1049731505284391
- Padilla, J., & Summers, A. (2011). Disproportionality Rates for Children of Color in Foster Care. *National Council of Juvenile and Family Court Judges, 1-85*.
- Ramell, W., Goldin, P. R., Carmona, P. E., & Mcquaid, J. R. (2004). The Effects of Mindfulness Meditation on Cognitive Processes and Affect in Patients with Past Depression. *Cognitive Therapy and Research, 28*(4), 433-455.
doi:10.1023/b:cotr.0000045557.15923.96
- Ryan, K., & Diener, E. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 39*(4), 391-406. doi:10.1177/008124630903900402
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68-78. doi:10.1037//0003-066x.55.1.68
- Shapiro, S. L., Shwartz, G. E., & Bonner, G. (1998). • Effects of Mindfulness-Based Stress Reduction on Medical and Premedical Students. *Journal of Behavioral Medicine, 21*(6), 581-599. doi:10.1023/A:1018700829825

- Thornton, B. & Sanchez, J. E. (2010). Promoting Resiliency among Native American Students to Prevent Dropouts. *Education Journal*, 131(2), 455-464. doi:10.1016/j.educ.2010.05.002
- Walsh, F. (2012). CH.17 FAMILY RESILIENCE Strengths Forged through Adversity. In *Normal family process* (4th ed., pp. 399-422). New York: Guilford Press.
- Walsh, F. (2002), A Family Resilience Framework: Innovative Practice Applications. *Family Relations*, 51: 130–137. doi:10.1111/j.1741-3729.2002.00130.x
- Wulczyn, F. H., Hislop, K. B., & Goerge, R. M. (2000). A Report from the Multistate Foster Care Data Archive. *Chaplin Hall Center for Children*, 2-72.
- Ward, C., Sanders, M. R., Gardner, F., Mikton, C., & Dawes, A. (2016). Preventing child maltreatment in low- and middle-income countries. *Child Abuse & Neglect*, 54, 97-107. doi:10.1016/j.chiabu.2015.11.002

APPENDICES

APPENDIX A

TOOLS FOR WELL-BEING-CLASS EVALUATION

Thank you for participating in this class - your feedback is important to us in creating a better class and improving it. Please take a few minutes to fill out this survey.

CLASS SESSION: Title of Session, i.e., Mindfulness, etc... **DATE:**

1. How many class (or section) sessions did you attend so far? _____
2. On average, estimate how many hours per week have you spent on this course- include attending classes, homework activities, mindfulness practices, reflecting, etc?

Age: _____ **Gender (circle one):** M F Other: _____

Race/Ethnicity: _____ **Highest Grade Completed:**

Prior involvement in CPS as a parent: Yes No

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:

1=Strongly Disagree (SD); 2 = Disagree (D); 3 = Not Sure (NS); 4 = Agree (A); 5 = Strongly Agree(SA).

	SD	D	NS	A	SA
1. The main ideas of the class topic were explained well.	1	2	3	4	5
2. The material presented gave me new tools on how to deal with stress.	1	2	3	4	5
3. The material presented gave me tools on how to improve personal well-being, i.e., feel better about myself, feel more capable, increase in positive emotions, etc.	1	2	3	4	5
4. The material was informative and easy to understand.	1	2	3	4	5

5. I felt that the handouts were useful.	1	2	3	4	5
6. I felt that the class exercises were beneficial.	1	2	3	4	5
7. I felt that the homework was beneficial.	1	2	3	4	5
8. I gained usable skills that I can apply in my own life.	1	2	3	4	5
9. I gained usable skills that I can apply in my efforts to reunify with my children.	1	2	3	4	5

10. What was the most valuable aspect of this class session today?

11. What could have been done to improve this class session?

12. Additional Comments or suggestions:

Thank you!

APPENDIX B

THE TRAIT MINDFUL ATTENTION AWARENESS SCALE

**Monroe Campus**

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

**Department of
Psychology**
White House
806 West Franklin Street
P.O. Box 842018
Richmond, Virginia 23284-2018

804 828-6754
Fax: 804 828-2237
TDD: 1-800-828-1120

Dear Colleague,

The trait Mindful Attention Awareness Scale (MAAS) is in the public domain and special permission is not required to use it for research or clinical purposes. The trait MAAS has been validated for use with college student and community adults (Brown & Ryan, 2003), and for individuals with cancer (Carlson & Brown, 2005). A detailed description of the trait MAAS, along with normative score information, is found below, as is the scale and its scoring. A validated state version of the MAAS is also available in Brown and Ryan (2003) or upon request.

Feel free to e-mail me with any questions about the use or interpretation of the MAAS. I would appreciate hearing about any clinical or research results you obtain using the scale.

Yours,

Kirk Warren Brown, PhD

Department of Psychology Virginia Commonwealth University 806 West Franklin St.
Richmond, VA 23284-2018 e-mail kwbrown@vcu.edu

Mindful Attention Awareness Scale (MAAS), trait version

Characteristics of the scale:

The trait MAAS is a 15-item scale designed to assess a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place. This is in contrast to the conceptually driven mode of processing, in which events and experiences are filtered through cognitive appraisals, evaluations, memories, beliefs, and other forms of cognitive manipulation. Across many studies conducted since 2003, the trait MAAS has shown excellent psychometric properties. Factor analyses with undergraduate, community and nationally sampled adult and adult cancer populations have confirmed a single factor scale structure (Brown & Ryan, 2003; Carlson & Brown, 2005). Internal consistency levels (Cronbach's alphas) generally range from .80 to .90. The MAAS has demonstrated high test-retest reliability, discriminant and convergent validity, known-groups validity, and criterion validity. Correlational, quasi-experimental, and experimental studies have shown that the trait MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of emotion regulation, behavior regulation, interpersonal, and

well-being phenomena. The measure takes 5 minutes or less to complete. A validated, 5-item state version of the MAAS is also available in Brown and Ryan (2003) or upon request.

MAAS norms to date:

Normative information on the trait MAAS is available for both community adults and college students, as follows:

Community adults (4 independent samples): $N = 436$; MAAS $M = 4.20$, $SD = .69$.

College students (14 independent samples): $N = 2277$; MAAS $M = 3.83$, $SD = .70$.

Appropriate validity references for the trait MAAS:

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822-848.

Carlson, L.E. & Brown, K.W. (2005). Validation of the Mindful Attention Awareness Scale in a cancer population. *Journal of Psychosomatic Research*, 58, 29-33.

Day-to-Day Experiences

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never	
I could be experiencing some emotions and not be conscious of it until sometime later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what's happening in the	1	2	3	4	5	6

present.

I tend to walk quickly to get where I'm going without paying attention to what I experience along the way. 1 2 3 4 5 6

I tend not to notice feelings of physical tension or discomfort until they really grab my attention. 1 2 3 4 5 6

I rush through activities without being really attentive to them. 1 2 3 4 5 6

I forget a person's name almost as soon as I've been told it for the first time. 1 2 3 4 5 6

I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there. 1 2 3 4 5 6

It seems I am rushing on automatic without much awareness of what I'm doing. 1 2 3 4 5 6

I do jobs or tasks automatically without being away of what I'm doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

MAAS Scoring

To score the scale, simply compute a mean (average) of the 15 items. Higher scores reflect higher levels of dispositional mindfulness.