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Mindful parenting: future directions and challenges

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ABSTRACT

Mindful parenting teaches parents to focus awareness on their thoughts, feelings and behaviours, as well as pay attention to their children in an intentional, present-centered and non-judgmental manner. Mindfulness appears to improve the quality of parenting and the parent–child relationship, as well as enhance children’s and parents’ levels of resilience and psychological functioning. However, an understanding of the processes and techniques underpinning effective mindful parenting remains constrained due to methodological limitations. These limitations include an over reliance on non-experimental designs, uncontrolled studies, self-report assessments, small sample sizes mostly comprising mothers, and uncertainty with regards to the definitions and meanings of certain concepts and protocols for mindful parenting interventions. In order to examine the effectiveness of mindful parenting interventions, standards need to be established which define the meaning of mindful parenting and identify the correlates, determinants and mechanisms of change in mindful parenting over time, in order to determine modifiable factors so that interventions can be appropriately targeted to vulnerable populations. This paper discusses some of the latest research developments in mindful parenting, provides recommendations for effective mindfulness practice from a parenting context and discusses key future challenges affecting this area of mindfulness research and practice.

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Introduction

Effective parenting is the cornerstone of positive childhood development (Potharst et al., 2018). A child’s psychological adjustment is often determined through parent–child interactions, shared experience and the reactions children become conditioned to expect from their parents; thus reliant on positive interactions for optimal outcomes. The overall quality of the relationship between a parent and their child can influence social, emotional and cognitive development (Stipek et al., 1992). Young children often challenge their parents’ authority by pushing boundaries and “acting out” by way of tantrums, and in response, parents are expected to find a balance between encouraging autonomy,

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maintaining boundaries and not undermining expressed emotions (Medeiros et al., 2016). The quality of the parent–adolescent relationship is also widely recognised as a protective factor in the positive development of adolescents (Benton et al., 2019; Turpyn & Chaplin, 2016).

Furthermore, research has shown that when adolescents transition from childhood, there is a decrease in their mood state and an increase in risk-taking behaviour (Geurtzen et al., 2015). Adolescents become skilled abstract thinkers, and demand more autonomy; often spending less time with their parents and more time with their peers (Coatsworth et al., 2010; Duncan et al., 2009; Lippold et al., 2015; Turpyn & Chaplin, 2016). These developmental changes are reported to increase conflict in parent–adolescent interactions, potentially leading to disengagement and increased levels of familial stress (Coatsworth et al., 2010; Duncan et al., 2009).

Across all stages of development, repeated use of oppositional behaviour may alter a parents' perception of their child's temperament and force parents to focus on this perception as opposed to the observable behaviour of the child. This may increase the likelihood of negative parenting behaviours (Corthorn & Milicic, 2016). For example, in a parent–child interaction task, higher cortisol levels and observations of oppositional behaviour were reported among pre-school children who had been exposed to maternal depression and hostile parenting behaviours (Dougherty et al., 2013). When parents encounter stress, the body triggers stress hormones in response to a perceived threat, which then activates the immune system. The stress response may trigger certain emotions, which cause parents to behave differently. When a parent's ability to cope with the daily stresses of parenting diminish, parents rely on automatic and maladaptive patterns of behaviour such as reactivity, control and being rejecting and less affectionate toward their children (Corthorn & Milicic, 2016). Over time, these behaviours can become resistant to change, and are often ineffective (Chapman & Van Gordon, 2018; Parent et al., 2016a, 2016b). Repeated exposure to negative interactions can change the physical structure of a child's brain and ultimately alter brain development (Corthorn & Milicic, 2016).

Intentionally bringing mindful awareness into parent–child interactions may improve the quality of parenting, promote positive parent–child relationships and enhance children and parents psychological functioning (Gouveia et al., 2016; Moreira et al., 2016). Mindfulness meditation has been practiced for centuries within Buddhist traditions (Shonin et al., 2014; Spijkerman et al., 2016), and for the last forty years has been applied to therapeutic interventions in mental health care settings to target problems such as stress, anxiety and depression (Beer et al., 2013; Behbahani et al., 2018; Spijkerman et al., 2016; Shonin et al., 2012, Shonin et al., 2015). Since the late 1990s when mindful parenting was presented as a new application of mindfulness, it has grown beyond its traditional form, with contemporary research approaching this practice from an interpersonal perspective in both clinical and non-clinical settings for parents (Coatsworth et al., 2010; Duncan et al., 2009; Gouveia et al., 2016; Whittingham, 2016). Mindful parenting has been described as a set of practices that are consistently integrated into a parent's thoughts, feelings and behaviours, through present moment-awareness and acceptance during parent–child interactions (Coatsworth et al., 2018; Duncan et al., 2015; Gouveia et al., 2016).

Over the last 20 years, there have been a number of notable developments within the field of mindful parenting interventions. Dumas (2005) developed a mindfulness-based

parent training programme that described mindfulness in parenting as a mechanism capable of breaking automatic negative parenting behaviours, through non-judgemental acceptance of both parents' and children's behaviour, resulting in positive parenting practices and adaptive coping (Duncan et al., 2009). Duncan et al. (2009) proposed an Eastern/Western-based theoretical model of mindful parenting, to promote compassion, acceptance and kindness in parent–child interactions. This model identified five dimensions of mindful parenting; listening with full attention, non-judgemental acceptance of self and child, emotional awareness of self and child, self-regulation in the parenting relationship and compassion for self and child. The model combined research from mindfulness-based interventions (MBIs) and parenting studies, to elucidate the role of mindfulness within various aspects of parenting, including parental well-being, child behaviour management and the parent–child relationship (Geurtzen et al., 2015; Ma & Siu, 2016). Preliminary research shows that mindfulness training is effective in reducing stress and increasing wellbeing in clinical and non-clinical populations, and can provide almost immediate physiological and psychological benefits. Longitudinal research suggests that these benefits can be maintained post intervention, and that the benefits of mindfulness training are most noticeable when practiced on a daily basis for extended periods of time (Cachia et al., 2016).

Despite promising findings for mindful parenting interventions, there is a need for greater awareness as to the child and parent populations which mindful parenting has been shown to be effective. Furthermore, issues have arisen relating to potential confusion over the theoretical framework that underpins mindful parenting approaches, particularly in respect of the manner in which they integrate ancient contemplative principles as part of therapeutic delivery. Consequently, this paper provides (i) an overview of empirically supported mindful parenting approaches along with the key populations for which research indicates beneficial outcomes, (ii) recommendations for effective mindfulness practice from a parenting context, and (iii) a critical appraisal of current and future directions relating to mindful parenting research and practice. However, the paper is not intended to be a systematic review and the choice of literature inclusion has been informed by the intention to provide a high-level map of recent key findings in mindful parenting research (systematic reviews are highlighted where appropriate throughout the paper).

Mindful parenting interventions

Clinical child populations

Four African-American mothers of children ($M_{age} = 5$) with developmental disabilities, participated in 12 weeks of individual mindfulness training, followed by a 52 week Mindfulness practice phase (Singh et al., 2007). Through behavioural observations, informal interviews and mothers' self-reports, transformational changes were reported, which led to indirect positive changes in social interactions between the children and their siblings and decreases in the children's aggressive behaviour. Mothers reported a reduction in perceived stress and increased satisfaction in their parenting skills once mindfulness became a consistent practice in their daily life. These findings compliment the family systems framework, in which each member

of a family system affects and is affected by other family members (Sawyer Cohen & Semple, 2010; Parent et al., 2016a).

Although mindful parenting skills are often taught to parents alone, there is growing evidence to suggest that the effects of mindful parenting spill over to the parents' children (Beer et al., 2013; Singh et al., 2007; Thompson & Gauntlett-Gilbert, 2008). For example, Medeiros et al. (2016) delivered an eight-week group mindful parenting course to seventy parents of children ($Mage = 8.7$) with a DSM-IV diagnosis, to evaluate how mindful parenting and general mindfulness contributed to the prediction of psychopathological outcomes in parents and children. The intervention was based on the work of Bogels and Restifo (2013), who adapted two traditional mindfulness-based interventions; mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) to develop a mindful parenting training programme. Parents reported significant improvements (of medium effect size) in mindful awareness and mindful parenting. The increases in mindful parenting predicted reductions in children's psychopathology, indicating a spill-over effect from the parent to the child (Meppelink et al., 2016). In contrast, a systematic review examining the effectiveness of mindfulness interventions for parents of children with Autism Spectrum Disorder (ASD) found that only two out of ten longitudinal studies reported a positive change in Children's behaviour (Cachia et al., 2016). ASD is a DSM classified development disorder that is characterised by restricted and repetitive behavioural patterns and challenges with social interactions. There is however evidence to suggest that some aspects of parental well-being may be resilient to managing children with ASD (Beer et al., 2013). For example, Estes et al. (2009) found that child problem behaviour increased parenting stress and psychological distress, but that neither the child's ASD diagnosis nor impairment in daily functioning contributed to parenting stress.

In an exploratory 12-week mindfulness training course for mothers followed by 12 weeks of mindfulness training for their ADHD children, mothers' mindfulness training led to improvements in their children's compliance levels. Once the children had completed their mindfulness training, compliance improved further and was maintained during follow-up. However, mothers collected data regarding children's compliance levels from requests they asked of their children in an experimental setting, meaning that the changes in compliance could be associated with the experimental setting as opposed to the effects of the mindfulness training (Singh et al., 2010a). Mothers also reported associated improvements in mother-child interactions and happiness in parenting, which continued to increase following child mindfulness training and during follow-up (Singh et al., 2010a).

In a study that conducted 8 weeks of parallel mindfulness training for 22 parents and their children with ADHD, the children's teachers and their parents reported different outcomes regarding changes in the children's ADHD symptoms. The inconsistency in the reported outcomes may be due to a limited understanding of the mindfulness process for the teachers, who did not participate in the mindfulness training. Teachers reported a significant reduction in the children's inattentive symptoms, but the overall reductions in children's ADHD symptoms did not reach significance, whereas parents reported significant reductions (of medium effect) in ADHD behaviours for themselves and their children (Van der Oord et al., 2012). Parents also reported increased levels of mindful awareness post-intervention as well as decreases in over-reactive parenting and parental

stress. In an randomised controlled trial (RCT) investigating the effectiveness of an 8-week mindful parenting course for 56 mothers of children with ADHD, mothers reported improved parent–child interactions and a reduction in maternal stress at post-test and 8-week follow-up, which was found to correlate with improvements in children’s ADHD symptoms. The reported improvements were associated with mothers’ ability to reduce biased attention toward the symptoms of ADHD through non-judgement, therefore, allowing responsive rather than reactive parenting behaviours during mother–child interactions (Behbahani et al., 2018)

Potharst et al. (2018) evaluated an eight-week mindful parenting course for parents experiencing stress and parenting difficulties. Based on the Bogels and Restifo (2013) mindful parenting training, and adapted for a non-clinical population, 98 parents participated in a preventive group (non-clinical children) and 89 parents participated in a curative group (clinically referred children). Parents of clinically referred children often report heightened levels of stress when compared to parents with non-clinical children (Kennedy, 2017; Telman et al., 2017). However, in this study, parents in both the preventive and curative group reported similar levels of stress and mindful parenting at pre-intervention, but parents in the preventive group reported higher levels of well-being and fewer behavioural problems for their children pre-intervention. Significant associations between improvements in mindful parenting and child well-being were reported by the curative group, however, only a borderline association was reported by the preventive group. Younger children were also reported to show greater improvements in well-being and parent–child relationships than older children. Only the preventive group demonstrated a significant association between improvements in mindful parenting and child behaviour problems. Therefore, whilst both the preventive and curative groups benefited from the mindful parent training, they did so in different ways.

Non-clinical child populations

There is a small amount of correlational research focusing on the role of mindful parenting in families with non-clinical children. Whilst parenting stress may not always become a clinical issue, it can still affect parenting skills and lead to conflict in the parent–child relationship (Chapman & Van Gordon, 2018). Within a non-clinical population, it may be that mindful parenting interventions can be tailored to target at-risk families with accumulating stress and work in a preventive capacity as opposed to curative. A sample of 162 parents and 211 of their non-clinical children ($M_{\text{age}} = 11.49$ years) took part in two 15-minute conversations which were videotaped and used to examine the associations between parenting styles and parents’ depressive symptoms and parent mindfulness and child problem behaviour. Higher levels of positive parenting were associated with lower levels of parental depressive symptoms and lower levels of children’s externalising problems, but not internalising problems. However, the explanatory variables; parenting style and depressive symptoms could not explain the associations between parent mindfulness and child problem behaviour. It may be that alternative indicators of parental well-being play a more influential role in the mindfulness-child problem behaviour association (Parent et al., 2010).

In a study of 615 parents of children aged 3–17, there was a significant and direct association between negative parenting practices and child and adolescent internalising and externalising problems, whereas positive parenting practices were only associated with internalising symptoms for young children (Parent et al., 2016b). In particular, the warmth and reinforcement aspects of positive parenting were highlighted as important characteristics for parents with young children. Whilst the relationship between mindful parenting and child problem behaviours is invariant across the stages of development, additional research is needed to understand which characteristics of parenting are prioritised at each developmental stage (Parent et al., 2016b). A total of 216 non-clinical Chinese mothers of preschool children (aged 3–6) reported a significant positive effect between mindfulness and the mother–child relationship and a negative indirect effect on children’s emotional symptoms and conduct problems (Siu et al., 2016). Higher levels of mindfulness were associated with higher levels of parenting confidence, more involvement with their children, and a more secure attachment style, all of which acted as a mediator between mothers’ levels of mindfulness and child social behaviour (Siu et al., 2016).

Clinical and non-clinical adolescent populations

Whilst an association has been reported between mindful parenting and increased confidence, parenting confidence and levels of involvement with children can change as children transition to adolescence. During this transitional period, unconscious, automatically conditioned responses may be maladaptive and detrimental to the parent–adolescent relationship (Duncan et al., 2009). Adolescent transition is a period of adaption not only for adolescents but also for the parents, who may attempt to increase control; a negative parenting behaviour which has been linked to an increase in adolescent internalising problems (Coatsworth et al., 2010; Duncan et al., 2009; Geurtzen et al., 2015; Lippold et al., 2015). Improvements in parent–adolescent relationships via positive parenting practices may protect adolescents against negative outcomes such as increases in risky behaviour, substance abuse and conduct problems (Duncan et al., 2009; May et al., 2016). Additionally, Bluth and Wahler (2011) suggest that more parenting effort is required when parenting adolescents with higher levels of internalising problems. Parents skilled in mindfulness meditation are more likely to manage adolescent adjustment problems in a non-judgemental manner, which may minimise the effort required in parenting (Bluth & Wahler, 2011).

A total of 29 parents completed mindful parenting training based on the work of Bogels and Restifo (2013), whilst their adolescents with an ASD diagnosis completed nine weeks of mindfulness training based on the *MYmind* protocol for children with ADHD (De Bruin et al., 2015). Adolescents reported a significant decrease in rumination areas including pain and sadness at nine-week follow up and increases in quality of life. There was no change in the core symptoms of ASD, but there was a positive change reported by both adolescents and their parents in some areas related to social responsiveness including; making better eye contact with peers, focusing less on detail, and improved understanding of the feelings of others. Parents demonstrated large effects in improved self-regulation and management of adolescent regulation. Self-regulation is a mechanism of mindful parenting which allows parents to pause and

intentionally think about how they are going to respond to any given interaction. The outcome of regulating responses in this manner is typically a decreased use of judgemental and reactive parenting (e.g. De Bruin et al., 2015; Gouveia et al., 2016).

In a cross-sectional study that explored the associations between mindful parenting and adolescents' emotional eating behaviours (an "avoidant coping strategy" used to handle negative emotional states), Gouveia et al. (2018) explored the role played by adolescents self-compassion and body shame. Parents ($n = 572$) of adolescent's aged 12–18 ($M_{\text{age}} = 14$) provided self-report feedback on mindful parenting. All participating adolescents were either normal weight, overweight or obese according to WHO Child Growth Standards, with some participants receiving nutritional treatment. Gouveia et al. (2018) found the "compassion for child" dimension of mindful parenting to be directly associated with male and female adolescent self-compassion, and indirectly associated with emotional eating and body shame for girls only, regardless of their weight. Whilst the findings were constant across all stages of adolescence, higher levels of body shame and emotional eating were linked to lower levels of self-compassion during the middle and late stages of adolescence. The same study also found that parents who reported higher levels of "listening with full attention" in mindful parenting had adolescents who reported lower levels of emotional eating, suggesting that the attention received from their parents replaced the need for emotional eating. The study highlights self-compassion as a key psychological mechanism through which mindful parenting can positively influence adolescent outcomes. It also highlights the importance of targeting both the behaviour and emotional processes during the intervention (Gouveia et al., 2018).

In a pilot RCT testing an adapted version of the Strengthening Families Program (SFP) for parents and youth aged 10–14 years (Coatsworth et al., 2010), 65 mother–adolescent dyads were assigned to one of three conditions; SFP, mindfulness-enhanced SFP (MSFP) or delayed intervention control condition. MSFP mothers reported improvements (of medium effect size) in mindful parenting, and mothers in all three conditions reported positive changes in child monitoring from pre- to post-intervention. Whilst mothers in all three conditions also reported improvements in the parent–adolescent relationship, the mothers in the MSFP condition reported greater improvements, particularly for anger management, which suggests there are some benefits to adding mindfulness to the existing programme. Adolescent positive affective behaviour toward their mother remained stable across time for the MSFP group, but declined in the other two groups. Mothers in both the MSFP and the SFP condition reported larger improvements in positive affective behaviour, as well as changes in perceptions of their adolescent's behaviours. However, adolescents reported that their mother's positive affective behaviour towards them decreased in all three conditions post-intervention, which highlights some inconsistencies between adolescents and their parents when reporting outcomes (Coatsworth et al., 2010). Discrepancies between parent and child perceptions of parenting quality have been noted in other studies also (Reidler & Swenson, 2012), however, Geurtzen et al. (2015) argue that children/adolescent's perception of parenting behaviour is rather a reflection of their own behaviour as opposed to the actual behaviour of the parent.

Coatsworth et al. (2015) conducted another RCT that integrated mindfulness into the Strengthening Families Program and found that the pattern of effects was varied across

the groups post-intervention and at one-year follow-up. More specifically, mothers in the MSFP condition reported similar outcomes to mothers in the SFP condition in mindfulness, mother–adolescent relationship quality and well-being. However, more specific aspects of parenting dimensions produced differential effects for mothers and fathers. For example, stronger effects were reported for MSFP fathers in dimensions of mindfulness such as emotional awareness and compassion and relationship quality. The improvements in MSFP fathers' mindfulness skills and relationship quality were consistent through to one-year follow-up, which indicates that whilst integrating mindfulness into a daily routine may take time, once the practice has been integrated, the effects are sustainable long-term and may produce outcomes exceeding the standard SFP 10–14 programme, especially for fathers. Benton et al. (2019) conducted a secondary analysis of Coatsworth et al.'s (2018) study, by taking post-intervention data from a sample of thirty mother-adolescent dyads across the three conditions (SFP, MSFP or control). The video-recorded interactions were coded for emotional availability (EA) which is described as the "emotional connection that two people share" (Benton et al., 2019, p. 7) and mindful parenting, which was observationally assessed. The strongest association was between mother/adolescent EA and the self-regulation dimension of mindful parenting, suggesting that mothers high in self-regulation may behave in a more securely attached manner, and in turn, raise more responsive adolescents. Overall, EA was found to contribute to adolescent internalising and externalising problems, whereas mindful parenting only contributed to externalising problems.

Lippold et al. (2015) again used the mindfulness-enhanced SFP, with three conditions (SFP, MSFP and home study control condition) to investigate the associations between mindful parenting and two aspects of mother–adolescent communication; routine adolescent disclosure, and parental solicitation. A total of 432 mothers and their adolescents ($M_{\text{age}} = 12.14$) participated in this RCT across four consecutive years. Higher levels of mindful parenting were associated with increases in communication between mothers and their adolescents. Furthermore, the relationship between mindful parenting and adolescent disclosure and parent solicitation was mediated by increases in positive affection from mothers, lower levels of parental over-control and less negative reactions to information shared by adolescents.

Turpyn and Chaplin (2016) investigated parental emotional expression as a potential mechanism influencing adolescent risk behaviour through mindful parenting. Adolescents ($n = 157$) aged 12–14 and their mothers took part in an emotionally arousing conflict interaction. Adolescents' substance use and sexual behaviours were assessed using interviews, physical toxicology screening and self-report. There was a significant indirect effect of mindful parenting in reducing adolescent substance use when positive emotional expressions were shared by mother and adolescent. However, mothers' expression of positive emotion alone was not significantly related to adolescent risk behaviour, and the relationship between mindful parenting, adolescent risk behaviour and mother's emotional expression revealed only small effects. Therefore, whilst emotional expression is an important component of mindful parenting, it would seem there are additional mechanisms contributing to adolescent outcomes (Turpyn & Chaplin, 2016)

May et al. (2016) conducted a pilot study using fMRI and a modified version of MBSR; Mindfulness Families Stress Reduction Programme (MFSR) to investigate the relationship

between mindful parenting and adolescents' ($M_{age} = 11$) perception of the parent–adolescent relationship, using a mindful breathing task. Parents reported significant increases in mindfulness and reductions in stress post-intervention. fMRI demonstrated changes in parents' functional neural activity during the mindful breathing task, through activation of the left anterior insula/inferior frontal gyrus; the area of the brain responsible for empathy and emotion regulation/processing. The changes in parents' neural activity were correlated with positive non-significant changes in adolescents' perceptions of positive family relationships, in particular trust, togetherness and support. However, there was a lack of clarity as to whether the mindfulness training influenced parent emotional processing, regulation or both.

Geurtzen et al. (2015) examined the associations between the dimensions of mindful parenting (as outlined in the Duncan et al. [2009] model) and adolescent internalising problems. Non-clinical adolescents ($n = 901$; age 13) and their parents reported on symptoms of depression and anxiety, and parents also reported on traditional mindfulness and mindful parenting. There was a significant association between higher levels of parents' non-judgmental acceptance of self and lower levels of adolescent internalising problems. There was a weak association between the remaining mindful parenting dimensions and adolescent internalising problems. However, if a child is not experiencing internalising problems, it may be easier for a parent to be non-judgmental towards themselves (Wang et al., 2018). Increased perception of maternal warmth and higher levels of adolescent dispositional mindfulness among 168 mother–adolescent ($M_{age} = 12.89$) dyads led to an indirect weak association between mindful parenting and adolescent emotional problems, suggesting that mindful parenting may influence adolescent emotional problems through these two mediators (Benton et al., 2019)

A total of 563 parent–adolescent dyads who were split into two groups; early adolescents aged 10–14 and middle/late adolescents aged 15–20 reported on the link between mindful parenting and adolescent well-being through adolescent's perceptions of attachment, mindfulness skills and self-compassion. Only two dimensions of mindful parenting were explored, and each dimension was indirectly associated with adolescent well-being through different pathways. Listening with full attention had a direct effect on adolescent mindfulness, whereas compassion for the child had a direct effect on adolescent attachment representations. Mindful parenting was indirectly associated with self-compassion and mindfulness through a secure perception of the parent–adolescent relationship. Boys reported higher levels of well-being and mindfulness than girls across the groups, and the association between adolescent mindfulness and mindful parenting was only significant for boys. Additionally, early adolescents reported higher levels of well-being and mindfulness than middle/late adolescents (Gouveia et al., 2018).

Clinical and non-clinical parent populations

Parents presenting with mental disorders tend to report lower levels of mindfulness, are more self-critical, less compassionate and more likely to depend on negative parenting behaviours in comparison to healthy parents (Bögels et al., 2014; McKee et al., 2018). McKee et al. (2018) focused on one type of negative parenting behaviour known as emotion socialisation (ES), to explore the associations between non-supportive and supportive ES practices and mindful parenting in 246 parents of children and adolescents

aged 3–12. Higher levels of mindful parenting were positively associated with supportive ES responses and negatively associated with non-supportive ES responses at both 8 and 12-month follow-up.

Parents ($n = 86$) referred to secondary mental health care services for either their children's or their own psychopathology or parent–child relationship problems participated in an eight week, group mindful parenting course adapted from MBCT and MBSR. Improvements (of small to medium effect size) were reported in child and parent internalising and externalising symptoms, as well as in parenting skills and stress levels. Intervention improvements were reported without the need for specific parent management training skills or for children to participate in the training (Bögels et al., 2014). However, there were no reported improvements in marital functioning that Bögels et al. (2014) suggest may be associated with the intention that parents set for their training, which is likely to influence the self-reported outcomes of the intervention. Intention setting gives purpose to one's attention and provides motivation for mindfulness practice (Coatsworth et al., 2015). In this case, parents participated with an intention to improve the parent–child relationship as opposed to other aspects of family life (Bögels et al., 2014).

Ma and Siu (2016) used qualitative methods to explore the experiences of six mothers of healthy children who presented with stress and parenting problems. The mothers took part in an eight-week mindful parenting programme, followed by a one-month post-programme telephone interview. The following themes were established; enhanced emotion regulation, increased compassion and acceptance, positive changes in parent–child relationship and finally, two of the mothers reported inconsistent mindfulness practice due to noisy environments and busy lifestyle. The same two mothers also reported less improvements in emotion regulation and parent–child relationship. The findings suggest that maintaining a consistent daily mindfulness practice is an important aspect of mindful parenting. The benefits of a consistent and extended mindfulness practice have also been reported elsewhere (Cachia et al., 2016).

Preschool parents ($n = 32$) participated in an open uncontrolled trial exploring the effects of a brief online mindfulness training programme and reported significant improvements in parental stress, psychological distress and mindfulness levels. This type of intervention may be particularly appealing to time-constrained parents. Online mindfulness training increases accessibility, eliminates time involvement and travel costs and protects anonymity. This is a novel and current/contemporary way to reduce stress in preschool parents, which could align with the technology-based lifestyles of modern families and appeal to them from both a psychological and practical perspective (Chapman & Van Gordon, 2018).

Corthorn (2018) compared the differences in general stress, depression and anxiety, parental stress, mindfulness and mindful parenting before and after an eight-week mindfulness-based programme, by measuring the difference in gain scores for 21 mothers in an MBI group and 22 mothers in a control group at three-time points. The stress, depression and anxiety scores were within the normal range for both groups pre-intervention. The MBI group showed significant reductions in general and parental stress and increases in mindful parenting (of small to medium effect size) in comparison to the control group, at pre- and post-intervention, but not during follow up. The exception was the non-judgement subscale of the five facet mindfulness questionnaire (FFMQ), which demonstrated a significant effect pre-intervention and follow-up (i.e. thus

indicating that this dimension of mindfulness may take more time to master). The greater effects reported for mindful parenting in comparison to general mindfulness could be attributed to the fact that parents' intention for participation was to learn mindfulness in parenting, for their children. Corthorn and Milicic (2016) also identified non-judgement as an important aspect of mindful parenting. Non-meditating mothers ($n = 62$) of pre-school children aged 2–5, reported a significant positive relationship between mindfulness and mindful parenting, however, these two constructs were linked to different outcomes. Mindfulness was found to correlate strongly with aspects of mothers' general mental health including, general stress, parenting stress and depression, whereas mindful parenting was more strongly and consistently related to aspects of stress related to the parenting role, and parent–child interactions.

Duncan et al. (2015) used a videotaped family interaction task to examine whether observational data reflected parents' self-reported mindfulness scores, and found that mindful parenting was associated with observed behaviours in mother–adolescent interactions. Mothers who scored higher in mindful parenting demonstrated greater consistency in discipline and greater emotional warmth. Furthermore, higher levels of positive communication and positive parent–adolescent interactions were observed during the family interaction task for mothers who scored higher in mindful parenting.

A study called “Mindful with your Baby”, evaluated the effects of an eight-week mindful parenting group training for 44 mothers and their babies (aged 0–18 months) (Potharst et al., 2017). All mothers were suffering from elevated stress levels, mental health problems, and were having problems interacting with their baby. Significant improvements were reported in mindfulness, mindful parenting, self-compassion (medium effect size) and maternal well-being, psychopathology, maternal confidence, and stress, as well as maternal responsiveness and hostility (small effects sizes) at post-training and eight-week follow-up. At one year follow-up, continued improvements (of large effect sizes) were reported in general mindfulness, self-compassion and maternal psychopathology, hostility and responsiveness. Maternal affection only showed improvement at one-year follow-up and maternal attention and rejection did not change. These outcomes may be linked to mothers' adjustment to motherhood over time (Potharst et al., 2017). Fathers ($n = 105$) of children ($M_{age} = 12$) with intellectual disabilities who self-reported higher levels of present-centred attention in parenting, also reported higher levels of parental involvement, particularly with regards to child socialisation. Listening with full attention may have allowed the fathers to notice and respond more accurately to their children's verbal and non-verbal communication cues (Gouveia et al., 2016; MacDonald & Hastings, 2010).

Parent et al. (2016b) investigated how parents' dispositional mindfulness (the tendency to be mindful in everyday life) was associated with negative and positive parenting practices through mindful interactions (mindful parenting and mindful co-parenting) with children across three developmental stages; 3–7 years, 8–12 years, and 13–17 years. The outcomes were consistent across the three developmental stages for 485 families. Higher levels of dispositional mindfulness were indirectly associated with higher levels of positive parenting practices, through higher levels of mindful parenting. Higher levels of dispositional mindfulness were also associated with higher levels of co-parenting relationship quality, through higher levels of mindful co-parenting. Whilst there was a significant association between mindful parenting and mindful co-parenting, the findings suggest that these two-family subsystems are linked to different outcomes, with no

spill-over effects noted. Some research suggests that dispositional mindfulness can be enhanced via mindfulness-based interventions and that people who are naturally mindful also report higher levels of emotional self-awareness, compassion and life satisfaction (Corthorn & Milicic, 2016; Duncan et al., 2009). Greater understanding of whether dispositional mindfulness and mindful parenting enhance parenting practices in the same way and to the same extent is required in order to accurately inform parenting interventions. Self-report feedback from 333 parents, each with at least one healthy child aged 8–18 ($M_{\text{age}} = 12$), who took part in a correlational study showed that higher levels of parents' dispositional mindfulness and self-compassion were associated with higher levels of mindful parenting, which was associated with lower levels of parenting stress and more adaptive parenting styles (Gouveia et al., 2016).

Compassion is one of the most relevant factors in parenting found to enhance the effectiveness of MBIs for parents of clinical and non-clinical children (Bögels et al., 2010; Gouveia et al., 2016). Self-compassion is also reported to be positively associated with secure attachment (Moreira et al., 2016). In a study of 219 mothers of healthy children aged 8–19, the relationship between attachment-related anxiety and avoidance with mindful parenting through self-compassion was examined. Moreira et al. (2016) reported that avoidance and anxiety asserted differential effects on mindful parenting, with avoidance having a direct effect on mindful parenting and anxiety having an indirect effect on mindful parenting through self-compassion. The suppression of thoughts and feelings may activate an emotional distance between parents and their children, which makes it challenging to bring mindful awareness into parent–child interactions, leading parents to become avoidantly attached. In contrast, anxiously attached parents tend to have a negative view of themselves, influenced by self-doubt in parenting and leading to less compassion and ability to cope with parenting stress (Moreira et al., 2016).

Beer et al. (2013) found that lower levels of mindful parenting, and increased parental stress, depression and anxiety-based symptoms, but not parental distress, were associated with higher levels of child behaviour problems. Additionally, higher levels of self-compassion were significantly related to parents' overall psychological well-being. This self-report study focused on the interpersonal aspects of mindful parenting for 28 parents of children ($M_{\text{age}} = \text{nine}$) with ASD. Analyses indicated that parents' compassion for their children was significantly higher than self-compassion. These two distinct aspects of compassion have the potential to be overlooked, because they are combined into one subscale on the interpersonal mindfulness in parenting (IM-P) measurement tool, which was used for this study and is consistently used for measurement within mindful parenting studies (Beer et al., 2013; Corthorn, 2018; Gouveia et al., 2018; Potharst et al., 2017).

In a study examining the link between self-compassion and well-being for 51 children with autism, those parents with higher levels of self-compassion reported higher levels of emotional resilience (Neff & Faso, 2014). Self-compassion was reportedly a stronger predictor of parental well-being than child ASD symptoms, suggesting that a parent's ability to cope with a child with ASD is largely dependent on how they relate to themselves during moments of stress (Gouveia et al., 2016). Seven mothers of children with an ASD diagnosis participated in a group-based mindful parenting course which explored each mother's experience using qualitative interviews. Mothers reported increased levels of self-compassion, and an increased use of mindful parenting practices during interactions with their children. Increases in mindful parenting were linked to self-

reported improvements in children's behaviour and reductions in parenting stress (Kennedy, 2017). Children with ASD often present with comorbid behavioural problems, which can increase parenting stress and have a negative impact on the parent-child relationship. Stress may lead to negative parenting behaviours which then reinforce the problematic behaviour displayed by the child (Coatsworth et al., 2018).

A sample of 243 healthy family triads participated in a self-report study aimed at identifying mechanisms that may explain the association between mindful parenting and child (aged 8–12 years) and adolescent (aged 13–19 years) adjustment, through the child and adolescent's perception of attachment security to their parents (Medeiros et al., 2016). Fathers reported lower levels of mindful parenting than mothers. However, mindful parenting had a significant indirect effect on children's adjustment and well-being for both mothers and fathers (i.e. among children and adolescents who reported feeling more securely attached to their parents). Children reported closer relationships with their parents and higher levels of well-being than adolescents, which may be associated with the cognitive, emotional and social changes that take place during adolescence (Medeiros et al., 2016; Parent et al., 2016a). Coatsworth et al. (2018) used data from an RCT to examine changes in mindful parenting over one year and in three developmental areas; positive parenting, parent-adolescent relationship quality and adolescent behavioural problems. Samples of 432 families were assigned to either the MSFP, SFP 10–14 or a control condition. Strong associations between changes in mindful parenting and changes in positive parenting and parent-youth relationship quality were reported for mothers and fathers at post-intervention and one-year follow-up across all three intervention conditions. However, there was significant variability across the conditions with regards to changes in mindful parenting, most notably between genders. For example, the greatest change in mindful parenting was in fathers' emotional awareness of their child, thus suggesting that fathers may make a greater emotional shift in the way they parent, as a result of mindful parenting training. Thus, it seems that whilst mothers often report higher levels of mindful parenting, the association between changes in mindful parenting and changes in developmental processes are similar for mothers and fathers. The differences in mean levels of mindfulness reported for mothers and fathers can be explained in part by biological differences in parent gender (Medeiros et al., 2016).

Implications, challenges and future directions

Key contributions to theory and research

Mindful parenting teaches parents to focus awareness on their thoughts, feelings and behaviours, as well as pay attention to their children in an intentional, present-centered and non-judgmental manner. In the last decade, mindful parenting skills have established an increasingly evidence-based role within the family context (Corthorn & Milicic, 2016). Mindful parenting has been enhanced via intervention in both clinical and non-clinical populations, in multiple contexts, as stand-alone interventions or as part of an existing parenting intervention (Beer et al., 2013; Crane et al., 2017). Mindful parenting has been shown to reduce parent-related stress which improves the parent-child relationship (Benton et al., 2019; Kennedy, 2017; Potharst et al., 2018; Siu et al., 2016). It also increases the use of positive parenting practices as opposed to automatic, reactive parenting

behaviours which are often negative in nature (Coatsworth et al., 2018; Duncan et al., 2015; Gouveia et al., 2016; Parent et al., 2016a). Moreover, mindful parenting training has led to reductions in children's and parents' mental health problems and overall improvements have been noted in parent-child communication, well-being, and children's and adolescents' psychological adjustment in a clinical setting (Corthorn & Milicic, 2016; Meppelink et al., 2016; Gouveia et al., 2018; Parent et al., 2016a). Beneficial effects on developmental disabilities and/or behavioural problems, particularly externalising behaviours, have also been noted (Benton et al., 2019; Coatsworth et al., 2015; Coatsworth et al., 2018; Perry-Parrish et al., 2016). However, there is a continued need for research to investigate the implementation and effectiveness of mindfulness-based parenting interventions, as well as the mechanisms of change associated with these developmental outcomes (Crane et al., 2017).

Key implications for practice

Inconsistency has been identified in terms of the experience of the teachers who deliver mindful parenting interventions (Sapthiang, Van Gordon & Shonin, 2019a, 2019b; Van Gordon et al., 2019). For example, in some studies, the mindfulness teacher is not mentioned (Behbahani et al., 2018; Corthorn, 2018; May et al., 2016), and multiple studies reference "mental health professionals" conducting mindful parenting training following participation in an eight-day mindfulness training course (Ma & Siu, 2016; Meppelink et al., 2016; Potharst et al., 2018). In order for a teacher to effectively deliver a mindfulness-based parenting intervention, they need to be appropriately trained; a process which can be expensive and time-consuming (Crane et al., 2017; Van der Oord et al., 2012; Van Gordon & Shonin, 2020; Van Gordon et al., 2021). The mindfulness-based intervention teaching assessment criteria (MBI:TAC) measures six teaching competencies including; coverage, pacing, session organisation, relational interpersonal skills and skilful guidance during mindful meditation practice, with this tool beginning to demonstrate reliability and validity (Crane et al., 2017). Moreover, the trainer must have experience with their own practice in order to be able to embody the qualities of mindfulness such as non-judgement and acceptance when teaching (Crane et al., 2017; Van Gordon, Shonin & Griffiths, 2015).

Several studies suggest that mindful parent training should be incorporated into parenting interventions in order to strengthen existing interventions (e.g., Duncan et al., 2015; Gouveia et al., 2018; Wang et al., 2018). However, other studies have suggested that a comparison should be made between mindful parenting and established parenting interventions or between mechanisms that influence outcomes for parents or outcomes for children or both (e.g., Meppelink et al., 2016; Potharst et al., 2018). A key next step for the field of mindful parenting research is to explore the difference in effectiveness between mindful parenting and parent management training in order to understand whether mindful parenting should be given before, alongside, after or instead of existing approaches.

Limitations and future research

The widespread application of mindfulness-based parenting interventions may be premature when considered in light of the evidence available (Behbahani et al., 2018; Bögels

et al., 2010; Crane et al., 2017; Gouveia et al., 2016; Moreira et al., 2016). Research to date has largely focused on the development and efficacy of mindfulness-based parenting interventions and has not yet identified the correlates, determinants and mechanisms of change in mindful parenting over time (Bögels et al., 2014; Gouveia et al., 2016; Medeiros et al., 2016; Van der Oord et al., 2012). Ideally, research needs to focus on identifying the modifiable factors within mindful parenting so that interventions can be appropriately targeted to vulnerable populations (Gouveia et al., 2016). Furthermore, among research focusing on mindful parenting development, there is still uncertainty with regards to the definitions and meanings of certain concepts as well as the protocols and practices followed during interventions, which ultimately influences the integrity of the practice (Crane et al., 2017). In fact, the process underpinning the influence of mindful parenting on parents' and children's health and psychosocial well-being is still largely constrained by various methodological limitations (Parent et al., 2016a).

Among the prominent factors limiting understanding are that most mindful parenting studies rely on non-experimental, cross-sectional research designs and correlational data analysis, which can describe the relationship between sets of variables but cannot determine the cause of an outcome (e.g. Beer et al., 2013; Benton et al., 2019; Bluth & Wahler, 2011; Corthorn & Milicic, 2016; Geurtzen et al., 2015; Gouveia et al., 2018; Gouveia et al., 2016; MacDonald & Hastings, 2010; McKee et al., 2018; Medeiros et al., 2016; Moreira et al., 2016; Moreira et al., 2018; Parent et al., 2010; Parent et al., 2016a; Parent et al., 2016b; Siu et al., 2016; Turpyn & Chaplin, 2016; Wang et al., 2018). Furthermore, several studies have conducted pre-post-intervention testing, which allows researchers to establish whether mindful parenting practice exerts change as a result of an intervention, but these studies often lack control groups (Bögels et al., 2014; Chapman & Van Gordon, 2018; De Bruin et al., 2015; Meppelink et al., 2016). More studies whereby participants are randomly assigned to either a mindful parenting group or an active control group would allow researchers to report on cause and effect and determine the nature of the relationship between mindful parenting, as well as the mechanisms which effect change in children and adolescents and parenting practices (Turpyn & Chaplin, 2016).

The literature is also geared towards exploring how mindful parenting directly impacts child and adolescent outcomes. However, it is possible that the direct effects of mindful parenting are mediated by other variables, which then exert an indirect effect on child and adolescent outcomes. Additional information is needed regarding the mechanisms involved in exerting a direct and indirect effect on family psychosocial well-being via mindful parenting (Parent et al., 2016a). In order to understand the mechanisms of change within mindful parenting, studies need to explore the various aspects of parenting that may contribute to positive outcomes. Of key interest in this respect is developing research into the role of self-compassion and attachment styles (Geurtzen et al., 2015; Moreira et al., 2016; Moreira et al., 2018; Neff & Faso, 2014) as well as parents' emotional expression and emotional processing (Corthorn & Milicic, 2016; May et al., 2016; Turpyn & Chaplin, 2016). When the factors influencing mindful parenting are not considered within an empirical piece of work, understanding remains limited, which impacts when and how mindful parenting is applied to or used for interventional purposes (Lippold et al., 2015; Potharst et al., 2018; Singh et al., 2010a, 2010b).

Additionally, there is consensus that making use of observational methods may provide more objective measures of the interactions and behavioural patterns between

parents and their children (McKee et al., 2018; Medeiros et al., 2016; Meppelink et al., 2016; Potharst et al., 2017; Potharst et al., 2018). However, observational coding systems are suggested to be resource-heavy in terms of training the system coders and with regard to the monitoring process (Duncan et al., 2015). Despite these constraints, some recent studies have started to make use of observational methods (Benton et al., 2019; Duncan et al., 2015; Turpyn & Chaplin, 2016), and there has been a shift in research that has enabled researchers to deepen their understanding of the efficacy of mindful parenting and explore the potential mechanisms through which mindful parenting influences child and adolescent behaviour. For example, Duncan et al. (2015) confirmed consistency between observed parent–adolescent interactions and self-reported levels of mindful parenting and argued that observational methods can detect aspects of interpersonal behaviour. This is consistent with Turpyn and Chaplin's (2016) finding that shared expression of positive emotion between a parent and their adolescent during moments of conflict led to higher levels of mindful parenting, and reduced engagement in adolescent substance use.

In order to make the reporting more objective, it would also be beneficial to receive feedback from the various informants who are involved in the childrens' life on a daily basis, for example, teachers, both parents, etc (Meppelink et al., 2016; Perry-Parrish et al., 2016). Multiple informants are recommended to provide additional blind reporting of outcomes and to confirm the validity of the outcomes (Burke, 2010; De Bruin et al., 2015; MacDonald & Hastings, 2010; Potharst et al., 2017; Van der Oord et al., 2012).

Small sample sizes have also limited findings, with multiple empirical studies using a predominantly female sample of less than 55 participants (Benton et al., 2019; Bluth & Wahler, 2011; Chapman & Van Gordon, 2018; De Bruin et al., 2015; May et al., 2016; Neff & Faso, 2014; Potharst et al., 2017; Singh et al., 2010a; Van der Oord et al., 2012). Small sample sizes can result in low levels of statistical power, which makes it challenging to estimate the true magnitude of the reported effects and prevents further examination into the mechanisms of change. The majority of studies also focus on mothers, meaning that the findings cannot be generalised to the family unit (Behbahani et al., 2018; Benton et al., 2019; Corthorn, 2018; Gouveia et al., 2016). Furthermore, increases in mothers' oxytocin and other hormones during pregnancy, as well as characteristically higher levels of empathy may make women more prepared than men for the caregiving role. Culturally, women are often seen as the primary caregiver to their children and may be more willing to adopt compassionate behaviours in line with this role (Moreira et al., 2016). Studies that include fathers often use combined analyses for outcome measures despite documented gender differences in stress response, well-being and psychological distress in parents of non-clinical and clinical children (Beer et al., 2013; Gouveia et al., 2016; MacDonald & Hastings, 2010).

The generalisability of findings is also limited by sample characteristics with the vast majority of the targeted population being Caucasian (e.g. Chapman & Van Gordon, 2018; Ma & Siu, 2016; McKee et al., 2018), married (e.g. Benton et al., 2019; Moreira et al., 2018) and well-educated (e.g. Corthorn, 2018; Corthorn & Milicic, 2016; Potharst et al., 2017), all characteristics which are associated with using complementary and alternative medicine (Van der Oord et al., 2012). Additionally, voluntary participation may lead to only treatment-seeking individuals participating in interventions or completing interventions (Chapman & Van Gordon, 2018; Potharst et al., 2017; Van der Oord et al.,

2012), which can foster favourable reports of low drop-out rates (De Bruin et al., 2015; Ma & Siu 2016; Potharst et al., 2017). Furthermore, programme structure can vary depending on the population and context in focus (Benton et al., 2019; Coatsworth et al., 2015). For example, in order to increase the accessibility for adolescents presenting with ADHD, who may struggle to concentrate, it may be appropriate to shorten the length of each session. Such alterations are not reported to affect the outcomes of mindful parenting interventions (Potharst et al., 2018). Conducting sessions during lunch hours or digital delivery via a smart phone app, which is self-guided may be better received for some groups of people such as families with working parents (Crane et al., 2017). Intensity could also be increased over a shorter period of time or the session length could be maintained, with the number of sessions being reduced.

Mindful parenting teaches parents to focus awareness on their thoughts, feelings and behaviours, as well as pay attention to their children in an intentional, present-centered and non-judgmental manner. Mindfulness appears to improve the quality of parenting and the parent–child relationship, as well as enhance children’s and parents’ levels of resilience and psychological functioning. However, an understanding of the processes and techniques underpinning effective mindful parenting remains constrained due to methodological limitations. These limitations include an over reliance on non-experimental designs, uncontrolled studies, self-report assessments, small sample sizes mostly comprising mothers, and uncertainty with regards to the definitions and meanings of certain concepts and protocols for mindful parenting interventions. In order to examine the effectiveness of mindful parenting interventions, standards need to be established which define the meaning of mindful parenting and identify the correlates, determinants and mechanisms of change in mindful parenting over time, in order to determine modifiable factors so that interventions can be appropriately targeted to vulnerable populations.

Authors’ contributions

The authors confirm that those who had access to the study data, are responsible for all contents of the article, and had authority over manuscript preparation and the decision to submit the manuscript for publication.

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