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# Mindfulness programming for parents and teachers of children with ADHD

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ABSTRACT

*Background:* Parents and teachers of children with attention-deficit/hyperactivity disorder (ADHD) are at-risk for a range of suboptimal psychosocial outcomes, including mental health difficulties and heightened stress, problems perhaps ameliorated through mindfulness-based programming.
*Objective:* To show pilot data from an investigation of the outcomes of a purpose-built mindfulness training for parents and teachers of children with ADHD (N = 26).
*Methods:* The program represents a purpose-driven modification of the Mindfulness-Based Stress Reduction (MBSR) curriculum. Namely, we reduced participant time commitment and added psychoeducation about ADHD with brief parent training. The measurement protocol included measures of stress, anxiety, depression, and mindfulness.
*Results:* Following the 8-week program, parents and teachers reported reduced perceived stress, reduced self-reported anxiety, and improvements in some facets of mindfulness.
*Conclusion:* The work highlights the promise of specialized mindfulness-based interventions in promoting positive psychosocial outcomes in specific at-risk groups, such as the carers of children with ADHD.



## 1. Introduction

Parenting and/or teaching children with Attention-deficit/Hyperactivity Disorder (ADHD) is often described as overwhelming and under-rewarding because the symptoms of this disorder include high levels of physical activity, distractibility, and difficulty controlling ones' impulses [22]. Research has demonstrated an array of negative sequelae for the carers of children with ADHD. For example, studies of parents of children with ADHD suggest that these individuals experience are more likely to have elevated markers of physiological stress including elevated inflammatory markers, are at greater risk for psychopathology [1]. Parents of children with ADHD also experience more psychological distress than parents of neurotypical children [50]—outcomes which appear to be directly related to the severity of the child's ADHD symptoms rather than more global factors, such as issues of work-life balance [43]. Additionally, parents of children with ADHD appear to be at greater risk of mental health diagnoses, divorce, and perpetration of child abuse [30]. For the teachers of affected children, ADHD also confers greater risk of poor outcomes such as burn-out and increased time off from work [39]. Thus, parents and teachers of children with ADHD represent a population at-risk for poorer outcomes and may therefore benefit from enhanced support strategies.

A current limitation of the most common modes of parent- and teacher-focused interventions for childhood ADHD—such as behavior management training and psychoeducation–is the lack of direct promotion of parent and teacher well-being and resiliency. For example, behavior management training constitutes the most broadly-recommended intervention for management of child ADHD symptoms [3]. Furthermore, behavior management training has been shown to be effective in improving parenting efficacy [16] and teacher efficacy [41] in the context of childhood ADHD. Similarly, parents and teachers are often offered psychoeducation about ADHD, which may result in better treatment implementation [37]. However, although critical components of an ADHD treatment package, these interventions do not provide self-care opportunities to parents and teachers. Given the growing body of literature that suggests that many adults in the lives of children with ADHD do not engage in adequate self-care [48], these individuals are facing

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additive stress without adequate resources to promote functional coping.

One currently popular strategy for meeting the self-care needs of individuals in stressful settings is the provision of mindfulness-based interventions. All mindfulness-based interventions are rooted in traditional Buddhist philosophy. These programs are also part of more broadly defined contemplative practices that cut across many religious and cultural traditions and have been offered in fully secular settings. Mindfulness is commonly described as non-evaluative, receptive attention to present events and experiences or the frank observation of the contents of consciousness [24]. It has also been described as an attribute that is present to some extent in all individuals, even without specific training [28]. Although present in all individuals, mindfulness is clearly enhanced with specific training [28] and this training often results in greater resiliency to stress [12].

Among the mindfulness-based interventions, the longest standing and most frequently described in the research literature is Mindfulness-based Stress Reduction (MBSR). Although initially developed in the 1970s as an adjunctive therapy for patients with chronic pain disorders [23,25]. Since its inception, the provision of MBSR has broadened and it has been delivered to many clinical and nonclinical populations. Specific components of the MBSR program (as described in the Standards of Practice manual from the Center for Mindfulness in Medicine, Healthcare, and Society at the University of Massachusetts[1]) include eight weekly sessions 2.5–3.5 h in duration, as well as a 2.5-h pre-program orientation session, and a day-long silent retreat in the seventh week of the program. The program includes both dialog and guided inquiry at each session with the teaching of formal and informal meditation practices experientially. Participants are expected to devote at least 45 min each day to formal practice (e.g. "body scan") at home and another 5–15 min to informal practice (e.g. awareness of pleasant and unpleasant events). The developers of MBSR have frequently noted that MBSR was not intended to serve the same functions as psychotherapy and that MBSR instructors are not necessarily trained mental health professionals [24]. MBSR groups typically include up to 40 participants per group. The programming is designed to be experiential and highly participatory. The tuition typically ranges from $400 to more than $700 for the 8-week course, and is in some cases, covered by health insurance. In total, participants spend more than 30 h in MBSR sessions and more than 45 h on home-based practice over the eight-week program.

Results of this empirically-validated intervention are impressive [20,27,33], as are findings from related programs, such as Mindfulness-Based Cognitive Therapy [21] and Mindfulness-Based Relapse Prevention [51]. Across the extensive body of literature on these interventions, participants report improved coping with stress, a reduction in distress, and reduced symptoms of psychopathology. However, the time commitment associated with such programs may be problematic for parents and teachers of children with ADHD, as parents of children with ADHD often report they have little available time when their children do not need very close supervision due to characteristic symptoms of impulsivity and poor self-monitoring [30]. Likewise, the limited time and increased likelihood of burnout in teachers of children with ADHD may make such a time-intensive program problematic. Therefore, the 75 h or more time commitment associated with MBSR is unlikely to be met. Although there are a number of psychotherapeutic modalities that include mindfulness training (e.g. Acceptance and Commitment Therapy, Dialectical Behavior Therapy), these modalities frequently do not provide extensive formal instruction in meditation [31] and may not be as accessible to individuals with levels of distress below diagnostic thresholds.

Mindfulness-based approaches for reducing stress and increasing parenting efficacy have been deployed in many studies. A recent systematic review of the literature on the use of mindfulness-based interventions for parents highlighted the methodological limitations with many of these studies, particularly with regard to small sample sizes and the limited number of randomized controlled trials [47]. Yet even with these noted limitations, the authors suggested that there is evidence across these studies to support the assumption that mindfulness-based interventions are likely to be associated with reduced parenting stress. Research from several studies suggests that these types of interventions are well-tolerated by carers, participants report improve mood and reduced stress, and parents may be more mindful in their interactions with their children. These studies have included parents of children with developmental disorders including autism spectrum disorder [45], carers of chronically ill children [36], families of youth with problem behaviours [2], and parents of children seen in mental health clinics [34].

Following from the work on mindfulness and parenting, there have been several smaller scale studies involving families of children with ADHD. For example, some studies have provided paired intervention with parents and their offspring both together and separately. The outcomes of one study indicated that while parents and their children experienced benefits from the training (including reduced symptoms of ADHD, improved mindfulness, and lower levels of parenting stress), teachers of the children with ADHD did not report corresponding improvement in the classroom [49]. Another study combined mindful parenting training with psychoeducation about ADHD with corresponding reductions in parent-reported stress and difficulty getting along with their child [2]. In an ongoing, registered, randomized-controlled trial with a large sample, parents and their offspring are receiving a mindfulness-based intervention with daily home practice and outcomes will be compared with children with ADHD who are receiving psychopharmacological treatment [34]. As described in a recent review of this literature [10], highlighted the need for an ADHD treatment approach that integrates mindfulness training with parents learning new parenting strategies as they overcome highly automatized but dysfunctional old habits in parenting.

Because carers children with ADHD are likely to experience enhanced stress which may respond to self-care, and because there may be a positive downstream impact of increased carer well-being on family/classroom functioning, we wanted to develop a purpose-driven mindfulness program for carers of children of ADHD for our use in the local community. Our program had several goals: first, we sought to provide carers of children with ADHD with exposure to evidence-based mindfulness practice. Second, we sought to foster dialogue between parents and teachers, such that they improve their understanding of each other's experiences (i.e., home life experiences when a child or children have ADHD and classroom experiences when a student has ADHD) through group discussions. Third, to combat the lack of information and misinformation about ADHD in many settings, we also aimed to promote knowledge of ADHD through inclusion of a psychoeducation component that was empirically-founded and was usually tied into mindfulness home practices during the week. Finally, we sought to preserve as much of the empirically-validated MBSR protocol as feasible to increase the probability that our program would have positive outcomes for participants.

The Mindful Living program represents a modification of the Mindfulness-based Stress Reduction (MBSR [24]; platform. Many of the original elements from MBSR were preserved, including the

[1] https://www.umassmed.edu/contentassets/24cd221488584125835e2eddce7dbb89/mbsr_standards_of_practice_2014.pdf.