

Running Head: MINDFULNESS WITH FAMILIES

Mindfulness with Families and Adolescents

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## Introduction

Mindfulness is a way of being (rather than doing), focused on the present (rather than the past or with problem solving), and nonjudgmental (rather than evaluating or prolonging) (Dumas, 2005). Mindfulness has been used in psychotherapy to help with depression, eating disorders, pain, stress, anxiety, and borderline personality disorder (Eyberg & Graham-Pole, 2005, Thompson & Gauntlett-Gilbert, 2008). Dumas (2005) also proposed that mindfulness techniques can be used to help families with ineffective parenting strategies and disruptive children. Can mindfulness techniques be used with adolescents that exhibit borderline personality disorder characteristics, anxiety, or pain? Can mindfulness techniques be adapted to help children with trauma? This paper will examine these questions and review a few studies that have tried mindfulness techniques with families and adolescents.

## Mindfulness with Families

Currently it seems that mindfulness applied to families involves parenting training. Dumas (2005) has developed Mindfulness-Based Parent Training (MBPT) which is based on Behavioral Parent Training (BPT) and in recognition that BPT does not impact all families the same way (some drop out, some do not make lasting changes, some are referred but do not get involved). I think it is important to distinguish that MBPT is not in opposition to BPT; rather it is trying to reach the families that are not successful with BPT.

One area that MBPT focuses on is automaticity, patterns of behaviors that are done so often they are done unconsciously and do not respond well to reinforcement and punishment (the technique of BPT). Automaticity is useful because it helps us save time

and energy by not having to think about things like walking. However, it can also be ineffective. Dumas (2005) argues that by the time families in crisis seek help or are offered BPT, their patterns of interaction are automatic and highly resistant to change. In MBPT this is referred to as automatized transactional procedures (ATPs); patterns of thinking, feeling, and acting that are typical of people that interact regularly (Dumas, 2005). The four features of ATPs that are important to note are: they are ways of coping within relationships; there is little to no conscious thought given; they are guides to how interactions should proceed; and they are very resistant to change (Dumas, 2005). One goal of MBPT is to make effective parenting responses a new ATP (Dumas, 2005).

The three mindfulness techniques that are involved with MBPT are facilitative listening, distancing, and motivated action plans (MAPs). Facilitative listening is sharing immediate concerns nonjudgmentally, distancing is moving away from negative emotional states and the ineffective ATPs, and MAPs are developing specific goals and ways to achieve those goals (Dumas, 2005). The counselor's job during facilitative listening is to get a list of parental concerns by being attentive and nonjudgmental as well as helping parents become more accepting of their situation and to become less critical of themselves and others (Dumas, 2005). During distancing the counselor is helping parents see that their thoughts and feelings are part of them but not an accurate reality. This is done by teaching them to name their emotion and talk about it in the third person (i.e. anxiety is following me rather than I am anxious) (Dumas, 2005). Once MAPs are designed, the counselor helps parents by role playing, visualization, and discussion (Dumas, 2005). Dumas (2005) explains that:

MAPs promote mindfulness by training parents to anticipate and be ready to give careful, immediate, and nonjudgmental attention to childrearing challenges as

they arise—instead of ignoring them and wishing them away, resenting them and becoming angry, or blaming their children or themselves. Specifically, MAPs facilitate goal attainment by

- Transferring control from overlearned ATPs to environmental stimuli and promoting specific actions in response to those stimuli.
- Promoting immediate, efficient actions under low and high attentional demands.
- Promoting immediate, efficient actions when opportunities to act are only present for a short time.
- Promoting distancing in emotionally charged situations.

There are criticisms of MBPT from the BPT practitioners. One point critics make is that ATPs are just another word for a habit. Habits start out as conscious choices that eventually appear unconscious, but are not as truly unconscious as acts that are innate and involuntary (Eyberg & Graham-Pole, 2005). Eyberg and Graham-Pole (2005) suggest that resistance in treatment has more to do with the parent-therapist relationship rather than the parent-child relationship; therefore therapists should focus on positive reinforcement with parents in the beginning until the new interaction patterns become inherently reinforcing.

### Mindfulness with Adolescents

Research on mindfulness with adolescents is sparse. Researchers may shy away from this topic because it would take quite a bit of work, as mindfulness techniques would need to be adapted for adolescents because they are not just miniature adults. The first thing to be done is to list the mindfulness techniques. Next, one would need to determine the cognitive and psychological skills that are necessary to benefit from each mindfulness technique. Then one would need to adapt the mindfulness techniques to fit the developmental level of the age group to be studied (i.e. 7-10 or 15-18, etc). This would give general guidelines for practitioners working with teens or pre-teens; however,

it is up to the counselors to adjust the techniques based on their client's developmental level. One aspect to consider when taking on research like this the developmental model of the researcher (Piaget, Erikson, etc). If one subscribes to Piaget's stages then academically it would seem logical that mindfulness requires the person to have reached formal operations (over 12) so that they can think abstractly; however, in practice therapists have had success with mindfulness with children as young as 7 (concrete operations stage) by using metaphors to describe abstract ideas (Thompson & Gauntlett-Gilbert, 2008). Again it is important to consider each client individually and modify techniques as appropriate. The idea is that mindfulness should not be discounted when working with adolescents, we just need further research.

In what ways can mindfulness help adolescents? Mindfulness has been successful in treating adults with borderline personality disorder (BPD), addictions, pain, anxiety, and depression (Eyberg & Graham-Pole, 2005, Thompson & Gauntlett-Gilbert, 2008). Mindfulness can be helpful to adolescents with the same difficulties. I found research on using mindfulness to assist teens with borderline personality disorder symptoms and with teens that have chronic pain.

Although it is not considered appropriate to diagnose a teen with a personality disorder, Dialectical Behavior Therapy (DBT) techniques have been used to treat BPD characteristics in adolescents (Woodbury & Popenoe, 2008). Woodbury and Popenoe (2008) found that when adapting DBT techniques for adolescents they found one area of dialectics that is not found with adults, the idea of parents keeping their children safe while at the same time the teen learns to take responsibility for their own behaviors. By assessing pre and post treatment reports from the teens and the parents, Woodbury and

Popenoe (2008) found a decrease in suicidal behaviors (the percentage of teens wanting to kill themselves dropped from 32% to 5% and those that never wanted to kill themselves rose from 32% to 63%) by using modified DBT techniques.

Thompson and Gauntlett-Gilbert (2008) adapted mindfulness techniques to assist teens with chronic pain. Among some of the modifications were explaining concepts in more detail, checking in to help generalize mindfulness to every day happenings, using metaphors to explain complex ideas, balancing variety with repetition, shortening the length of practice, and engaging parents (Thompson & Gauntlett-Gilbert, 2008).

#### Future Research

Some say that developing new mindfulness approaches should add something beneficial to current practices (Dumas, 2005). I think that any new empirically supported approach adds something beneficial to current practices. New approaches allow us to reach clients in a different way or to reach different clients that have not benefitted from other approaches. Future research should include control groups as well as pre and post treatment assessments (Woodbury & Popenoe, 2008). In some cases it would not be ethical to not offer treatment, so a control group could consist of people receiving a different type of treatment. Future research should also consider other variables that may have affected treatment, such as medication. Future research can also focus on developing or testing mindfulness assessments.

It may also be worthwhile to research how mindfulness can be used with children who have experienced trauma. Children who experience emotional, physical, and sexual abuse may benefit from the mindfulness techniques of acceptance, as this may assist in relieving the shame and guilt they feel. Wakelyn (2008) points out that for many children

there is an additional trauma of the family break up. Mindfulness techniques could help children deal with their emotions from both traumas simultaneously.

#### Social Justice Issues

Dumas (2005) reports that BPT has been used successfully with culturally diverse families and suggests that MBPT also needs to be further researched with diverse families. However, mindfulness is not culturally bound, which helps in its generalizability. Assessments must also be normed on diverse populations, and caution should be used when using assessments with clients for whom there is no data within the norms.

## References

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