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## Parental Mindfulness and Stress as an Influence on Clinically Referred Children's Emotional Competence

Ahmad Baiyasi  
abaiyasi@gmail.com

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**PARENTAL MINDFULNESS AND STRESS AS AN INFLUENCE ON  
CLINICALLY REFERRED CHILDREN'S EMOTIONAL COMPETENCE**

by

**AHMAD BAIYASI**

HONORS THESIS

Submitted to the Honors Program

in partial fulfillment of a

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May, 2018

Advisor Approval

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Signature

Date

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**Abstract**

Children are able to learn and acquire the skills of emotional competence in a variety of contexts, and demonstrate through their behavior the skills evident of emotional competence. Such skills include a sense of well-being, adaptive flexibility when dealing with stressful circumstances, and the skill to manage their own emotions (Saarni, 2000). Mindfulness, a relatively new construct in the study of human development is paying attention to significant parts of our everyday experiences without making judgments, including our own emotions and thoughts (Ludwig & Kabat-Zinn, 2008). Stress is psychological and physiological, and is essentially strain on your body and mind as a result of difficult life circumstances, like our environment. (Lunney, 2006). The current study, undertaken at Wayne State University in the Laboratory of Emotional Development, collected data from local children being seen clinically, on a number of individual and environmental parameters, some of which were family stress, parental mindfulness, and children's emotional competence (Sepsey, 2018). My thesis examined the relationship between the first two parameters and their correlation with the third.

## **Introduction**

### **Emotional Competence**

Emotional competence is the set of skills that adult and children use, in their daily activities and behavior,

. . . to respond emotionally, yet simultaneously and strategically apply their knowledge about emotions and their expression to relationships with others, so that they can negotiate interpersonal exchanges and regulate their emotional experiences. . .

(Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997).

People with adequate levels of emotional competence tend to display the ability to use emotional vocabulary, discern the emotional states of oneself and of people around them, and to appropriately manage emotions that may be harmful or distressing. (Saarni, 2000). Parental socialization is a major factor in the development of their children's' emotional competence. Their display of emotions and reactions that parents display to events is easily noticeable to children. Children learn through observation of their parents how to appropriately express emotions and react to other's emotions. Emotional competence in young children is related to later mental health and well-being, and is related to children's future functioning with peers in school. (Denham, Ferrier, Howarth, Herndon, & Bassett, 2016). Developmental deficiencies in cognitive, emotional, and social skills, along with behavior problems, may result if children fail to acquire an age appropriate level of emotional competence. (Bandon, Calkins, & Keane, 2010). It has also been shown that adequate emotional competence is associated with better social skills. (Denham, & Mitchell-Copeland, et al, 1997).

### **Environmental Stress**

## Stress, Parental Mindfulness, and Children's Emotional Competence

Urban Detroit and its surrounding areas of low socioeconomic status can be very stressful to its child residents and their families. Stress occurs when an individual is exposed to challenging, often negative events in their proximal environment. These challenging events can test the adaptive capacities of individuals, especially during the period of childhood and adolescence. Constant exposure to stress, as in dealing with the living conditions of Detroit, is problematic, and can actually lead to the spreading of stress, as stressed individuals can become the source of stress for other persons. This is when one stressor can lead to or beget the existence of other stressors (Miller, & Bennett, 2016). For example, a highly stressed child can act in ways that permeate and create stress for other children and adults. (McKelvey, Whiteside-Mansell, Bradley, Casey, Conners-Burrow, & Barrett, 2011). The urban environment puts forth a unique challenge to families living within its boundaries, with its myriad of threats and strains, like displacement, safety, and income troubles. The American Psychological Association separates stress into three categories according to their time course: acute, episodic, and chronic. The chronic stress faced by an individual within an urban context, such as inadequate social services like good transportation for the surrounding public, or being chronically in poverty due to a lack of income-producing jobs, can have more of an effect on mental and physical health than less frequent life event stressors (Miller & Bennett, 2016).

One of the ways youth in urban settings manifest their stress is through the process known as somatization. Somatization is described as the onset of stress being turned into physical symptoms. (Reynolds, O'Koon, Papademetriou, Szczygiel, & Grant, 2001). Constant exposure to stress in lower income, urban neighborhoods can lead to a prolonged case of emotional problems for youth. (Wood, 2003). Finally, cortisol is commonly found in higher amounts in these exposed families. (Daughters, Gorke, Matusiewicz, & Anderson, 2013).

## **Parental Mindfulness**

Parenting behaviors have developmental effects on children. Parents who interact with their kids in a mindful manner are performing their acts of parenting with awareness and acceptance of their emotions and thoughts; in other words, they are doing mindful parenting. Mindfulness is paying close attention to current, important experiences (Ludwig, & Kabat-Zinn, 2008). It is being openly receptive, free of any sort of evaluation. Several researchers have conducted studies that portray significant negative relationships between mindful parenting, and depression, anxiety, and general stress in children

There has been research conducted in past studies that elucidates the effects of parental mindfulness. These studies seem to indicate increased regulation of emotion, lower levels of aggression, and lower levels of stress when parents are paying attention to their thoughts and actions. (De Bruin et al.; 2014). Parents make better decisions in the moment, and have increased levels of self-awareness when they practice the kind of self-awareness that is called mindfulness. Consequently, this can lead to parents having better relationships with their children and avoiding negative reactions that do not meet parental expectations (Corthorn & Milicic, 2016). This present, thesis study, investigated the impact of parental mindfulness and stress on the emotional competence of children who were being seen for clinical services in outpatient mental health clinics.

## **Goals/Hypothesis of this study**

Previous studies related to the topic of this project, have not looked at urban children who were being seen for clinical health services in lower socioeconomic areas. This thesis included both urban children in or near Detroit, as well as suburban children in Metro Detroit, aimed at obtaining a representative sample from the population of urban children. Also, although there

have been research studies performed in the past that have analyzed the effects of stress on urban children in outpatient clinics, little has been done to analyze the effects of stress on the emotional competence of children living in stressful urban settings (Miller, & Bennett, 2016; Reynolds, & O'Koon, et al, 2001). In addition, little has been done to analyze whether and how parental mindfulness influences stress and emotional competence observed in children.

The larger project from which this thesis was drawn (Sepsey, 2018), aimed to study the effects of parental mindfulness as an influence on the effects of stress on their children's emotional competence. The findings of this thesis, as a part of that larger project, could potentially be useful to improve clinical services offered to urban children. Parental mindfulness is a relatively new concept, that if shown to influence children's emotional competence, could broaden the scope of treatment and services provided to both children and parents. In addition to dealing with the environmental stress commonly observed among urban, low income families, the reactions of parents could hold higher importance in designing treatments for children. Focusing on children typical of those from underrepresented, urban populations rather than from middle class families with less stressful life environments, may also increase the external validity of this study.

### **Study Aims**

There were two central questions for this thesis object to answer:

- 1) Is stress related to the emotional competence of children who are receiving clinical services in community, outpatient clinics?
- 2) Does mindfulness displayed by parents affect the stress of their children, such that, higher levels of children's emotional competence is positively correlated with parental mindfulness, and lower levels of children's stress?



## **Method**

### **Participants**

Wayne State University's Psychology Training Clinic, The Children's Center of Detroit, and the Children's Hospital of Detroit provided the sample for this thesis, taken from the larger study (Sepsey, 2018). Participants who had or were receiving mental or general health services in those clinics were contacted through a phone call made in the lab and/or clinics. The families contacted resided in urban and suburban locations. The majority of participants were African American. Qualifying child participants fulfilled the following criteria: aged anywhere from eight to twelve years, having an accompanied legal guardian or parent who agreed to take the caregiver survey, and the ability to speak English natively, along with the guardian or parent. Participants were not recruited for participation in the study if they had disabilities of intellect, psychosis, or autism. Furthermore, participants only seen within the last three years were contacted.

Recruitment was difficult at each site. At the first site, physicians were not willing participants in recruitment. At the second sight, a contract dispute had called a halt to most of the research at the Children's Hospital, which had greatly worried staff members who were essential to participant recruitment. Potential participants at the third site were plentiful and willing, but time constraints limited how many could be recruited by the end of the past semester. A total of 33 participants comprised the sample for this thesis.

### **Instruments**

The larger study from which this thesis was drawn employed the use of several instruments to measure a number of constructs, (Sepsey, 2018) three of which were the central measures incorporated into my thesis. These three measures are included in the Appendices to

this document. The three measures involved in the hypotheses of this thesis were: stress, parental mindfulness, and children's emotional competence.

## Measures

Stress. A survey known as the Stress Index assessed the stress of each participating child. (Attar, Guerra, & Tolan, 1994). This survey assessed the child's recall of any stressful occurrences that occurred within his or her immediate past year, through the use of 16 yes and no questions. To assess each child, a research assistant read the survey, question by question, out loud. This survey was created in mind to test children living in poverty, in urban settings. It is composed of the subscales Circumscribed Events, Life Transitions, and Exposure to Violence. To ensure of this test's reliability, Cronbach's alpha was calculated, with the result being  $\alpha = .73$  for the larger sample from which these participants were taken.

Parental Mindfulness. The Five-Facet Mindfulness survey (Baer, et al, 2006) is a 39 item questionnaire that assesses mindfulness of parents as it naturally occurs, that is, without any deliberate instruction in mindfulness. *Describing, non-judging, non-reactivity, observing, and acting with awareness* are the five components that make up mindfulness as discussed by mindfulness researchers (Christopher et al., 2012). In addition, a 10 question survey known as the Interpersonal Mindfulness in Parenting Scale assessed parenting skills, particularly assessing the mindfulness behind the parent's social interactions with their children. Each question can be answered through the 1-5 Likert rating scale. *Non-reactivity, awareness, and non-judgment* are subscales within this survey, and the questionnaire has demonstrated discriminant, overall, and concurrent validity (Duncan, 2007; Coatsworth, Duncan, Greenberg, & Nix, 2010; de Bruin et al.; 2014). However, reliability for this overall measure among the larger sample did not reach an acceptable level ( $\alpha = .45$ ), thus the measure was excluded from further consideration.

Emotional Competence. A task completed on a computer known as the Danva2-CP assessed factors thought to underlie emotional competence. It measures the recognition of emotion through the viewing of facial images and subsequent child voices that do or do not match up with the facial images (Rothman & Nowicki, 2004). The researcher asks each child to analyze the audio and picture separately, and to determine if the child visible on screen is angry, fearful, sad, or happy. To test the reliability of this instrument, Cronbach's alpha was planned for use. Unfortunately, among our larger sample, reliability was very weak, with both parts producing *alphas* in the .40s., thus this measure could not be used.

The Emotion Regulation Checklist was filled out by the guardian or parent of each child in the study, assessing the adult's perceptions of their child's negative/liability and emotion regulation. Rating each question from 1-4, the guardian answered 24 questions that comprise this checklist, which has proven to have construct validity and reliability (Shields & Cicchetti, 1997).

**Table 1.**

*Instruments and representative items planned for inclusion in this project*

<b>Measure (respondent)</b>	<b>Example Items</b>
Five-Facet Mindfulness Questionnaire (FFMQ) (parent rates self)	“I perceive my feelings and emotions without having to react to them.” “I watch my feelings without getting lost in them.”
Interpersonal Mindfulness in Parenting Scale (IMPS) (parent rates self)	“I am aware of how my moods affect the way I treat my child” “I notice how changes in my child’s mood affect my mood”
DANVA2- CP- emotion recognition (child assessed with stimuli)	“I’m going out of the room now, but I’ll be back later.”
Emotion Regulation Checklist (ERC) (parent rates child)	“Is easily frustrated” “Is a cheerful child” “Is able to delay gratification”
Stress Index (child rates self)	In the last year: “Did a family member die” “Did you change where you went to school”

**Table 2.**

*Descriptive statistics and reliability for measures showing acceptable reliability estimates*

<b>Measure</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b><i>alpha</i></b>
Stress Index	4.73	3.02	.73
Emotion Regulation Checklist	65.69	11.06	.87
FFMQ- Five Factor Total	138.65	20.25	.88

*Note.* Reliability = Cronbach’s  $\alpha$ .

Stress Index(SI), Emotion Regulation Checklist (ERC), and Five-Facet Mindfulness Questionnaire (FFMQ)

## **Procedure**

The Wayne State University IRB approved the protocol for this particular study, and the researchers proceeded with its directions, throughout the project.

Research assistants noted down contact information of current or previously seen potential participants at the three urban clinics. Qualifying families were called if current, or otherwise sent letters notifying them of the study, its intended purposes and the general procedures of the study, inviting their participation. Follow up calls took place two weeks after the letters were sent, and a research assistant read a script notifying them of the study. Interested families who called back or agreed in person were scheduled and compensated with a Meijer gift card after the completion of the study. The caregiver or guardian completed his or her part of the study in one room, and the child participated with a research assistant in a separate, nearby room. The study was a one time, one-hour visit that took place at the clinic from which the particular child had been recruited.

The guardian was asked to sign his or her consent, and the child his or her assent, at the beginning of appointments, after the study and study activities were explained. Parents simultaneously filled out their forms as their children completed their measures with their respective research assistants, in separate but nearby rooms. Parents were offered a twenty or forty-dollar gift card to Meijer, after both child and parent finished their respective assessments, and after any comments or questions were asked when their child completed data collection activities.

The study design was a single time, correlational project, and used data collected from parents or legal guardians and their child (Sepsey, 2018). Child assent, and parent consent, were required in order to proceed with the study's protocol. Child could not proceed if he or she did

not agree to participate, however no such cases occurred during the project. The guardian or parent provided, via his or her signature, authorization for use of the child's personal medical chart, to review and collect data including age, ethnicity, and previous health history of their child, as well as household characteristics including family size and income.

### **Hypotheses**

1. Using the previously gathered data from this project, I expected that stress would affect the emotional competence of children such that higher stress would be related to lower emotional competence in the children.
- 2, Related to the first hypothesis I also expected that parent mindfulness would affect children's emotional competence, such that higher parental mindfulness would be associated with higher emotional competence among their children. Specifically, I expected that parental mindfulness would interact with children's emotional competence, such that if parent mindfulness was positively correlated with children's emotional competence, this would decrease stress on children.

## Results

### Stress and Child Emotional Competence

There were essentially no found relationships between emotional competence of the children in the study and their stress. The Pearson product moment-correlation indicated that no significant relationship was obtained. The results of  $r = -.04$ ,  $p = 0.81$  were obtained by measuring emotional competence with Emotion Regulation Checklist. Because the DANVA measures were so low in reliability, their results were not obtained nor reported. Otherwise put, childhood stress was not significantly correlated with emotional competency; there was no indication that high stress in childhood was associated with lower levels of emotional competence. Thus, emotional competence and child stress did not display a significant relationship.

### Dispositional Parental Mindfulness, Stress, and Child Emotional Competence

A multiple, hierarchical regression was used to analyze the relationship between emotional competence and stress, and whether parental mindfulness was a mediating factor between these two variables. This model essentially analyzed the multiple factorial influence of emotional competence (Sepsey, 2018). To avoid risk of producing a higher than desired multicollinearity with the mediating factor of parental mindfulness, an interaction term was made between mindfulness and stress, and the study's two variables of child stress and parental mindfulness (both independent) were created as centered variables. The two variables of parent mindfulness and child stress significantly varied the child's score on the emotion regulation checklist, which was the sole, consistent emotional competence measure, [ $R^2 = 0.20$ ,  $F(2,30) = 3.79$ ,  $p = 0.03$ ]. However, the interaction term did not significantly affect ERC scores, [ $R^2 = 0.0002$ ,  $F(3,29) = 2.48$ ,  $p = 0.081$ ,  $\Delta R^2 = 0.002$ ].



Table 3.

*Descriptive statistics for analyzed measures*

	Mean	Standard Deviation
Stress Index	4.73	3.02
Emotion Regulation Checklist	65.69	11.06
FFMQ- Five Factor Total	138.65	20.25

*Note.* Stress Index(SI), Emotion Regulation Checklist (ERC), and Five-Facet Mindfulness Questionnaire (FFMQ)

## Discussion

It was a major surprise that none of the hypotheses were fulfilled. In order to think about why this surprising finding was obtained, I examined the measures again. In spite of the fact that the measures of emotional competence chosen for this project have been used in many studies with reported satisfactory reliability, two of the instruments used to measure the emotional competence parameters were unreliable in our participants (Sepsey, 2018). Results indicated that DANVA faces and DANVA voice tests were non-reliable tests of emotional competence, at least among the children in our study. Given that these instruments were originally designed for use with adults, and have mostly been included in studies of white, middle or upper-middle class subjects (whether adults or children), it is possible that the instrument was unsuitable for our participants.

Furthermore, results indicate there was no significant relationship between child stress and emotional competence. There were also no significant relationships between the joint variables stress and parental mindfulness on the emotional competence of children. This study unfortunately did not confirm the hypothesis that stress correlates negatively with the emotional competence of children or that parental mindfulness would influence the negative effects of stress on children's emotional competence. These hypotheses may be true, but the limitations of the variables, particularly the DANVA measures, made it impossible to fairly test the hypotheses.

### Other Limitations

Possible additional limitations beyond those noted above include the fact that some children had pre-existing mental health problems, which may have hindered children's ability to answer questions in this project. Thus, use of clinical participants may be the reason that the

hypothesized relationships were not found. Perhaps the difficulties of these children that brought their parents to seek health services may be due in part to the lack of relations among these constructs, as seen in the lives of these families.

Furthermore, parents may have viewed the questionnaires as tedious and lengthy, which could have resulted in incorrectly answered questions regarding the stress of the family and the parental mindfulness of the parent. In addition, the sample size of  $N = 33$ , although composed of individuals who varied in socioeconomic status, was too small to accurately represent the population of interest and to ensure adequate statistical power for the study. Moreover, the field of mindfulness, especially mindful parenting, lacks sufficient prior research on the topic, which made it difficult to draw parallels from this study's results to older studies.

In addition, self-reported data is difficult to verify when stressful events from the past are to be reported. Children's memories are not well developed at the start of middle childhood, particularly for events that are more than a few days into the past, however there are rapid increases in memory in middle childhood (Weinert & Schneider, 1994). Therefore, a further unexplored question whether age affected the results of the study, as children of 5 different years of age (8 -12) were included. With only 33 participants, age related effects could not be analyzed meaningfully. Selective memory, the introspective inability to provide accurate answers about one's self, and positive and negative response bias are all possible when administering self-report tests.

### **Future Recommendations**

What can be done differently for future studies, and for the extension of the current study? First, make sure that children with mental health problems, if they are the target participants, are currently seeking treatment in order to alleviate the mental distress of the child,

and to prevent inaccurate answering during the study. Alternately, include a comparison group that are not seeking services, to make a comparison to possibly healthier but otherwise similar children.

The parent questionnaire could be analyzed to see if it could be shortened, or broken into parts for administration when parents take it. in order to reduce testing fatigue or boredom. A larger sample size, one that proportionally represents the age range and demographic characteristics of the sample population, would increase external validity of the results and permit analysis of age differences.

Using measures that are internally reliable and valid for the targeted participants would ensure accurately measured responses. Self-report measures that included reversed scoring items and did not depend on children's conceptions of historical events, would help to avoid less biased answers. Perhaps children's perceptions of stressful events could be cross-checked with parent's perceptions of their child's stress.

It is the case that some questions were highly personal. For adults, the need to ensure confidentiality by leaving the room when questions are being answered must be balanced by a concern for whether questions are clearly understood. Ensuring anonymity and truthful answering are important; the conditions currently used in this study should continue to be used in future studies, but also compared to similar projects that chose a different view of researcher presence during question answering. Finally, over time more studies will increase knowledge about parental mindfulness. Correcting and expanding analyses related to the measures in this project would help improve this lab's current concerns for the usefulness and worth of mindfulness measures.

## **Appendices**

In the following three appendices are instruments used to measure stress, child emotional competence, and parental mindfulness.

**Appendix A**

**Stress Index**

(and Subscales Noted by T, C, or V)

---

**During the last year:**

1. Did your family move to a new home or apartment? (T)
2. Did your family's property get wrecked or damaged due to fire burglary, or other disaster? (C)
3. Has anyone in your family gotten married? (T)
4. Has your family had a new baby come into the family? (T)
5. Has anyone moved out of your home? (T)
6. Did a family member die? (C)
7. Did another close relative or friend die? (C)
8. Has a family member become seriously ill, injured badly, and/or had to stay at the hospital? (C)
9. Has a family member been robbed or attacked? (V)
10. Has someone else you know, other than a member of your family, gotten beaten, shot, or really hurt by others? (V)
11. Have you seen anyone beaten, shot, or really hurt by someone? (V)
12. Did you change where you went to school? (T)
13. Have you seen or been around people shooting guns? (V)
14. Did you have to go live in a foster home? (T)
15. Have you been afraid to go outside and play, or have your parents made you stay inside because of gangs or drugs in your neighborhood? (V)
16. Have you had to hide someplace because of shootings in your neighborhood? (V)

---

*Note:* T = Life Transitions; C = Circumscribed Events;  
V = Exposure to Violence.

**Emotion Regulation Checklist**  
Anne Shields & Dante Cicchetti, 1995

Please tick the box that applies most to this child. Please answer every question as best you can.

		Never	Sometimes	Often	Almost Always
1.	Is a cheerful child				
2.	Exhibits wide mood swings (child's emotional state is difficult to anticipate because s/he moves quickly from positive to negative moods)				
3.	Responds positively to neutral or friendly approaches by adults.				
4.	Transitions well from one activity to another; does not become anxious, angry, distressed or overly excited when moving from one activity to another.				
5.	Can recover quickly from episodes of upset or distress (e.g. does not pout or remain sullen, anxious or sad after emotionally distressing events)				
6.	Is easily frustrated.				
7.	Responds positively to neutral or friendly approaches by peers.				
8.	Is prone to angry outbursts / tantrums easily				
9.	Is able to delay gratification (wait for good things)				
10.	Takes pleasure in the distress of others (e.g. laughs when another person gets hurt or punished; enjoy teasing others)				
11.	Can modulate excitement in emotionally arousing situations (e.g. does not get 'carried away' in high-energy situations, or overly excited in inappropriate contexts.				
12.	Is whiny or clingy with adults.				
13.	Is prone to disruptive outbursts of energy and exuberance				
14.	Responds angrily to limit-setting by adults.				
15.	Can say when s/he is feeling sad, angry or mad, fearful or afraid.				
16.	Seems sad or listless.				
17.	Is overly exuberant when attempting to engage other in play.				

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		<b>Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
18.	Displays flat affect (expression is vacant and inexpressive; child seems emotionally absent)				
19.	Responds negatively to neutral or friendly approaches by peers (e.g. may speak in an angry tone of voice or respond fearfully)				
20.	Is impulsive.				
21.	Is empathic towards others; shows concern when others are upset or distressed.				
22.	Displays exuberance that others find intrusive or disruptive.				
23.	Displays appropriate negative emotions (anger, fear, frustration, distress) in response to hostile, aggressive or intrusive acts by peers.				
24.	Displays negative emotions when attempting to engage others in play.				



**Appendix B**

**Five Facet Mindfulness Questionnaire (FFMQ)**

Ruth A. Baer, Ph.D.

University of Kentucky

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-  
**Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>never or very rarely true</b>	<b>rarely true</b>	<b>sometimes true</b>	<b>often true</b>	<b>very often or always true</b>

- \_\_\_\_ 1. When I'm walking, I deliberately notice the sensations of my body moving.
- \_\_\_\_ 2. I'm good at finding words to describe my feelings.
- \_\_\_\_ 3. I criticize myself for having irrational or inappropriate emotions.
- \_\_\_\_ 4. I perceive my feelings and emotions without having to react to them.
- \_\_\_\_ 5. When I do things, my mind wanders off and I'm easily distracted.
- \_\_\_\_ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
- \_\_\_\_ 7. I can easily put my beliefs, opinions, and expectations into words.
- \_\_\_\_ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
- \_\_\_\_ 9. I watch my feelings without getting lost in them.
- \_\_\_\_ 10. I tell myself I shouldn't be feeling the way I'm feeling.
- \_\_\_\_ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
- \_\_\_\_ 12. It's hard for me to find the words to describe what I'm thinking.
- \_\_\_\_ 13. I am easily distracted.
- \_\_\_\_ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
- \_\_\_\_ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
- \_\_\_\_ 16. I have trouble thinking of the right words to express how I feel about things
- \_\_\_\_ 17. I make judgments about whether my thoughts are good or bad.
- \_\_\_\_ 18. I find it difficult to stay focused on what's happening in the present.
- \_\_\_\_ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.

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\_\_\_\_\_ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing..

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>never or very rarely true</b>	<b>rarely true</b>	<b>sometimes true</b>	<b>often true</b>	<b>very often or always true</b>

- \_\_\_\_\_ 21. In difficult situations, I can pause without immediately reacting.
- \_\_\_\_\_ 22. When I have a sensation in my body, it’s difficult for me to describe it because I can’t find the right words.
- \_\_\_\_\_ 23. It seems I am “running on automatic” without much awareness of what I’m doing.
- \_\_\_\_\_ 24. When I have distressing thoughts or images, I feel calm soon after.
- \_\_\_\_\_ 25. I tell myself that I shouldn’t be thinking the way I’m thinking.
- \_\_\_\_\_ 26. I notice the smells and aromas of things.
- \_\_\_\_\_ 27. Even when I’m feeling terribly upset, I can find a way to put it into words.
- \_\_\_\_\_ 28. I rush through activities without being really attentive to them.
- \_\_\_\_\_ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
- \_\_\_\_\_ 30. I think some of my emotions are bad or inappropriate and I shouldn’t feel them.
- \_\_\_\_\_ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- \_\_\_\_\_ 32. My natural tendency is to put my experiences into words.
- \_\_\_\_\_ 33. When I have distressing thoughts or images, I just notice them and let them go.
- \_\_\_\_\_ 34. I do jobs or tasks automatically without being aware of what I’m doing.
- \_\_\_\_\_ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
- \_\_\_\_\_ 36. I pay attention to how my emotions affect my thoughts and behavior.
- \_\_\_\_\_ 37. I can usually describe how I feel at the moment in considerable detail.
- \_\_\_\_\_ 38. I find myself doing things without paying attention.
- \_\_\_\_\_ 39. I disapprove of myself when I have irrational ideas.

**FFMQ Scoring instructions**

For all items marked "R" the scoring must be reversed. Change 1 to 5, 2 to 4, 4 to 2, and 5 to 1 (3 stays unchanged). Then sum the scores for each subscale.

**Observing**

1, 6, 11, 15, 20, 26, 31, 36

**Describing**

2, 7, 12R, 16R, 22R, 27, 32, 37

**Acting with awareness**

5R, 8R, 13R, 18R, 23R, 28R, 34R, 38R

**Nonjudging of inner experience**

3R, 10R, 14R, 17R, 25R, 30R, 35R, 39R

**Nonreactivity to inner experience**

4, 9, 19, 21, 24, 29,

**Interpersonal Mindfulness in Parenting (IEM-P) scale**

**Instructions:** The following statements describe different ways that parents interact with their children on a daily basis. Please tell me whether you think the statement is "Never True," "Rarely True," "Sometimes True," "Often True," or "Always True" for you. Remember, there are no right or wrong answers and please answer according to what *really reflects* your experience rather than what you think your experience *should* be. Please treat each statement separately from every other statement.

	<u>Never True</u>	<u>Rarely True</u>	<u>Sometimes True</u>	<u>Often True</u>	<u>Always True</u>
1. I find myself listening to my child with one ear because I am busy doing or thinking about something else at the same time.	1	2	3	4	5
2. When I'm upset with my child, I notice how I am feeling before I take action.	1	2	3	4	5
3. I notice how changes in my child's mood affect my mood.	1	2	3	4	5
4. I listen carefully to my child's ideas, even when I disagree with them.	1	2	3	4	5
5. I often react too quickly to what my child says or does.	1	2	3	4	5
6. I am aware of how my moods affect the way I treat my child.	1	2	3	4	5
7. Even when it makes me uncomfortable, I allow my child to express his/her feelings.	1	2	3	4	5
8. When I am upset with my child, I calmly tell him/her how I am feeling.	1	2	3	4	5
9. I rush through activities with my child without being really attentive to him/her.	1	2	3	4	5
10. I have difficulty accepting my child's growing independence.	1	2	3	4	5

Scoring information (hypothesized subscales):

Awareness & Present-Centered Attention

1. I find myself listening to my child with one ear, because I am busy doing or thinking about something else at the same time.\*
3. I notice how changes in my child's mood affect my mood.
6. I am aware of how my moods affect the way I treat my child.
9. I rush through activities with my child without being really attentive to him/her.\*

Non-judgment

4. I listen carefully to my child's ideas, even when I disagree with them.
7. Even when it makes me uncomfortable, I allow my child to express his/her feelings.
10. I have difficulty accepting my child's growing independence.\*

Non-reactivity

2. When I'm upset with my child, I notice how I am feeling before I take action.
5. I often react too quickly to what my child says or does.\*
8. When I am upset with my child, I calmly tell him/her how I am feeling.

**[items with an \* are reverse-scored]**

## Appendix C

### Research Participant Recruitment Script

Title of Study: The Impact of Stress, Trauma, and Parenting on Psychosocial Outcomes of Children Participating in Mental Health Services

Principal Investigator (PI): Nicholas Seivert, MA  
Department of Psychology, Wayne State University

1) What does this study involve?

This study is a research project that is seeking to collect data from children participating in mental health services and their families. We are looking for children for children between the ages of 8-12 years and one of their parents to participate.

2) What is the topic of the research?

In this research study, we are looking at children in mental health treatment and the impact of their experience of psychological stress and trauma on their emotions, social skills, and behavior. We are also looking at how parenting could play a role in affecting these outcomes.

3) What is the time commitment?

Participation in the study should take about one hour. It will take place at the site where your family participates in mental health services (either The Children's Center or the WSU Psychology Clinic).

4) What are the basic procedures?

Parents will complete a background questionnaire and a series of psychological measures. The psychological measures will include reports of your child's background, emotions, and behavior. There will also be measures in which parents will report on their own background, emotions, and behavior. The child will engage in research tasks separately with research staff to find out about their verbal skills as well as their background, emotions, and behavior.

5) Is this study voluntary?

This study is completely voluntary. Families do not have to participate if they do not want to. Participation or refusal to participate will in no way affect your clinical services. Each family that participates will be given a \$20 gift card to Meijer.

6) Would you and your family like to participate?

## Stress, Parental Mindfulness, and Children's Emotional Competence

If yes, research staff will arrange a time for the family to come in to the site where they receive clinical services (either WSU Psychology Clinic or The Children's Center) to participate in 1-hour data collection session.

### **Behavioral Research Informed Consent**

Title of Study: The Impact of Stress, Trauma, and Parenting on Psychosocial Outcomes of Children Participating in Mental Health Services

Principal Investigator (PI): Nicholas Seivert, MA  
5057 Woodward Ave, 7<sup>th</sup> Floor  
Department of Psychology, Wayne State University  
Detroit, MI 48202  
313-577-2840

Funding Source: Department of Psychology and The Graduate School,  
Wayne State University

When we say "you" in this consent form, we mean you and your child; "we" means the researchers and other staff.

### **Purpose**

You are being asked to be in a research study about the impact of stress and trauma on children's mental development because your child participates in mental health services and is between the ages of 8-12 years. This study is being conducted at Wayne State University and The Children's Center of Wayne County. The estimated number of study participants to be enrolled at Wayne State University is about 85 families (85 children + 85 parents = 170 total participants). **Please read this form and ask any questions you may have before agreeing to be in the study.**

In this research study, we are looking at children in mental health treatment and the impact of their experience of psychological stress and trauma on their emotions, social skills, and behavior. We are also looking at how parenting could play a role in affecting these outcomes. Parenting factors include parent's history of experienced trauma, positive parenting behavior, and parent mindfulness, or parent's ability to generally be aware of themselves and their surroundings.

### **Study Procedures**

If you agree to take part in this research study, you will be asked to complete a series of surveys and questionnaires about you and your child. Your child will complete a series of tasks with research staff in a separate room. Participation will include a single session lasting approximately one hour. The location will be at Wayne State University (WSU) Psychology Clinic or The Children Center, wherever your child receives clinical services. First, you will be asked to sign a release form so that researchers are able to access your child's record at the study site. Following this, you will complete a background questionnaire and a series of psychological measures. The psychological measures will include reports of your child's symptoms, history of psychological stress and trauma, mindfulness (awareness of themselves and their surroundings), behavior



problems, social skills, and emotional control. There will also be measures in which you will report on your own history and behavior, including your experience of psychological trauma, mindfulness, and parenting confidence. Your child will engage in research tasks separately with research staff, including a measure of vocabulary, experienced stress, perception of self-worth, and ability to identify emotions in others. You and your child are not obligated to complete all study tasks if you agree to participate. Each family will be assigned a participant number that will be associated with all of the information you provide. You and your child's names will be recorded separately and not associated with any of the information you give provide. There will be password protected master list of research participants' names and their associated numbers that will be kept separate from the provided information.

### **Benefits**

As a participant in this research study, there will be no direct benefit for you; however, information from this study may benefit other people in the future.

### **Risks**

By taking part in this study, you may experience the following risks: emotional risks, such as feelings of sadness or anxiety, particularly as it relates to disclosure of experienced psychological stress and trauma as well as reporting on behavior problems. This risk for and level of discomfort is not greater than what you may have experienced through participation in mental health services.

The following information must be released/reported to the appropriate authorities if at any time during the study there is concern that:

- child abuse or neglect has possibly occurred,
- you disclose illegal criminal activities, illegal substance abuse or violence.

If new, unreported instances of child abuse or neglect are discovered during the course of the study, researchers are obligated to report this information to Michigan Child Protective Services, which could result in legal action towards the alleged perpetrator.

If any of the above described study risk events occur, your primary clinician at WSU Psychology Clinic or The Children Center will be alerted in-person by research staff.

There may also be risks involved from taking part in this study that are not known to researchers at this time.

### **Study Costs**

Participation in this study will be of no cost to you.

### **Compensation**

For taking part in this research study, you will be paid for your time and inconvenience up to \$20 in Meijer gift cards. For completion of the parent portion of the study, you will receive a \$10 Meijer gift card. For completion of the child portion of the study, you will receive a \$10 Meijer

gift card. If you are not a U.S. citizen and/or not a U.S. taxpayer, 30% of the compensation will be withheld by Wayne State University. Please inform research staff if this is the case for you.

### **Confidentiality**

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. You will be identified in the research records by a code name or number. Information that identifies you personally will not be released without your written permission. However, the study sponsor, the Institutional Review Board (IRB) at Wayne State University, or federal agencies with appropriate regulatory oversight [e.g., Food and Drug Administration (FDA), Office for Human Research Protections (OHRP), Office of Civil Rights (OCR), etc.] may review your records.

When the results of this research are published or discussed in conferences, no information will be included that would reveal your identity.

### **Voluntary Participation/Withdrawal**

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you decide to take part in the study, you can later change your mind and withdraw from the study. You are free to only answer questions that you want to answer. You are free to withdraw from participation in this study at any time. Your decisions will not change any present or future relationship with Wayne State University or its affiliates, or other services you are entitled to receive.

The PI may stop your participation in this study without your consent. The PI will make the decision and let you know if it is not possible for you to continue. The decision that is made is to protect your health and safety, or because you did not follow the instructions to take part in the study

### **Questions**

If you have any questions about this study now or in the future, you may contact Nicholas Seivert or one of his research team members at the following phone number 313-577-2840. If you have questions or concerns about your rights as a research participant, the Chair of the Institutional Review Board can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call the Wayne State Research Subject Advocate at (313) 577-1628 to discuss problems, obtain information, or offer input.

**Consent to Participate in a Research Study**

To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read, or had read to you, this entire consent form, including the risks and benefits, and have had all of your questions answered. You will be given a copy of this consent form.

\_\_\_\_\_  
Signature of participant / Legally authorized representative \*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of participant / Legally authorized representative \*

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of witness\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed of witness\*\*

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person obtaining consent

\_\_\_\_\_  
Time

\*\*Use when participant has had this consent form read to them (i.e., illiterate, legally blind, translated into foreign language).

\_\_\_\_\_  
Signature of translator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of translator

\_\_\_\_\_  
Time

**Continue to HIPAA Authorization on next page**

### **HIPAA Authorization**

A federal regulation, known as the “Health Insurance Portability and Accountability Act (HIPAA)” gives you certain rights concerning the use and disclosure (sharing with others) of your Protected Health Information (PHI). This regulation provides safeguards for the privacy and security of your information. Your permission (authorization) is required for the use and sharing of any protected health information collected as part of this research study. If you are not willing to sign this authorization to use and/or disclose your PHI by the research team, you will not be eligible to take part in this research study.

The principal investigator (PI) and his research team will use your medical records and information created or collected as part of this research study. Your PHI is important for the PI and his research team in order to collect information about you during the study, to be able to contact you if needed, and to provide treatments to you during the study, if required. The PI may send out your study related health information to the sponsor or other entities involved in this study.

Your medical records, which may contain information that directly identifies you, may be reviewed by representatives from groups identified below. The purpose of these reviews is to assure the study is being conducted properly, that data is being obtained correctly or for other uses authorized by law. These reviews occur at the study site or in the PI's research office and can take place anytime during the study or after the study has ended.

**The PHI that will be “USED”** for this research includes the following: name, address (city, state and zip code), phone number, elements of dates, diagnostic information, and medical record number.

**The PHI that will be “DISCLOSED”** or shared with others for this research includes the following: none.

Your study information may be **used** or **shared** with the following people or groups:

- The PI, co-investigators, and key personnel of WSU associated with the research project
- WSU's Institutional Review Boards (IRB)
- Other collaborating academic research institutions, which include: WSU Psychology Clinic, The Children's Center of Wayne County
- Federal agencies with appropriate regulatory oversight (e.g., FDA, OHRP, OCR, etc.) may review your records.

Once your information has been released according to this Authorization, it could be released again and may no longer be protected by the HIPAA regulations.

This Authorization does not expire. The research team may need to correct it or provide missing information about you even after the study has ended, and your medical records may be needed to assist in this process.

## Stress, Parental Mindfulness, and Children's Emotional Competence

- During your participation in this study you will have access to your medical record and any study information that is part of that record. The PI is not required to release research information that is not part of your medical record.

You may withdraw (take back) your permission for the **use** and **disclosure** of your PHI for this research at any time, by **writing** to the PI at the address on the first page of this form. Even if you withdraw your permission, the PI for the research project may still use your PHI that was collected prior to your written request if that information is necessary to the study. If you withdraw your permission for use of your PHI, you will also be withdrawn from the research project. Withdrawing your authorization **will not** affect the health care that will be provided by the Detroit Medical Center and/or the WSU School of Medicine Practice Plans.

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### **Autobiographical Statement**

I was born in East Lansing, but moved to California at the age of three. The son of a couple of Syrian immigrants, my collectivized family heavily focused on education. My high school courses introduced me to both psychology and other 'hard' sciences like biology and chemistry. I excelled in courses that seemed to me applicable in real world experiences. I began volunteering my senior year of high school in Loma Linda Medical Center of Murrieta. There, I worked the care-cart, handing out magazines and books to patients, and engaged in light-hearted discussions. Their expressions of joy at the pleasure of having nice conversations with a stranger rekindled my interest in service; I decided to merge my interest in psychology and science, and to pursue medicine. One year later, I found myself back in Michigan, as a student of the MedStart program. This program gave me early ties to the Medical School at Wayne State, where we participated in clinical simulations and informative seminars. I found myself part of Detroit's resurgence, and I plan on staying in Michigan to help bridge the gap between physicians and patients in such an underserved area. Majoring in psychology has helped me connect with patients on a more personal, intimate level, and will help me develop the doctor-patient relationship that is so crucial to providing excellent, quality care.

Stress, Parental Mindfulness, and Children's Emotional Competence

Table 3.

*Descriptive Statistics*

	Mean	Standard Deviation
Stress Index	4.73	3.02
Emotion Regulation Checklist	65.69	11.06
FFMQ- Five Factor Total	138.65	20.25

*Note.* Stress Index(SI), Emotion Regulation Checklist (ERC), and Five-Facet Mindfulness Questionnaire (FFMQ)