

Community Partner Organization Final Project Final Draft

A. Project Summary

The Vallejo Project has a space that is currently being developed into a “Safe Space” for youth and adolescents that will be a place for tutoring, have a computer lab, and host a mindfulness and mental health program for teens to develop healthy habits. The goal of the Safe Space will be to help at-risk adolescents and help curb youth violence in the community.

During my involvement with this project, my main task was to design a method to evaluate the effectiveness of the mindfulness curriculum based on empirically validated psychometric measures and to assist in the development of the curriculum by integrating practices and recommendations from the literature. I thoroughly reviewed the academic literature and read primary sources of scientific articles and studies on mindfulness curriculums. Based on my findings, I created a literature review detailing and critically appraising curriculum assessment methodologies, being sure to select studies containing relevant and diverse study participants representative of the population we intend to serve.

Using information from the literature, I was able to advise the development of the curriculum. Most notably, I discovered that mindfulness could have negative effects – including psychosis – especially on people that have endured trauma, which emphasized the importance of finding curriculum facilitators trained in dealing with mental health crises. I also identified the most important aspects that characterize a successful mindfulness curriculum that produces positive effects for participants, such as emphasizing a non-judgmental attitude and optimizing enjoyment.

From my literature review, I created a table of every measure used to evaluate the mindfulness curriculums. I gathered files for every measure into a folder and uploaded to Google Drive for reference. I thoroughly read through every measure and selected the most relevant and insightful questions and constructed a questionnaire to be administered before and after the curriculum to evaluate its effectiveness.

A grant is currently being written to secure funding for the Safe Space, and I wrote the section detailing the goals of the mindfulness curriculum – and the Safe Space in general – and our plan for assessing its success.

B. Task Inventory

- a. Meetings: 6 hours
 - i. Attended general meetings to listen to other groups' projects and present our group's progress and group-specific meetings to update on personal progress. Also used this time to discuss curriculum development, receive feedback, and give recommendations on curriculum development based on literature.
- b. Researching: 10 hours
 - i. Searched research databases including PubMed, APA PsycNet, and Google Scholar to find relevant articles and studies. This includes time filtering through articles, thoroughly reading and critically evaluating each one, identifying the most relevant ones, and learning background information about mindfulness and basic psychological principles and concepts to comprehend the technical terminology and details.
- c. Writing literature review: 4 hours
 - i. Includes time reviewing literature again to summarize, drafting, formatting, and revising.
- d. Gathering measures: 2 hours
 - i. Includes time reading through articles to identify the measures used to evaluate mindfulness curriculums, creating a table organizing the measures used, and finding and downloading the questions.
- e. Creating Questionnaire: 3 hours
 - i. Includes time spent reading through hundreds of questions, identifying the most relevant ones, further filtering down for brevity, and formatting the questions onto a single document.

- f. Curriculum Development advising: 1 hour
 - i. Read through curriculum and added comments for recommendations.
- g. Grant writing: 1 hour
 - i. Summarized assessment methodology and goals of the mindfulness curriculum for the grant proposal
- h. Assignment drafting: 4 hours
 - i. Includes time creating project description, project report, and final project summary to be submitted to bCourses.

C. Reflection

As someone interested in mental health counseling and education, I was excited to find out that I'd be able to do something I was genuinely passionate about for my final project while helping a community of underserved youth. 1 in 7 kids in Solano County are illiterate (Leaven Kids, n.d.), and research has shown that after school programs increase student engagement in the classroom (Durlak et al., 2010), reduce crime and risky decision making (Police Chief Magazine, 2020), and improve academic performance in school (Durlak et al., 2010).

I'm also interested in scientific research, and I was also excited to be able to gain further experience with assessing primary source scientific articles, writing a literature review, and then using and applying that information to help an underserved population. I gained more knowledge on the methodologies in psychological research, which will be useful if I go into this field. I reviewed papers with a diverse range of perspectives on mindfulness – both promoting and criticizing mindfulness – and the effect of mindfulness on a wide variety of populations varying in race, age, gender, and medical & mental illnesses. Reviewing the literature has improved my critical thinking skills and taught me to always be skeptical about broad general results from studies that may not apply to specific populations. This is especially important when it comes to applying psychological research to treating individuals. I also learned about how medical & mental health issues disproportionately affected certain populations due to inequalities and systemic injustices and that intervention at a young age is extremely important for healthy development of at-risk youth.

I have previous mental health counseling experience and I'm currently a peer counselor for the student-to-student peer counseling club at Berkeley, and I was able to gain useful knowledge about the therapeutic benefits of mindfulness that I may be able to apply in the future. In addition, I also learned about the potential negatives and adverse effects of mindfulness and which people are at the most risk for these adverse effects, which is extremely important to look out for when applying these practices.

By attending general meetings and contributing to the Safe Space grant, I was able to gain more insight into the logistics it takes to run projects under a nonprofit organization. I'm passionate about getting involved in community-oriented, grassroots organizations, and this opportunity let me gain more experience in seeing what goes on behind the scenes to make these organizations possible, which was valuable since I want to continue volunteering with nonprofits in the future.

Overall, it was an extremely gratifying experience to be able to contribute to the Safe Space project. Kat Dang, the supervisor for this project, was extremely warm, helpful, and supportive in guiding my involvement in this project. She helped to clarify the needs and goals of the Safe Space, what work needed to be done, and the specific population we would be serving. Because of my interest in this project, I'm also tentatively planning to continue my involvement with the Vallejo Project even after the class to help teach the curriculum effectively based on what I've learned, deliver the assessment, and making sure that the curriculum is adhering to best practices based on the literature, such as heavily emphasizing and teaching how to maintain a non-judgmental attitude and being aware of participants with trauma to avoid adverse outcomes.

D. Annotated Bibliography

Sibinga, Erica M. S., et al. "Mindfulness-Based Stress Reduction for Urban Youth." *Journal of Alternative and Complementary Medicine (New York, N.Y.)*, vol. 17, no. 3, Mar. 2011, pp. 213–18. *PubMed*, <https://doi.org/10.1089/acm.2009.0605>.

Pediatrician Dr. Erica Sibinga of Johns Hopkins School of Medicine and colleagues found that 33 at-risk patients aged 13-21 from a pediatric and outpatient clinic had statistically significant reductions in hostility based and discomfort after 9 weekly sessions of mindfulness-based stress reduction. The study population was entirely African American with the majority living in poverty. Individual interviews found that the program helped patients feel calmer and manage anger. Patients also reported reduced anxiety and sadness. Many patients reported better relationships with friends and family and better managed conflicts, concentrating better in schoolwork, and physical health benefits such as feeling more energetic.

Mindfulness is usually thought of as a practice that improves intrasubjective understanding and mental health, but this study suggests that mindfulness can also have positive effects on intersubjective relationships and external, measurable success outcomes. The results show that mindfulness is valuable not only with mental health issues but can also help adolescents navigate social situations and gain important life skills. However, the conclusions from this study are limited since the sample size is small and there is no control.

This study is useful because it demonstrates that mindfulness is effective in at-risk populations which is the purpose of the Safe Space as stated in the grant and can be used as evidence for the proposal. Participants in this study were organized into small groups and taught a specific set of mindfulness techniques which can be integrated into the Safe Space curriculum. The measures used in the curriculum are the CHIP-AE and SCL-90R, which measures psychopathologic symptoms and quality of life and can be incorporated into the questionnaire for Safe Space. The study uses individual interviews and gives specific examples of questions asked to assess the participants' interpersonal relationships, which can also be used as another evaluation metric.

Van Dam, Nicholas T., et al. "Mind The Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation." *Perspectives on Psychological Science: A Journal of the Association for Psychological Science*, vol. 13, no. 1, Jan. 2018, pp. 36–61. *PubMed Central*, <https://doi.org/10.1177/1745691617709589>.

Psychologist Dr. Nicholas Van Dam of Icahn School of Medicine and colleagues in this review article note that mindfulness has surged in popularity in the West from a “fringe topic,” and in that process its benefits may have been exaggerated. In studies on mindfulness, there is a lack of a consistent definition for mindfulness, and the current research paradigm assumes self-reported measures are equivalent to the psychometric trait they claim to measure, which may not be true. Also, evidence for mindfulness on treating psychopathologies is mixed. There are also potential adverse effects of mindfulness that are often omitted or downplayed. For example, mindfulness for people with trauma can cause them to relive past traumatic events, and there have been cases of meditation-induced psychosis.

Compared to other articles, the authors provide a balanced perspective and mention some positive effects of meditation, but don’t glamorize it as a panacea as some studies do. Meditation has become trendy and commodified recently with mobile apps and mindfulness programs, which has resulted in the positives of mindfulness becoming exaggerated and its downsides discounted. This critical perspective is extremely valuable in the discussion about mindfulness.

This review is useful for our curriculum because it details the specific potential adverse effects of mindfulness and populations where mindfulness is not effective or harmful. This is important information to keep in mind when implementing the curriculum to not unintentionally psychologically harm any participants. This may take the form of a screener or be incorporated into the questionnaire given to participants before they take the curriculum to make sure all participants can benefit from the curriculum. Before or during sessions, these adverse events can be brought up as disclaimers for the participants so they can be informed and decide if they should participate in specific activities.

Kuyken, Willem, et al. “Effectiveness of the Mindfulness in Schools Programme: Non-

Randomised Controlled Feasibility Study.” *The British Journal of Psychiatry: The Journal of Mental Science*, vol. 203, no. 2, Aug. 2013, pp. 126–31. *PubMed*,

<https://doi.org/10.1192/bjp.bp.113.126649>.

Psychologist Dr. Willem Kuyken of the University of Oxford and colleagues found that the “Mindfulness in Schools Programme” curriculum resulted in a statistically significant decrease in depressive symptoms and stress and increased well-being both directly after the curriculum and during a 3-month follow-up compared to controls not receiving the curriculum in a general population of 522 students aged 12-16. The follow-up period was also conducted during the most stressful period of the school year, and the positive results suggest that the curriculum may also confer resilience.

The study population is relatively large compared to other studies, the p-values of the results are relatively low, and there is a control group meaning that stronger conclusions can be drawn from this study compared to others not containing those elements. However, the study population is less diverse, being about 70% white in both experimental and control groups. The study population represents a general population of students in a classroom setting with no psychopathologies, which demonstrates that a mindfulness curriculum can be beneficial for any student, not just those who are at-risk.

The measures used in the study are the WEMWBS, PSS, and CES-D, and questions from these measures can be used in the questionnaire given to students. This study also shows that the long-term effects of a mindfulness curriculum and not just immediate results is also important data to gather in evaluating effectiveness. For the Safe Space, students could be given another questionnaire to be filled out months after their involvement in the program.

E. Sources Used

Note: These are not all the sources I read, these were the ones I filtered out as the most relevant and cited in writings.

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After School: The Prime Time for Juvenile Crime. (2020, August 5). *Police Chief Magazine*.

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F. Deliverables

Literature Review

Literature Review on Measures to Evaluate Mindfulness Curriculums in Youth Populations

Kevin Bao

Mindfulness is a practice that can be traced back to Buddhism as a spiritual practice to reach Enlightenment. Recently, mindfulness has been recognized in the West to have many positive mental health benefits, including reduced stress, anxiety, and depression and improved well-being (Galante et al., 2021). The purpose of this report is to review the literature to discover reliable measures and methods for evaluating the effectiveness of mindfulness curriculums on improving mental and physical health.

It is important to note that there is criticism that the benefits of mindfulness are exaggerated and its potential adverse effects (Van Dam et al., 2018). One of these criticisms is the lack of a consistent definition across studies and these definitions being distilled down for Western audiences, though broadly mindfulness can be defined as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Galante et al., 2021). There is a heavy emphasis on a nonjudgmental attitude of acceptance during mindfulness, as hyperawareness combined with a judgmental attitude can unsurprisingly have negative effects on mental health, especially when thinking about negative thoughts or events (Pearson 2015). Mindfulness can also be harmful to people with past trauma, causing them to re-experience traumatic memories (Van Dam et al., 2018). Nevertheless, many studies of structured mindfulness curriculums have shown positive effects on psychological and somatic well-being, but it is important to consider the potential adverse effects and the specifics of the learning population when implementing a mindfulness curriculum.

For general populations, mindfulness curriculums have been found largely to be effective. One of these curriculums is the “Learning to BREATHE curriculum” (Broderick & Metz, 2009). The students recruited in the cohort study conducted by Broderick and Metz (2009) were the entire senior class of an all-girls Catholic high school. The effectiveness of the curriculum was evaluated based on comparing scores on the Positive and Negative Affect Schedule (PANAS), Difficulties in Emotion Regulation Scale (DERS), Ruminative Response Scale (RRS), and Somatization Index of the Child Behavior Checklist (SICBC) before and after the curriculum for both mindfulness and control cohort. Across all measures, the mindfulness

curriculum resulted in a modest but statistically significant decrease in negative affect, increased emotional regulation and decrease in negative psychosomatic symptoms both before and after treatment and when compared to control. This was not a randomized control trial, and the demographics of students were homogenous: entirely female and 93.3% white in the experimental group. The positive results from seniors may reflect emotional maturity rather than curriculum success when using a control group of juniors. The long-term effects of the curriculum are also unknown.

Sanger et al. (2016) found that not only did mindfulness curriculums improve mental health outcomes, but students in the mindfulness curriculum also showed better emotional facial processing based on neurophysiological tests compared to controls (Sanger et al, 2018). In a sample population of 16-18 year-old students, a significant increase was observed in well-being using the WHO-5 well-being index and fewer doctor visits for mental health issues. No significant effects were found with the Five-Facet Mindfulness Questionnaire or Perceived-Stress Scale, but self-reported enjoyment was actually found to be positively correlated with perceived stress, which may be due to the issue of having a judgmental attitude with increased awareness as discussed earlier. No significant effects were found with the Toronto Empathy Questionnaire, though empathy was positively correlated with course attendance and practice at home.

Studies of mindfulness curriculums on general populations of younger children have also been shown to be effective. Kuyken et al. (2013) found that the “Mindfulness in Schools Programme” curriculum resulted in a statistically significant decrease in depressive symptoms and stress and increased well-being both directly after the curriculum and during a 3-month follow-up based on the Warwick–Edinburgh Mental Well-being Scale, Perceived Stress Scale, and Center for Epidemiologic Studies Depression Scale compared to controls not receiving the curriculum in a population of children aged 12-16 (Kuyken et al., 2013). The follow-up period was also conducted during the most stressful period of the school year, and the positive results suggest that the curriculum may also confer resilience.

In addition to individual mental health outcomes, mindfulness curriculums also improved the observed behavior of children from teachers and parents and cognitive functions. A study conducted by Schonert-Reich and Lawlor (2010) found that 4th to 7th grade students with an average age of 11.43 years old found that students in the mindfulness curriculum increased social and emotional competence – particularly the Awareness and Concentration and Social and Emotional Competence dimensions of the Teachers' Rating Scale of Social Competence – and increased optimism on the Optimism subscale from the Resiliency Inventory when compared with controls (Schonert-Reichl & Lawlor 2010). Results from the School & General self-concept

subscales of Self-Description Questionnaire were mixed. Flook et al. (2010) studied children with executive function difficulties, defined as "planning and carrying out regulated, goal-directed activity," examples of which include "working memory, mental set-shifting, and response inhibition," and "Poor EF is associated with cognitive deficits, poor socioemotional adjustment, and poor academic functioning" (Flook et al., 2010). They found that children starting with executive function difficulties had the greatest improvements by the end of the program compared to children with executive function difficulties in the control group based on teacher and parent responses on the Behavior Rating Inventory of Executive Function (BRIEF). Children that already had high executive control did not experience any noticeable change in executive control compared to controls. Vickery and Dorjee (2016) found that the "Paws B" mindfulness curriculum significantly decreased negative affect based on the Positive and Negative Affect Schedule for Children and significantly increased metacognition based on BRIEF ratings from teachers and parents in a study population of 7-9 year-old students compared to controls (Vickery & Dorjee, 2016). No significant results were found with the Child Adolescent Mindfulness Measure, the Emotion Expression Scale for Children and Sterling Children's Well-being Scale.

Mindfulness curriculums have also been demonstrated to be effective for at-risk populations, such as minorities and adolescents with diagnosed mental illness. Liehr and Diaz (2010) studied children from a summer camp with an average age of 9.5 years old and the majority being from Caribbean and Central American countries (Liehr & Diaz 2010). They found that children receiving the mindfulness curriculum had a statistically significant decrease in depressive symptoms compared to the control group receiving a health curriculum based on the Short Mood and Feelings. Both groups had decreased anxiety based on the State Anxiety Inventory for Children, but a greater decrease was observed in the mindfulness group. Ames et al. (2014) found that adolescents aged 12-18 that have been receiving treatment for mood disorders and anxiety but still had depressive symptoms experienced large decreases in depressive symptoms and smaller improvements in rumination, quality of life, and mindfulness based on the Moods and Feelings Questionnaire, Child Acceptance and Mindfulness Measure, Penn State Worry Questionnaire, Child Response Style Questionnaire, Paediatric Quality of Life Enjoyment and Satisfaction Questionnaire, and Strengths and difficulties Questionnaire after an 8-week Mindfulness-Based Cognitive Therapy group (Ames et al., 2014). Patients also reported, "mindfulness had benefited them through increasing their awareness and facilitating distance from thoughts and strong emotions. Participants found the 3-min breathing space helpful, requested having a longer course and support in continuing their practice. However, they also indicated difficulties with home practice and longer formal meditations." This suggests that a facilitative space can be especially helpful for adolescents with disorders. This study was a

cohort study with a small, predominantly female population – 10 female and 1 male – with no control group, so the conclusions drawn are limited.

Sibinga et al. (2011) found that at-risk patients from a pediatric and outpatient clinic had statistically significant reductions in hostility based on the Symptom Checklist-90 and discomfort based on the Child Health and Illness Profile, Adolescent Edition after 9 weekly sessions of mindfulness-based stress reduction (Sibinga et al., 2011). The study population was entirely African American with the majority living in poverty. Individual interviews found that the program helped patients feel calmer and manage anger. Patients also reported reduced anxiety and sadness. Many patients reported better interpersonal relationships with friends and family and better managed conflicts, concentrating better in schoolwork, and experienced physical health benefits such as feeling more energetic.

Conclusion

Three types of measures were identified from the literature review to measure the effectiveness of mindfulness curriculums: questionnaires for students about their internal experiences, questionnaires for teachers and parents on the students' external behaviors, and individual interviews. The results are measures used in each study are summarized in Table 1.

Study	Measures Used
Learning to BREATHE: A Pilot Trial of a Mindfulness Curriculum for Adolescents	Positive and Negative Affect Schedule (PANAS), Difficulties in Emotion Regulation Scale (DERS), Ruminative Response Scale (RRS), and Somatization Index of the Child Behavior Checklist (SICBC)
Mindfulness-based cognitive therapy for depression in adolescents	Moods and Feelings Questionnaire, Child Acceptance and Mindfulness Measure, Penn State Worry Questionnaire, Child Response Style Questionnaire, Paediatric Quality of Life Enjoyment and Satisfaction Questionnaire, Strengths and difficulties Questionnaire
A Pilot Study Examining the Effect of Mindfulness on Depression and Anxiety for Minority Children	The Short Mood and Feelings Questionnaire and The State Anxiety Inventory for Children
Effects of Mindful Awareness Practices on Executive Functions in Elementary School Children	Behavior Rating Inventory of Executive Function

Effectiveness of the Mindfulness in Schools Programme: non-randomised controlled feasibility study	Warwick–Edinburgh Mental Well-being Scale, Perceived Stress Scale, Center for Epidemiologic Studies Depression Scale
The Effects of a Mindfulness-Based Education Program on Pre- and Early Adolescents’ Well-Being and Social and Emotional Competence	Optimism subscale from the Resiliency Inventory, School & General self-concept subscales of Self-Description Questionnaire, Positive and Negative Affect Schedule, and Teachers' Rating Scale of Social Competence
Effects of school-based mindfulness training on emotion processing and well-being in adolescents: evidence from event-related potentials	Five-Facet Mindfulness Questionnaire, Perceived Stress Scale, World Health Organization Well-Being Index 5-item version, and Toronto Empathy Questionnaire
Mindfulness-Based Stress Reduction for Urban Youth	Child Health and Illness Profile—Adolescent Edition, Symptom Checklist-90 (Revised), and individual interviews
Mindfulness Training in Primary Schools Decreases Negative Affect and Increases Meta-Cognition in Children	Child Adolescent Mindfulness Measure, Emotion Expression Scale for Children, Sterling Children’s Well-being Scale, Positive and Negative Affect Scale for Children, and Behavior Rating Inventory of Executive Function – Teacher and Parent Versions

Table 1

References

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Questionnaire

Safe Space Questionnaire

Note: Highlighted lines are questions that have been omitted for brevity. These additional statements or the selected statements may be added or removed at discretion of project leads. Also, some questions may have been altered or rephrased for clarity and brevity.

Resilience

Connor-Davidson Resilience Scale

Rate (0) for not true at all, (1) for rarely true, (2) for sometimes true, (3) for often true, (4) for true nearly all the time

1. I can adapt to change.
2. I can handle unpleasant feelings.
3. I am not easily discouraged by failure.
4. Under pressure, I can focus and think clearly.
5. I am in control of my life.
6. I enjoy challenges.

When things look hopeless, I don't give up

I can bounce back from failure.

Stress & Anxiety

Perceived Stress Scale

Rate (0) for never, (1) for almost never, (2) for sometimes, (3) for fairly often, (4) for very often.

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt nervous and stressed?
3. In the last month, how often have you found that you could not cope with all the things that you had to do?

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

In the last month, how often have you felt that you were unable to control the important things in your life?

In the last month, how often have you found that you could not cope with all the things that you had to do?

In the last month, how often have you found that you could not cope with all the things that you had to do?

In the last month, how often have you felt confident about your ability to handle your personal problems?

In the last month, how often have you felt that things were going your way?

State-Trait Anxiety Inventory for Adults

Rate (0) for not at all, (1) for somewhat, (2) for moderately so, (3) for very much so

1. I worry over possible misfortunes.
2. I worry too much over things that don't really matter.
3. I get in a state of tension as I think about recent concerns.

Mental Well-being

Warwick–Edinburgh Mental Well-being Scale

Rate (0) for none of the time, (1) for rarely, (2) for some of the time, (3) for often, (4) for all of the time.

1. I've been feeling good about myself.
2. I've been feeling loved.
3. I've been dealing with problems well.

I've been feeling useful

I've been feeling relaxed

Positive and Negative Affect Schedule

Indicate the extent you have felt this way over the past week. Rate (0) for very slightly/not at all, (1) for a little, (2) for moderately, (3) for quite a bit, (4) for extremely.

1. Interested
2. Excited
3. Upset
4. Strong
5. Scared
6. Enthusiastic
7. Proud
8. Ashamed
9. Determined

The Stirling Children's Wellbeing Scale

Rate (0) for never, (1) for not much of the time, (2) for some of the time, (3) for quite a lot of the time, (4) for all of the time.

I feel that I am good at some things

I think lots of people care about me

I think there are many things I can be proud of

Mindfulness

Child and Adolescent Mindfulness Measure (CAMM)

Rate (0) for never true, (1) for rarely true, (2) for sometimes true, (3) for often true, (4) for always true.

1. I get upset with myself for having feelings that don't make sense.
2. At school, I walk from class to class without noticing what I'm doing
3. I keep myself busy so I don't notice my thoughts or feelings.
4. I tell myself that I shouldn't feel the way I'm feeling.
5. I push away thoughts that I don't like.
6. It's hard for me to pay attention to only one thing at a time.
7. I think about things that have happened in the past instead of thinking about things that are happening right now.

I think that some of my feelings are bad and that I shouldn't have them.

I get upset with myself for having certain thoughts.

I stop myself from having feelings that I don't like.

Difficulties in Emotion Regulation Scale

Rate (0) for almost never, (1) for sometimes, (2) for about half the time, (3) for most of the time, (4) for almost always.

1. When I'm upset, I become angry with myself for feeling that way.
2. I pay attention to how I feel.

When I'm upset, I acknowledge my emotions.

I have no idea how I am feeling.

I am confused about how I feel.

When I'm upset, I have difficulty getting work done.

When I'm upset, my emotions feel overwhelming.

I know exactly how I am feeling.

I care about what I am feeling.

Five Facet Mindfulness Questionnaire

Rate (0) for never/rarely true, (1) for rarely true, (2) for sometimes true, (3) for often true, (4) for very often/always true.

1. When I do things, my mind wanders off and I'm easily distracted.
2. I perceive my feelings and emotions without having to react to them.
3. I make judgments about whether my thoughts are good or bad.
4. I find it difficult to stay focused on what's happening in the present.
5. When I have distressing thoughts or images, I am able just to notice them without reacting.
6. When I have distressing thoughts or images, I just notice them and let them go.

I'm good at finding words to describe my feelings.

I criticize myself for having irrational or inappropriate emotions.

I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

I watch my feelings without getting lost in them.

I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

I am easily distracted.

I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

I pay attention to sensations, such as the wind in my hair or sun on my face.

I rush through activities without being really attentive to them.

I tell myself that I shouldn't be thinking the way I'm thinking.

It seems I am "running on automatic" without much awareness of what I'm doing.

When I have distressing thoughts or images, I just notice them and let them go.

When I have distressing thoughts or images, I judge myself as good or bad depending what the thought or image is about.

I pay attention to how my emotions affect my thoughts and behavior.

I find myself doing things without paying attention.

I disapprove of myself when I have irrational ideas.

Behavioral Assessment

The BRIEF questionnaire was given to parents and teachers to assess the students' observable behaviors before and after the curriculum in multiple studies. This may be another metric to evaluate the curriculum if parents and instructors are willing to participate.

Post-curriculum Assessment

These questions are to be only included in the post-curriculum questionnaire.

1. On a scale of 1-10, how much did you enjoy the curriculum?
2. On a scale of 1-10, how valuable was the knowledge gained from the curriculum?
3. On a scale of 1-10, how do you feel the time during your participation in the program was well spent?

The following are free response questions.

1. What aspects of the curriculum did you like the most?
2. What aspects of the curriculum did you dislike the most?
3. Have you been applying the skills from the curriculum in your personal life? If so, how have you been applying them?
4. Has the curriculum changed how you interact with others? If so, how?

Measures Section of Grant Proposal

A meta-analysis of 68 after school programs found that “compared to controls, participants [in after school programs] demonstrated significant increases in their self-perceptions and bonding to school, positive social behaviors, school grades and levels of academic achievement, and significant reductions in problem behaviors” (Durlak et al., 2010)

The meta-analysis identified four recommended practices that characterized the most effective after school programs: “Sequenced: Does the program use a connected and coordinated set of activities to achieve their objectives relative to skill development? Active: Does the program use active forms of learning to help youth learn new skills? Focused: Does the program have at least one component devoted to developing personal or social skills? Explicit: Does the program target specific personal or social skills?”

A core component of the Safe Space will be a mindfulness curriculum, which aligns with all four of the recommended practice. The curriculum is structured with grounding in evidence-based and psychotherapeutic practices, engages students with discussions and activities requiring active participation, and specifically targets intrapersonal understanding via mindfulness to improve students’ mental health by increasing their control and understanding of their emotions. Though it is not directly measured by our curriculum, studies have also demonstrated that mindfulness also improves interpersonal relationships; by increasing awareness and control over emotions and stress, participants in a mindfulness curriculum reported being able to reduce their “reactivity and hostility towards others,” resulting in better conflict resolution and ability to navigate interpersonal relations (Sibinga et al., 2011).

For the mindfulness curriculum that will be taught in the Safe Place, we created a questionnaire based on empirically validated psychometric measures in the academic literature to be given to students before and immediately after the mindfulness curriculum to assess its effectiveness. These measures include the Connor-Davidson Resilience Scale, State-Trait Anxiety Inventory for Adults, Positive and Negative Affect Schedule, and others. Broadly, the traits measured by the questionnaire are resilience, stress & anxiety, mental well-being, and mindfulness. The results of the from the questionnaires before and after the curriculum in addition to feedback will be used to evaluate the teaching materials, improve instruction methods, and adapt the curriculum to our initiative goals and student population’s specific needs.

[If the BRIEF Questionnaire is also used] The Behavior Rating Inventory of Executive Function will also be administered to instructors and parents as another metric to assess observable behavioral changes resulting from the curriculum.

In addition to a mindfulness curriculum, tutoring and a computer lab will be provided... [To be completed by other project members]

Recommendations Made During Meetings & Contributions to Curriculum Development Based on Literature

- Disclaimers about the potential harmful effects of mindfulness, especially for people with trauma.
- The tendencies of certain dispositions and personality traits, such as trait judgement, to affect curriculum success should be accounted for when looking at questionnaire results.
- Heavily emphasizing non-judgmental attitudes and distancing from thoughts were effective in clinical populations in mindfulness curriculums.
- Didactic examples to illustrate concepts, such as acceptance. Some comments I made were:
 - o “This is a pretty important point in cognitive-behavioral therapy, your attitude and mindset determine your emotions, behaviors, & well-being.

One example that might help illustrate this to the students is imagine a person hears a crashing noise in another room at night. If they think it's an intruder, they'll get scared and anxious. If they think it's just something that fell down, they won't feel that way. This demonstrates that it's not situations that determine our reactions since in both cases, the situation is the exact same. Rather the person's emotions depend on their mindset and how they interpret things.”

- o “Acceptance is also a very important part of mindfulness. One way to implement this in practice is to teach the students that judgments are a construct of the mind. There are no such things as "good" or "bad" in nature they all come from our interpretations. For example, is the chair you're sitting on good, or bad? Neither, it's just a chair. Is the sky being blue good or bad?”
- o “One mindfulness that I found that improves concentration was as you're outside, concentrate on a single stimulus, shift your attention to another stimuli, and to keep shifting your attention between stimuli. For example, paying attention to each sound around you or noticing all the individual leaves on a tree. Maybe this would be good time to teach this practice, and they can apply it when they're walking home from school or whenever they're outside. Also emphasize that mindfulness also applies outside of the classroom in their daily lives, this was something the questionnaire evaluates.”

- “In order to control something, you have to be aware of it first. Being aware of your emotions and mental state can help the students take more control, this was a major theme in the questionnaire: how much control do you feel like you have over your life? Also probably state the purpose of this curriculum in the first meeting, to have them do various activities that will increase their awareness. One goal of mindfulness and a nonjudgemental attitude is to distance students away from negative thoughts. One quote from a study: "mindfulness had benefited them through increasing their awareness and facilitating distance from thoughts and strong emotions. Participants found the 3-min breathing space helpful, requested having a longer course and support in continuing their practice."